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Bioenergetic Analysis (Ed.)

Bioenergetic Analysis



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Margit Koemeda-Lutz, Mãe Nascimento
Vincentia Schroeter (Eds.)

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

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Editorial Note

The increase in psychological knowledge is as irrevocable as the development and proliferation of psychotherapeutic methods. But is the world getting more sane? Are people suffering less? Insurances at least keep moaning the constantly rising costs for health care. What is going wrong?

The art of healing and the scientific basis of it take different forms, have rises and falls in popularity. Psychotherapy, and body-psychotherapy in particular, are not so popular these days – at least in Europe they aren't.

The prescribed »ideal« we are to live up to, is: See a patient 6–10 times, find the right medication, pick some very precise verbal interventions, make him or her brain switch to a different working mode (a little less amygdaloid activity, some increase in striatal and frontal lobe perfusion). And this should be it.

Human suffering and the art of healing are older than most of these fashion swings. To preserve and unfold the essence of our personal healing power and wisdom and its evolution in our bioenergetic community is one of our predominant tasks. Committing oneself to writing is one way of doing this, I believe. In this sense we would like to thank all colleagues who have committed themselves to the effort of working out and submitting their articles.

This year's conference¹ theme »Human Nature and Conflict Resolution – Affirming Life and Lives in a Time of Violence« naturally inspired several articles (V. Wink Hilton, M. Maley, R. Robbins). In addition to this, sexuality as one of the most vital forces in human life gets more elucidation by E. Tucillo's and D. Guest's articles. A. Lethin undertakes further investigations into the wide and still expanding realm of the neurobiological foundations of our sense of self. Koemeda reviews evidence from neurobiological research for the necessity to involve the body in therapeutic processes. Shapiro finally presents a didactically excellent lesson in Bioenergetic Boundary building.

Bioenergetic Analysis is presently published once a year. We hope that it continues to serve its purpose of being a medium of communication for the International Bioenergetic community and of presenting our theoretical concepts and positions, our clinical expertise and psychotherapeutic skills to the wider scientific community.

¹ Biennial conference of the International Institute for Bioenergetic Analysis (IIBA), May 10th–14th 2005, at Cape Cod, Massachusetts, USA.

The opinions and theoretical positions of the articles published in Bioenergetic Analysis are those of the authors. They do not necessarily represent the opinion of the editors or an official position of the IIBA. Thanks to our review system we hope that they are skillfully written, scientifically well informed and sufficiently sophisticated so they will instigate serious discussion among our colleagues in the IIBA and from other schools of thought.

Again, Maê, Vincentia and I have been a surprisingly well-functioning team during this past year, considering the fact that we live on three different continents, speak three different languages, had no meetings and no conference calls. E-mailing was our only means of communication. Once again we thank Helen Resneck-Sannes for her valuable work, who resigned from the Editorial Board by the end of last year for personal reasons and welcome Vincentia Schroeter as our new partner.

We would like to invite everyone in the membership of the IIBA to contribute to a continuously prosperous development of this journal, whatever you have to offer.

I hope you all enjoy reading this issue!

Zürich, 01.12.2005

Margit Koemeda

Reich, Lowen and the IIBA: Facing the Challenge of a Conflict-Ridden World¹

Virginia Wink Hilton

Summary

This paper addresses the double emphases of the 2005 International Conference: the theme of »Human Nature and Conflict Resolution« and the 50th anniversary of the IIBA. The author summarizes the lives and the contributions of Wilhelm Reich and Alexander Lowen in light of the theme, and as prelude to the development of the International Institute for Bioenergetic Analysis. Particular attention is given to the major conflicts, both personal and socio-cultural, that arose in the lives of these men, and their differing responses to them. The question is addressed: *What can we glean from our history that may give us inspiration, and a realistic sense of direction for contributing to healing and to change in these conflict-ridden times?*

Key words: Wilhelm Reich, Alexander Lowen, History of IIBA, Socio-cultural conflict, Sexuality, Sexual Politics

Regardless of differing political perspectives, we can all agree that the times we live in are dangerous, baffling, and deeply discouraging. Daily we are overwhelmed by vivid accounts of violence and conflict in almost every part of the world. Although they are less bloody, we experience appalling and wrenching conflict here in the United States between political perspectives and lifestyles. And I am certain that there are those of us here who are discouraged and disillusioned by the conflicts that exist within our own Institute. And of course on a daily basis in our therapy practices, our clients bring their myriad of internal conflicts and traumas to us, hoping for resolution and change. It's a struggle not to be exhausted with it all, not to want to keep it simple and turn off the news. Forget external conflicts; the internal is quite enough, thank you very much!

Reich was keenly aware of man's internal conflicts but also had a life-long

¹ Address given at IIBA International Conference at Cape Cod, Massachusetts, May, 2005
Conference Theme: HUMAN NATURE AND CONFLICT RESOLUTION

concern with the socio-cultural conflicts that both cause and reflect the internal ones. Lowen, while aware of the cultural conflicts of our day, chose to focus on the internal: healing the mind-body split in the individual. The Institute was formed to further this goal. But those who chose the theme for this conference hold the belief that we must address our internal conflicts, our organizational ones and those of the world we live in.

So we ask the question, what *can* we glean from the history of our founders' lives and the life of the Institute – the ideas, the successes, and the failures – that may give us inspiration, and a realistic sense of direction for contributing to healing and to change on all these levels in these conflict-ridden times?

Wilhelm Reich

[For Reich's story I have relied heavily on the brilliant biography by Myron Sharaf, published in 1983.]

Wilhelm Reich was born on March 24, 1897, and grew up on a large and prosperous farm in a northern province of the Austro-Hungarian Empire. His father was stern and demanding in relation to his son, and fiercely jealous and abusive toward his wife. Reich's mother doted on Willy, and he in turn adored her.

Reich had a rather idyllic childhood on the farm that allowed him to observe and be stimulated by the natural phenomena of animals and plants, as well as human beings. Then, when he was around twelve years old, his mother began having an affair with his highly revered tutor who lived on the premises. Willy secretly spied on them, and eventually, apparently, revealed to his father what was taking place. As a result, the tutor was banished. Shortly after, his mother committed suicide. This tragic series of events no doubt had profound effects on Wilhelm, fueling some of his achievements on the one hand, and contributing to the complex and dark aspects of his personality on the other. Apparently, this crisis in his life at such a formative stage, was never dealt with fully in analysis.

Reich's father died of tuberculosis in 1914. After that, Reich managed the farm alone for a period until he was forced to flee when the Russian army invaded the countryside. He then went into the army in 1915 at age 18. In 1918, Reich went to Vienna for his professional education. There he quickly became immersed in the tremendous intellectual ferment of the time. He entered law school briefly, then switched to medicine. Soon he encountered Freud's young science, psychoanalysis.

Reich was profoundly impacted by the person of Freud, and Freud was apparently also impressed with Reich, because he referred patients to him by early 1920 when Reich was only twenty-three. At the same time, Freud did not accept him as a patient, to the deep disappointment of Reich. He was engaged in only two brief periods of psychoanalysis, both with analysts who ended up later bitterly disliking him and his ideas.

When Reich joined the analytic circle there was no training curriculum and few guidelines for doing psychoanalysis. Reich organized and presided over a technical seminar for his peers where he urged them to present particularly their failures. Over the next few years he expanded and combined existing ideas into a systematic character-analytic approach. He uniquely emphasized the necessity of accessing the negative transference and eliciting strong emotional expressions beneath the character resistance. So at a very young age Reich was making acknowledged contributions within the analytic circle. At the same time he was arguing that the goal of psychoanalysis was to achieve orgasmic potency. This was certainly a different emphasis from that of Freud and his other colleagues.

Following World War I, which left much devastation and poverty among the Austrian people, the country was highly polarized between the secular-minded Social Democrats who wanted reform, and the Christian Socialist party, which was heavily Catholic in religion, conservative in economics, and rural in constituency. [*The political situation in Austria at that time certainly bore some resemblance to the »red« and »blue« landscape of America today.*] Reich was drawn to the Youth movement of the Social Democrats.

In 1927 a group of WWI veterans who were members of an extreme right wing group within the Christian Socialist party, fired shots into a group of Social Democrats, killing a man and a small child. The accused perpetrators were brought to trial but acquitted. This angered the workers in Vienna who organized a large protest strike and marched to the courthouse in front of which they started a fire. Reich and his first wife, Annie, joined the protest, and when the police started shooting into the crowd, they ducked behind a tree. After three hours, 89 people were killed and over a thousand wounded. This was the event that radicalized Reich.

Thereafter, Reich became actively engaged in the political issues and social struggle of the left, which at that time included the Communist party, but he was also asking deeper questions about »mass psychology«, why people are drawn to one political perspective or another. »He gradually came to realize that the main problem lay in the character structure of the masses themselves, especially their fear of freedom and responsibility« (Sharaf p.127).

Meanwhile Reich began what he termed the »sex-pol« movement, which included the establishing of sex hygiene clinics. This effort was a kind of »community psychiatry«. His prolific speech-making metamorphosed from psychoanalytic theory to discussing the practical matters around sexuality. He went about the suburbs and rural areas, speaking to ordinary people about orgasm, contraception, a woman's right to choose abortion based on emotional and/or economic factors, and he inveighed against a sexual double standard for women. He emphasized affirming childhood sexuality rather than just tolerating it. He wanted to take a prophylactic approach to the neuroses: if children were allowed to express their sexuality rather than repressing it, they would grow up to be unarmored. He believed that it was the armoring that prevented a person from responding to social needs in a compassionate and humane way. And he believed that repressed sexuality was the source of many ills, including passivity in the face of authoritarianism, conflict of all sorts, and perverse and violent acts.

The political right responded by proclaiming the need for morality, law and order, and protection against those who would erode the values of the family. [*Does this sound familiar?*]

By 1930, Reich's analytic colleagues in Vienna, while positive toward his ideas regarding character defenses, were quite negative toward his emphasis on sexuality. And the Social Democratic party expelled him for being too critical of its leadership. So Reich moved to Berlin to join other young analysts (Otto Fenichel, Karen Horney, Eric Fromm), and where he expected his colleagues and the Communist party to be more open to his ideas as well as his social involvement.

In Berlin, which a few years later became the capital of fascism, Reich established the German Association for Proletarian Sex-Politics, which quickly grew to have 40,000 members. This group set about to establish sex clinics in several German cities. Get this: their goal was massive propaganda for birth control and free distribution of contraceptives; abolition of anti-abortion laws; freedom of divorce, elimination of prostitution, elimination of venereal diseases; avoidance of neuroses and sexual problems by a life-affirming education; training for doctors, teachers, social workers in matters relevant to sexual hygiene; treatment rather than punishment for sexual offenses; and protection of children and adolescents against adult seduction. He also encouraged adolescent sexuality as a natural, healthy expression, and the acceptance of childhood sexuality on the part of parents. [*Now, seventy-five years later, the U.S. government is doing its best to abolish sex education and replace it with abstinence training!*]

Meanwhile, Reich was keenly aware (unlike most Germans at the time) of the growing impact of the propaganda of Adolf Hitler. He believed that the Germans were caught by their *simultaneous desire for freedom and their fear of it*. Hitler played on this conflict, and as one historian commented, it was Hitler's »art of contradiction which made him the greatest and most successful propagandist of his time« (p.165). Sharaf comments, »Hitler did not require people to think through the facts seriously; he would take care of everything for them« (p.166). [*It's difficult not to feel some shocking parallels between the tactics of the propagandists of our day and those of the »most successful propagandist of his time«.*]

At the same time that Hitler was gaining power in Germany, the Communist party was turning against Reich for his position on adolescent sexuality. The Analytic Society and Freud himself were becoming antagonistic to him because of his commitments to the Communist Party, his disagreement with Freud on the death instinct, and his extreme ideas regarding sexuality. His contract for publication of *Character Analysis* was canceled, and Reich was eventually denied membership in the International Analytic Association.

Reich moved to Copenhagen in 1933, where he immediately came into conflict with the Communist Party over sexual material in articles he had written. The Party expelled him. And after only a few months an article appeared in a Danish newspaper calling for Reich's expulsion from the country, in order »to prevent one of these German so-called sexologists from fooling around with our young men and women and converting them to this perverse pseudo-science« (185).

Reich lived in Sweden briefly, where he was again harassed, then moved to Norway in 1934. Wherever he went, intelligent, talented people sought him out to become his patients or his students. A practice always quickly developed. He always approached his work with passion, complete dedication, an incessant curiosity and a mind forever capable of »thinking outside the box«. One area of inquiry always led to another.

In Norway, Reich turned his attention to science. His focus on the processes of energy release and changes in the body and energy in sexual excitation and orgasm led him to conduct what he called bio-electrical experiments, which in turn led to his discovery of »bions«. [I will not give more details about these experiments, except to say that Reich believed »he had succeeded in revealing experimentally the developmental living process that was continually occurring in nature« (p. 222)]. Several well-known scientists in Norway became bitterly opposed to Reich and publicly denounced him as untrained and unqualified to do this scientific research. Opposition was joined by an

eminent psychiatrist who denounced him for seeing patients in bras and shorts to observe their musculature, and other »disgraceful« practices. In a year's time, over a hundred articles denouncing Reich were published in leading Oslo newspapers!

In August of 1939 he left for the United States, just as World War II was about to break out.

Beginning in 1940, Reich taught a course for two semesters at The New School for Social Research entitled »Biological Aspects of Character Formation«. About eight or ten of Reich's students pursued their interest in his work by becoming a part of a weekly seminar that met in his home. Some became his patients. (Alexander Lowen was one of these.)

By the time Reich began his life in America, his interest in therapy was diminished. While his psychiatric practice provided his income and his contact with people, it was biology, physics and education which preoccupied him. During his first year he discovered what he called »orgone energy« – what he believed to be a physical, biological energy in all living matter. Reich's experiments with orgone energy eventually led to the construction of the orgone accumulator, a wood and metal box that attracted and confined atmospheric orgone energy. When he later asserted that the energy accumulator *helped* in the treatment of cancer »he was dismissed by practically everyone as a sincere but psychotic »former psychoanalyst« or as a swindler« (p. 294). (This in spite of the fact that there were numerous accounts by cancer patients of improvement after the accumulator treatment).

The birth of Reich's son, Peter, in 1944 intensified his interest in the life of the infant. During the years that followed, he made some invaluable contributions to care and treatment of infants that were far from the common practices of the times. He emphasized the importance of the *energy* between mother and infant through eye contact and touch, he advocated picking up the baby when he cried, natural childbirth, little or no medication during and following delivery. He taught mothers what he called »emotional first aid«. He established the Orgonic Infant Research Center, which, like many of his projects, had a »short but vivid life«.

There was suspicion of and opposition to Reich and his work from the very beginning of his years in America, and this included a three-week incarceration by the FBI on Ellis Island in 1941 for no clear reason. Snide articles and rumors came from both the left and the right. All this accelerated after 1947 when an article appeared in *The New Republic*, entitled »The Strange Case of Wilhelm Reich«. The author, Mildred Edie Brady, according to Sharaf, skillfully combined truths, half-truths, and lies in writing about Reich.

»Orgone, named after the sexual orgasm, is, according to Reich, a cosmic energy. It is, in fact the cosmic energy. Reich not only discovered it; he has seen it, demonstrated it and named a town – Orgonon, Maine – after it. Here he builds accumulators of it which are rented out to patients, who presumably derive »orgastic potency« from it« (p. 360).

She insinuated that Reich was a megalomaniac and a swindler, that the psychoanalytic association should »do something about the Reich cult« or »the government will«. Many writers thereafter relied on Brady as the major source of their information regarding Reich, and these judgments permeated their articles and became the prevailing attitude toward him. But most significantly, Brady's article alerted the Food and Drug Administration who then began an investigation of Reich and the accumulators.

In 1950, while the battle with the FDA was going on, Reich moved permanently to Maine. There he was intensely occupied with writing, such as »Listen Little Man«, and »Murder of Christ«, along with his scientific investigations that took him into some »far out« places. He conducted the Oranur experiments, exposing radium to orgone energy, with hopes that the latter would ameliorate the effects of radiation. These experiments were in response to his deep concern about the atomic bomb and the effects of nuclear energy. He organized »cloud busting« techniques whereby he attempted (and managed) to produce rain in drought stricken areas. These experiments raised Reich's ecological consciousness. Observing what he believed to be the impact of what he called DOR (deadly orgone energy) on the environment, he became concerned not just with radiation and nuclear effects, but also with chemical pollution and non-nuclear forms of electromagnetic emissions. Here again, while at the time seeming paranoid, Reich anticipated many concerns that became widely held in subsequent years.

Reich came to believe that mental illness, physical illness and »social« problems (like war, violence, and crime) were all aspects of what he referred to as the Emotional Plague. Blocked energy and the resulting armor and rigidity prevent persons from growing and flowing naturally. He believed that central to this armoring is sexual repression. The repressed person and repressed societies will have a layer of intolerance and persecutory behaviors that will erupt violently from time to time. He also observed that attempts to abruptly unarmor the individual or call attention to it in society, results in extreme reactive behavior. This he surely learned from his own experience.

Using the kind of tactics that Reich attributed to the »emotional plague«, Senator Joseph McCarthy helped create the atmosphere of fear and suspi-

cion that made the attack on Reich possible in America. The FDA began investigating the accumulators around 1951. According to Sharaf, the government's tests on the accumulator were flawed and inadequate, hardly meeting the requirements for scientific investigations. Yet, in February, 1954, the state of Maine, at the FDA's request, filed a complaint for an injunction against Reich and against the interstate shipment of accumulators. The complaint maintained that their investigators had proved the nonexistence of orgone energy. It implied that Reich was a profiteer on human misery and the accumulator was worthless. All of Reich's writings published in America were considered propaganda.

Reich refused to defend himself on grounds that the government had no right to interfere with scientific investigations. When he did not appear in court, an injunction was issued ordering the recalling and destroying of accumulators and the destruction of his publications.

After several days of what we might now call »shocked immobility«, Reich expressed his rage by declaring that he would produce a storm to prove the existence of orgone energy. And sure enough, following his cloud-busting operations, snow and rain appeared, which had not been forecast!

Reich fought hard against the injunction that he believed to be unconstitutional. But to no avail. He was arrested in Washington, D.C. on May 1, 1956 and brought to trial two days later. The charge was violation of the injunction against the accumulator. He was sentenced to two years in federal prison. The court of appeals affirmed the decision of the district court, and the Supreme Court refused to review Reich's case.

In June of 1956, FDA agents arrived at Orgonon to supervise the destruction of the accumulators. Reich's colleagues, joined by his twelve year old son, Peter, chopped up the accumulators with axes. Two months later, *six tons of literature were burned in New York City in the garbage dump on the 125th St. Pier!* The ACLU sent out a press release criticizing the burning of Reich's books. The release was never published by any major newspaper in the U.S.

Reich went to federal prison on March 11, 1957. The psychiatric evaluation was: »paranoia manifested by delusions of grandiosity and persecution and ideas of reference« (p. 469). Reich had been very lonely during the last years of his life, burdened by the stress of the investigations, drained by his intensified and almost fevered efforts to write, to experiment, to engage in various ways against the »emotional plague«. During those days, while quiet, deep, and profound in his observations, he also could be delusional and paranoid, and often had angry outbursts. Friends and colleagues left him in frustration and disillusionment, and so did the women in his life.

During Reich's prison stay, the chaplain commented on his deep loneliness. Reich told his son that he cried a lot, and encouraged Peter to do likewise. One week before a possible parole, Reich died in his sleep, officially of a heart attack. Sharaf wrote that he died of heartbreak (p. 477).

Wilhelm Reich, while rarely fully credited, made an enormous difference with everything he undertook. While orgonomy in its classic form never expanded much, his ideas and practices had a huge impact on psychoanalysis and, even more, psychotherapy. In addition to the theory of character structure, relating face to face with patients, connection of mind to body, use of touch – these ideas are a part of his on-going contribution.

The social movements that occurred ten to twenty years after Reich's death – the human potential movement, the women's movement, and the so-called sexual revolution – were all heavily influenced by his writing. His observations and work around child-birth and childrearing have become acceptable practice following the infant studies of the last two decades.

»When one reads of Reich's achievements in summary form, much of what he says seems so simple and obvious. It is easy to over look the fact that no one in his time was seeing and doing what he was seeing and doing« (p., 333).

As Sharaf put it, Reich was »passionately engaged in the social and scientific conflicts of his time (...)«. And in the struggle he »saw with blinding clarity that he had disturbed the sleep of the world ...« (p. 10).

The great visionaries pay a huge price—often with their life—for being ahead of their time. But change has happened, and the world is never again the same.

Alexander Lowen: The Father of Bioenergetic Analysis

[I am telling Al's story mostly from his own point of view, as expressed in his autobiography, *Honoring the Body*, published in 2004.]

Alexander Lowen was born on December 10, 1910 in New York City to Russian Jewish immigrant parents. He states that his mind-body split came from the differences between them; his father was a pleasure-oriented, non-achieving, gentle man, while his mother was rigid, demanding, controlling and unsatisfied. (Thus, in terms of personality, his parents were the opposite of Reich's.) His childhood was spent playing in the streets of Harlem, and his

adolescence playing handball. This physical life, he said, substituted for the absence of a warm emotional life at home.

As a child he was severely shamed around sexuality. At age 13 he discovered masturbation, which he indulged in almost daily, feeling that this behavior represented a great weakness in his personality. He was very lonely all during high school and college, spending time after school helping his father with his laundry business when not doing homework. He had few friends, no girl friends, and was never invited to parties. He writes that sports and masturbation saved him in his youth.

Lowen took the required education courses at the New School for Social Research, and in 1933 he became a high school teacher. He studied law at the same time and got his L.L.B. degree in 1934 *summa cum laude*. Even the highest honors could not, during those difficult depression years, land him a job in a law firm that paid more than his teaching position. So he continued studying for a doctorate in law, hoping to become a law professor. However, he only graduated *magna cum laude*, which apparently didn't qualify him for a professorship.

In 1938 he experienced a depression which he recognized was a result of an absence of excitement in his body, and which he believed to be due to the lack of physical activity. He began doing exercises daily, which had the desired result, and »made me realize that this is where I wanted to be – in my body, not my mind« (Lowen, p. 30). Working with the body, he said, saved his sanity. He wanted to understand more about the mind-body split.

In 1940 he was attracted to a course offered in the New School catalogue on Character Analysis, which proposed a fundamental unity between mind and body. That course, of course, was taught by Wilhelm Reich. Lowen's intense interest in Reich's subject led him to become a part of a weekly discussion group with Reich, and finally to become his patient. Interestingly, Lowen states that »the power of Reich's therapy was in the strength of his personality and the strength of his being« (p. 42). He drew energy from his therapist to face the sexual repression and shame that he carried, and in two and a half years of therapy was able to feel and surrender to his body in a way he did not know was possible.

Upon later reflection, Lowen felt his analysis did not go deep enough, and that his narcissism and desire for fame went unchallenged. Yet his work had given him a stronger sense of self and allowed him to grow to be more of a man. »Reich«, he says, »had changed my life« (p.42).

Reich emphasized breathing in the therapy, and by this time, was doing very little character analytical work. He taught that the therapist had to un-

derstand the energetic process in order for change to take place in the patient. Neither talking nor understanding could change the energetic dynamics. Change had to be created through the body, not the mind.

Following Reich's personal life would have added pages to this paper. But how different it is in the case of Lowen! In 1941 Al met Rowfreta Leslie Walker, a student in the high school where he taught. After her graduation in 1942 they began a relationship. They were married in 1943. This relationship lasted until Leslie's death in 2002.

In 1947 Al and Leslie sailed for Europe where Al attended medical school in Geneva, Switzerland. Al's recounting of those years indicates his awakening enthusiasm for European culture, as well as his love of pleasure.

When the Lowens returned in August, 1951, Leslie was eight months pregnant. Their son, Fred, was born on Sept. 27th.

After his internship, Al applied to the New York Board of Medical Examiners for permission to take the licensing exams. He was told that his application was held up pending an investigation into his moral fitness. He was to be called before the Board for a hearing. As he suspected, their concerns were related to his connection with Wilhelm Reich. »I told them how I met Reich, why I believed in his ideas, and why I believed Reich had much to offer medicine. I stated that I had practiced Reichian therapy for two years before I went to Geneva and that I would continue to practice this form of therapy focusing on psychosomatic medicine. They asked me if freeing a ›retracted pelvis‹ wouldn't lead to sexual acting out, and I answered that it should have a contrary effect« (p. 76).

After the meeting Lowen was told that while he had impressed the Board, he should be careful, because there was a file on him. At that time Reich was under full investigation by the FDA, and Lowen felt that continuing to associate with the Reichians would put him in double jeopardy. So he said, »I knew I had to go my own way. This was not a difficult decision, because I was already skeptical of their therapeutic position« (p.77).

In 1953, Lowen met John Pierrakos, M.D, a Greek immigrant ten years his junior, who also was committed to Reich's ideas and work. They shared an office and worked with each other therapeutically, developing techniques that we use today. The two men were very different, and for a long time their differences complimented and enriched their work. Al describes the two of them as follows: John was solid and strong and more naturally physical and grounded, Al was slender and wiry and has always sought to be grounded. Al was the intellectual leader and the communicator. John was quieter and more often in the background. John, who was near-sighted but had strong

peripheral vision, could see auras and orgone energy fields clearly. Al commented that he *saw* his patients clearly, whereas John *felt* them with clarity (p. 82).

Al and John were close friends and colleagues for almost twenty years. But in 1972 John met Eva, a mystic and a medium, who became his wife. The differences in beliefs and perspectives of the two men intensified, and the problems inherent in their relationship became more apparent. Al finally could not accept John's mysticism, nor what he felt were delusions emanating from the mysticism. John apparently had difficulty tolerating Al's dominance. The two went their separate ways in 1973.

In 1956 the Institute for Bioenergetic Analysis was established. This grew out of a seminar that had occurred regularly for the previous several years to discuss cases and ideas. Alice Ladas, who had been a member of the seminar, both encouraged this move and donated the funds for the attorney.

Al's first book, *Language of the Body*, was published in 1957. Although the book had a negative review in a psychoanalytic journal, it opened up interest in Bioenergetics. Lowen was invited to the National Institute for Mental Health to do a presentation. Dr. William Walling, a member of the Institute, and Dr. Pierrakos accompanied him. They were asked to do a demonstration wherein each of the three were called out one after the other to diagnose the same person based solely on viewing the body. Their diagnoses agreed. When Lowen explained the basis for the diagnosis, the response was that he needed to launch a research project to prove the validity of his thesis. Lowen states that he had no interest in doing a scientific study. This has remained true throughout his life. [*One wonders if Reich's experiences around his scientific work influenced Al's position.*]

Love and Orgasm was published in 1965, and *Betrayal of the Body* in 1967. It was the latter, Lowen states, that gave Bioenergetics the credibility it needed. He wrote eight other books after that. Al stated in his autobiography that his books were not as widely read as he had hoped. Yet for many years one could find more than one book by Alexander Lowen in the psychology section of the book stores at any given time. They brought many people in touch with his ideas and with Bioenergetic therapy. Lowen was invited to Esalen Institute in 1967, and he presented workshops there for a number of years following. It was also through his work there, and his workshops around the country and in Europe that many more people became involved in the training – and ultimately teaching – of Bioenergetic Analysis.

The first Bioenergetic conference was held in Isla Mujeres, off the coast of Mexico near Cancun, in 1971. There were about thirty or so participants.

The second conference was in Aspen, Colorado, with many more people present. Then, in 1976 an international congress was held in Waterville Valley, New Hampshire, »to transform the Institute for Bioenergetic Analysis into an international organization«. Following this meeting conference sites were alternated between North America and Europe: Mexico, Taormina, Italy, Catskills, Belgium, Montebello, Canada, Greece, Portugal, Poconos, Arles, Montebello, Italy, and finally in 2003, Brazil. During each of the conferences that Al attended up through 1996, his great love of pleasure – particularly dancing – was an essential and infectious ingredient. [*Surely no group that contains so many people from the northern hemisphere dances quite like we do!*]

Following the 1976 Waterville Valley conference, by-laws were written, a Board was elected, and trainers were appointed. Al was given the title of Executive Director. John Bellis, M.D., of New Haven Connecticut, was named Associate Director.

In 1977 after the by-laws were adopted, John Bellis' first action as the new associate director was »to send a long letter to all the members asking them to write him about their ideas and views of how the new Institute could serve them« (p. 91). Al reports in his autobiography that he was upset and infuriated by the letter.

He says: »I saw the focus of the Institute shifting from the development and growth of our understanding of Bioenergetic Analysis, both in its theory and practice, to building a larger organization that would serve the interest and needs of its members. Their interest was largely their personal gain through increased prestige, power and financial rewards as teachers and supervisors« (p. 91).

So in response to John Bellis' letter, Lowen announced that he was resigning from the Institute. After a brief, intense, and somewhat panicky period, the newly appointed trainers urged Al to stay on. He did so, with a Board which he appointed, and with Ed Svasta designated as the person who would handle relations with the international trainers and their societies. John Bellis resigned as Director, but remained a part of the training faculty for a number of years.

For the next twenty years Al continued to lead the Institute, traveling frequently to parts of the U.S., to Europe and regularly to Greece, to do workshops, to teach his current techniques and consistent themes. But, as he states in his autobiography, he continued to experience deep disappointment in the level of the training programs, and the lack of full adherence to the principles that were central to his theory and practice.

Al resigned as Executive Director of IIBA at the 1996 conference in the Poconos. He comments that this allowed him to feel like a free person; he no longer felt responsible for the Institute or for what people did in the name of Bioenergetics. He concludes: »I am no longer in conflict about the International Institute for Bioenergetic Analysis« (211).

Lowen has stated that it takes a life-time to work through one's issues. »This is not to say«, he wrote, »that the person entering Bioenergetic therapy must commit himself to a therapist for life. He commits himself to life and that is the therapy. But it is a commitment to the body, to its life and to its feelings that is the curative process«. This is the core of Lowen's belief about his work. It is also the way he has lived his life.

Alexander Lowen, through his therapy, his teaching, his writing, and through the Institute which he founded, has touched and changed the lives of thousands of people. [*He certainly changed and impacted mine in innumerable ways!*] He established the Institute which has 55 societies in 17 countries. And as Charles Kelly said at the first USABP conference in his tribute to Al, every body psychotherapy approach, if not a direct descendant of Bioenergetics, owes a huge debt to Al Lowen. Those of us who are members of the Institute will say that *at the very least* we are indebted to him and to the Institute for our professional careers as Bioenergetic Analysts. And I know that there are *many* people in the world today who would say: »Bioenergetic Analysis has saved my life!«

Institute

From the Institute's beginning until now, there have been a number of dedicated people who have given so much: their talents, their energy, their time, and – some have felt – their life blood! While acknowledgment of these individuals is beyond the scope of this paper, I want to express my profound and enduring gratitude for what they have contributed not just to the Institute, but to the lives of each of us.

After Al Lowen resigned as Executive Director in 1996, the presidency (as it is now called) was assumed by Ed Svasta, myself, followed by Bill White, and currently Hugo Steinmann. As the shift occurred, there were those of us who believed that without Al, the Institute would have to change in order to survive and thrive. Our vision for the IIBA was: that the professional needs of its members would be addressed, and that the Institute would find its

rightful, valued place in the field of psychotherapy. Personally, my first concern was to meet with the Societies in Europe, the U.S., and in South America to hear first-hand their needs and concerns as Bioenergetic Analysts. I was surprised to discover when reading Al's autobiography the similarities between my intentions and those of John Bellis in 1976.

Those meetings were met with much enthusiasm and at that time created a lot of energy and responsiveness. People wanted to be heard, wanted to be involved. Part of the naivety that I brought to the position of Executive Director was to assume that the sense of community which was emerging would result in a cooperative, cohesive and expanding vision of what the Institute could become in the world. We learned rather quickly that when people have not had a voice, and suddenly there is the option to share authority, a great deal of conflict arises, a great deal of suppressed negativity erupts and latent power issues emerge. *[I've sometimes thought the process of change and the chaos it creates may not be that different when an organization is changing from the single-person head to a participatory organization, than when a country is changing from a dictatorship to a democracy.]*

New by-laws were put into place that gave all members a vote, and turned the Board of Trustees from a rubber stamp into a full decision making-body, responsible for the policies and actions of the Institute. Rubber stamps are quite efficient; democracies are not. We soon learned how costly, in time and in money. The administrative task envisioned seemed much too time demanding for a part-time faculty member to fulfill. Naïve area # 2: An administrator was hired, presumably highly qualified, who stated: »If I can't raise my own salary, then I'm not the man for the job,« He didn't and he wasn't. This did not become fully apparent until the resources were drained, leaving much disarray and despair. *[For my part in this portion of our history I feel deep regret. And to each person in the Institute I offer my profound apology.]*

Meanwhile, a number of dedicated members have made extraordinary investments of hours and energy in implementing the changes that the members wanted. The leadership, no longer confined to international faculty members, has also shifted largely to Europe. This more accurately reflects the current distribution of the membership.

We are a smaller organization now. We have lost some members who liked it the old way, and members who feel that we don't have anything to offer them. Some conflicts and old injuries have been addressed, while others have not.

We have not become more widely recognized by the field of psychotherapy (in spite of the fact that scientific research from several directions points

toward the importance – if not the necessity – of including the body in psychotherapy and emotional healing). Recently a psychologist and former client of mine asked the question: Why hasn't Bioenergetics become more a part of the mainstream? My first thought was, because we have not done enough research over the years. Then, recalling Reich's life, and the recent movie »Kinsey«, and what happened to Alfred Kinsey in the 50s, I thought – to paraphrase a well known quote – »It's sexuality, stupid!«. In this period when there has been the backlash to the excesses of the sexual revolution, and the horrors of the AIDS epidemic, as a therapeutic modality we are still identified with Reich's focus and Lowen's early emphasis upon sexuality. This along with the image of shouting and screaming and beating on pillows amounts to a stereotype that hardly does us justice.

So where are we now – as members of a shaky Institute and citizens of a violent and crazy world? What does our history tell us about who we are, and about how we can address conflict?

Reich seems to have *created* conflict wherever he went. Yet all his efforts were aimed at revealing or exposing conflict, and ameliorating it. For what is character structure but the way the individual found to resolve his conflict between his needs and the expectations of his environment? Yet this put him in conflict with his own true self, and left him bound and constricted by muscular armor. Reich worked with his patients through breathing and expression of deep emotion to release the armoring and to restore the natural flow of life energy. Yet he knew that the unarmored person would be caught in the same »trap« that is created by the armored masses of society – those who are stricken with the »*emotional plague*«. So one thing we learn from Reich's life is that it is dangerous to mess around with the way things are: whether in persons, institutions, or societies. He said, in »The Murder of Christ«, that every adult who has preserved his aliveness and who has the capacity to challenge others' immobility runs the risk of being killed by the forces that cannot tolerate aliveness (Sharaf, p. 397).

Yet from the time of the deadly demonstration in Vienna in 1927 until his death, he *never* stopped trying in a myriad of ways to improve life on this planet. In the end, he was disillusioned with therapy *and* politics. He felt that, because of the nature of character structure, it was through education alone that change would come about – after many years and many generations. Finally, he said, the hope of the world was in the unarmored infant.

In his autobiography Al Lowen says the following: »Reich believed (...) that he had a mission to save people by providing them with a deeper understanding of life and the natural forces that control it (...). Although I had

many similar feelings, I was not a revolutionary like Reich, as much as I wanted to see many changes in this culture. My founding of the Institute for Bioenergetic Analysis was motivated by a sincere hope that I would help alleviate the suffering of people« (Lowen, p. 94). In so doing, Lowen »brought to earth« the Reichian ideas, stressed the importance of grounding, created exercises and techniques which enliven the body and open the emotions to profound depths. The Institute grew and developed in its theory and teaching to provide a level of understanding and experience of the body/mind that I believe is not equaled in any other therapeutic modality. In that process we also developed a quality of connection and community, which because of the profound experiences we shared through our training and learning with each other, is rarely found anywhere.

Reich grew cynical about therapy and politics, but till the end of his life was attempting to make the world better. Lowen was pessimistic about society and politics, but he practices therapy to this day. Today we are discouraged about the struggles of the Institute, but we continue to bring in new students and great new trainers. While we may reject Reich's more grandiose desires to save the world, I believe that the times we live in – both in our field and in the world at large – simply *demand* that we as individuals and as an Institute engage on *each* of these levels: therapy, the organization, the world!

In regard to the Institute we may ask the question: Is what we have worth the struggle with budgets and bureaucracies, with personal disagreements and cultural differences just to keep the mission of IIBA alive? Do we continue the legacy of Reich and Lowen in this manner? Or is it time to let go and individually meld into the mainstream? Is our passion spent, or do we have some energy left for continuing and finding new ways to offer our unique contribution to the field of psychotherapy? Can we unleash the energy that is tied up in our internal conflicts – and direct what we have learned *outward* toward issues and projects that are begging for attention?

If so, then I think we need to apply a sense of urgency toward *healing* the interpersonal and organizational wounds and conflicts that exist among us. We will be talking and listening together this week about specific ways to resolve conflict. In the conference brochure it is suggested that we approach our differences with an open mind and an open heart, that we learn shared ways of being with each other, of »moving to« and »reaching out«. What if, when we disagree in meetings or conversations, we were to simply put into instant practice that exercise Al taught us: of literally, silently reaching out to each other! I wonder what kind of barriers would fall! Then perhaps we would be in the position to look for the unexpressed *needs* beneath the obvious issues.

Then, how can we, as members of the Institute, citizens of the world, and as plain old human beings concerned about the survival of the planet and the species, avoid the terrible urgency of addressing the global conflicts that confront us? Probably most of us still say, Look, I do my part on a one-to-one basis. The big picture is gloomy and overwhelming. And what good can I actually do anyway? Many of us here, I suspect, have had a war we didn't want, a president we didn't vote for. But, whatever our political persuasion may be, whatever country we reside in, surely we *all* feel helpless about many things, such as the chaos in the Middle East and the genocide in Darfur. How can we stop the world from destroying itself? How can we stop the earth – any more than ourselves – from dying?

In 1986 I was in North Germany doing a workshop a week or so after the fateful explosion of the nuclear plant in Chernobyl. The nuclear cloud had drifted, leaving its fall-out across Northern Europe. In that part of Germany background radiation levels were said to have been 3000 times above normal. People were in despair, and had great anxiety and concern, particularly for their children, because the short and long-term effects of the fall-out were unknown. We didn't drink milk or eat fresh vegetables. My American colleagues and I were struggling daily about whether to return to the states, or to continue with our European itinerary: in my case, whether to go on to Norway and then to Belgium for the IIBA conference. The Europeans whose environment was contaminated had no choice: I did. I went for a short walk in the forest with one of the participants as I verbalized my struggle. His response to me was life-changing. He said, »Martin Luther once said, »If I knew the world would end tomorrow, I would plant a tree today««. I decided at that moment that I would remain in Europe, partly as an act of solidarity with my European colleagues, and as a way of planting my own tree.

By the way, a similar quote is attributed to Martin Luther King, Jr., and several others. There are many tree-planters. But surely the most incredible tree-planter is Wangaari Maathai of Kenya, who was awarded the Nobel Peace Prize in 2004. [Her story has some parallels with the life of Wilhelm Reich.] Thirty years ago Kenya was in danger of becoming a desert, having lost 90 % of its forests. Wangaari wanted to do something about that, so she planted a tree. She gathered together the impoverished rural women in her country, women who struggled daily to find firewood for their homes. They began to plant trees – real ones! They established the Greenbelt Movement, and in the process the women developed dignity, self-respect, and a sense of purpose. Wangaari was jailed and beaten many times for her »subversion«.

But in the years since, *30 million trees have been planted in Africa by Wangari and the women of the Greenbelt Movement!* How is *that* for making a difference!

But what can you and I do? In your office, when you help a person feel the ground and further connect to the ground of his/her own being – you’ve planted a tree. When you’ve helped your client open her sexuality and she’s more alive in her body and in her relationships, you’ve planted a tree. When through your resonance you have provided a connection with your client that makes it possible for him to form an attachment with his children, you’ve planted trees. When you teach trainees how to help their clients resolve their inner conflicts through Bioenergetic practice, or when you write a research paper to further validate our theory in the field – you’ve planted trees. When you interact on behalf of Bioenergetics with other organizations and institutions, and give and gain new knowledge for helping people, you’re planting trees! When we sign a petition or join a protest march on behalf of the values we stand for and work for, we’re planting trees. When we open our minds and hearts and reach out across our differences to understand each other – whether in the Institute or in the Middle East – we’re planting trees. If we can get our heads and our hearts together as an Institute and find innovative ways to alleviate the suffering of heretofore neglected groups of people – we’re planting trees!

Reich ended his life with a broken heart, but he lived his passion with a fury to the end. Al Lowen believes he failed in what he set out to do, yet at 94 he still sees patients – he’s still planting trees! Much of our vision for the Institute has not been realized. We may not achieve our goals. The world may end. *We* certainly shall. But until that time, let’s combine vision with groundedness, approach conflict with open-heartedness, hold in our awareness the interconnectedness of every aspect of life, and finally, embrace the world and each other with gratitude for the aliveness and passion and love we’ve been given, and give it back – whenever and wherever possible!

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What's the Use of Violence?

Ron Robbins

Summary

As unpopular as the thesis may be, a look at the processes that underlie our early growth indicates that at every developmental stage new potentials for violence naturally arise. This paper traces the emergence of these potentials as they grow out of the maturational steps of our body. It is suggested that violent potentials can be useful to therapy and the context of their applications is key to determine their value and the meanings we make of them.

Key terms: Violence, Development, Rhythmic Integration, Context, Acting-out and Catharsis.

The World is full of Strife

The world is full of strife.

There are wars between the great world powers.

There are conflicts within different localities.

There are feuds among families.

There is discord between neighbors.

There is friction within a household, between man and wife, between parents and children. Life is short. People die every day. The day that has passed will never return, and death comes closer every day. Nevertheless, people still fight and never once remember their goal in life

All strife is identical. The friction within a family is a counterpart of the wars between nations. Each person in a household is the counterpart of a world power, and their quarrels are the wars between those powers. The traits of each nation are also reflected in these individuals. Some nations are known for anger, others for bloodthirstiness. Each one has its particular trait. The counterparts of these traits are found in each household.

You may wish to live in peace. You have no desire for strife. Still, you are forced into dispute and conflict.

Nations are the same. A nation may desire peace and make many concessions to achieve it. No matter how much it tries to remain neutral, it can still be caught up in war. Two opposing sides can demand its allegiance until it is drawn into war against its will.

The same is true in a household.

Man is a miniature world.

His essence contains the world and everything in it.

A man and his family contain the nations of the world, including all their battles. A man living alone can become insane. Within him are all the warring nations.

His personality is that of the victorious nation. Each time a different nation is victorious, he must change completely, and this can drive him insane. He is alone and cannot express the war within him. But when one lives with others, these battles are expressed toward his family and friends. ... (Nathan of Breslov 1911).

Violence enwrapping our human nature, part and parcel of it, is a difficult thesis. Therapists can recall the reaction, the condemnation that followed Freud when he posited a death instinct to explain the violent dark side of our nature. But in these days of violent war, and escalated human trauma, perhaps there is something to be gained from a sober look at violence, and the terms of humankind.

Violent Therapeutics

I was leading some training in Bioenergetics this year. After a session marked by powerful emotional releases, a first-year trainee came up very close to me and said in a lyrical voice with a dream-like look in her eye that she didn't know if she could remain in the program. The mood didn't fit the message. Then her face grimaced in pain: »Such violence!«

It brings up an issue: Are Bioenergetics and other therapies that deal with primary emotions violent? Are the screams we arouse, and the bed smashes we encourage part of a strange, distorted violent display? Are we taskmasters of the expression of brutality?

And what does it mean when clients and observers ask such questions? If we do enter into the den of violent expression, is it justified?

Dr. Dean Ornish is a leading pioneer on heart health. He developed the first »(...) system scientifically proven to reverse heart disease without

surgery (Ornish 1990). Ornish's treatment grew from the teachings of his Guru, Swami Satchidananda. It includes exercise, yoga, group therapy, low-fat diet and meditation.

In »Reversing Heart Disease« (Ornish 1990), Ornish forwards the idea that people who ventilate emotions are at risk. He reports research by Carol Tavris (1982) that negates catharsis.

»She concludes that ventilating anger usually does more harm than good, since the other person generally feels attacked and then retaliates, – a downward spiral that results in both people feeling increasingly isolated from each other« (Ornish 1990).

Ornish goes on to describe his attendance at a workshop with Elizabeth Kubler-Ross, expert on working with death and dying. He had expected to hear lectures, but instead she advised getting in touch with negative emotions. The argument was, to work with the dying, to learn the emotions the dying go through, one should explore ones own dark side.

Kubler-Ross's approach was experiential. She used a method familiar to a Bioenergetic audience: strike a phone book with a hose. (Honor to Bioenergetic practitioners) She advised, »To make it more real, imagine you're hitting someone«.

Ornish writes: »For the first four days, I sat and watched how these mild-mannered people would go up to a mattress with a radiator hose, and turn into Charles Manson before my eyes – helter-skelter«.

Until the last day, Ornish watched in a »detached« way. He reports: then »(...) curiosity got the better of me«. He took a turn, but his expression of anger seemed unreal, false. He mentioned it.

Kubler-Ross probed, »Have you ever been angry with anyone: family, friends, teachers, (...) pretend you are hitting them?«

He then recalled a »(...) professor from college, a former girl friend, a college roommate, a sibling«. He resumed hitting, taking each in turn, and went through a repeating pattern of fantasies. The imagined person responded to his violence:

»First with astonishment, shock, disbelief; then ... anger ... they would fight back ... I would eventually overcome them, they would react by trying to foster guilt: »How can you do this to me?«

Then ... I'd move on to the next person.

It was all very brutal, and I was shocked and disgusted with myself.

After about twenty or thirty minutes of doing this ... I had shredded several phone books, and I still didn't feel any better. Actually, I felt much worse, inside and out ... And I thought, »Well this is very interesting«, I learned *that ventilating anger doesn't free me of it. It only feeds and intensifies the anger.* And that's very useful to know.«

Ornish goes on to write, »A few days after the workshop, one of the other participants committed suicide, perhaps a tragic lesson that ventilating anger is not sufficient to make us feel free«. (So much for Bioenergetic pride. We can only imagine how Kubler-Ross might have processed this analysis).

But let's look more closely: Ornish's thoughts were not the result of a full catharsis. Full release hadn't occurred. He interrupted the change process prematurely. The fruit was a negative judgment.

Ornish's conclusion did not deter Kubler-Ross. She encouraged him to go on with the exercise, asking, »Are you sure you haven't left anyone out?«

Ornish resumed. He now remembered a lecture given by his Guru, Swami Satchidananda. The Guru spoke of:

»(...) a man who found God – not through love of God, – but through pure hatred of God ...«
And he taught,
»(...) being indecisive, unclear, and **stuck in the middle of the road** (Bold RR.), neither here nor there, takes you nowhere.«

Ornish decided to check it out. This time he chose to hit his Guru. That was different, and so was what happened.

»(...) it felt realer than real.«

The Guru was no guilt-invoker, no adversary.

»He just stood there and allowed it to happen. (...) I started getting angry at myself – loathing myself – for hitting him. But I kept doing it. I told myself, you might as well continue; you're never going to know if this has value unless you see this through to the end of the exercise.«

This time there was no stopping »in the middle of the road«. Ornish went all the way, the full course of change. At the end, as he imagined tears of compassion running down his Guru's face, he melted.

- »In an almost mystical, infinitely long moment, a whole series of personal transformations began to happen [to me – RR].
- »Darkness exists only because I am afraid of it and keep it in darkness – a vicious cycle.«
- »(...) If somebody else can have that kind of compassion for my inner darkness, then maybe I can for myself, too.«
- »(...) to the degree I can do that (...) I can begin to have that same compassion and love for other people whenever they display their darkness to me.«

As a result, Ornish reports a changed relationship to his inner demons. Instead of arguing with them, or pretending they didn't exist, he began to welcome them. When he does:

»(...) they lose the power to disturb me in the ways they used to do. – And when I forget, the anxiety and terror remind me« (Ornish 1990).

This time the endpoint wasn't a demeaning analytic judgment, but powerful insight: If someone else could show compassion for his negativity and violence, he too could have compassion – for both himself, and others. He called it a transformation and it endured. Afterwards, he no longer fought his negative thoughts and feelings. They were accepted in this new light.

Not everything changed for Ornish as the result of his catharsis. Even with the evidence of his experience, he kept his demeaning judgment on catharsis.

He writes later in the book, »(...) what really frees us (...) is (...) love, compassion, and forgiveness.« Advancing his ego position, he directs readers to meditation and the imagery techniques provided elsewhere in his book so that they too can find their inner Guru.

Ornish confuses the content of his fantasies with the process. It was, as his Guru had taught, going all the way, full climactic release, that brought him to his enlightenment. It was catharsis and a full letting-go that had brought a rush of meanings. Loving fantasies can get one there, but are not necessary for such experiences. What emerges in a person's mind, as they reach and yield to the peak, is unique to each.

It's hard to fault Ornish for such an error. Love, compassion and forgiveness as a way to liberation, has much more surface appeal than a direction that leads to expressing violent feelings fully with body, mind & emotions. For now, we will leave the mistake uncorrected. To restrict its destructive

consequences, we will later look again at this situation to see what can result from the kind of demeaning judgement that Ornish expresses on aggressive cathartic release.

Rhythmic Integration and the Cycle of Change

Definitions of »violence« emphasize key words: »aggression«, »resistance«, »force«, »turbulence«, »injury«, »destruction«. How does violence develop? Is it natural? What are its forms, and how do they relate to the body?

We will look at these questions from the framework of Rhythmic Integration.

The book, *Rhythmic Integration: Finding Wholeness in the Cycle of Change*, describes psychological capacities and strengths that emerge with each new period of early development (Robbins 1990). Each phase of development has its locus in a period of rapid maturation of a body area. As these new parts come into play, they bring with them a host of energetic and psychological dynamics. It's all part of our nature.

Bioenergetic therapists have traditionally looked at this developmental course from the perspective of psychopathology. The focus has been on the untoward affects of trauma during critical developmental moments, and how they shape problematic character formation. The march of character positions from this perspective reads: Schizophrenia, Schizoid, Oral, Psychopathic, Masochistic and Rigid.

In understanding humankind, such a partial perspective leaves us with a necessarily distorted; even, one might say, with »a pathological view«.

Absent in the Bioenergetic viewpoint is an understanding of the natural process of *normal* psychological development, a look that encompasses the development of strengths.

The Rhythmic Integration perspective allows a broad look that includes the full range of the human being. While still holding to a body base, it centers on the normal capacities that become possible as each new developmental phase emerges in the growth process.

From this perspective, the developmental course reads; *The Silence of the Gap, Dreaming, Creating, Communicating, Inspiring, Analyzing*¹ (Robbins 1999, Robbins 2000). *Solidifying, and Achieving*. This cycle ends in a mo-

1 Analyzing is not included in the Bioenergetic characterology. It relates directly to the Anal Character described in psychoanalytic literature. For a full discussion of this phase see Robbins references cited above.

ment of Climax. Energy falls, and the Silence of the Gap signals a new cycle. Like the pathological perspective of Bioenergetics, the Phases of the Rhythmic Integration Cycle of Change (Robbins 2004) mark a course of increasing energetic levels. Rhythmic Integration sees the course itself as an ongoing repeating factor in all aspects of human life, an existential fact. The march of its qualities underlies human processes of development. As human activities move to fulfillment they pass through all of its phases.

Violence and the Body: the Rhythmic Cycle

With a language that is toned by the natural rather than the pathological, what follows is a look at the development of »violence« through the phases of the Cycle of Change. Each section described gives a brief definition and feel of a Phase, and an example of a violent result.

The Silence of the Gap – The Silence of the Gap arises from the basic body. It occurs without consciousness. At this point, a small disruptive movement to body flow can have immediate violent consequences.

Over the last 5 years, I have worked with a small group of therapists participating in the Rhythmic Integration Panic Project. The task was to develop a method to rapidly treat the problem of frequent panic attacks. The Project has a somatic orientation at its base – it begins with the body, and looks for physical distortions.

We noted small desynchronous movements, like an extended swing of the head, or an extreme holding of the breath apparatus, can serve as the »Starter« of the panic process. As we explored them, we noted these movements were occurring in the silence of the gap. That is they were outside of the person's consciousness. Though we could see them clearly, it took repeated intervention to bring them to the person's attention.

Like ripples that result from a stone thrown on a still pond, »Starter movements« can move unchecked through the body. If the unconscious movements are repeated, or inflamed with thoughts like, »What's happening to me?«, »Am I having a heart attack?«, or »Will I die?«, the experience can result in a powerful reaction: the flight-or-fight response inappropriately aroused, and the person escalating into a full panic attack.

Once we objectively saw the Starters in a clinical situation, we developed a method to quickly change the panic process: find the movement, make it conscious, break the link between it and arousing thoughts and feelings, and

then facilitate a return to natural flow through the establishment of a different movement pattern. For those treated, attacks grew rare. For most, they ceased. Treatment required ninety minutes or less. We researched the method. (Robbins 2002) The results endured.

Small body disruptions, Starters, unperceived in the silence of the gap, could clearly be the foundation of violent, life-diminishing, results.

Dreaming – Dreaming grows through body vulnerability, unguarded moments, when musculature is soft, and unarmored. The pattern begins in the womb. Its hallmarks are sensations and images.

We are in this phase during sleep, but in wakefulness too – in daydreams, fantasy, imagination, meditative trances – altered states of all kinds. It's the body's place in poetic moments, prayer, and encounters with awe.

Remember the Trainee discussed earlier. She stated she might leave Bioenergetics: »Too violent!« When fellow trainees unleashed their anger on the bed she *imagined* her father's violence, and she *imagined* that it was her that was being hit. Hardly able to take the feelings that her fantasies aroused, she blamed the method, and wanted to escape the program.

She was told she could help herself by being aware of her feet on the floor while she watched the sessions. She worked at it, and found it helpful. She stayed more present. What she saw no longer overwhelmed her, but still remained disturbing. Her fear was more grounded. She let me know, however, she may yet have to leave.

We were left with a key question to deal with: What nightmare lay underneath what she saw? The answer came with further work. She slowly stepped up the course of aggressive striking on the bed until it climaxed in a full expression of fury.

Afterward the heart of her story became clear: »I acted out, to get him to understand me.«

She had repeated encounters with her father's sadistic violence. It was to no avail. No understanding could come from a man whose limitations trapped him in stereotyped, sadistic response. Her attempts only provoked further cruelty.

Working with brief repeated expressions of her feelings, she came to accept the reality of her father's inabilities. With it came forgiveness, and then peace. Her violent fantasies passed. No longer caught in the dynamics of Dreaming, she chose to continue in the program.

Creating – Creating grows out of the jerks of reflexive movements. Musculature is spasmodic: nerve-muscle reflexes. The pattern begins in earnest after

birth when the waters of the womb are no longer available to dampen motion. Hallmarks are abrupt reorientations; followed by new integrations. It's what happens in moment-to-moment living. Creativity lies in the synthesizing of fragments into new reality pictures.

Maria, four months, sits in an infant seat. She stares off as a video plays in the background. Her father's voice emanates from the set. She startles; jerks her head toward the doorway from where he might appear, but he isn't there. A piece doesn't fit. Her brows knit in a puzzled look – then she breaks out crying. A scarcely developed reality picture is violated.

Communicating – Communicating grows out of an infant's needs, and the reach that links them with someone who will meet them. The automatic connection between mother and child ends with the severing of the umbilical cord. The hallmark of communicating is a new of linking. It begins with the first cry. When a family's first child arrives, the violent potential of communicating often manifests immediately. The infant screams to get a need met.

This new sound in the home leads to the destruction of family routine. Fundamental rhythms change. Sleep is lost. Sexual relating is disrupted. Self-care routines are shattered. With the introduction of the newborn, there is a completely new set of needs to attend to. The change in family structure from dyad to triad challenges the new parents' ways to help each other with their own needs. Their lives will never be the same. Revolution has hit the home.

»I am completely worn out. I don't sleep much. Up every two hours. I need help from my partner, and I don't ask for much. He needs to be up for his work. Sometimes I don't know how to stop the screaming. Often I feel just crazy! This is not what I expected. I read a lot, and watched mothers. I thought I was prepared, but there's no way to prepare for this. I'm used to doing things (...) and having them done. Life doesn't work that way now. Oh God, the needs just keep coming ... but, of course, I love my baby so much.«

When the infant communicates successfully, someone hears and is moved to meet the need. Both thrive. Love grows. When no one perceives the need, or desires to meet it, life distorts and grows dim.

Communicating is the link that gets needs met. When communications don't communicate, violent reactions and negative actions quickly emerge.

Violence, stemming from failures in communicating, occurs at all levels of life, within our self, our families, communities and nations.

Inspiring – Inspiring grows from the rapid rise in excitement caused by increasing inhalation. Patterning begins with a rise of the chest, and a lift of the head. Its hallmarks are aroused impulses moving things beyond accustomed boundaries. The excitement fired is contagious. It can quickly lead to the destruction of established routines in order to establish new mechanisms of control, e.g. Caretakers rearrange the environment to make it safe; »child-proofing the home« to prevent potential damage by one who has been aptly called, »The Runabout Baby«. This response seems quite natural. It eases the way, makes it safe by placing limits on the potentials for destructiveness that the Inspiring Phase engenders.

The violent potentials of Inspiring, as is the case with each phase of the Rhythmic Cycle, can also be used consciously and with intent to encourage and support the magnification and spread of violence. Demagogues, rabble-rousers and revolutionaries rely on inspiring to inflame passions onto hateful behaviors, riot, explosive violence, destruction and war. The method involves exciting the minds, emotions and behaviors of others in order to move them beyond the norms of controlling behavior.

Psyches react to »The Mother of All Wars«, »Weapons of Mass Destruction«, »War on Terror«, »Shock and Awe«.

The TV set replays and replays the falling Twin Towers. Bush, chest puffed up, lands on an aircraft carrier to announce: »Mission accomplished«. Soldiers cheer. Bold headlines announce bigger-than-life happenings.

Inspiring takes place in smaller venues too:

A new committee member arrives at her first meeting with a flourish. When the time is right, she dramatically cries out, »I've watched what's been happening. What am I doing here? Is this worth my time?« Others are drawn into the web. Caught by the excitement of her expression, they eagerly reassure her. They tell her how valuable she will be. It doesn't take long before it is clear; she is aiming toward a position of power.

Enlivened listeners glom on to inspiring words, emotions and actions. Energy carries them beyond themselves into another's orbit of influence. Fascinated, they lose their attachment to self, as they identify with an »Other« who adds feelings and excitement to their experience. Eventually, the caught person may feel the stresses of their overrun internal order. Energy won't calm down. Unbidden emotions spill out. The capacity to evaluate is lost. Sleep is disturbed.

The American Psychological Association gave advice on the web to people suffering disturbing symptoms after 9/11. They offered an antidote to the excessively violent potentials that can accompany the boundlessness that inspiration can engender. Limit the exposure; get the gist – take things in small doses.

These strategies occur naturally in the phase of Analyzing.

Analyzing – Analyzing is an analogue of the body's capacity to digest. Physical patterning begins with the maturation of the sphincter muscles, those of the eyes, those along the body's inner tube from lips to anus, and the selection processes of osmosis. Digestion provides the pattern that underlies the development of the verbal mind and its logical processes. As happens with the mind, things are broken down, focused on, sorted, delineated and clarified.

The individual's mind »digests« what's presented. Osmosis controls what the body assimilates; what passes through, what is taken in. Judgment works similarly on the mental level. The ability to judge allows us to gain control of our experiences, and put things in order, but when we mix into the process hostility and manipulation emanating from unmet needs, violence results. In a classic work on non-violence, Marshall Rosenberg (Rosenberg 2003) leads readers to consider the destruction that can come from judgment, and its less direct forms: labels, blame, interpretations, comparisons and diagnoses of the behaviors of the other. Mixed with hostility, each of these can have a toxic effect, dividing the stream of life-flow within, and between, people. Each can be the gateway to separation, and alienation. For example, label a person »confused«, and listeners may associate the label with the person forever. Even if true for a period, the label distorts reality by leading to the suggestion that someone is *always* confused, and minimizing the fact that in fact no one avoids being confused.

Labels suggest a permanent ongoing state. Diagnoses have the same effect. »He's so schizzy«, or »manicky«, colors the way a person is seen. It limits the other's view of who the person is. Even in the face of contradictory experiences, once a label is attached, it may take forever for the perception to be changed.

The Talmud has a name for such malicious talk, Lashon Hara (Literally, »evil talk«). It's said evil talk, »Kills three: the One Spoken About, The Teller, and the Listener«.

The alienating affect on the »One Spoken About« is obvious. The »talk« directly casts them in a bad light. For the »Teller« the alienation is magnified when the listener realizes the gossip may go on to talk about them.

The case of the »Listener« is subtle. Listeners may begin to listen in innocence, but they are the ones that enable the gossip to happen. They are the target of the words. The moment they take in what is heard, the humanity of their judgment is apt to be compromised. How quickly such words can replay in the head, for how long can they be re-aroused?

A villager who loved to gossip

He knew it was wrong, but he couldn't help himself. It got to the point where people stopped talking to him (...)

Finally, desperate, he approached the rabbi of the town who, reluctantly, listened to him. »Rabbi«, the man said, »I know it's wrong, I know it's harmful, but I just can't stop. Please, help me«, he begged, tears in his eyes.

The rabbi, who had not been spared from the man's rumor mill, realized only something dramatic would get through, make the necessary impact. »Tell me«, the rabbi said. »Do you have a pillow at home? One stuffed with feathers?«

The man nodded.

»Then I think I can help you«, the rabbi said. »Come back tomorrow and bring that pillow with you.«

The man left, perplexed. Why did the rabbi want his pillow? Was there some evil spirit in his pillow or some Kabalistic secret within it?

He spent the next day in confusion, dread and excitement (...)

The next morning the man came back to the rabbi's house, trembling with anticipation. Suddenly, the door to the Rabbi's house opened and the Rabbi walked briskly out of his house holding a large kitchen knife.

The rabbi directed the man to slit open the pillow with the knife.

The man obeyed and before he knew it, feathers were flying everywhere, swirling around him, carried in all directions by the wind.

»Now«, the Rabbi commanded sternly, »bring back the feathers. Restuff the pillow«.

The man looked around, mouth open (...) When he heard the Rabbi's order, saw the severity on the Rabbi's face, he started to cry.

»I can't«, he sobbed. »There are so many feathers. They have gone so far. Who knows where they are, where they went?«

»Exactly so«, said the Rabbi gently. »Exactly so. Gossip, slander, rumor – even if true, especially if true, lashon hara scatters to the wind going we know not where, touching we know not who. How much easier to keep our

own knife – our tongue – sheathed and not have to restuff the pillow (L'Chaim Weekly 2003).«

The lips – a sphincter muscle, are the gates that guard the tongue from speaking.

It is no wonder that the Kabala names distortions of the attribute of Judgment as the channel that delivers evil into the world.

Solidifying – Solidifying grows from the outer musculature's capacity to firmly contract and hold. Like Analyzing, Solidifying involves containment, but now the container is the outer musculature, rather than the inner tube.

Patterning begins around the age of eighteen months and continues until around three years old. Its hallmarks are repetition, habit, and issues around negativity and containment. »No!« seems the answer to every request. In the United States the stage is popularly known as the »Terrible Two's«.

Like Analyzing, Solidifying involves containment. Here, however the container is the outer musculature, rather than the inner tube.

A Solidifying process, grown thick, stifles. Constraint leads to grotesque distortion. On a cultural level, it is happening now to the field of psychotherapy. Therapeutic means and purposes are lost as government and insurance bureaucracies, Solidifier elements, become more sophisticated. Some examples:

In the United States, mental treatment in hospitals has become just one more layer of the insurance bureaucracy. The goal is discharge. At the time of a patient's entry into the system, the intake worker formulates the discharge plan. The more money saved the better.

A result: A woman went to the phone book advertisements and called a therapist. With desperation in her voice she said; »I was hospitalized with a nervous breakdown two weeks ago. Yesterday they discharged me saying I was better. They told me to continue my medication, I have no idea what went wrong with me or why.«

Another result: A private clinic has an arrangement with an insurance company that allows them to exclusively serve around 90% of their clients in a geographical area of New York State. The company reports the median length of treatment sessions is one.

A third: A therapist has seen a suicidal patient for eighteen sessions. The last two sessions the patient was feeling somewhat better. The insurance company calls for a routine review, hears of the improvement, and directs that treatment should be terminated at the next session. The patient, suicidal just three week ago, should be discharged.

A psychiatrist speaks of his sorrow. He needs to make a living, and insur-

ance pays him to medicate. They are not happy with him doing therapy. He adds, »It is the same for all Psychiatrists. It's hard, maybe impossible to make it doing therapy«.

He gets some solace in the fact that he tries to use his therapeutic skills to get the patients to follow the medication plan. The literature shows 40% don't comply.

He goes on with statistics: »About 10% get a really good result from the medication.«

Forgetting his commitment to the individual who comes to him, he rationalizes: »When you consider how many people have these problems, 10% can make a real difference to the population.«

He neglects to say that beyond the 10% with »a really good result«, many of the others are left with a host of side effects, and some with an inability to get off of the medications.

The American Psychological Association's Practice Organization announces they are shifting away from developing public relations programs that have mental health concerns as a target. Psychotherapy will no longer be emphasized.

With insurance reimbursements dwindling, they will focus on new markets businesses, general medical illnesses, and military applications. (Of likely interest to readers, they will emphasize mind-body findings that relate to changing behaviors.)

Achieving – Achieving grows from the power derived from the body's capacity to easily alternate both muscular extension and contraction. Patterning begins between three and five – Oedipal Stage. Its hallmarks are graceful movement, stature, the potency of position, the development of ego stances, and the pride and pleasure that goes with the authority of personhood.

We live in a time where the dynamics of Achieving are in full display in the politics within and between countries. Who stands in the position of authority? What are their prerogatives? How absolute is their power? It's played out in competing stances and combative battle.

There are sharp, well bounded, contesting divisions between cultures, political parties, empirical and imagined realities, science and religion, rights-to-live and rights-to-choose, business needs and nature's needs, empirical realities and perceptual realities.

Sides resort to a myriad of strategies to gain an edge. They draw them from capacities all along the cycle of change to advance their cause. At the extreme, they are cast in terms of war.

Ego, command, and pride mark the feelings of power that, as of this writing, are dominating world dynamics. We are in the phase of Achieving. Test, and get put in place. Challenge, and face retaliation. The means are violent; injury and death are daily results.

When narcissism clouds ego's objectivity, there is no attempt to see the other, let alone their needs. When the common humanity that links two sides is missing from the picture, interaction rigidifies. Perspective grows small. A narrowed ability to find alternatives to meet needs results. Narcissism locks both sides in a relationship of maiming destruction. A state of human separation, alienation, and empathic deadness is born into existence.

Strong, well-developed individual positions do not have to lead to absolute life-and-death division. When narcissism is absent, the needs of both self and other can be entertained, encompassed and satisfied. Differences can lead to negotiation, or, even more life enhancing, to the development of solutions that meet the needs of both sides. The view, then, is larger than any one position. The unique-other widens the human perspective of each. Relationship bears the fruits of life.

Climax – The end of a Rhythmic Cycle comes when energy climactically goes over the top in a moment of jagged energetic release. This orgasmic expression is natural, the body base of metaphoric literalizations like »Armageddon« and the »End of Days«.

Flow, through the full course of the Rhythmic Cycle, is key to well-being. Ego holds fast to its position. It aims to maintain power, position and honor. But everything has its time. When that time comes, Ego is overtaken and surpassed by a powerful flow of life energy. The moment of climax cleanses blocks and distortions to The Silence of the Gap.

Climax? – Desire can carry you there. So too, can the pains of violence. As the phoenix rises, a new cycle begins.

Conclusion

With each phase of the Rhythmic Cycle, a new potential for violence emerges. I believe, the acceptance of man's violence as part of his nature, gives a true picture of the existential terms of the human condition. As a therapist, what does it mean?

We'll gather some pieces from the above to consider a critical key in evaluating the meaning of violence.

Chronic body blocks do violence to flow as it moves through its course. Blocks result in distress that brings people to psychotherapist's offices. But blocks violating flow isn't the whole story. The reverse is also true.

Flow does violence to blocks. Body Psychotherapists aim for the removal of blocks. Therapy advances through the directions therapists give to clients to encourage violent moments of release, and acceptance of the movements and sounds that accompany them. With release, the person moves more freely, looks more alive and vibrant. With integration of the experience, life shifts for the better.

Earlier we saw that Dean Ornish took a different view. He stood against »ventilating« anger. He quoted Tarvis:

»The psychological rationales for ventilating anger do not stand up under experimental scrutiny. The weight of evidence indicates precisely the opposite: expressing anger makes you angrier, solidifies an angry attitude, and establishes a hostile habit« (Tarvis, 1982).

While writing this article, I attended an all-day seminar devoted to material related to trauma and relationships. The speaker, renowned in his field, reviewed a suggestion from a scientist that worked with the brain. In instances involving traumatic experiences, structures of relevant parts of the emotional brain may need to be activated for therapeutic change to be made.

Responding to this, I forwarded the idea that bodywork that activated rage in the client could be a possible way to engage the emotional brain. The presenter quickly dispensed with my suggestion. I was told that rage only begets more rage – echoes of Tarvis. The speaker went on to say, therapists shouldn't use methods that arouse their client's rage. Others in the audience quickly concurred.

This belief flies in the face of the beneficial results seen by the Bioenergetic psychotherapist when working therapeutically with rage. In therapy, Bioenergeticists use exercises that arouse rage. They employ hitting, kicking, and yelling to energize and enliven undercharged bodies to unify movement by breaking through fragmenting blocks, and to provide direct self-knowledge through the primal experiencing of aggression and power. They may encourage the expression of rage so that the client can learn its interpersonal function, work on containment issues, or feel at one with all humanity as everyone shares this instinctually shaped emotion.

Analyzing these two disparate views, Ornish versus Bioenergetics, on the subject of ventilation of rage and anger leads to a resolution of the difficulty.

First, consider another quote by Ornish. Again, he is quoting Tavis:

»She concludes that ventilating anger usually does more harm than good, since the other person generally feels attacked and then retaliates – a downward spiral that results in both people feeling increasingly isolated from each other« (Ornish 1990).

This description of »ventilating anger« and its untoward effect is an example of the »acting-out« of an emotion. The situation fostered in a therapeutic setting is quite different. The intention is therapeutic. No one feels attacked. No one gets hurt. There is no retaliation. There is no increase of violence. In therapy, ventilation, properly directed, brings healing. The expression is not »actingout«.

It is the context, the intent and the terms of the situation, that make the difference. In therapy, rage and anger are aroused and expressed for the purposes of growth and well-being. Relationship, boundaries and therapeutic tools, along with conscious and objective client participation, establish an environment that is safe, honest, and reflective. Work takes place to integrate what is experienced. The results of working-with anger are quite different from what Tavis describes, the acting-out of anger.

How can we understand another thing Tavis describes? How can we understand why acting-out, even when it leads to harm and increased interpersonal isolation, often leads to its repetition?

A careful look at the body's experience in the moment of release provides the answer. In fact, there is an *immediate pleasure* that occurs with the acting-out of rage and anger. It is no surprise rage and release reoccur. Each repetition of acting-out reproduces a pleasurable feeling of freedom that rewards, and encourages its reproduction.

Typically, the pleasure of release that accompanies violent acting-out and its conscious memory are quickly lost. The aftermath takes one from the inner experience, and brings forward relatively long-lived consequences: self or other hurt, violated or curtailed; feelings of alienation; the re-establishment of suppressing blocks or even the creation of new ones.

In therapy, when therapists ask clients how they felt *about* an acting-out experience, they often say, »Badly!« However, a slowly reconsidered remembrance of the experience brings the client to the realization that, *as it happened*, the release felt good.

Long-lived suppression of release is not the answer either. It's a form of »acting-in«. Traue (2005) argues that suppressing emotions has negative psychosomatic consequences. To support his view, he presents an extensive his-

tory. It ranges from the Psalms in the Bible, and runs through James, Freud, Reich, Alexander, and »a huge field of research«.

The problem with »acting-out«, or »acting-in«, does not lie in violence per se. Rather, the problem lies in the intent and conditions of its action. *Context* is the key. It determines whether acting-out might better be phrased as healthy expression, or acting-in better understood as mature containment. Context determines whether violence is benevolent or malevolent.

The above discussion dealt with the client expressing violence. Can it be beneficial for the therapist to act with violence?

Again, we turn to context for the answer. Context is the key to understanding the harsh, startling interruption that is used as part of the treatment of frequent panic attacks.

For example, Starters occur spontaneously when a person reports a panic experience as if it was presently happening. Without training however, the movement remains outside of their awareness. For the person to be able to catch and feel their movement as it occurs, a facilitator has to abruptly point it out to them when it appears. A second or two of delay, and so much has passed through the person's body and consciousness, the chance of noting the Starter is lost.

In working with the Rhythmic Integration Panic Protocol, abrupt interruption, a moment of violence, jerks the client's consciousness from a dream-like flow to one that is more alert and observational. The therapist then asks the client to retell the story, while trying to note the Starter's reappearance.

Both story and movement now vie for attention in consciousness. This sets up a creative struggle to focus on two things at the same time. The tension feels a bit like what occurs in the child's game of trying to pat the head while rubbing the stomach.

Eventually, the client becomes immediately aware of the link between critical parts of their story, and the spontaneous appearance of the Starter. This awareness is one important step in the change process that is used to reduce their frequency of panic attacks. The protocol will lead them through others. This step uses abrupt intervention, a brief violence, as part of its method. Violence here is benevolent, clearly in the service of life-fulfillment, and the living of a wholer, more integrated, humanity.

This article began with the writing of Reb Nachman of Breslov on the prevalence of violence. It ends with words from Reb Nachman on peace and the path to it; a path that is humankind's task to develop.

A Prayer for Peace

*May we see the day when war and bloodshed cease,
when a great peace will embrace the whole world.*

*Then nation will not threaten nation,
and mankind will not again know war.*

*For all who live on earth shall realize
we have not come into being to hate or to destroy.*

*We have come into being
to praise, to labor and to love. ...*

Reb Nachman of Brazlov (1972)

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About the Author

Ron Robbins has been a practicing psychologist and psychotherapist for 40 years. His theoretical interest is in the process of change as a path toward wholeness. He has utilized insights gained from this interest to develop a successful one-session evidenced-based method to treat frequent panic attacks. He is currently evolving a curriculum of wholeness that uses body dynamics to mature early life potentials for use in fuller living. He has been a frequent contributor to the Journal of Bioenergetic Analysis, a former trustee and an international Trainer for over 35 years. His book *Rhythmic Integration: Finding Wholeness in the Process of Change* was acclaimed by Alexander Lowen.

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Shock, Trauma, and Polarization: Finding Unity in a World of Dualities

Michael Maley

Summary

Polarization and disconnection represent the most difficult and harmful threat to our life force and vitality and are often at the core of our client's symptoms. This paper discusses two of the most polarized emotional states we encounter in our clinical work – shame and trauma – and some ways to view the healing of those states.

Keywords: Shock Trauma, Shame, Polarization

Introduction

The question under consideration is how we go about finding unity in a world in which there is so much polarization. We seem to be surrounded by people and institutions taking rather fixed positions over issues and at the same time making the other pole or position less than valid, wrong, bad, or misguided. We know the term polarization – it means to be fixed on one side of an issue, feeling opposed to the other side, and unwilling to move toward the other position. Polarization occurs when only one side of a duality is embraced. Most conflict resolution strategies are designed to bring people out of these polarized positions, to get them to see the needs of the other side, and to maybe change their position so the two sides can either communicate better or ideally, form a third position where the participants can be successful in getting some of their needs met by each other.

I would like to do three things in this paper: (1) I want to explore some ideas about polarization, duality, energy pulsations, and how the »reconciliation of opposites« in order to experience unity is one of the most powerful healing principles we have to work with; (2) I'd like to look at two emotional states that have the capacity to deeply polarize us – shame and trauma – and, that when these are present in the body and mind, it predisposes us to act and feel in polarized ways; and (3) I want to show how many of our bioen-

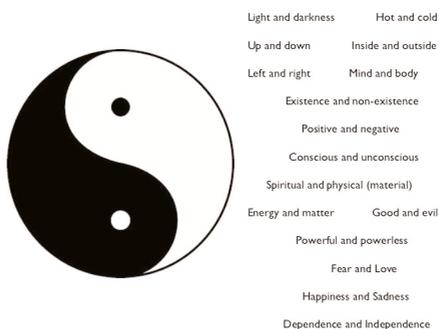
ergetic interventions are based on the capacity to hold and transcend opposites and settle into, and feel, some of the most fundamental pulsations of the life process.

Polarization and Pulsation

Polarized positions are very much a part of our culture and language. They are pretty normal and in many groups and many families it is the norm to be one sided. Dualities, when you see them, are treated as choices – you have to choose the side you're on and the other side is avoided or judged. Life is good, death is bad / Love is good, pain is bad / strength is good, vulnerability and weakness are bad. How relatively few groups and individuals are able to see beyond polarization and offer us examples of unity and show us how to attain those states of consciousness where we can see farther than just the single side of an issue ...

Polarization is related to a phenomenon in therapy that we deal with all the time – the experience of disconnection. Disconnection from ourselves and our feelings, from our bodies, from others, and from what is happening around us, is one of the most damaging aspects of our experience as human beings. Disconnection comes from being numb, it creates numbing, and pulls us away from the life of our bodies and our relationships. Polarization and disconnection are one in the same, because when we polarize over any issue, we stop engaging in a natural pulsation between two energetic states that need each other to stay fresh and alive. What would you be like if you only received, and never gave (or vice versa)? What would you be like if you said only yes, and never no? We know some of this from our clients – many of them do exactly that, and their life energy suffers from the lack of rejuvenation that comes with living out the cycles. One side of anything feels dead without the other, and it's important to look at how that is happening in people and how we can help them get back into a more life-enhancing pattern.

What you are looking at in Figure 1 is familiar to you – the Taoist symbol called the Yin-Yang. It summarizes the quality of unity in the physical world. It also reflects the fact that the physical world is a dual world – everything has its opposite – and that unity in our world at any level, appears to require that we learn to reconcile opposites. Unity, in this symbol and in our experience, happens when we can experience a pulsation, a blending, or a synthesis between two opposites.



If you look at the list in Figure 1, you see just a few of the universe of pulsations. Some are about the physical world – light and darkness, up and down, hot and cold – we get used to holding these because they are mostly value free and we can sort of see how they pulsate together and co-exist easily. We slide between these somewhat gracefully and so we can hold them both in our consciousness. A couple of these are psychological – conscious and unconscious, power and powerless, fear and love, happiness and sadness. In that realm we start to have judgments about the experience and begin to think that one is better than the other and that we should try to cultivate one and not the other. Once we add emotions to a duality, polarization becomes more likely. A couple of the others are more abstract and have spiritual tones to them ... good and evil / existence and non-existence. Some dualities are difficult to embrace – they have a certain resonance with us, but are hard to wrap around, not because we judge one or the other, but because it takes a certain state of consciousness to understand how they pulsate and it's hard to resonate with one or the other pole. If you are able to embrace existence, how do you resonate with non-existence unless you can let go of your ego and your identity completely and be a part of something much greater. Some schizoid clients, can embrace non-existence much more easily, and have difficulty with existence as a felt state.

Lists like these, and there are literally hundreds of these pulsations that can be named and connected to, are very interesting because they show us all the opportunities we have to experience unity. That is each one of these dualities is an opportunity for us to experience a natural pulsation in the world and embrace a flow of energy. They also show us all the ways in which we can polarize our experience and not feel the flow.

It is so easy to think and behave in polarized ways because:

- (1) The physical world is characterized by dualities and the pulsations between them – the opportunity to polarize is everywhere.
- (2) We are taught to polarize. Polarization is taught everywhere, experienced everywhere, with few exceptions. It's much easier to think and act in polarized ways because of all the modeling and the lack of teaching how to do otherwise. It's much more difficult to reconcile opposites because they require us to seek them out and work to feel the differences. Unity requires effort.
- (3) We and our clients get caught in emotional states that can become highly polarized and unless these are resolved, it's very difficult to practice and pursue unitive experiences.

So, the human condition and its attendant suffering is based on polarization. Too much or too little, the most basic quality of a system in polarization, describes all basic states of illness, emotional disorders, and spiritual dilemmas.

As the symbol depicts, for unity to be experienced, one pole becomes or cycles around to include the other, one pole emerges out of the depth of the other pole, one pole contains the other pole, and one pole is known by our experience with the other pole. So we become wise, by embracing opposites, by living in these pulsations and by fostering the connection between opposite polarities. So unity comes about by blending and connecting opposites in a way where neither one is erased.

In bioenergetic work, we constantly work within the framework of opposites, and there are many of these that comprise the heart of our process work. Expanding out and gathering in – are opposites. Giving and receiving, rest and work, expression and containment, holding back and letting go, thinking and feeling, male and female, life and death. Every process that I could think of in which we engage with our clients to assist them in moving their energy begins in a polarized state and becomes a pulsation. Our therapeutic work is about helping our clients embrace all of these pulsations in their lives. As a therapy, we are about psychosomatic unity achieved by embracing opposites. We »fall off the unity wagon«, so to speak, when the pulsation gets stopped or blocked, and we end up in one end or the other of the opposite and we stay there feeling and thinking that this is who we are, this is the safest alternative, or this is the RIGHT place to be.

Shame, Shock and Trauma

There are a number of ways that these polarizations are uncovered ... if you add charge to a biological system, you will highlight its polarized state – you will quickly see where the system is invested – energy flows in paths of least resistance and polarized states are usually well practiced. This is why body work is so revealing of the basic stuck positions of character and offers so much in bringing unconscious material to the surface. This is why the decision as to the amount of charge added to a body is so important = the more polarized the system, the less charge is needed to highlight the polarization.

There are two highly polarized emotional states that show up almost immediately when somatic work is introduced – those states – the emotion of shame and the experience of shock/trauma – come up so quickly because these two emotional positions involve a breaking down of pulsation in some very fundamental dualities that are part of normal development and without which development cannot proceed.

These positions have been described by Robert Jay Lifton in one of his earlier texts – *On Death and the Continuity of Life* (1979) – and interestingly, are strongly involved in the imagery of death – those were:

The pulsation between Connection & Separation
The pulsation between Integrity & Disintegration
And, the pulsation between Movement & Stasis

These pulsations, when active and alive, and operating such that the person can have both experiences, supports development throughout the lifespan.

We expand outward and connect and then retreat into ourselves and are alone. Connection and separation, when not disturbed become the flow of life between ourselves, others, and our world and many energetic pulsations become part of that flow – giving and receiving, expression and containment, and so on. When they are disturbed, then we see the patterns of codependence or isolation and a subsequent loss of energy and life.

The second pulsation – Integrity and Disintegration, is fundamental to being able to change. With the help of good connections with others, we gather ourselves together (we organize ourselves) and then fall apart, feel formless for a time, and then reorganize again – the basic movements in the formation of the self. When this process is disturbed as a consequence of the injuries of trauma, the capacity to form ourselves in response to our experience is damaged and we stop developing.

The third pulsation Movement & Stasis involves the capacity to move and then become still, not in fear, but by choice – all in ways that are organic and inwardly paced. Many clients have this pulsation disturbed – they hold back and cannot let go, they work too hard and cannot rest, or as we’ll see in trauma, they freeze in fear and cannot move freely.

When these pulsations get interrupted and not recovered, we stop growing, and get stuck in one mode or the other excessively. This is our disconnection from ourselves – the polarized states. We can fall off the wheel of life whenever these pulsations are not supported, and we cannot tolerate the anxiety that occurs, and begin to organize a defensive response.

As you can see in the second illustration, the experience of shame and the experience of trauma involve a disturbance in these fundamental pulsations. It’s an indicator of how destructive these emotional states can be that they involve these three polarities – it makes these states in their chronic and extreme form contain both the imagery and the feeling of dying, in that they represent a powerful polarization of our body and our emotions ...

Shame	Trauma
connection – separation	integrity – desintegration
»death	»death«
numbing – collapse	numbing – freezing
wordlessness	wordlessness
»cognitive shock«	»speechless terror«
implicit memory	implicit memory
withdrawal	immobility & dissociation

Shame especially involves a severing of the duality of connection–separation and has immobility from collapse.

Trauma creates a break in the pulsation between integrity-disintegration and has a powerful effect on the movement-stasis duality. Trauma involves immobility with fear and a loss of safety.

Both involve a process of numbing (central inhibitors) and a physiology of either collapse (as in shame) or freezing (as in trauma) and thus both create immobility

Shame

The affect of shame has been extensively studied by Donald Nathanson and his colleagues at the Silvan Tomkins Institute (Nathanson, 1992). They have found that a shame response (what he calls the shame affect) occurs whenever there is an interruption or an impediment to a positive affective outcome. At first, shame is a normal hardwired biological response to any interruption that occurs in what interests or excites you. It can be any stimulus that draws your attention – an interesting thing or your mothers face. If the connection does not happen you need something to stop your involvement – that something is the shame response (the affect). This affective shame response is a way of disconnecting from something that is not going to happen so you can move on to the next connection.

But the affect is only the first part of the response. Over time, repeated experiences of being denied what you need (or what interests you), create a *biography* and the *biology and biography* create the *emotion* of shame – a more diverse group of responses that can vary from a simple pattern of withdrawal to a much more elaborated and toxic set of experiences. If those interruptions were frequent and intense (you had a *strong* need *and* a *poor* response from your environment); if they involved the interruption of attachment, frustrations of achievements, failing to have your body work right, or how you wanted to be seen by others, then *strong* shame responses are created. If you were also told that your needs were inappropriate, or too much, or even bad, then the emotion of shame became toxic and you were stuck with no other option but to go into the family of defenses against feeling it. The shame becomes very hard to feel and handle and stay conscious, and defenses begin to form. These defensive patterns are known as the *compass of shame* and describe the four families of response that we use to *not feel* the shame affect and emotion. The bottom of the slide illustrates the compass – this is the four families of responses described by Nathanson that we use to get away from the experience of toxic shame:

1. **Withdrawal** – The classic shame pattern:
 - Rejection
 - Feeling Distanced
 - Isolated
 - Embarrassed
 - Humiliated

Head and Neck Slump
Eyes Droop and Turn Away
Upper Body Goes Limp
Face (Neck and Upper Chest) Become Red
All Communication is Lost (Cognitive Shock)

2. **Attack Self** – I’m bad or worthless, damaged or not enough, it’s my fault – the voice of the CRITIC.
3. **Avoidance** – I’ll do something to avoid the shame feeling – drink, act out, run away, or only do what I’m good at so I force recognition from others
4. **Attack Others** – I’ll blame, criticize or bully you so I feel powerful and not diminished – road rage, schoolyard bullies, recent incidents of school shootings all have this pattern in common

Because shame started out biologically as a way to disconnect from a lack of connection (to »face« elsewhere), it can easily become a feature of our disconnection patterns. As you can surmise, it features highly in the attachment issues that David Campbell talked about at the IIBA conference, Cape Cod, in May 2005 and in the violent behaviors that can come out of a defense against shame based on attack others. It is the most important affect of all in disconnection and once in place leaves the person in a polarized state – having only disconnection as the option, instead of a pulsation between connection and separation. Once the pattern is set, reconnection cannot be done without help. To reconnect, someone has to work hard to get past the defense, to help you feel the shame, and to help you choose how to reconnect even when not feeling very good about yourself because of the shame. Someone has to help you embrace both poles of the connection-separation duality so you can restore the pulsation. Something else has to engage you so you can reenter the neural states that support connection and interest in the world. Even more than trauma, shame is the most subtle of the polarized states and can stay unconscious so long. It involves the earliest and most vulnerable connections in our lives and has a long time to build.

Trauma

The trauma response is well known to most of you, since we have been studying and working with it for many years. Shock/trauma is a term used to describe the deep levels of freezing and immobilization that can occur when an individual experiences a great threat to their sense of safety and cannot respond in either flight or fight. In Figure 4, I have summarized some of the work of Dr. Stephan Porges of the University of Chicago. Dr. Porges has proposed a model that suggests that instead of the familiar two branches of the ANS (the sympathetic – fight or flight, and parasympathetic – relaxation and digestion) response systems, there are actually three different systems and modes of operation (Porges, S. 2003, 2004). He calls these systems vagal systems since the vagus nerve is one of primary transmission routes of neural firing. These three branches of the ANS and Polyvagal Theory describe how the mammalian nervous system has evolved and has had three developmental stages – immobilization (the most primitive part of the system); mobilization (the familiar fight or flight response; and social communication or social engagement (the most recently evolved part of the ANS and the one mediating the attachment behaviors that connect us to our world).

TRAUMA

Polyvagal Theory: Phylogenetic stages of Neural Control

1. Immobilization

- Feigning death, behavioral shutdown
- The most primitive component, shared with most vertebrates.
- Dependent on the oldest branch of the vagus nerve (an unmyelinated portion originating in an area of the brain stem known as the dorsal motor nucleus of the vagus).

Neuroception of Safety promotes growth, health and social behavior

2. Mobilization

- Fight-flight behaviors
- Dependent on the functioning of the sympathetic nervous system, a system associated with increasing metabolic activity and increasing cardiac output (e.g., faster heart rate, greater ability of the heart to contract).

Neuroception of Danger promotes hypervigilance and defensiveness compromises normal development

3. Social communication or social engagement

- Facial expression, vocalization, listening.
- Dependent on the myelinated vaus, which originates in an area of the brain stem known as the nucleus ambiguus. The myelinated vagus fosters calm behavioral states by inhibiting the influence of the sympathetic nervous system on the heart.

Neuroception of Life Threat promotes a behavioral shutdown to conserve metabolic resources

The Social Engagement System, is the part of the ANS that allows self-soothing and calming, attachment, the ability to sense and feel danger, read facial expressions, and listen to the qualities of the human voice. This branch of the ANS has the capacity to inhibit mobilization responses and allows social connection.

The Mobilization or active avoidance system is the familiar fight or flight response in which the body is activated and ready to respond to provide safety or protection.

The Immobilization Freezing Response that can occur in trauma represents a violation of safety and a threat to life and moves the system into immobilization with fear. This is the most polarized system in the brain – the one in which the preservation of metabolic life takes precedence over everything else and the system that is the most fluid, the most connective, and the most involved in social behavior is inhibited. This part of the ANS is most closely related to the reptilian brain – a nervous system that does not contain the social behaviors or brain structures that allow attachment and social communication. In mammals, this system becomes activated when there is no choice except biological survival. It is the response to an injury to the brain, and is a deeply physiological and emotional insult.

When this biological system is activated and chronically mobilized, the body is not able to feel the connections of others, is not able to discern the subtleties of the human voice and face, and is not able to look, speak, or listen in ways that make communication facile and sensitive. Like chronic shame this is a deeply polarized state and difficult to emerge from unless assisted from outside.

These two states, one disengaged and one broken, represent the deepest kinds of polarization we see in therapy and when present, leave the individual in a state of permanent loss of the capacity for unity. The ability to experience any duality – especially in a bodily way – is severely compromised and represents a very sad loss of what is possible emotionally and spiritually.

Healing occurs when something else is brought to the polarized system so it can move out of the looping and into a state of connection. Bringing the energetic charge through the system will often highlight the polarization quite well – the connection to a non-polarized brain system is often required beyond that to implement healing. For example, in the case of shame, the outside connection is able to bring you affirmations of your inherent worth, acceptance of who you are and what you wanted; and the tools to contain the shame response, and help you restore the pulsation between connection and separation.

In trauma, the therapeutic connection can help bring safety and the tools necessary to not be overwhelmed by the experience once again. These tools include being able to contain the freezing response, work with it consciously, and feel the mobilization that lies underneath it. The duality of integration – disintegration can be restored through the mechanism that we all know about – connection. Again, it is the connection with others and the learning of skills and tools inherent in the social engagement system that brings the nervous system, first, back through mobilization, and then into social engagement.

I had said earlier that one of the archetypes of the healing process was the resolution of polarities – that when we experience that happening either in ourselves or others, it inspires us, shows us an example of unity and draws us toward it.

Healing and Transcending Polarization

One interesting example of this was in the recent death and funeral of Pope John Paul II. It became a worldwide event and created an enormous amount of coming together and inspiration for millions of people, even non-Catholics. One experience we all had in the last few months was a close look at the way in which he approached death – fully living every moment into his death. He provided another example of unity in the way he handled his pain and kept on with his labor of love in spite of his body failing him. When we see these enormously difficult dualities being faced and experienced, we are inspired and healed ourselves. We see a way to be that helps us know how to move through our own experience in a unitive way. Being a part of a conscious death; seeing someone walk through pain and still be loving to others; being with someone who can stay connected to an organizing center even though their life is coming apart, are all examples of how dualities can be lived and experienced without polarization.

If you look at Figure 5, you will see how there are lots of interesting examples of how that principle works in Bioenergetic work. In Bioenergetic Analysis and somatic work, most of the interventions we use directly involves working with pulsations:



Bioenergetic Polarities

Find the opposite pole and strengthen it ...

Find the emergent healing moment and bring it out

- completing the frozen movement and support its emergence
- follow the instroke of the frozen breathing wave
- complete the blocked responses in the body
- exaggerate the contraction
- pendulation from the trauma vortex to the healing vortex in trauma work

»the way out is through«

Past and present

Connection and separation

Expansion and gathering

Saying no and saying yes

Expression and containment

Giving and receiving

Inbreath and outbreath

Grounding and reaching upwards

Masculine and feminine

Reason thinking and emotions

(head and heart)

Active and passive

Fear and peace

Dependence and independence

Knowledge and ignorance

Powerful and powerless

Conscious and unconscious



There is one other symbol in Figure 5 based on polarities – that of a Labyrinth. One of the functions of these structures is to help the person resolve internal conflicts, and you can see that it is a walk based on alternating movement patterns – turn left, turn right, periphery to center, center to periphery.

Finally, in this last list, we have a very powerful principle of healing based on the resolution of polarities by embracing both poles of the pulsation:

- Embrace both poles – in every position you take, see its opposite.
- Experience the pulsation between the poles – hold both sides in your consciousness.

- > See if you can find the emergent qualities that were lost in the polarization.
- > Feel the yes in your no, and feel the no in your yes.
- > Discover what you receive when you give, or what is given when you fully receive something.
- > Find the knowledge in your ignorance, and the ignorance in your knowledge.
- > Look for the strengths in your weaknesses, and the weaknesses in your strengths.
- > Look for the dependency in your independence.
- > Look for the light in your darkness.

Each time we do even one of these, we gain the momentum and capacity to do others. As we know from our clinical experience, working with those dualities at the level of the body, removing shame and healing trauma, forms a foundation for being able to see and embrace many other dualities that form the foundations of our spiritual development.

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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.

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Bioenergetics and a Paradoxical View of Sexuality: how Characterological Development is Related to Current Erotic Life!

Diana Guest

Summary

Sexual health is one of the main priorities of Bioenergetic Analysis. This article explores and introduces a useful adjunct to bioenergetic therapy by blending a new paradigm of sexual erotic development with traditional characterological and bioenergetic perspectives. The author shares her discoveries regarding the relationship between core erotic themes and characterological issues.

Keywords: Sexuality, Bioenergetic Analysis, sexual erotic development, characterological issues, personality

I find in my practice more and more people coming to me concerned about their sexual behavior or that of their partner. This may be because I am known in the community as specializing in sexual compulsivity but I also think this is a trend as more and more people are using the Internet as a sexual outlet. In my work with clients who experience problematic sexual behavior and especially those with compulsive behavior, I have found that using a paradigm that sees sexual behaviors as a way to work through childhood traumas and deficits extremely helpful. Doing so helps me frame the erotic character development of the client more readily by not hastily moving into a judgment about it being »normal« or pathological. I want to share this approach of incorporating a new paradigm within our more traditional bioenergetic model as an additional component of treatment on the pathway to sexual health. I also hope to invite a dialogue about the integrating of this paradoxical model with our understanding of character structure. Can this theoretical construct with clinical implications directly inform our work with clients and assist us in promoting a sex-positive model of health?

In reviewing how we got here, Reich's model was based on libidinal energy and he believed that sex is central to our social life as well as our individual

inner life (Sharaf 1983). Reich developed the concept of the orgasmic reflex as a goal for health. He saw sexual problems as the result of energetic disturbance, blocks, defenses and character armor (Reich 1971). Lowen (1965, 2004) started from this vantage point and observed that a person's emotional problems and sexual problems are a reflection of the same personality disturbance but went on to say that Reich's view of healthy sexuality lacked an important component. »What Reich did not emphasize enough is that this total body response is an expression of the individual's surrender to love« (Lowen 2004, p. 107). In his 1965 book *Love and Orgasm*, Lowen writes sex is love and that, »the objective of the sexual person is the satisfaction that derives from end pleasure, or orgasm« (p. 175).

This model stems from early psychoanalytic theory and perhaps too hastily polarizes sexual behavior and experiences into pathological and normal categories. This paradigm states that there is a right and wrong way to be sexual and any deviations from the norm warrant analysis. During the 1950's, when this theory originated, most analysts were Caucasian males who determined what was deviant based on their own conscious and unconscious erotic patterns and behaviors and Lowen tells us that his characterological struggle is around the surrendering to and opening of his heart. To Lowen (1965, 1988) sex is an expression of love. He writes in his autobiography (2004)

»The problem with sex is that it is meaningless without love. Its meaning is directly proportional to the amount of love that brings two people together in the act. Sex without love is like passing water. It offers relief, but no fulfillment« (p. 151).

My fear is that we are still operating from a pathological model and unconsciously shaming our clients when they do not fit into this model; that we are rushing to a diagnostic judgment that can work against therapy.

In the 1970's, Masters and Johnson emerged with their »neat and clean« view toward human sexual behaviors. They believed that sexual problems were due to a lack of accurate sex education, performance anxiety, and ignorance and inhibition from internalized religious and societal prohibitions. Treatment focused on the reduction and/or removal of anxiety, guilt and inhibition.

Bioenergetics has incorporated both the 1950's and 1970's models, and has expanded them by focusing on the body and addressing the relationship between breath, muscular contractions/expansion and pleasure in the body. As bioenergetic therapists we embrace paradox and invite aliveness and visceral pleasure. As a sex positive model our goal as clinicians is to provide a sup-

portive, safe and boundried container for exploration of sexuality and we encourage the identification and expression of deep feelings around sex including erotic transference and countertransference. However, the model is still a male heterosexual monogamous model that does not address sexual preference, views most sexual problems as Oedipally based, and is intercourse/orgasm focused. I also think it pathologizes people's erotic maps that do not fit a very specific framework.

I am not going to discuss in this article the issues of the heterosexual monogamous model but I do want to address sexuality as being developmental in nature in a broader sense. That includes seeing one's sexual arousal patterns as developmental in nature and emphasizing how the challenges of early life and relationships provide the building blocks for adult arousal. Lowen speaks to developmental issues as they effect the orgasmic response in climax (2004) but he does not speak to them in relationship to arousal. I have not found discussion about arousal in the bioenergetic material and I think we are missing out. If I go back to Reich's (1971) work he does talk about arousal, fantasy, and masturbation. He writes that he made it a point to thoroughly investigate the fantasies that accompanied masturbation. I find as I work with my clients on their sexual beliefs and work to remove the pelvic blocks to increase the felt sense of pleasure that often there can still be a great deal of shame about their turn-ons, what it is that is arousing to them. We can learn a great deal about our clients by addressing their sexual fantasies and this can also give us a clue as to the developmental wounds that they are trying to heal through their sexual behavior.

When Lowen states that all mature sexuality is an expression of love, what does this say to someone who is not married or not in love, that they cannot attain healthy sexuality? Although I agree that the most meaningful sex is a deep expression of one's love for another, I want to expand that definition to say that it doesn't necessarily have to be an expression of love and can include the heart as a sense of well being/affection for the other and to state that mature sexuality is about an integrated state of aliveness in one's own body as expressed in a mutually satisfying sexual experience of sharing one's self, including the head, the heart, and the genitals, with another person.

We are usually trying to get people out of their heads and into their body, now I want us to see how the mind can contribute to building the charge and enhancing organismic aliveness. The goal is to widen the scope and to include instead of exclude. By using the paradoxical model and the four erotic cornerstones developed by Jack Morin (1995), we have another tool to reduce

shame and contractions, and help our clients along the road to sexual aliveness, pleasure, and satisfaction.

I ask the reader: What does the organism have to engage in as »foreplay« to enhance or become free to organismically surrender? What are the wounds that resulted in defenses both in psyche and soma that blended with orgasmic sexuality? How does fantasy (in the mind) enhance or inhibit organismic surrender?

Jack Morin's (1995) »paradoxical theory« views sex as intricate, mysterious, complicated, contradictory and unpredictable. Erotic experiences are viewed as potentially dangerous, joyous, troublesome and life-giving. This model links current compelling turn-ons with crucial challenges and difficulties from our past. Each of our individual »erotic maps« contains »core erotic themes« which determine what each of us find erotic or »turn-ons«. Sexuality is viewed as a journey of self-discovery. Core erotic themes, also called sexual preferences and lovemaps, are moderately resilient and stable over time and therefore not easily modifiable (Bader 2002; Money 1999). These can be seen as a way to honor what one had to do to hold onto one's sexual being, a part of one's psychic and somatic character structure, what one had to do to survive his/her environment.

Reich (1971) writes about his work with client's sexual fantasies and how this informed his development of his orgasm theory. He also writes about the importance of bringing the fantasies into consciousness because if they are not permitted into the conscious they remain disturbing and part of the psychic armoring. He goes on to talk about a »genuine transference« where the original object of the fantasy is transferred to the partner and »if the partner corresponds in his essential traits to the object of the fantasy, he can replace the object of the fantasy« (p. 86). It is my understanding of this that Reich also found working with arousal patterns and fantasy to be a useful component of understanding and working with his clients' internal sexual conflicts and wounding. This seems compatible with Morin's research.

Morin's paradoxical perspective is exemplified by what he calls the erotic equation: **ATTRACTION + OBSTACLES = SEXUAL EXCITEMENT.**

This equation illustrates the power of resistance, contradiction and the push-pull of opposing forces involved in sexuality and erotic experience. This can be seen as part of Reich's tension, charge, discharge, relaxation paradigm. Obstacles often intensify arousal, give a unique shape to each individual's erotic map, and can deepen »meaning and richness« in one's erotic experience. Some examples that illustrate this concept are two people that are attracted to each other but are geographically undesirable, of the wrong reli-

gion or race, etc. Obstacles that create or enhance arousal are often discovered through the exploration of one's first sexual feelings, early sexual fantasies, thoughts and experiences.

Before going on I invite the reader to take a few minutes to write about or imagine your most exciting sexual fantasy or peak sexual experiences. As you read on see what you notice about where your arousal pattern fits in the paradigm below.

Morin's research has identified what he calls the »four cornerstones of eroticism« which inhabit most individuals' erotic and fantasy lives. They include:

LONGING AND ANTICIPATION, VIOLATING PROHIBITIONS, SEARCHING FOR POWER, and OVERCOMING AMBIVALENCE.

Longing and Anticipation

Fantasy is necessary for longing to occur. Fantasy is the mental side of longing. We have to form an image of the person we desire and imagine or remember what it feels like to be with that person. Most can recall a time waiting for someone to return home with anticipation and feeling the intense longing to connect.

A childhood challenge of coping with parental neglect or abandonment may contribute to an erotic map centered on longing and anticipation (Morin 1995). The longing is always directed toward that which is in short supply. The individual chooses a variety of relational/erotic situations which »repeat« the developmental challenges of longing and anticipation including long distance romance, married/unavailable/traveling partners, and is aroused by teasing, romance and anticipation of impending consummation of longed for connection. These conditions flame the frustrating fires of emotional longing.

Relationships based on this are often stormy, passionate, even profoundly moving, but aren't sustainable long term because they are incompatible with longing. The paradox in longing and anticipation is that longing craves fulfillment but fulfillment dampens longing (Morin 1995). Predictable togetherness makes longing difficult to sustain in relationships. Times apart or even emotional distance can serve to rekindle the longing. In couples, this dynamic gets played out with fighting as a way of distancing and creating a felt sense of longing for connection. When I hear couples talk about having their peak sexual experiences after a fight I know that longing and anticipation is part of at least one of the partners' erotic map. There is the familiar expression

about how great »make-up« sex can be. Certainly a conjugal visit in a prison would stimulate this erotic equation.

As I explore a couple's sexual life and ask questions about each partner's sexual fantasies, I gain a better understanding of their erotic map as well as some of their core characterological wounds. Whether working with individuals or couples, the sense of relief expressed by clients when they understand this dynamic is palatable. They can see that is it not »personal« and there is a renewed sense of hope that this part of their sexual life can easily be addressed.

Violating Prohibitions

»Every society tries to limit sexual behavior. Not only do these cultural restrictions define and enforce the ideals and mores of the community, but they also have another function that is not consciously intended: they provide ready-made barriers that anyone can use to intensify his or her turn-ons« (Morin 1995, p. 83).

Children who are strongly discouraged from pursuing natural sexual curiosity as well as sexually repressive environments burdened with anti-sexual messages may contribute to core erotic themes of violating prohibitions. We all have the capacity for arousal and so what happens when the arousal meets up with the message that you are not to feel this way? This creates a paradox that to feel sexual I must break rules. This sexual rule breaking brings the risk of guilt and shame into the equation.

The individual chooses a variety of relationships/erotic situations which repeat the developmental challenges of autonomy/individuation to increase the »naughtiness factor« in situations with attraction to disapproved partners, inappropriate age, wrong religion, race, pushing the boundaries in fantasy, etc. and a general attraction to being »naughty« (Morin 1995). This arousal pattern thrives on a high risk of getting caught, such as having sex in an elevator, public place or involving oneself in illicit affairs.

One's religious or moral background may categorically distrust erotic impulses and adhere to a rigid code of conduct. This cornerstone is reportedly higher for Catholics, lesbians and gays. There is often a deep sense of shame in the naughtiness factor. Here fear and anxiety act as a turn-on (Morin 1995). In bioenergetics we are usually working to eliminate anxiety and in this dynamic it may be a primary component of one's erotic map. In two studies, men or women watched two videotapes with either an anxiety-in-

ducing scene or non-anxiety-inducing scene followed by a nude couple engaged in foreplay. Exposure to the anxiety-inducing scene produced greater arousal in both men and women than did the non-anxiety-inducing scene (Bem 1996).

I have seen this cornerstone present in clients with a masochistic organization as well as the narcissistic character structure. In the rigid structure the underlying wounding is about the right to be sexual and integrating the head, heart, and genitals in sexual play. The wounding with the rigid character structure fits with violating prohibitions as well. Again, these erotic cornerstones are not exclusive to a particular character structure. They can be present in a number of the character structures.

A male client of mine, presenting with a masochistic organization, clearly has violating prohibitions as a compelling part of his turn-on and includes the element of anxiety as an aphrodisiac. His most arousing and satisfying sexual encounters have been in public places such as his office, a golf course at night, or out in nature. The element of getting caught increases his arousal. He worked very hard growing up to be the good boy and gain his parents approval. His protest to his environmental oppression comes out in his erotic map through violating prohibitions. He can clearly talk about the anxiety as an aphrodisiac and also about how he manages that anxiety by a calculated risk of being caught. The sense of connectedness he feels with his wife is very important to him during sex but the arousing component of sex is the place where their encounters occur.

Searching for Power

Childhood experiences of powerlessness may contribute to the formation of an erotic map infused with themes of power and control. This is probably most obvious with clients who have a sexually traumatic background (Morin 1995). They may have been molested or raped and can find it quite disturbing to have rape fantasies, either as the victim or the perpetrator. By better understanding their erotic map and fantasies as a productive way to resolve childhood wounds, we can help our clients establish a sex-positive view and reduce their shame surrounding their sexuality (Bader 2002).

These themes may be subtle and in the background or more dramatic and center stage. They may be expressed in fantasies or behavior through dominance, submission, sadism, masochism and bondage. The power is generated by the interaction and neither actually has the power.

Here are some dynamics in the searching for power cornerstone:

- a) The forceful partner demonstrates with his/her passion the value and desirability of the one who submits.
- b) The submissive partner demonstrates through his/her surrender, the irresistible power of the aggressor.
- c) Submission allows the individual to avoid responsibility for sexual activity.
- d) Exploitation/manipulation dynamics need careful assessment when looking at the search for power dynamic (Morin 1995).

I have found the majority of my clients have some element of searching for power as part of their erotic map regardless of their character structure. This dynamic presents itself in a variety of scenarios directly linked to particular childhood wounding. Here the individual chooses a variety of relationships/erotic situations that repeat the developmental challenges of power and control.

Women are two times more likely to focus on power in fantasy than in real life encounters and 83% of lesbians report having this as part of their erotic map (Morin 1995). Violating prohibitions and search for power tend to be present during sex. Longing and anticipation and overcoming ambivalence are most dominant prior to sex.

Overcoming Ambivalence

We have all been emotionally wounded by those we counted on for nurturance and love. Love equals risk of emotional hurt but we continue to long for the human connection. The longing for love overcomes our fear of rejection or potential for painful emotions such as loss of a loved one. Desire overcoming fear creates a special kind of intensity. Sometimes it is the partner that creates the ambivalence and sometimes it is a type of sexual act itself, such as anal sex. This cornerstone is about being drawn toward and repulsed at the same time. The client may be ambivalent to passion or experience ambivalent attractions where they are magnetically drawn and repelled at the same time, liking and not liking a person, wanting and not wanting. Clients with this cornerstone may exhibit an ambivalence of loving and will have on again/off again romances.

»Both fiction and real life provide numerous examples of erotic attraction between two incompatible people who may not even like each other. Collectively, these observations suggest, that similarity may promote friendship, compatibility, and companionate love, but it is dissimilarity, that sparks erotic/romantic attraction and passionate love« (Bem 1996, p. 323).

How many times have we heard about a couple that is separated or even divorced, see each other, and end up in bed. Recently a male client, 25, was talking about his break up with his girlfriend and that when she came over to his apartment to pick up her belongings, they ended up having sex and lying in bed for hours. Overcoming ambivalence can be very arousing. However, it isn't the ambivalence that turns people on but »the transformation of mixed feelings into a single minded focus on pleasure« (Morin 1995, p. 103). Consequently, this cornerstone usually operates in the background and precedes sex.

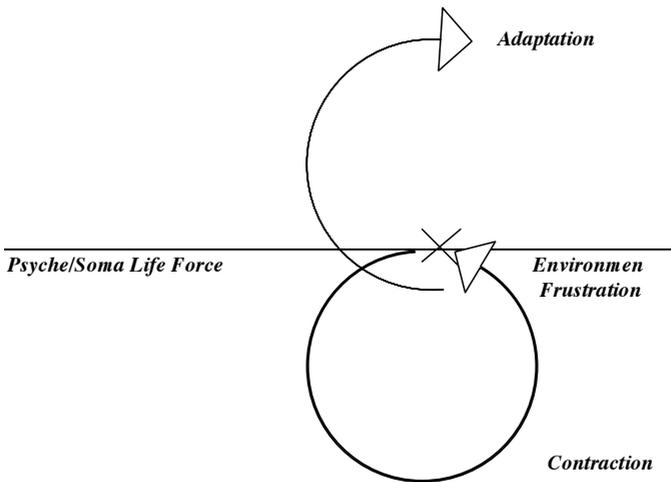
Overcoming ambivalence as an erotic theme can also be supported by the theory of opponent process where »strong affect is countered by internally generated positive affect (...) for example prolonged stress that activates the sympathetic nervous system can produce a parasympathetic rebound when it is suddenly withdrawn« (Bem 1996, p. 326). This could also account for the masochistic pleasure that is derived from initially painful stimulation.

Another client came to me because he was deeply in love with a woman and wanted to marry her. He was a recovering alcoholic who had had homosexual encounters while intoxicated. He identified as heterosexual both in attraction and life style however, he also knew he was very aroused with anal penetration. While working with him bioenergetically and taking a history, an important fact was revealed. His mother anally stimulated him with suppositories as an early infant and toddler because she didn't want to be bothered with dirty diapers. Even after toilet training she would make him sit on the toilet every morning before starting the day to make sure that he had his bowel movement. As we uncovered this it made perfect sense that anal stimulation was part of his arousal pattern due to this childhood wounding. By him understanding this piece of his erotic map, his shame was greatly reduced and he could see the need to overcome ambivalence as part of his erotic equation. He was able to talk to his fiancé about how to introduce anal stimulation into their sexual life and then he no longer feared he would act out this need in another arena.

Overcoming ambivalence, at first, seems to be a schizoid phenomenon but I have also seen this present in masochistic and rigid structures. Again, this cornerstone crosses over various character structures.

Body and the Mind

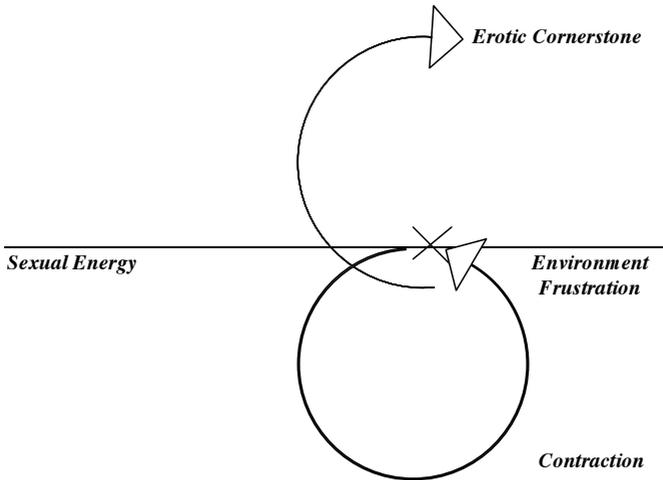
Many years ago I was introduced to Bob Hilton's adaptation of Reich's diagram as a way to understand the psych and soma of character structure. The diagram is a way to conceptualize the thwarted energetic movement, the environmental frustration, the belief systems developed out of the adaptation, and the resulting somatic consequences. Hilton (1997, p. 77) uses the diagram to illustrate that when the environment is too frustrating that the person begins to unconsciously contract. This contraction manifests itself both psychologically and physically in a unique accommodation. The upper arrow represents the psychological adjustment and the lower circle represents the bodily contractions. Each structure has its own specific diagram to representing these characteristics.



To further illustrate the correlation of childhood wounding on the sexual landscape of the body and the mind I have taken Hilton's diagram and adapted it to Jack Morin's four cornerstones. The psyche/soma life force could be seen as natural sexual energy that meets up with the familial, religious and cultural restrictions that define and enforce the ideals and mores of the community. This is represented by the two horizontal lines that meet at the two arrows. The upper portion of the diagram would represent the

wounding that becomes eroticized and fits into one of the four cornerstones, such as longing and anticipation becoming the core erotic theme for arousal.

The lower circle represents the contraction in the body as the defense against the external environment. »Behind the contraction lies the cauldron of feelings associated with the shame, pain, helplessness, and despair that accompany not being able to find a way of self-expression in the world« (Hilton 1997, p. 77). This could easily apply to one's sexual expression that moves »underground« and into one's fantasy life as a means of keeping the dangerous impulses in repression, the impulses that are unacceptable and/or threatening to the environment. My question is, are there specific or regional contractions associated with each of the erotic cornerstones? How is the sexual energy blocked or held in the pelvis?



Regarding this attempt at integrating this paradoxical model of sexuality with our understanding of characterological issues, again I ask the question: What does the organism require in order to experience »foreplay«, increasing arousal to build a charge and to then become free to organismic surrender? What are the wounds that resulted in defenses, both psychic and somatic, that blended with one's orgasmic sexuality?

Both traumatic and benign childhood and adolescent sexual and non-sexual experiences may be observed in the themes and landscapes of an adult's fan-

tasies and erotic map (Morin 1995; Bader 2002). Each person has his/her very personal characterological erotic map. The core need and the type of »no« one gets from one's environment determines one's characterological formation. This could also be said of Morin's four cornerstones. Do specific characterological traits correspond to specific erotic cornerstones? I ask whether and/or how do these erotic themes interweave with characterological issues.

A fundamental thesis of bioenergetics is that body and mind are functionally identical: that is, what goes on in the mind reflects what is happening in the body and vice versa (Lowen 1972). So how can these erotic cornerstones inform us about the meaning behind the various contractions held in the body? It seems to me that the mental activity of fantasy is the psychic counterpart to the somatic activity of the body as a pushing against the contraction and building a charge to increase the energetic streaming.

At this time I have more questions than answers and I invite you to begin to be more curious about your clients' arousal patterns and fantasies. As I stated earlier, Reich (1971) found working with arousal patterns and fantasy to be a useful component of understanding and working with his clients' internal sexual conflicts and wounding. Our clients' fantasy life may provide another window into their internal world as we help them move toward sexual health.

As presented earlier in this article each cornerstone seems to be present in any of the character structures. These arousal patterns are stable over time and not easily modifiable (Bader 2002; Money 1999; Morin 1995). Once the erotic map needs have been met and the energetic blocks have been softened and melting and streaming sensations are present in the body, the person will be more available to organismically surrender to the pleasure of his/her sexuality (Lowen 1972)

Conclusion

When I presented my workshop on this topic at the IIBA conference in May of 2005, one woman commented during the process time that, at some time in her life, she had sexually acted out and had subsequently gone numb sexually for fear of acting out again. She said her sexuality felt dangerous to her and after her experience in my workshop she felt safe to begin to open up to her sexuality again because this model helped her create some boundaries that allowed her to explore her core erotic themes and she now had a framework

and boundary for her sexual turn-ons. She went on to say that she even thought of asking her partner to participate in this exploration as a way to open more fully to her sexual streaming. This sense of relief and reduction of shame is a frequent response from my clients and workshop participants when I introduce this model.

Morin's paradoxical model of eroticism links current compelling turn-ons with crucial challenges and difficulties from our past. Core erotic themes may be internal blueprints for arousal, which can transform old wounds into sources of excitation. None of these cornerstones are absolutely required for sexual arousal (Morin, 1995). A strong mutual attraction combined with vital sensuality can create a very satisfying turn-on. However, I think it is important to have an understanding of various erotic equations. I also think it is unrealistic to simplistically think that love is the only acceptable erotic equation. Foreplay and turn-ons take many forms and are a very individual dance. The function of arousal is to help build the charge, increase the tension and to become more available to surrender. As I continue to work on a body level and work through some of the energetic blocks, the core erotic theme may recede into the background and the person may not rely so heavily on it for arousal, however, it is still always there as long as any amount of the wounding is there, quietly or obviously.

We can help our clients to understand and utilize their erotic mind to achieve more satisfying sex and to become more conscious. We can help them see what they had to do to hold on to their sexuality. We can reduce shame, blame and provide hope. This model can also help couples through difficult times, as they understand their sexual dynamics including the differences in their arousal patterns.

Morin's paradoxical model provides another explanation to questions as to why individuals may seek out and repeat apparently defeating or destructive scenarios that are associated with past pain, trauma and discomfort. Why would an individual who experienced childhood humiliation and sexual trauma seek out adult sexual situations that repeat that experience? Why might someone who longs for a secure, stable, intimate relationship continue to be attracted to partners that clearly are unavailable? From a paradoxical perspective, core erotic and relationship patterns are viewed as healthy attempts to deal with life long dilemmas and as a search for wholeness and healing. This is the »organism« attempting to heal itself with insufficient information or awareness.

Bioenergetic theory embraces paradox. How often do we ask our clients to do that which they fear the most, that which seems utterly unreasonable?

We often encourage some expression that is the very thing the client is defending against and it is through this expression that healing occurs. We ask our clients to experience more aliveness on a body level when they may fear dissolution.

When Reich (1971) wrote about his work regarding orgasmic potency he was able to delineate ten specific stages and wrote about the absence of conscious fantasies during sex but he also stated that he did not take into account the »preliminaries which present no general regularity« (p. 79). That is the contribution of Jack Morin, he was able to provide the regularity of fantasy and arousal. His research and formulation has given me an additional meaningful framework, for my clients and myself, regarding a deeper understanding of the psychic and somatic functions of the human organism.

As we work with the body we must also, of course, work with the mind. Bioenergetic therapists see the individual as a psychosomatic unity (Lowen 1972). What affects the body affects the mind and what affects the mind affects the body. If we are working with the premise that there is a functional identity between psyche and soma then there is nothing going on in the mind that isn't, in some parallel way, going on in the body. At times, we may be able to identify more readily what is going on in one of these realms through these arousal patterns and fantasies. Hidden in this erotic mental fantasy is evidence of somatic activity that may currently be hidden in the somatic realm. Something may be going on somatically that is the juice for the mental fantasy or to put it another way, the hidden, repressed somatic activity may be the inspiration for the mental fantasy. If we give more room to the mental fantasy we may gain clarity about what is happening in the body as bioenergetic therapists. This is why I am excited about Morin's work and why Morin's model integrates well with the somatic work of bioenergetics. If we can stop judging the fantasy as wrong and embrace the fantasy, then the wounds will come out into the open. The soma will come out with more of its hidden agenda. We can then use this information as an additional road map to sexual health.

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Is there Healing Power in Rage? The Relative Contribution of Cognition, Affect and Movement to Psychotherapeutic Processes^{1 2}

Margit Koemeda-Lutz

Summary

The question of what people need in order to change is still open to debate. The paper reviews evidence for when cognitive clarification and insight needs to be accompanied by emotional arousal, containment and / or expression and how motor activity facilitates experiential and / or behavioral change. A fictitious case is presented in order to illustrate different approaches for a first session. The paper reviews some neurobiological findings on the interactive modulation of unconscious and conscious levels of experiencing and behavior. A pilot study is reported in which the induction of hyperventilation and two bioenergetic exercises were examined with respect to their relative potency to facilitate psychosomatic change.

Key words: Body psychotherapy, emotion, motor behavior, neuroplasticity, unconscious behavior control

A Fictitious Case Report

Let me use a cartoon by F.K.Waechter in order to approach the question raised in my heading:

1 Koemeda-Lutz (2002)

2 Koemeda-Lutz (2005) Revised Version of a lecture held at the Vienna Symposium »Psychoanalysis and the Body«, 17.-19.September 2004, Running Title: »Therapeutic Interaction: The Macro- and the Micro-Perspective«.

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F.K. Waechter »Ich liebe das Leben«

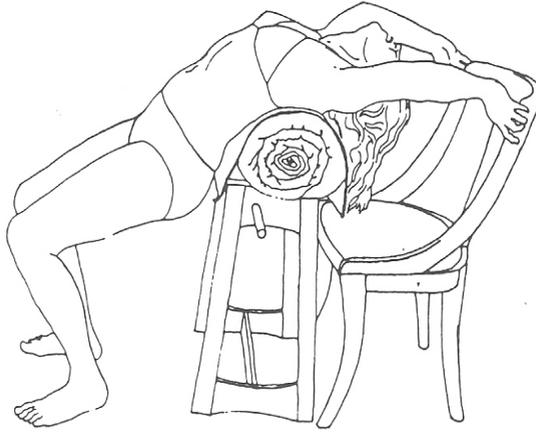
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If one of the portrayed persons should seek help from a psychotherapist, it would probably be the one on the right hand side. The problem presented may be the following: »I contact people in an absolutely positive way and very often get aggressive and negative responses. I wonder why this is so?« He then tells a story like the one you can see in the cartoon. How would you begin therapy with such a patient? I would like to outline three possibilities:

Possibility A: The therapist proceeds with verbal explorations of what the patient told her, like: »Whose or which life do you enjoy?« And according to what his response is: »Exactly what is it that you enjoy in your life or in the life of XY?« And: »Could you describe a specific situation, in which you especially enjoyed this life, and maybe another one, in which you didn't enjoy it so much?« This way, the therapist could find out about linguistic representations of the patient's experiences. Are they well differentiated? Is his thinking complex? Does it match her models of human interactions or is it completely different? (cf. Bandler & Grinder 1981; Boothe 1991; 1993; Boothe et al. 2002).

Possibility B: Still in the realm of linguistic representations, the therapist could explore emotional aspects of this person's experiencing. She could ask him, for example, to describe as precisely as possible what he felt when he addressed that man and those two women. She then asks what he felt when these people did not answer at first. Did he register an emotional change when he uttered »I enjoy life« a second time? Etc.

Possibility C: The therapist focuses her attention on nonverbal aspects in her interaction with the patient. She heard the person ring the doorbell – did it sound reluctant? Demanding? She saw the patient enter her office – how was his outer appearance? She felt his hand while saying »Hello, how do you do?« Was it limp? Firm? Warm? She heard his voice, observed his breathing while he was talking. She registered lots of counter-transferential reactions within herself – like, for instance, a slight feeling of repulsion, of pity or irritation. Whatever (...) She now says to him: »*I enjoy life!* What a wonderful phrase! Would you be willing to engage in a little experiment?«



Transition from verbal levels to a level of (inter-) action: leaning backwards over the Bioenergetic Stool (Lowen & Lowen 1979)

The therapist pulls the Bioenergetic Stool into the middle of the room and asks her patient if he is ready to start an exercise, which might be a bit demanding physically (Lowen & Lowen 1979; Dietrich & Pechtl 1990) but could, on the other hand, help bring his body sensations into his focused attention. This would yield little specimens of an ongoing process of »life«, and his feelings as they change from moment to moment could be further explored.

Let's say the patient agrees to start this little experiment, the therapist then asks him to lean backwards over the stool and helps him find a position, which he could probably tolerate for a little while. Then, she suggests that he close his eyes, open them, close them again, concentrate on his breathing, breathe more deeply if possible, and slowly inhale and exhale.

In the meantime, the therapist collects several additional clinically relevant observations. They refer to some of the patient's physical characteristics (like elasticity or rigidity, spontaneous breathing patterns etc.) but also to the very specific pattern of this patient's interaction with her. All this information leads to formulating hypotheses of transference and counter-transference (e.g. Does the patient behave submissively to the therapist's instructions? Or are there little power struggles evolving? Is there a hint of threat in the air? Does the patient exhibit any signs of fear?). All this information will influence the unfolding process of interaction.

If no serious disruptions occur, the therapist also asks the patient to carefully register all sensations arising during the exercise and, if possible, to think the sentence »I enjoy life!«, intermittently speak it out loudly, pay attention to the tone of his voice, maybe sing and/or yell the sentence, and possibly just select a single word like »I« or »life« or to just hum, whisper or scream single vowels like »a« or »e«.

In summary, hypotheses can be derived from each of the three possibilities proposed. Each hypothesis could guide subsequent efforts of exploration and intervention:

Referring to possibility A: The patient may be stunned by the question »Whose life«? His »joy of life« may have been traumatized at a very early stage and may have become fixed at a completely undifferentiated level of development. He feels attracted by the erotic-sexual aura around the two women and the man and he may feel some longing to merge (longing for intra-uterine bonding sensu Keleman (1986, 1987); a schizoid inclination according to Lowen (1981)). The full breasts and well-rounded outlines of the female and male bodies might promise some very desirable, never experienced abundance to him which would hint to an oral deficit according to Bioenergetic terminology (Lowen 1981). In any case, his being verbally undifferentiated would let us assume an early disorder where any reliable self-/object-differentiation has not yet occurred.

Proceeding with the possibility of B, one could find out about the extent to which emotional processes are accessible to conscious experiencing, how they are represented linguistically and which mechanisms of emotional regulation the patient prefers. Are the patient's »I am so positive and kind« and »Why are other people so negative and mean?« his only explanations for his experience? Is he conscious of additional wishes or needs, like wanting to belong, be nourished, or be cared for? Does he perceive parallel feelings, like frustration, when he gets no reaction to his first attempt of making contact; or fear, when the man gets angry?

With possibility C, all cognitive-linguistic representations are treated as background information. An attempt is made to co-create a sequence of present experience. This is not spontaneous »enactment« for which Heisterkamp's book (2002) gives so many wonderful examples and to whose assessment and estimation it contributes so substantially – the therapist here,

guided by her hypotheses, »puts on stage« some of the patient's typical psychosomatic patterns of functioning in order to make them accessible to consciousness and possibly to change. Variations in the rhythm and volume of breathing as well as muscular strain can destabilize the patient's habitual homeostasis. Thereby, emotions may come to the surface, emotions that are normally suppressed or avoided (either because they are too painful or because they usually trigger negative reactions in the environment). If the sentence »I enjoy life« is connected to such altered psychosomatic states, it can either be decoded as a defensive statement instead of a much more deeply felt »I wish I were dead!« Or, the juxtaposition of the original statement and increasingly unpleasant body sensations reveals its absurdness and leads to collapse and surrender into one's own despair, which had been denied so far and could be paraphrased by »I wish I could live!«.

Klopstech (2002) calls this simultaneity of a bodily, emotional and cognitive insight an »energetic insight«. It seems to be a synergetic process on several levels. To use a physical metaphor (Haken 2002, S.84), one could also call it »laser-insight«. Synchronized oscillations of electrons produce coherent light in laser beams. One could think of synchronized patterns of neuronal firing going along with such insights, which most likely would be of more than normal intensity and impact.

Why the Body Needs to be Involved in Psychotherapy

Now, I wish to shift our focus to some neurobiological aspects of human thinking, feeling and behavior. I mainly refer to publications by Damasio (1995, 2000), Roth (1994, 2001), Ruegg (2001), Schiepek (2003), Schore (1994), Siegel (1999) and Spitzer (2002). I would like to concentrate on aspects relevant to psychotherapeutic processes:

Here are two guiding hypotheses:

1. Each Experience Leaves an Imprint:

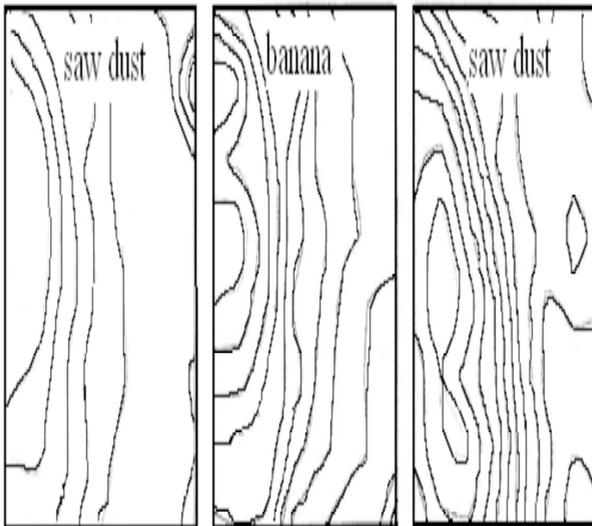
Social interaction and communication, and particularly psychotherapeutic processes, leave physically detectable imprints in human bodies.

Bioenergetic Analysis has traditionally focused on how social interaction – and psychotherapy – visibly shape and change our bodies (posture and

movement; e. g. Reich 1933; Lowen 1958). But as we learn – and this is a life-long process – every new experience leaves – maybe invisible to the human eye – morphological and functional traces **in** our bodies – plastic or degenerative changes, displacements of norms in regulatory systems, as well as re- or new connections in neuronal cell assemblies.

Already in utero our brain appraises all events in our body according to the rules of implicit, associative, unconscious learning, applying the criteria »good, pleasant, successful« versus »bad, painful, unsuccessful« and stores these appraisals in our emotionally dominated memory of experiences (Roth 2003, 2004), the implicit memory. During our first weeks and months as infants this part of our memory is especially susceptible to being shaped. Cognitive, affective and motor patterns and routines of functioning develop dependent on current somatic and central nervous stages of maturity. Some of them are genetically determined, others optimally adjust to the given environmental conditions and opportunities for interaction (Skinner 1953, 1971, 1974; Stern 1992, Dornes 1993, 1997). What we call personality or character gradually forms from this (Lowen 1958, Johnson 1994).

A study carried out by Freeman et al. (1991) with rabbits seems illustrative here. The authors analyzed EEG recordings from a grid of electrodes.



Changing patterns of neural activity in rabbits dependent on varying stimuli in different contexts (after Freeman et al. 1991)

They showed that a certain smell (e.g. saw dust or bananas) elicited collective bursts of discharge in particular neuronal assemblies of the entorhinal bulb. In addition, they could demonstrate that these patterns of activity were determined by the experience the animal had made previously rather than by the stimulus itself. Activation patterns changed according to which other smells the animals had been exposed to. Summations of local amplitudes delineate areas of varying neural activity – comparable to altimetry lines on geographical maps. Activation configurations in rabbits which had learned to associate the smell of saw dust with being rewarded by a titbit offered, varied according to whether this association was new or recurring after an intermediate trial where the titbit was associated with the smell of bananas (compare the left and the right hand side profile of amplitudes).

Meanwhile there exist a number of studies, which demonstrate that psychic disorders are associated with altered dynamics of neural activities, i.e., they manifest somatically (e.g. Vaitl et al. 2003). Depressive disorders, for example, are frequently characterized by a certain hyperactivity of the hypothalamic-pituitary-adrenal (HPA) axis.

Under specific environmental conditions, like prolonged stress, molecular and structural changes can be observed: e.g. an up-regulation of α_2 -adrenoceptors (after an initial down-regulation during 2–10 days), a decrease in the number of dendrite branches in pyramid neurons of the hippocampus, a decreased rate of neural generation and a reduction of volume in the hippocampus formation. Chronic stress causes a lack of noradrenaline in the brain. The number of presynaptic adrenoceptors decreases. Postsynaptic adrenoceptors decrease before they increase. In animal studies the application of antidepressants restituted neuroplasticity (Fuchs und Flügge 2004).

Pharmacological treatment in humans also effects in neurophysiological change. More remarkable though is the finding that purely psychotherapeutic treatment likewise caused – physically and neurophysiologically detectable – changes indicating normalization (e.g. Martin Sölch 2004).

For psychotherapists the question arises: Can we generate sufficiently precise, (neuro-) biologically informed models of our patients' psychosomatic states? And, based on such representations, how can we trigger processes of development, growth and self-organization?

2. Rehabilitation of a Concept: The Unconscious:

A considerable proportion of behavior control in humans, as well as intra- and interindividual regulation, functions without our consciousness being involved.

In academic psychology, especially in the empiric-positive approach, the concept of the unconscious used to be banished, it was an embarrassment. Only recently has it reentered the mainstream scientific discourse through the side door of the neurosciences.

Recent studies inform us more precisely about the cerebral structures and mechanisms involved in the control of our behavior. Freud's assumption that the unconscious dominates the conscious Ego in controlling our actions receives support from current results of neuroscientific research.

Roth (2004, p.59 f.) defines consciousness as »a bundle of – content-wise – very different states which only converge in the fact that they can be experienced consciously and are accessible to linguistic representation«.

Consciousness includes (according to Roth 2003, p. 31) the following manifestations:

- 1) external and internal perceptions
- 2) thoughts, imaginations, memories
- 3) feelings and needs
- 4) a sense of identity, a sense of Me, a sense of the somatic self
- 5) authorship and control over one's behavioral and mental acts
- 6) the ability to locate one's somatic self in space and time
- 7) the distinction between real experiences and fantasies.

According to our present neuroscientific knowledge all states of consciousness are necessarily linked to activities of the cerebral cortex, especially the association areas where sensory information is integrated with cognitive and emotional memories.

Manifestations of the unconscious are as follows, again according to Roth (2004, p. 63):

- 1) Preconscious and subliminal perceptions and sensory input beyond our focus of attention (during the first 250–500 ms all stimuli are subject to unconscious processing; most stimuli are too weak or too short in duration to reach our consciousness; nevertheless they often influence our behavior).
- 2) All perceptive, cognitive and emotional processes in the brain of the fetus, the infant, the toddler before the maturation of the association areas in

the cortex. The hippocampus »organizing« memory and the cerebral cortex as the »data bank« for memory content do not attain maturity before the end of the third year of life.

- 3) »Forgotten« entries (= most entries) of the declarative or explicit memory; they as well frequently influence our attention, our thoughts and ideas.
- 4) Consolidated entries of the procedural or implicit memory: e.g. skiing (While we train certain movements or skills, an increased neural activity can be observed in the parietal and pre-motor cortex, later in the basal ganglia and cerebellum (= subcortical centers responsible for active behavior). Such behavior can be initiated consciously, but it later proceeds automatically and predominantly without conscious involvement.
- 5) Entries of the emotional memory, which form our personality, conditioned behavior and reflexes (they can be of varying generalization, e.g. fear of male persons; fear of male authorities only).

Examples of Unconscious Regulatory Processes in the Human Body

There are a variety of interdependent regulatory subsystems in the human body, which functionally organize and monitor their norm values and balances without our consciousness being involved.

- a) There exists, for instance, a mostly »autonomously« functioning *neural network in our viscera*, called by some authors (e.g. Gershon 1998, 1999, Mayer 1999) our »second brain« or »visceral brain«. Neural afferents to the brain seem to exceed by far the strength of the efferents. To put it differently: More information goes toward rather than from the brain. Our viscera inform us how we feel. To a lesser extent moods may be generated in our cortices to then influence our somatic states.
- b) The *brain stem* controls our autonomous functioning. It comprises important relays, »negotiating« between afferent information from the periphery of the body, from the viscera and inner organs, and efferent signals to them. These nuclei effect regulations without this information and these processes being transmitted to higher centers in the brain, let alone to our consciousness (Schiepek et al. 2003).

- c) A major part of stimulus processing and response preparation is carried out on subcortical levels, especially in the limbic system. Pathways which, in processing visual, auditory, gustatory, olfactory stimuli and stimuli relevant to pain, lead from the *amygdala* to the iso-cortex and the associative cortex, respectively, are stronger than those heading in the opposite direction. The amygdala influences the hormonal and autonomous nervous system both directly and via the hypothalamus. In animal studies certain nuclei of the amygdala have been shown to display changes in activity, *before* temporally correlated actions and responses to external events could be observed (Schulz et al. 1986, Langhorst et al. 1987).

A remarkable number of external and internal perceptions does not reach our consciousness, but is processed by subcortical centers (visual stimuli, e.g., by certain nuclei of the hypothalamus) and initiates from there autonomous and motor reactions. Ledoux (1993, 1994) demonstrated that seeing a snake immediately causes an increase in heart rate (...) several hundreds of milliseconds *before* the person identifies the snake consciously as a snake and feels fear.

- d) Several studies have demonstrated that changes in *somatic rhythms* (*heart, breath, brain stem, EEG*) play a significant role in the novel organization of central nervous networks and their processing of stimulus patterns and also bring about changes in the coordination of subsystems (e.g. rhythms of discharge in certain nuclei of the amygdala, *formatio reticularis* and in the cardiovascular system; see e.g. Vanderhouten 1998, Vanderhouten et al. 2000, Lambertz & Langhorst 1998, Lambertz et al. 2000, cited after Schiepek, p.6).
- e) Especially important for psychotherapeutic processes seems to be the finding that what we experience as actions of free will is essentially prepared and determined by unconscious processes (Roth 2001, 2003). Event-correlated potentials of readiness in the supplementary and premotor cortex occur about 2–1 seconds *before* the pertaining behavior, e.g. the movement of a finger; correlated potentials in the prefrontal and association cortex, a prerequisite for motivational and conscious processes occur several hundreds of milliseconds later. Consciousness or an act of free will obviously function as *epiphenomena* of basically unconscious processes of behavior control. Our consciousness confabulates post festum rationalizations for manifested behavior.

Cortical processes accompanied by consciousness do not control themselves but are determined by subcortical centers (e.g. thalamus, mesolimbic system, basal anterior cortex, formatio reticularis), which themselves function completely unconsciously and »autonomously«, controlled for instance by rhythmically released neuromodulators (acetylcholine, noradrenaline, dopamine und serotonin). These cause shifts in neural connectivity which are, according to Ciompi (1982, 1997) or Horowitz (1987), experienced as largely distinct states of mind (as a body-psychotherapist I would add: psychosomatic states).

These above results lead – I believe – to the conclusion that we must acknowledge and pay attention to the biological basis of all psychological and mental processes, to work effectively as psychotherapists – a perspective which, by the way, dates back to Freud (1895, cited after Roth 2003, p. 28). Freud had to abandon this perspective though, because neurological knowledge at his time was not sufficiently advanced (Roth 2004). As is well known, Wilhelm Reich, to whom most body-psychotherapists and psychosomatic therapists are indebted, dedicated his life's work to this view.

What brings about a destabilization of dysfunctional regulatory systems that is, a harmonization of desynchronized subsystems not accessible by consciousness? Answering this question remains a most important and difficult task for research.

Pharmacological or surgical methods, relaxation or activation techniques, Yoga practice, conditioning techniques, verbal or active interventions – we need to find out what among these practices is effective, and when and where each should be applied. How do interventions work?

Cognition, Affect and Movement in the Psychotherapeutic Process

Having ventured into neurobiological aspects of psychotherapeutic processes, I now return to the issue raised in the heading of my paper, doing so by phrasing three pointed questions:

1) Cognition – Does Insight Bring about Change?

Psychotherapists will probably agree that each presented problem calls for cognitive-verbal analysis and appraisal, including the problem's context, and

that therapy needs to be guided by conscious strategies in order to be successful (Grawe 1998; Silberschatz et al. 1986; Crits-Christoph et al. 1988, Orlinsky et al. 1994). Whether patients also need to gain conscious insight into these relationships in order to positively change is still a matter of debate (e.g. Wallerstein 1986, 1989).

Therapists construe models of their patients' situation on the basis of verbal information. They explore their problems, intentions, motivations, goals as well as available resources by listening to the patient's narratives.

Maybe the patient changes through this process: her view of the problem, her focus of attention, her self-image (the therapist calls her attention to aspects the patient has never perceived before) and her self value (the patient maybe unfamiliar with receiving benevolent attention).

Sheer suggestions that things should be changed into a certain direction usually fail. According to Roth (2003, p. 40) they necessarily fail »because they only activate networks of the cortico-hippocampal system which is accessible to consciousness but has none or only indirect influence on limbic networks which control behavior. (...) Change in the cortico-hippocampal system only changes our declarative, explicit memory, not our behavior«. Our conscious Ego can not trace the origin of intentional sensations back to the subcortical limbic centers.

Apart from purely cognitive tasks (e.g. solving arithmetic equations or formulating texts) conscious thinking and planning (localized mainly in the dorsolateral, prefrontal cortex (mind) and the orbitofrontal cortex (reason)) play an important role in long-term definitions of goals and strategies. Long-term goals can probably only be attained if the way or the behavior to reach them are compatible with experiential entries in our – mostly unconscious – emotional memory. Human behavior largely consists of automated reactions and behavior. Possibilities to change these via cognition – that is through consciousness – are limited, since most of their motives are unconscious. To instigate processes of development and change, we need corrective *experiences*, which are able to modify contents of the emotional and motor memory.

What we can change in psychotherapy is the interaction between our perceptive expectations as forged by previous experience and stored in memory, on one hand, and the processing of present experience, on the other hand. We do this by slowing down an ongoing experience and by focusing on the perception of single basic peripheral (close to the receptors) sensations. If a patient says: »I feel extremely bad«, the therapist can ask: »In which way exactly do you feel bad?« The patient's remark may then be specified to »I'm hardly breathing«, »I'm hunching my shoulders«, »I'm not even looking at

you«. These latter observations refer to body facts that can be changed: If I release my shoulders, look at the other person, allow myself to breathe more deeply, how do I feel?

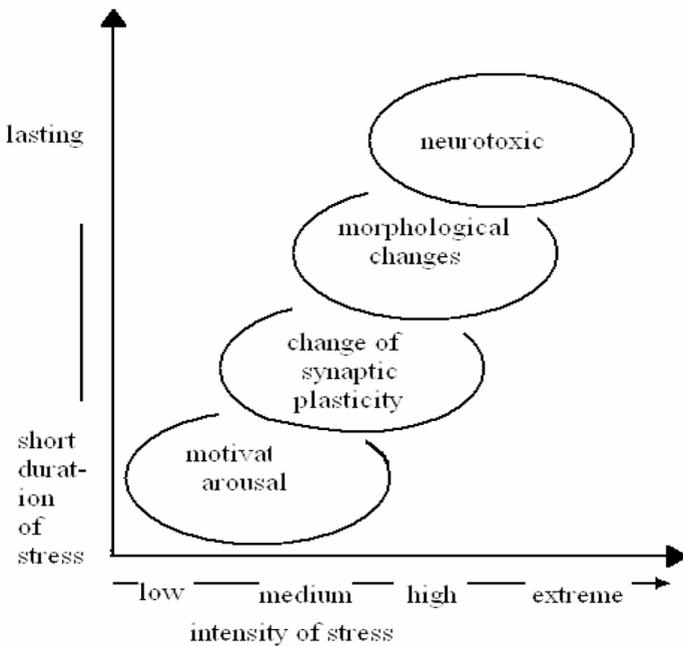
Consciousness – and cognitive components in psychotherapy are a part of this – is, according to Roth (2004, p.8), indispensable for planning actions in novel situations for which we have no routines available. By ways of our consciousness we can make predictions and anticipate long-term consequences of our decisions. Consciously perceiving the continuously manifesting stream of thoughts, feelings, postures and behavior can help to slow down automated patterns so as eventually to stop and modify them. Insight in this sense may foster change (cf. Keleman 1987).

2) Emotions – Is there Healing Power in Rage?

Emerging emotions are rooted in specific subcortical structures of the limbic system. They prepare the organism to interact with the environment in specific ways. From an evolutionary perspective they provide superiority over fixed, reflex-like stimulus-response mechanisms. They supply an intervening mode of processing, allowing the selection of more finely attuned reactions from a larger spectrum of possibilities. Motivations are predominantly triggered by internal, emotions by external stimuli. Both stimulate the organism's specific tendencies to act. Emotions can unfold remote from consciousness; they do not need linguistic codes. Neural circuits involved in emotions enable us to process environmental stimuli extraordinarily fast and can lead to extremely fast (within milliseconds) behavioral responses (e.g. Le Doux 1993, 1994, 1996).

»One of the most important aspects (...) in the functioning of the limbic system is its strong influence on various systems in the brain that control behavior. On cortical levels this exerts considerable influence on the prefrontal cortex in the emergence of desires and the maturation of intentions, as well as influencing the pre- and supplementary motor cortex in the immediate preparation of voluntary motor behavior. On subcortical levels, the limbic system – in a more confined sense (i.e. hypothalamus, amygdala, mesolimbic system) – controls the hippocampus and by this practically all processes of our declarative memory accessible to consciousness. Likewise, the limbic system controls the basal ganglia (...), which for their part control the prefrontal, the pre- and supplementary motor cortex in intending and predisposing for voluntary movements. In this way the limbic system has the first (...) and the final say in behavior control. Everything we do is influenced by our past emotional experience« (Roth 2004, S. 66, translated by M.K.).

According to Roth (2003, p. 40), limbic imprints already occur during the fetal stage and predominantly during the first two to three years in life (»sensitive periods«). But also later, especially during puberty, structures of limbic networks are shaped by intense emotional distress and strong affective arousal, e.g. in life crises or traumatic experiences (also cf. Huether 1997). If psychotherapy is to influence and change such functional structures, the emotional arousal in the patient needs to attain a certain level. In my opinion, »stimulus confrontation« in behavior therapy with phobic patients is such a technique of intervention. Apart from this, I would maintain that it has mainly been humanistic schools of psychotherapy – and within these, especially body psychotherapy schools, Bioenergetic Analysis being one of the oldest ones – which have developed a wide spectrum of techniques for this purpose.



The relationship between duration and intensity of stress stimuli and their potential effect on the organism, after Kim & Yoon 1998.

Studies dealing with neurobiological aspects of psychotherapy consistently call for »an optimal level of stress« (Fujiwara & Markowitsch 2003, p.194),

an »increased level of arousal«, (Schiepek et al. 2003, p.10), a »neuroendocrine reaction of stress« (Hüther 1997; Hüther & Rüter 2003) as an indispensable prerequisite for the reorganization of neural networks. »Emotional uproar« causes an enhanced release of certain neuromodulators and neuropeptides, which effect changes in subcortical limbic centers. Our emotional experiential memory receives (according to LeDoux 1993, 1994) new entries, which – bypassing the old, dysfunctional imprints – gain increasing power in controlling our behavior.

But how can we directly influence the limbic system, which does not understand language, the emotional components of it at best, like mimics, prosody, gestures and verbally induced emotional states, ideas and images? There are a number of classical Bioenergetic exercises, which, according to clinical experience, induce arousal in the autonomous nervous system. In a pilot study (Müller & Koemeda-Lutz 2004) at the State Hospital Münsterlingen we could demonstrate that certain Bioenergetic exercises, for instance, »bow backwards«, as well as induced hyperventilation, elicited a state of hypokapnia³, as indicated by haemal CO₂-concentrations measured transcutaneously.



The »Bow« from Lowen A & Lowen L (1979).

- 3 Hypocapnia: An increase in breathing volume (voluntary ventilation, deepened breathing) causes an enlargement of the area of contact between the air and the pulmonary surface (number of capillaries) and through this increases the rate of exhalation of carbon-dioxide (CO₂). An increase in breath rate increases the rate of gas exchange. The faster air saturated with CO₂ is exhaled, the faster the external air can absorb additional CO₂. By this the CO₂-concentration in the blood decreases.

During the »Bow backwards« the mean CO₂-concentration dropped from 5.7 to 5.1 kPa (Kilo-Pascal), with hyperventilation to 3.7 kPa. With muscle activity or expressive vocalizations the CO₂-concentration rose back to normal. During the »elephant« exercise the breathing deepened and vibrations in the leg muscles became visible, but a hypocapnia state did not emerge.



The »Elephant« from Lowen A & Lowen L (1979)

From a neurological point of view hypocapnia causes states of ANS-excitability and reduces modulating and inhibiting influences from the cortex. Limbically dominated modes of processing prevail, which can, for instance, lead to emotional flooding.

Clinical Bioenergetic-Analytic experience has repeatedly demonstrated that the above-mentioned exercises lead to a loosening of affective defenses and make way for chronically suppressed emotions to be expressed. By interacting with the therapist, corrective experiences can be made – for instance: »The therapist does not get angry when I express my rage, she does not abandon me or the like.« Such experiences create new entries in the emotional experiential memory.

With patients who – due to neurotic reasons – have developed an excess of inhibitions – which is true for certain patients with chronic pain (Traue 1998) – the above-mentioned techniques can be applied with the aim of freeing the expression of basic affect: e.g. the expression of anger or rage in order to enhance self assertion or to more effectively claim one's right to exist; or disgust in order to define one's boundaries and to differentiate more clearly between one's self and the other.

For weakly structured patients, and at least at the beginning of treatment, such techniques are less indicated. These patients first need to establish some reliable bond to a trustworthy person, must build »psychic containers« big enough to tolerate and cope with intense emotions; they must develop cognitive skills which can counteract assaults from subcortically dominated information processing by contributing regulatory mechanisms and techniques.

Affective aspects in psychotherapeutic processes most often unfold on nonverbal levels. Those characterized by low levels of arousal are discussed in the relevant literature under the term of »empathy« (Lewis 2003), »right-to-right-brain-communication« (Schore 2000) or »basic understanding« (Heisterkamp 2003). Those characterized by high levels of arousal would have to be subsumed under the term »catharsis«, a term that was only vaguely defined and sometimes suffered undue generalization, but which has recently been elaborated on and differentiated by Klopstech (2004).

If as, therapists, we succeed in relating an aroused state to the generation of meaning (Greenberg 2002; cited in Klopstech 2004, p.7) or in helping previously suppressed affect to break through (see Traue 1998) or in giving way to new possibilities of behavior under conditions of high arousal, then – and we maintain this on the basis of what has been previously said – this directly influences the above-mentioned subcortical circuits.

After highly emotional passages in psychotherapy, integrating phases are necessary. They allow the patient to make links to existing entries in memory or to modify them. According to Klopstech (2004) already Aristotle – and contrary to his teacher Plato – attributed an insight and »new reason« promoting effect to compassion and catharsis, able to sharpen a person's critical thinking.

3) Motor Activity – Can Kicking Cure?

»We can only impact our environment by muscular movement«, says Grawe (1998, p. 181, translated by M.K.). And: »Patients change when they act differently« (Grawe. p. 93). Are there more similarities between behavioral therapy and body-psychotherapy than we have assumed so far? Anyhow, such statements seem to imply that action-oriented elements should play an important role when trying to understand and change a person's functional organization.

Recently, such considerations have gained access to psychoanalytic literature and are being discussed under the term »enactment«. The above-mentioned

book by Heisterkamp (2002) covers this issue and can be positively recommended. Its title is »Basic Understanding« and it recommends an attentive readiness to perceive our patients' spontaneous body movements and, as therapists, to engage – partly spontaneously, partly considerately – in development-promoting dialogues of action (see also Lewis 2003). In non-verbal interactions body-oriented and interactional entries can be more easily activated in our memory than by talking. By reproducing significant early scenes or putting them »on stage« in new ways, dysfunctional patterns of acting and movement can be differentiated and modified.

Let me give you a short example: A patient of about 50 years begins her 38th session with complaints about sudden pain all over her body. The therapist suggests focusing on this pain and trying to find out to which other sensations, notions, thoughts and impulses to act it might be connected to. The patient agrees, closes her eyes and begins to deepen her breathing. After a while she says she feels that she needs to thrash around. While she tries to do this, she notices that her left arm has become completely paralyzed and that on this side she can only move her small finger a tiny bit. She says: »But I have to thrash around with my right side even more fiercely«. Which she does. After a while she calms down and utters: »I think, like with a true paralysis, I have to pick up my left with my right arm and move it«. I cannot go into further details here (see Koemeda-Lutz 2003) but want to say only this: A very early scene of interaction between mother and child emerges, accompanied by a variety of partly contradictory affective and motor impulses: abandonment, helplessness, sadness, rage, impulses to hit. And through all this a new interactive possibility emerges: Her right and her left arm can turn to each other and enter into a more constructive and, for both sides, more rewarding interaction.

The art of body psychotherapy supposedly reveals itself by the capacity to precisely perceive spontaneous expressive movements, like gestures, mimics, patterns of action and movement, which most of the time occur unconsciously and in an automated way, to compare them with the wider spectrum of human possibilities and, on the basis of these perceptions, propose an expansion of our patients' limited or dysfunctional repertoire: »Cathartic« work on high levels of arousal, considered at least in the beginnings a spectacular brand mark of Bioenergetic work, as seen in this context, is only a particular specimen of such behavioral dialogues. It perfectly meets the requirement which neurobiologists repeatedly call for: motor activity, increased arousal and »overall neural activity« (Schiepek et al. 2003, p.10) as prerequisites for the reorganization of neural networks. If psychotherapy

also generally aims at widening the scope of behavioral choices, it should include priming and practicing techniques: A person whose reaching and seizing movements in infancy went into empty space, because frequently there was no one available, actually has to learn once again to spread her arms and ask for help with open palms (and without clenching her fists). And she needs to take new risks of being frustrated, rejected or disappointed. Then she can practice and learn to master the movement itself.

Closing Remarks

A fictitious case helped to approach the question of cognitive, affective and motor components in psychotherapeutic processes. It followed an excursion into some neurobiological aspects of psychotherapeutic work. It was pointed out that personal experiences and life events can be traced to structural and functional changes in the body, especially the brain. In addition we talked about the relationship of conscious and unconscious processes in behavior control (according to G. Roth). The outstanding importance of the limbic system for personality dynamics and structure was outlined. Finally, the three components, artificially separated through my titles, were spotlighted once more by three pointed questions. Empirical studies consistently demonstrate that insight and wise intentions alone do not effect change, but that significant new emotional experiences are needed, i.e. that the limbic system must be »addressed« and that neuroplastic change can only occur under the condition of a certain degree of general arousal and can be facilitated by concomitant motor activity.

In conclusion, I recommend that equal consideration be given to cognitive, affective and motor aspects in psychotherapeutic processes and interactions and be conceptualized and implemented on these three levels.

Recent years have brought about great progress in the field of neurobiological research. Attempts to bridge the interdisciplinary gap between neuroscience and the science of psychotherapy have been made (e.g. Schiepek 2003, Koemeda-Lutz 2004). In order to let Freud's original dream (Freud 1895) of building a theory of the »psychic apparatus« on the basis of neurology come true, we still have to work hard. Nevertheless, we seem to have come a bit closer to reaching this goal in the last decades.

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Explorations into the Neurological Basis of our Sense of Self¹

Anton Lethin

Summary

The sense of self as a covert agent is a key component to the sense of self. This paper focuses on covert action as a preparation to interact. This activates the entire motor system, including the gamma motoneurons innervating the muscle spindles. The proprioceptive stimulation is fed back to the network of origin, contributing to a sense of self as generating the covert activity.

A study of motivated behavior in the rat is presented to clarify how the motivation potentiates actions in the body. This is set into Panksepp's subcortical action system of emotional circuits, where the motivation arises. This sets the motor tone for the planned action.

This picture is interpreted with Ellis's and Newton's model portraying how emotional motivation can lead to phenomenal consciousness. It is proposed that no motor imagery occurs without involving the body. The higher levels of awareness depend on the subcortical bodily intentionality.

Key words: periaqueductal, covert, gamma, facilitation, somatosensory.

What is the connection between movement and feelings? Alexander Lowen says »feelings are the perception of an internal event«. What is this event? How do we experience it? How do we create it? »What is perceived is a movement. It is the basis of all active techniques that the ›I‹ includes not only the perceptions, but also those internal forces, Freud's ›undetermined elements‹ which give rise to perception.«

I propose that this internal event is an urge, a preparation to move by a covert agent. »The emotions are bodily events; they are literally movements or motions within the body that generally result in some outward action« (Lowen 1975, p. 55.). »These internal movements represent the body's motility as distinguished from the voluntary motions that are subject to conscious control« (ibid, p. 53).

1 Revised version of: Lethin A (2005a).

The following paper attempts to portray how the emotions are covertly activated in the body as demonstrated in experimental studies in neuroscience and psychology. It provides a partial framework for explaining some of the experiences developing in Bioenergetic analytic therapy. My own experience in Bioenergetic therapy and as a Bioenergetic therapist helped me to develop this view of covert activity.

The sense of self as agent is a key component to the sense of self. There is evidence that this depends on events preceding action that prepare for movement (Haggard & Libet 2001, pp. 47–63). It is now realized that actions involve a covert stage. »The covert stage is a representation of the future, which includes the goal of the action, the means to reach it, and the consequences on the organism and the external world« (Jeannerod 2001, p. S103). Does the sense of self depend on feedback from this covert activity? A sense of self as covert agent? If so, what is the nature of this feedback? This paper proposes that this covert preparation for an interaction with the affordance leads to somatosensory feedback from the body, and that this is necessary for a sense of self grounded in the body and the world. I believe this preparation is emotionally motivated.

Gallagher discusses a minimal self – »a pre-reflective point of origin for action, experience and thought (...) a consciousness of oneself as an immediate subject of experience, unextended in time. The minimal self almost certainly depends on brain processes and an ecologically embedded body (...)« (Gallagher 2000, p. 15). There are »two closely related aspects of minimal self-awareness: self-ownership – the sense that it is my body that is moving; and self-agency – the sense that I am the initiator or source of the action. (...) experimental research on normal subjects suggests that the sense of agency is based on that which precedes action and translates intention into action« (ibid, p. 16; my emphasis). This would include planning and preparing to act. The feedback from this to the network of origin leads to self-awareness.

Libet and Haggard, in separate experiments, showed that electroencephalographic events precede the conscious awareness of deciding to move (Haggard and Libet 2001, pp. 47–63). Haggard introduced a new element by including situations wherein a subject must choose between a left- and a right-handed action. »Since the motor system must have selected which specific movement to perform by the time that the readiness potential lateralizes, we concluded that conscious intentions were related to specific rather than general preparation for action« (Haggard & Libet 2001, p. 51). Their finding suggests that awareness of intention is associated with this lateralized readiness

potential, a stage of action preparation known to be devoted to the selection of the specific movement to be made.

What is the nature of this preparation? I want to focus on the preparations to move the body.

Bodily Intentionality

I would describe this as a bodily intentionality (Lethin 2002). »It is my body as a sensorimotor organism perceiving and acting in the world that *first* expresses intentionality. There is a bodily intentionality, on Merleau-Ponty's view, on which all other forms of intentionality rest« (Wider 1997, p. 135). I would suggest that the body's *preparing to interact* expresses this intentionality. »(...) intention does not directly generate behaviour, rather it *modulates response activation within a system that is sensitive to environmental (bottom-up) factors as well as intention (top-down control)*« (Humphreys & Riddoch 2003, p. 203; emphasis added). Jeannerod discussed the stage of covert actions: »The hypothesis that the motor system is part of a simulation network that is activated under a variety of conditions in relation to action, either self-intended or observed from other individuals, will be developed. The function of this process of simulation would be not only to shape the motor system in anticipation to execution, but also to provide the self with information on the feasibility and the meaning of potential actions« (2001, pp. S103). Gallagher interviewed him and responded: »You suggest that goal-directedness is a primary constituent of action (...) This means, I think, that the motor system is not simply a mechanism that organizes itself in terms of what muscles need to be moved, but it *organizes itself around intentions*« (Gallagher & Jeannerod 2002, p. 13; emphasis added). The pre-movement activity identified by Jeannerod in the motor system represents bodily intentionality. This involves the whole organism in an integrated action – visual, autonomic including blood flow, neuropeptide, neurotransmitter, and hormonal changes. (Damasio 1999, pp. 145–9; Decety 1993, pp. 549–563).

Newton's definition of representation is similar to Jeannerod's definition of the covert stage: »Representation is the process of performing goal-directed activity in a manner that allows the activity to be rehearsed and optimized in advance of the realization of the goal. This realization (whether planned or simply hypothesized) is what is represented by the activity« (Newton 2004). She has moved beyond just including the goal in the planning of the action to providing for *rehearsal and optimizing*.

How can the organism rehearse and optimize an activity before the performance? In order to optimize this covert pre-movement activity, the organism will need afferent input from both the affordance and from the body. The organism needs to know what posture the body is starting from, and where the affordance is in relation to the body. The physiological system for proprioception involves the muscles and tendons, the visual apparatus, and the labyrinths of the inner ear. Based on these studies and others, Marcel radically proposed that what he calls »(...) a minimal sense of ownership is provided by the *spatial* content of movement specifications (...) The (...) body parts that are to implement the action must be specified in a common reference frame with the targets (...) The only spatial description *common for all body parts and for external locations* is an egocentric one (...) The self enters the representational scene as the origin of the egocentric frame of reference utilized in movement specification (...) This would give, in the normal phenomenology, a perspectivalness of the source of the action, that is, spatial points of origin and intention.« He views the experience of the self during action as being immersed, meaning that the self is perceptually recessive – there is no reflective consciousness of self (Marcel 2003, p. 43). Newton has a similar view: »While bodily awareness seems to be a background element in all conscious experience, it can and frequently does fall outside the focus of attention. In those cases we may be said to be conscious ›only‹ of external sensory input. But while we may speak in that way, the very notion of *externality* presupposes some awareness of one's own body and its boundaries, as does any awareness of possible interactions with the external world – its ›affordances‹« (Newton 2001, p. 57; original emphasis).

Neuromuscular Basis of Bodily Intentionality

I want to focus now on the neuromuscular aspect of bodily awareness. The activity in the brain can facilitate a movement by stimulating the gamma motoneurons in the spinal cord (Eldred 1953). These stimulate the muscle spindles in the skeletal muscles, which are tiny stretch receptors that also contain a tiny muscle. When a muscle is stretched, the spindles sense this and increase the proprioceptive afference to the alpha motoneurons and to the spinal cord and brain. (See Fig. 1). When the gamma motoneurons stimulate the spindles, the spindle muscles contract and increase the proprioceptive stimulation, just as though the muscles had been stretched. This strongly facilitates the alpha motoneurons to the muscles. See appendix for more

details. I call the loop from the brain to the gamma motoneurons through the spindles back to the brain the »body gamma loop«. The »peripheral loop« describes only the loop from the gamma motoneurons to the alpha motoneurons. How does this relate to preparing to move? Jeannerod investigated the relation of simulation of action to preparing to act. Functional brain imaging by magnetic resonance (fMRI) has shown activation of sensorimotor cortex during imagined action in multiple studies (Jeannerod 1999, p.8). Experiments on motor imagery supported »the *hypothesis that mental simulation of action is assigned to the same motor representation system as preparation to execution*« (ibid, p.4). If so, »mental simulation should activate motor pathways« (...) »The main result of this experiment was that motoneurons excitability, as tested by the amplitude of spinal monosynaptic reflexes, was increased during mental simulation (...) Insofar as the sensitivity of the neuromuscular spindles is under the control of gamma motoneurons, *the increase in excitability of the T-reflex, but not of the H-reflex, suggests a selective increase in gamma motoneuron activity during mental simulation of a movement*« (ibid, p. 7; emphasis added). T-reflex refers to the muscle stretch reflex when elicited by a tendon tap. H-reflex is a response to direct stimulation of the proprioceptive afferent fibers. Muscle stretch reflex results from the muscle spindles' stimulation of the alpha motoneurons. The muscles can be prepared to move by increasing the tension of the muscle spindles inside the muscles. This increases the proprioceptive afferent feedback both to the spinal cord and to the network originating the preparation of the body's readiness for the action (see below). Referring to Merleau-Ponty's emphasis on body intentionality and reflexivity, Wider quotes Dillon: »It is his ›discovery of corporeal reflexivity (...) (that is) the means to overcome ontological dualism« (Wider 1997, p. 138; Dillon 1993, p. 79).

Preparing to act is very complex. In my view it is a total preparation of the organism. This involves the autonomic nervous system, including hormonal, neurotransmitter, and neuropeptide changes (Damasio 1999, pp. 59–62). Even mental simulation of action activates cardiac and respiratory control mechanisms (Decety et al. 1993, pp. 549–563). They suggest that autonomic activation during imagined action is part of the more general phenomenon of preparation for action. It includes the entire nervous system. Even so, the motor preparation all ends up facilitating the alpha motoneurons to the muscles to be contracted and inhibiting the antagonists. Part of the facilitation is caused by the gamma motoneurons' stimulation of the muscle spindles (Lethin 2005 b).

Panksepp's Emotional Circuits

At this point it will clarify the proposition on preparation to transpose it to the network of emotional circuits described by Panksepp in his book (1998a). He has written in his seminal work summarizing decades of his and others' experimental studies about the seven basic motivational-behavioral systems that converge on the periaqueductal gray. I propose that the *covert preparation to interact originates here*. He believes these seven basic circuits are primitive networks that have persisted during evolution in mammalian brains, and are the roots of emotion in primitive »value generators«. Each system emphasizes a different combination of neurotransmitter pathways, and is highly reactive to modulation by neuropeptides. These all project to a diencephalic-midbrain area with an epicenter in the periaqueductal gray, and they are expressed by activating innate motor programs. Their »initial adaptive functions were to initiate, synchronize, and energize sets of coherent physiological, behavioral, and psychological changes« (ibid, p. 123). He emphasizes the role of motor functions: »In affective experience, a *direct motor preparatory linkage appears to be especially evident* (...) The intrinsic neurodynamics of such affective, *motor-tone setting circuits*, along with various converging somatic and visceral inputs, may create a pervasive and fractally propagated feeling of self-ness within the organism« (Panksepp 1998b, p. 574–5; emphasis added). This suggests that the sense of self as covert agent may originally have developed with the adjusting of motor tone as a movement is prepared. Motor tone is the tension in the muscles, and this can be perceived by the resistance, which a muscle offers to passive stretching. It is maintained by a low-frequency, asynchronous discharge of impulses in a small fraction of the motor nerve fibers supplying a muscle. It is dependent on the gamma motoneurons stimulating the muscle spindles (which facilitates the alpha motoneurons), and can be modulated by supraspinal facilitation or inhibition (Bard, 1961, pp. 1117–8) (see Fig. 1 in this paper). »In the present context, primary process intentionality is envisioned to be the natural action readiness that is intrinsically coded within the interaction of emotional processes with the neural representation of the SELF« (Panksepp 1998b, p. 573). This is an emotionally motivated preparation to move to interact with the affordance.

He uses the capitalized SELF to refer to this *fundamental neural substrate* as a distinct brain system as opposed to all the associated psychological states that coalesce during development. He refers to this as a »Simple Ego-type Life Force«. It is important to bring out the primary role he envisages for

this system. This »is the lowest region of the brain to orchestrate various coordinated emotional responses via a variety of motor outputs« (ibid, p. 570). In discussing the evolutionary development of this network, he concludes: »I assume the SELF provides the first executive mechanism for behavioral coherence and bodily awareness« (Panksepp 1998a, p. 311).

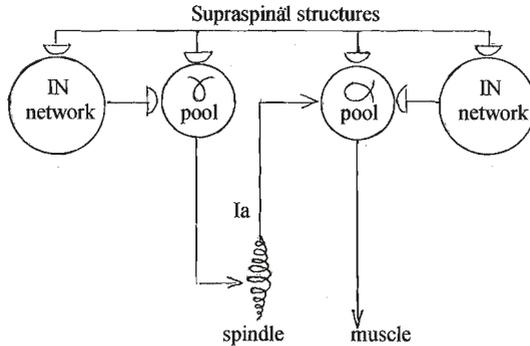


Fig. 1. Simplified diagram of the neural organization of the monosynaptic reflex. The gamma and alpha motoneuron pools are located in the spinal cord. The muscle spindle is imbedded in the skeletal muscle, but has no direct neural connection to it. Its proprioceptive Ia fibers project to the alpha motoneuron pool. IN indicates interneurons. Arrows show activating effects, whereas semicircles indicate possible activation or inhibition. (Adapted from a figure by Requin et al. 1977.)

Motivated Behavior in the Rat

His emphasis on *motor-tone setting as part of readiness* can be looked at more closely by using an example. I want to describe a study of motivated behavior in the rat to illustrate this view. Stellar's classic work proposed that the hypothalamus was the center of motivated behavior (Stellar, E. 1954, pp. 5–11). Pfaff did a thorough investigation of the neural pathway from the hypothalamus involved in the execution of the lordosis reflex in the female rat (Pfaff 1980, pp. 1–281; Stellar & Stellar 1985, p. 73). The rat was motivated to get ready for copulation by preparing to hyperextend her lower back. With

lordosis the female becomes sexually receptive to the male. They administered the estrogenic substance estradiol to the female rat to facilitate this reflex.

The pathway represents a convergence of hypothalamic influences on spinal cord reflexes via brainstem mechanisms. The output of ventromedial hypothalamic cells, excited by estradiol, converges on midbrain central gray neurons with afferent sensory input and on midbrain reticular formation neurons. From there, the descending influences are relayed through the reticular formation of the medulla and the lateral vestibular nuclei to ventral horn cells of the spinal cord via the lateral vestibulospinal and reticulospinal tracts. Here, between T-12 and S-1, the *reflexes of vertebral dorsiflexion are executed in response* to flank, rump, and perineal stimulation by the male rat. Thus lordosis and a sexually receptive posture are executed by the female rat (See Fig. 2) (Pfaff 1982, p. 290–2; Pfaff 1980, pp. 190–1, 239–41). The estrogenic stimulation of the hypothalamus does not elicit a lordosis reflex. It only prepares the rat to interact. The cutaneous stimulation either by the male rat or administered experimentally is necessary for lordosis to occur (Sakuma & Pfaff, 1979a, b).

I interpret the process as follows. The estrogenic stimulation has activated the latent innate goal to receive the male rat's advances. This motivates the preparation of the lordosis behavior by potentiating the muscles' contraction. This can occur by *tensing the spindle muscles* within the extensor spinal muscles. As this occurs, there is increased proprioceptive stimulation both to the alpha motoneurons in the spinal cord and back up to the brain stem and hypothalamus in the areas originating the preparation of the muscles (See Fig. 1). »Descending tracts might have either of two modes of action in facilitating lordosis. One is a tonic effect, in which spinal circuits relevant for lordosis would be *prepared* for reflex execution before the onset of the adequate peripheral stimuli. For instance, tonic facilitation might result in a subliminal amount of background activity in motoneuron pools which supply muscles important for lordosis and a corresponding reduction in activity in motoneuron pools for muscles antagonistic to lordosis. Against this prepared background, cutaneous stimuli adequate for lordosis would be able to trigger the behavioral response« (Pfaff 1980, p. 190; original emphasis). He goes on to describe a possible second mode of action, which would involve spinobulbospinal reflex loops, initiated by cutaneous afferent activity. This would not be a major mode of action.

Preparatory action occurs at several different levels. How does the motor image of the planned action arise? There is a hierarchical organization of the planned interaction, with source-schemas, component schemas, sequencing

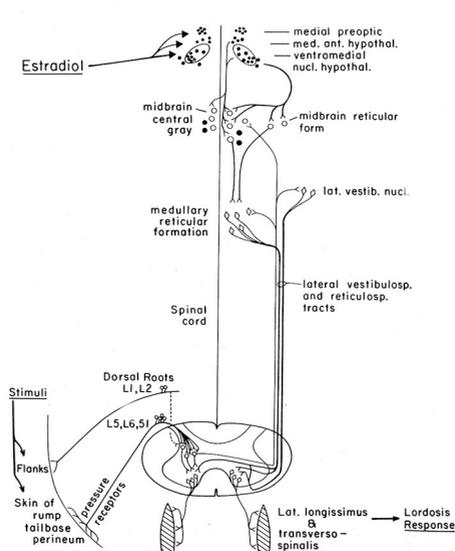
schemas and motor schemas representing different degrees of integration of the same action (Jeannerod 1997, p. 173).

»The hypothalamus is only part of an extensive limbic system involving the brainstem, diencephalon and forebrain. In many cases it may be the major integrator in a hierarchy of integrators along the neuraxis« (Stellar & Stellar 1985, p. 27). The »most immediate behaviorally relevant action would be at the lumbar spinal cord level. Preparatory action with a longer time course appears to take place in the lower brainstem. Some components of tonic facilitation may also occur in the central gray of the mesencephalon. Finally, the longest time course of cellular preparation for lordosis behavior must occur in and around the ventromedial nucleus of the hypothalamus, where long-acting estrogenic effects are registered« (Pfaff 1980, p.191). This picture of preparing for an action raises the question of *whether planning for an action at a high level can lead to the experience of self as agent*. Pfaff's work suggests that the preparation at the high level integrates the preparing at all the levels of the nervous system. This implies that the experience will be based on feedback to all levels of the self – from the periaqueductal gray to the prefrontal cortex. Gallistel pointed out that »(...) higher-level circuitry coordinates the activities of the lower circuits primarily by regulating their potential for activation, a phenomenon I term selective potentiation and depotentiation« (1980, p. 398). He finds that these processes of *potentiation and depotentiation are how motivational processes influence behavior*. On the spinal level the alpha motoneurons to the lateral longissimus and transverse spinalis muscles are facilitated. This can also be described as potentiated. The muscle contraction will be much stronger if and when it occurs. Any afferent stimulation from the appropriate cutaneous nerves will also directly stimulate both the gamma and alpha motoneurons as well as the central nervous system.

With the proprioceptive afferent feedback the rat experiences her motor intentionality to assume a lordotic posture in interaction with a male rat. Can we assume that she experiences the preparing with her self as the agent? The goal-oriented activity is sensed in the networks of origin, so that I believe we can assume that the rat feels this as an action of her SELF, as defined by Panksepp. The latent disposition to interact sexually with a male rat is innate, and obviously includes the goal. When this disposition is activated, the preparing to interact adjusts to this actual male rat moving now in this corner of this cage or room.

As mentioned above, the estrogenic stimulation of the hypothalamus does not elicit a lordosis reflex. It only *prepares the rat to interact*. The cutaneous

stimulation either by the male rat's mounting or administered experimentally is necessary for lordosis to occur. The female rat was *motivated* to lordotically interact with a male rat. The cutaneous stimulation would amplify the motivation and give it priority over other dispositions. In the report by Pfaff he did not describe the gamma motor stimulation to the muscle spindles. He interpreted the descending influences from the hypothalamus as being below the threshold for activating muscle contraction. »The parameters of motoneuron-muscle dynamics most clearly controlled by lateral vestibular and lateral reticular influences (for instance, »muscle stiffness« and the threshold for the stretch reflex ...) remain to be determined« (Pfaff 1980, p.206). The gamma motor activity and proprioceptive response could be studied directly in the female rat to confirm my interpretation. This is an example of how motor intentionality is embodied, which in this instance is activated by estradiol administration. The goal and motor program are innate.



Seeking System Activates Preparation

I want to place this lordosis »reflex« into the picture visualized by Panksepp. He proposes that the primitive self is based on a subcortical network which

is the primitive initiator and motivator for the organism. As mentioned above, this is in the diencephalon and mesencephalon centering in the periaqueductal gray, and with adjacent networks it integrates the emotional circuits, sensory input, motor activity, and autonomic nervous system. This network is responsive to the body's needs and functions like Damasio's proto-self (1999, p. 153–160).

The emotional-motivational circuits organize diverse behaviors by activating or inhibiting motor plans. One of these is the SEEKING system. He uses capitals to indicate that it refers to one of the genetically ingrained emotional operating systems. Previously he called this the »appetitive motivational seeking system which helps elaborate energetic search and goal-directed behaviors in behalf of any of a variety of distinct goal objects« (Panksepp 1998a, p. 52). »(...) the emotive tendencies aroused by this type of brain stimulation most clearly resemble the normal appetitive phase of behavior *that precedes consummatory acts*« (ibid, p. 147, my emphasis). Richard Depue called the seeking system the behavioral facilitation system (Depue 1989, p. 458). »(...) when fully aroused, it helps fill the mind with interest and motivates organisms to move their bodies effortlessly« (Panksepp 1998a, p. 52). As for subjective experience, he suggests »that ›intense interest‹, ›engaged curiosity‹, and ›eager anticipation‹ are the types of feelings that reflect arousal of this system in humans« (ibid, p.149). Watt points out that the seeking system »probably underpins a most basic emotional capacity (...) – the capacity to experience *hope*« (1999, p. 195). There are two components to this arousal. For example, when the organism espies and prepares to move toward the food nearby, his *experience of eager anticipation occurs without any movement*. Then when he starts moving toward the food, he can sense the movement with continuing eager anticipation of the consummation.

The seeking system is »quite motivationally and goal non-specific, facilitating only the relative activation of other potentially affectively rich interactions with others and the environment, mediated by activations of the other primes or prototypes, and of course, the hypothalamic mediation of homeostasis in the seeking of food, drink, and other biological requirements« (ibid, p. 196). One example would be the specialized neurons that are sensitive to the various hormones that control sexual tendencies, one of which is estrogen. When Pfaff administered estradiol to the female rat, this sexual urge was expressed through the SEEKING system. »Critical circuits that sensitize the lordotic spinal reflex via tonic descending influences arise from the central gray of the midbrain and the ventromedial hypothalamus (...)« (Panksepp 1998a, p. 240). *The most effective way to sensitize the spinal reflex*

is to increase the tension in the muscle spindles by stimulating the gamma motoneurons. The cutaneous stimulation affects the gamma and alpha motoneurons in the lumbosacral spinal cord, and this elicits a lordosis spinal reflex without needing further supraspinal involvement. As Depue said, the behavior is facilitated by the SEEKING system.

Panksepp points out that »the core of the SEEKING system is remarkably well highlighted by the trajectory of brain DA systems, especially the mesolimbic and mesocortical components which ascend from the A10 DA neurons of the VTA to the shell of the nucleus accumbens, and areas of the frontal cortex and amygdala« (ibid, p. 156). (DA refers to dopamine and VTA to ventral tegmental area in the mesencephalon). The energizing aspects of dopamine are well documented. He adds, however, that the ascending DA systems are only one link within the complex chains of electrophysiological and neurochemical events, and it is certain that the system also has important descending components. The reticulospinal tract would be one of these.

Emotionally Motivated Preparing to Interact

We are phenomenally conscious of our sense of self as agent. Ellis and Newton proposed a characterization of consciousness, taken from their phenomenal experience of it, which they broke down into three elements (Ellis & Newton, 1998, p. 439). I want to apply each of these to the lordosis reflex viewed in Panksepp's seeking system.

1. »An emotional motivation which grounds an interest in anticipating the future.«

The SEEKING system is one of the seven basic emotional systems of Panksepp. Even though this has not been considered such in the past, Panksepp's extensive research has demonstrated that it fulfills his criteria for the definition of an emotion. The hypothalamic stimulation of the SEEKING system in our example activates the motivation for the preparation. As mentioned above, the experience of the SEEKING system being activated can be described as one of eager anticipation. The anticipation facilitates the lordosis response when the affordance appears. The female rat is emotionally motivated to copulate with a male rat, and seeks this interaction. The motivation grounds the interest as it embodies it.

2. »Sensory, sensorimotor or proprioceptive imagery (which, by itself, can occur preconsciously) activated by this emotional motivation.«

Ellis and Newton emphasize that it is the emotionally motivated anticipation of input that leads to such »imagery«. They describe an image as „the felt sense that one is looking for (or listening for, tasting for, proprioceptively feeling for, etc.) some object or state of affairs that would take the form of an intentional object. The role of imagery in action-planning involves forming (not necessarily a visual or auditory image but) a sensory *and/or* proprioceptive *and/or* sensorimotor image of *oneself performing the action in the way planned*“ (Newton 1996; Ellis & Newton, 1998, p. 435; emphasis added). The image is representing »not just sensory data, but also the execution of bodily actions« (Ellis & Newton 1998, p. 436).

I want to focus on the process of »forming« in their description of imaging. It would appear that this is part of intentionality, since it involves seeking an intentional object. One aspect of this would be the motor intentionality that includes preparing a movement interaction with the affordance. If we look at the rat's motivation as potentiating the action at many levels, then this would take place in the experiment described in the hypothalamus and descending through the midbrain and brain stem to the spinal cord. To prepare to hyperextend the lower back would include stimulating the gamma motoneurons in the spinal cord, according to my hypothesis. This results in proprioceptive feedback from the muscle spindles, creating a proprioceptive pattern of the planned bodily action. Can this be described as the felt sense that one is »proprioceptively feeling for« a state of affairs (receiving the male rat)? This assumes that the pattern of gamma motor stimulation persists in memory. Then when the afferent proprioceptive pattern returns to the network of origin, the self can sense that one is seeking this state of affairs. There is reflexive self-reference. This can occur pre-consciously, as Ellis and Newton say. »To image something is to have an internally generated experience similar to the actual perceptual experience of that thing« (ibid, p. 439). The generating is the expression of intentionality. The female rat may also form a visual image of the male rat as part of the seeking, as well as an olfactory image and a cutaneous image. She is »looking for« a specific state of affairs. Searle has proposed that visual experiences have intentionality (Searle 1992, p.195), and I agree. There is an expected pattern that is prepared for, which may be pre-conscious. The intentional object mentioned above assumes the goal is part of the preparation to interact. To adjust the preparation to fit the goal requires that the sensory input from the affordance is integrated with the proprioceptive input and the efferent preparatory activity.

3. »A resonating between the activity of emotionally-motivated imagery and the activity stimulated by incoming sensory data and data reactivated through memory.«

Here we move to a higher level. »This core system of the SELF interacts closely with other nearby components for exteroceptive consciousness such as the Extended Reticular and Thalamic Activating System (ERTAS) (...) Thus, the PAG-centred emotional SELF system may be seen as the very core of the visceral-hypothalamic-limbic axis (which is essential for affective, interoceptive consciousness), while the ERTAS is the core of the adjacent somatic-thalamic-neocortical axis (which is essential for exteroceptive consciousness)« (Panksepp 1998b, p. 571). »PAG may even be essential for the arousal or maintenance of a conscious state, or at least for virtually all behavioural intentionality (...)« (Watt 1999, p. 196). As the estradiol-stimulated female rat is seeking to copulate with a male rat, she forms a proprioceptive image of the sought interaction. Then she sees and smells a male rat in the room. The sensory data from the male rat elicits a new instant of preparing to copulate, anticipating the future. The preparing of the motor interaction enables the perception. At the same time remembering previous copulation reactivates a latent disposition to copulate. These both interact with the emotionally-motivated imagery of copulating existing in its seeking activity. As Newton describes it, the past, present and future are blended. There is temporal thickness, and phenomenal consciousness emerges (Newton 2001, pp. 54–55). This is awareness of the experience, and does not imply any reflective consciousness.

Higher Levels Depend on Lower

Where does the experience of motor intentionality take place? It is controversial as to whether this occurs solely in the mind/brain, or in a brain-body-brain loop. For example, does the *preparation* to move generate directly the ›as-if sensation‹ of proprioceptive activity in the brain – proprioceptively ›imaging‹ what it would feel like to move in this way? Alternatively, does the organism prepare the entire body to move in a way that generates proprioceptive activity from the muscles themselves, as well as the rest of the organism? Looking first at high-level activity, I turn to Newton's description: »So what I'd say is that the intentional experience of planning (or just thinking about) an action with oneself as the agent, IS the experience of sensori-motor/proprioceptive goal-oriented activity. In that activity, the goal is part of the activity; forming action

images or high-level representations of that activity for planning purposes is being an agent« (Newton 2003). What is the *experience* of sensori-motor/proprioceptive goal-oriented activity? One imagines the activity (e.g., reaching to grasp an object in front of you), forming a dynamic pattern of the movement, including the expected proprioceptive and sensory feedback. Is this reflexive self-referring on a high-level? Is it somehow dependent on lower levels? »Although a high level of awareness is certainly not a local property of the PAG itself, such functions may emerge from the higher brain areas that are recursively linked to the PAG, especially in cingulate, frontal, and temporal lobes« (Panksepp 1998b, p. 578; PAG refers to the periaqueductal gray). There are supporting studies by Damasio 1994, Mantyh 1982, and Sesack et al. 1989). »Obviously, affective feelings, as all other forms of consciousness, are hierarchically organized in the brain, with *the higher functions being decisively dependent on the integrity of the lower functions*, but not vice versa« (Panksepp 1998b, p. 578; emphasis added). He summarizes evidence from studies with several approaches to validate his conclusion. The rat's preparing to hyper-extend her lower back is part of an affective feeling, part of the primitive emotional circuitry. The emotional motivation toward a specific goal activates the preparation for a movement interaction. The higher levels influence the selection and modulation or the inhibition of the lower levels, but this activity is all organized toward the goal generated in the subcortical area.

Ellis and Newton agree: »From an empirical standpoint, afferent processing, e.g., in the occipital lobe, never results in conscious awareness of the object unless accompanied by corticothalamic loops *instigated by midbrain motivational activity*, especially frontal-limbic activity« (Ellis & Newton 1998, p. 433; emphasis added; Posner & Rothbart 1992). As Merleau-Ponty has said, all higher levels of intentionality are dependent on a basic motor intentionality. This is where the motivation toward the goal arises. The prefrontal cortex may integrate and control the behavior, but the impetus toward the behavior comes from the PAG. »Eager anticipation and intense interest« describe the experience when the seeking system is aroused.

Proprioceptive Imaging

Can there be proprioceptive images created in the mind/brain without involving the body itself? »This imagining of action affordances is facilitated by the motorically-initiated efferent brain commands that Damasio calls the »as if body loop« (Ellis 2000, p. 45). This »as if body loop« bypasses the

body. Damasio has »suggested, and LeDoux agrees, that some emotional responses can change somatosensory representations in the brain directly, »as if« the latter were receiving signals from the body, although in effect the body is bypassed. People probably have both body-loop and as-if-body-loop mechanisms to suit diverse processing conditions. *The critical point, however, is that both mechanisms are body-related*« (Damasio 1997, p. 141; Damasio 1999, pp. 280–1; emphasis added). The body loop as described by Damasio did not specifically include a brain-gamma motoneuron-muscle spindle-proprioceptive afference-brain loop. I propose that this is part of the body loop.

Naito and colleagues investigated whether motor imagery contains kinesthetic sensations which are a substitute for the sensory feedback that would normally arise from the overt action (Naito et al. 2002, pp. 3683–3691). They induced an illusion of palmar flexion by vibrating a wrist extensor at a frequency known to stimulate the muscle spindles. They found that motor imagery of wrist movement influenced this sensory experience of kinesthetic illusion. They found »no peripheral inputs or minimal inputs, if any« during the motor imagery. They based this finding on the PET scans measuring regional cerebral blood flow. *Also they found no EMG activity during imagery*. This contrasts with some studies mentioned below. They did train their subjects to image without producing any EMG activity, so that could account for this difference. It is conceivable that training to suppress EMG activity during imagery might inhibit any alpha motoneuron activity (See Requin below). They concluded by agreeing with Frith and Dolan (1997) that »mental imagery reflects the effects of previous knowledge about the predicted sensory effects of the subject’s own actions on sensory processing areas in the absence of sensory input« (Naito et al. 2002, p. 3689).

Rehearsing all the Circuitry

Jeannerod’s experiments produced different evidence on this question. He found that »(...) even if you are simply imagining the action in terms of its goal, in simulating it you also rehearse all the neuronal circuitry. (...) if you examine the brain activity during motor imagination, you will find activation of the motor cortex, the cerebellum, etc.« (Gallagher & Jeannerod 2002, p. 14). This includes the spinal motoneurons. »Insofar as the sensitivity of neuromuscular spindles is under the control of gamma motoneurons, the increase in excitability of the T-reflex, but not of the H-reflex, suggests a

selective increase in gamma motoneuron activity during mental simulation of a movement« (Jeannerod 1999, p. 7).

There are several approaches to determine if the body is involved in motor imagery. The increase in the activity of the EMG is often used. The absence of EMG increase is not indicative of a lack of potentiation of the alpha motoneuron. *There are many influences on the excitability of the alpha motoneurons included in the muscle stretch reflex path.* (Intraspinal, cutaneous, or autonomic input is not being considered here). Fadiga found that corticospinal excitability was specifically modulated by motor imagery in a magnetic stimulation study, recording motor evoked potentials in the muscles (Fadiga 1998, pp. 147–158). Corticospinal excitability refers to the excitability of alpha motoneurons stimulated by cortical neurons, and this is manifested in an increase in EMG activity. Was the increase due to gamma motor stimulation to the muscle spindle leading to more proprioceptive stimulation of the alpha motoneurons, or due to direct alpha stimulation? There are several other reports of an increase of EMG activity in muscles involved in the imagined motor act (Porro et al. 1996, p. 7696; Jacobson 1930; Wehner et al. 1984; Harris & Robinson 1986). Some studies have not shown an EMG increase. The results of the studies can reflect differences in consciously preparing a prescribed movement, motor imaging, and mental simulation, and in how the activity is studied. »*During preparation there is concurrent massive inhibition of the alpha motoneurons*«, which »prevents any premature triggering of action« (Jeannerod 1997, p. 118; Requin et al. 1977, pp. 139–174). This can explain the absence of EMGs, H-reflex changes, and motor-evoked potentials in some of the studies (Naito et al. 2002, pp. 3683–3691; Kasai et al. 1997, pp. 147–50). Jeannerod found that the inhibition occurring with *simulation* is less intense, and there is only a »partial block of the selective fusimotor activity«.

Selective Fusimotor Activity

Fusimotor is the same as gamma motor (*L. fusus*, a spindle). Selective refers to activation of fusimotor neurons without simultaneous alpha motor activation. Prochazka proposed that »the fusimotor system plays a role independent of the alpha motoneuron system, associated with arousal and expectancy« (Prochazka 1989, pp. 281–307). Taylor recorded a spindle afferent from a jaw closing muscle in a chronically prepared cat while it was lapping milk. It became satisfied and stopped. After »a short pause the animal took interest in

the milk again and there ensued a period of rhythmically modulated spindle discharge without EMG or jaw movement before lapping recommenced (...) Evidently the central pattern generator started working and sending an output to the (static) *fusimotor neurones before the excitability of the alpha motoneurons was sufficient to make an overt expression of the rhythm*« (Taylor, Durbaba & Rodgers 1995, p. 374).

Gandevia and others in 1997 recorded muscle spindle afferents directly during mental rehearsal of movements. They found that no spindle activity occurred unless there was increased EMG activity. »Mental rehearsal did activate alpha motoneurons, and if this was sufficiently strong, the skeletomotor discharge was accompanied by recruitment of spindle afferents« (p. 264). They theorized that liminal contractions occurred without overt movement, and that this involved unintentional performance of the planned motor task. They concluded that there was no selective fusimotor activation during imagined movement. »Anticipation« is associated with changes in gain of spinal reflexes and muscles are often tensed unintentionally in preparation for the command signal to move« (ibid., p. 265; also see Burke 1980).

Ascending Proprioception during Peripheral Inhibition

So we have evidence of reference to the body for both gamma and alpha. What about afferent feedback from the body of this reference? It is possible that the central stimulation of the gamma motoneurons occurs with concurrent pre-synaptic inhibition of the proprioceptive afferent synapses *with the alpha motoneurons* (to prevent premature action). There are also spindle afferent fibers synapsing with interneurons in the spinal cord, which synapse with somatosensory tracts to the brain. *I propose that these would not be inhibited.* The differential control of collaterals of sensory fibers by GABAergic interneurons results in varying levels of synaptic effectiveness (Rudomin 2002, p. 167). GABA is a neurotransmitter released by most presynaptic terminals. This proprioceptive feedback to the network originating the gamma motor stimulation can be the basis for the organism being aware of how it is preparing for the intended movement via the body-loop through the muscle spindles. Gallagher has proposed that somatic proprioception, in its most typical form, provides a sense of ownership for the body and its movements (2003). This is a pre-reflective, *non-perceptual bodily awareness*. It refers to the *subjective experience* of ownership of embodiment. He is referring to posture and movement, but I find that his analysis fits the process of preparing to move.

No Motor Imaging without Involving the Body

It is possible that the artificial circumstances of experimental studies asking for motor imaging result in very minimal emotional motivation, particularly when required to relax. In this case, there would be no proprioceptive afference from the body loop, so that the body would be by-passed for this mode, except for visual and vestibular. The as-if body loop would still operate.

In discussing how covert actions simulate actions, Jeannerod says: »(...) activation of the motor cortex and of the descending motor pathways seems to fulfill several critical functions. First, this activation contributes to generating corollary signals that propagate upstream to parietal and premotor cortex. This mechanism would allow evaluation of the potential consequences of the future action. It could also provide the subject with information for consciously monitoring his (simulation states) and realizing that he is the *agent of this covert activity*, in spite of absence of overt behavior« (Jeannerod 2001, p.108; emphasis added). What is the source of this »information for consciously monitoring?« The phrase »descending motor pathways« could refer only to the subcortical motor nuclei of the thalamus and basal ganglia or also to the pathways descending to the gamma motor neurons, which would generate afferent signals from the muscle spindles. The innervation of the gamma motoneurons occurs over four pathways: corticobulbospinal, rubrospinal, reticulospinal, and vestibulospinal. The corticobulbar fibers synapse in the red nucleus and motor areas of the reticular formation in the brain stem, where the rubrospinal and reticulospinal tracts arise (Kingsley 2000, pp. 241–7). The vestibulospinal tract originates in the vestibular nuclei of the brain stem. Their various effects are facilitatory or inhibitory of the alpha and gamma motoneurons. When he realizes that »he is the agent of this covert activity«, we suggest that he experiences the activity as a motor intention.

The organism prepares to interact by activity in the entire motor system, including the gamma motoneurons to the muscle spindles. The organism is also directly preparing the alpha motoneurons for the action as the final common pathway. This exemplifies the hierarchy of potentiation described above by Gallistel. All of the supraspinal networks that influence the gamma motoneurons may also affect the alpha motoneurons' excitability. Most of them act through interneurons, allowing for integration of influences.

Conclusion

The primary importance of the motivation originating from the subcortical emotional circuits rests on the fact that this is the area responding to the biological needs of the organism. These are the value-generators. »Without emotion allowing and informing a central representation of value, executive and attentional functions are collapsed at their base, as are personal meaning and any viable image of agentic active self (...)« (Watt 1999, p. 193). The activities of the higher levels of the brain are organized around the emotional motivation originating here. Speaking of the needs and values of the organism, it might be well to add that one of the emotional neural circuits that Panksepp delineates deals with the social needs for bonding, sex, and nurturance.

Ellis and Newton proposed that when the three elements described above interact in a certain way, they are inevitably accompanied by consciousness. »If the organism's knowledge of its environment is to involve a ›felt‹ dimension, in the sense that there is ›something it feels like‹ to have a state of consciousness, the conscious processing must first flow from an emotional process within the organism, which pre-exists any particular input, and puts its qualitative stamp on each selected input« (Ellis & Newton 1998, p. 431). The phrase »interact in a certain way«, of course, raises many intriguing questions.

The sense of self as *covert* agent originates in the subcortical area centered on the periaqueductal gray. The primitive emotional circuits motivate the behavior by potentiating a movement interaction with the affordance. It is proposed that this potentiation stimulates the gamma motoneurons to the muscle spindles in the muscles and the alpha motoneurons themselves. The resulting proprioceptive activity is fed back to the network of origin, which leads to an awareness of self as generating the potentiation. This aspect of the sense of self thus depends on somatosensory feedback. »Proprioceptive awareness thus provides an immediate experiential access to my pre-reflective, embodied self (...)« (Gallagher & Marcel 1999, p. 21).

Appendix

The muscle spindles are tiny sensory receptors embedded in the skeletal muscles. They sense the steady-state length of the muscle as well as dynamic changes in length and tension. When the muscle is stretched, the spindle is also stretched, and the sensory nerve activity increases. When the muscle contracts, the spindle length decreases, and the sensory nerve activity decreases (unless overridden by the central nervous system – see below).

There is, however, a unique feature of this sensory receptor. It contains tiny muscle fibres (called intrafusal). When the gamma motor nerve to the spindle causes the intrafusal muscle fibres to contract, the spindle's sensitivity to stretch increases. This has important ramifications. Even though the muscle itself remains at the same length and is not stretched, the gamma motor stimulation has increased the stimulation of the sensory nerves just as though the muscle had been stretched. *There is no movement of the muscles, but there is increased proprioceptive activity* (Kingsley 2000, p. 217 and Matthews 1982). When this occurs, impulses travel up the muscle afferent nerves to the spinal cord. There they synapse with the alpha motoneurons that can contract the muscle itself with added stimulation from the brain. The increase of stimulation from the muscle spindles exerts a powerful facilitation of these neurons (they are more sensitive to stimulation). The muscle tone is increased (Taylor & Prochazka, 1981; Taylor et al. 1995). The gamma and alpha motoneurons both originate in the spinal cord and send axons to the muscles. Their activity is influenced by supraspinal and propriospinal activity, by cutaneous afferent and autonomic input (Gladden 2000, p. 213), and by interneurons in the spinal cord. The subject's motor set alters the response to these influences. The muscle afferent nerves stimulate neural tracts going to the brain (Fig.1). The central stimulation of the gamma and alpha motoneurons can be independent or integrated. The central nervous system stimulation of the gamma motoneurons may precede the alpha stimulation, thus facilitating their activity, or the gamma stimulation may increase simultaneously with the alpha when a muscle contraction is initiated (Kingsley 2000, pp. 221–223).

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Bioenergetic Boundary-Building

Bennett Shapiro

Summary

The purpose of this article is to stimulate you to think about your own boundary issues and explore five components for strengthening your boundaries while experiencing three exercises. There are six sections:

- I. ***Strong Boundaries vs. Weak Boundaries*** discusses how strong healthy boundaries are formed when, as infants/ young children, our outgoing impulses are met appropriately; conversely, weak boundaries result from our impulses being met inappropriately, and/or even hurtfully.
- II. ***Which Boundary is More Like Your Own Boundary?*** asks you to consider if your boundary issues are »too loose«, »too tight«, or a combination of »loose« and »tight«.
- III. ***Five Components of Bioenergetic Boundary-Building*** describes the energetic, muscular and psychological aspects of five major components for Boundary-Building, and each component's usefulness in tightening boundaries that are »too loose« or loosening boundaries that are »too tight«.
- IV. ***Three Physical Exercises for Strengthening your Boundaries*** gives you some direct experience of the five components; doing these exercises will help strengthen your boundaries and diagnose your boundary issues.
- V. ***Utilizing Boundary Supports*** describes the various boundary supports, the effects of exercises involving these supports, theoretical explanations and implications for ongoing therapy.
- VI. ***Future Investigations.***

I. Strong Boundaries vs. Weak Boundaries

This article builds on my three recent longer papers on Bioenergetic Boundary-Building. In my explorations I have found the writings of Alexander Lowen to be very useful.

Strong, Healthy Boundary Formation

A healthy boundary begins to be formed when, as an infant, we reach out to a parent with excitement, and our parent takes our baby hand gently, with a smile, and expresses an appropriate amount of either stimulating excitement or soothing calm. The boundary is the *charged interface* between our baby impulses and our parent's appropriate response to our impulses. Strong and healthy boundaries are formed when we reach out for satisfaction and fulfillment, and our natural instincts, impulses and feelings *are met appropriately*.

A Boundary-Building Exercise

To feel how a boundary is formed, bring the palms of both your hands together with even pressure. The stronger you press both hands together, the more charged will be their connection, and therefore the more charged and stronger the boundary will be.

Once a healthy boundary has been formed, it permits a *constant stream of impulses from the core*. Moreover, if the boundary formed in infancy / childhood is strong, it will usually remain strong for the rest of the person's life. As Dr. Alexander Lowen says (Lowen 1967, Chapter 3):

»The constant stream of impulses ... charges the periphery of the body so it is in a state of emotional readiness to respond ... a charged periphery is manifested in the tone and color of the skin, in the brightness of the eyes, in the spontaneity of gesture and in the relaxed state of the body musculature.«

Our Weak Boundaries

Unfortunately, most of us had parents who did not respond appropriately often enough to our impulses and/or were overtly hurtful in their response. Then we contracted in fear and withdrew our natural impulses to avoid further painful contact. So our impulses became less frequent, more tentative, weak and sporadic; thus the periphery of our body never became fully charged. Consequently, almost all of us have weak boundaries. (The developmental trauma that caused our primal injuries also led to weak boundary formation; furthermore, character defenses can be seen as compensations for weak boundaries.)

Our weak boundaries are either undercharged, and/or lack the ability to respond emotionally and appropriately to events internal or external, as follows:

- Some of us have weak boundaries because they are *too flexible, too porous, too permeable* (»thin-skinned«) – so that we’re easily overwhelmed by our own feelings or the feelings of others. Those of us with »flaccid schizoid«, »oral« or »borderline« issues have this problem; we lack access to assertive (aggressive) impulses (see person A, below.)
- Some of us have weak boundaries because they are *too inflexible, too rigid, too impermeable* (»thick-skinned«) – so that we have difficulty knowing our own feelings or being able to be touched by the feelings of others. Although it may seem that a rigid boundary would be strong, it is really weak in that it cannot respond emotionally to reality or to change reality in line with one’s feelings. As Dr. Alexander Lowen wrote (Lowen 1983, Chapter 8), a rigid boundary is like a »rigid rider on a horse, vulnerable to being thrown by any strong upsurge of movement or feeling«. Those of us with chiefly »narcissistic« issues have this problem; we lack access to tender heartfelt impulses. (See Person B, below.)
- Some of us have weak boundaries that are *too porous, but, to be effective in the world, we compensate with a superficial rigidity* in order to hold ourselves together. Those of us who are impulsive, reactive, hyperactive, or combine »borderline« and »narcissistic« issues, have this problem (see Person C, below.)

II. Which Boundary is More Like Your Own Boundary?

Are You More Like Person A or Like Person B?

Our boundaries regulate incoming stimuli and outgoing instincts, impulses and feelings. They do this muscularly, energetically and psychologically.

In the following diagrams, *Person A* (Figure 1) has a boundary that is too permeable, too porous, whereas *Person B* (Figure 2) has a boundary that is too impermeable, too rigid.

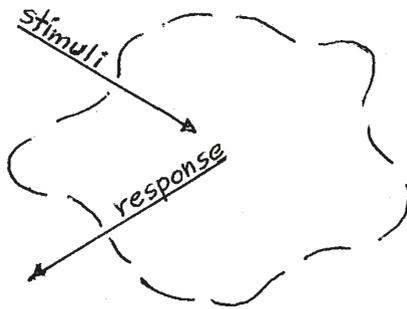


figure 1

Person A

Boundary Too POROUS

If your boundary is too permeable, you often cannot prevent being overinfluenced by outside events (stimuli), nor can you always appropriately contain your reactions. In short, stimuli too easily get in and responses too easily get out.

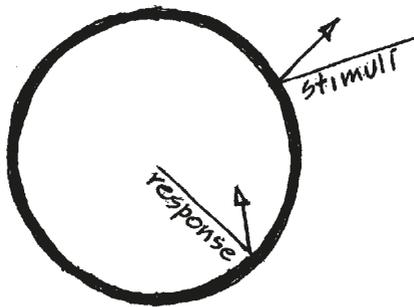


figure 2

Person B

Boundary Too RIGID

If your boundary is too impermeable, others often say they cannot reach you (they feel you won't let them in); moreover, you yourself feel you often cannot express your emotions fully. In short, stimuli can't easily get in, and responses can't easily get out.

... Or Are You More Like Person C?

Person C has a third type of boundary issue – a boundary that is a mixture of »loose« and »tight«.

Person C might seem to be more healthy, since the aspects of »loose« and »tight« might possibly complement each other and allow you to be more open or closed, as appropriate.

In fact, this possibility is an illusion. If you are Person C you can easily end up closing off when being open is more appropriate, and vice versa. Or, if you are Person C you can be tooting along in your false self, thinking you are being appropriate, and out of nowhere get side-swiped by either the »loose« or the »tight« aspect.

Another illusion about Person C is that you could think that the »loose« and »tight« aspects can neutralize each other's excessiveness; as though being nearsighted in one eye and farsighted in the other would somehow yield 20:20 vision.

The Challenge

The challenge for you is to be able to create a more healthy, stronger boundary that is neither Person A (»too loose«) nor Person B (»too tight«) nor Person C (a mixture of »loose« and »tight«).

Instead, your desired goal is a boundary that is more vulnerable and open-hearted, and yet quite capable of protecting you.

However, strengthening your boundary state so that it becomes more healthy cannot be done only by *trying* to change. It comes mostly through working energetically with your body – because your boundary issues are largely dictated by muscular and energetic issues that are beyond your conscious control.

- If our boundaries are »too loose« we need to strengthen them by *accessing more fully our assertive (aggressive) impulses*. This will strengthen our sense of ourselves; only then can we move more directly out into the world to claim and protect what is rightfully ours
- If our boundaries are »too tight« we need to *access more fully our vulnerable, sensitive and tender impulses*. We can accomplish this by surrendering some of our character defenses; only then can we move more wholeheartedly out to others.

III. Five Components of Bioenergetic Boundary-Building

Bioenergetic Boundary-Building consists of experiencing and applying five Components. In this section each of the five Components is briefly described and noted as to its usefulness in boundaries that are »too loose« or »too tight«. Note: An exercise position illustrates each component.

1. Charging/Containing

Charging/Containing involves tightening certain muscles to increase assertion (aggression), then gradually building a strong energetic charge, while containing it by preventing significant body movement and discharge.

Charging/Containing mobilizes and strengthens our assertive (aggressive) impulses, so we can then move more strongly, freely and fully into the world, and also permit us to claim what is rightfully ours.

If our boundaries are »**too loose**«, we lack access to our assertive/ aggressive impulses, which stem from deep within our core (not to be confused with reactive impulses that stem from being over-stressed). We also lack the ability to contain energetic charge. Since it focuses on charging, and containing that charge, *Charging/Containing will thus be the most important component in which to gain proficiency.*

If our boundaries are »**too tight**«, Charging/Containing our Resistance gives us a strong enough sense of self to take the risk of Surrendering our False Self and other character defenses. *Surrendering will thus be the most important component in which to gain proficiency,* but Charging/Containing, which is a necessity before the Surrendering, is highly important also.

Figure 3 illustrates a way to increase charge in the arms and hands – see Exercise 2, Step 5.

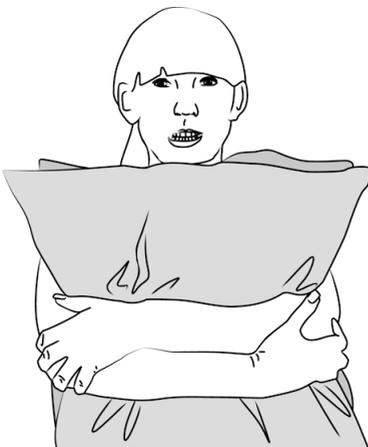


figure 3

2. Energizing Resistance

Bioenergetic Boundary-Building involves muscular, energetic and psychological changes. Accordingly, we will resist these changes muscularly, energetically and psychologically. Energizing resistance lifts the barrier to exploring other components, especially Surrendering. Moreover, Charging/Containing our resistance is itself a boundary-building tool.

If our boundaries are »**too loose**«, we probably have a flaccid, or a borderline, issue.

- If our issue is flaccidity, our resistance will be unconscious and mainly muscular and energetic; we will use the defense of »collapsing« to express our resistance.
- If we have a »borderline« issue, we will express our resistance by generating chaos and self-sabotaging (both externally and internally).

In both the above issues, the defense is *not* to become charged and/or *not* to contain that charge. Therefore, Charging/Containing exercises will be difficult but absolutely necessary.

If our boundaries are »**too tight**«, our resistance consists of a glorification of our image (false self) and also a *denial* of aspects of our personality that conflict with our image. However, this can be brought to consciousness and our protective aspect energized.

Figure 4 illustrates a way to energize Resistance. (This position is not used in any exercise in this article.)

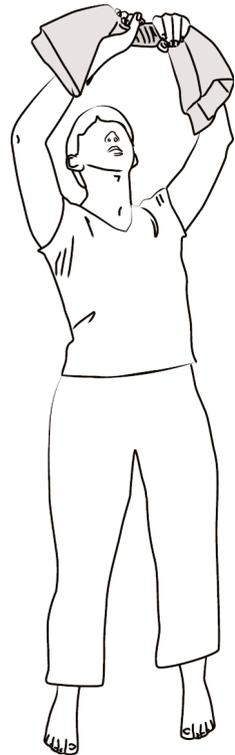


figure 4

3. Surrendering

Most of us struggle in our life. The struggle can be between our ego states (e.g., »beating up on ourselves«) and/or we can project the internal struggle into the outer world – where we can struggle against someone or something.

If we are struggling, we live in fear of experiencing a buried feeling. In fear, we pull *up* and *in* – thus becoming »up-tight«. If this fear is an old one from childhood, our fear of re-experiencing the fear is far more harmful for us in the present than it would be to re-experience the old characterological fear.

If our boundaries are »**too loose**«, we will confuse Surrendering (an ego-controlled »letting-go-to«) with »collapsing«, which is a defense. Only by Charging/Containing immediately before, can Surrendering have the probability of being genuine.

If our boundaries are »**too tight**«, *Surrendering is the most important component to integrate.*

Figure 5 illustrates a way to energize Surrendering. (This position is not used in any exercise in this article.)

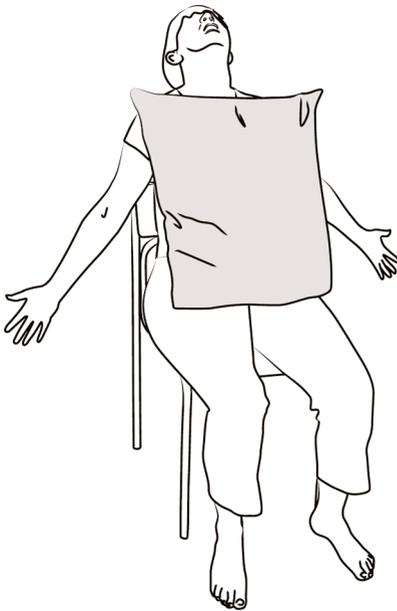


figure 5

4. Strengthening Adult Functioning

Besides the muscular and energetic aspects of Boundary-Building, there is a psychological aspect, represented by the concept of a stronger ‘Adult’ functioning. Strong boundaries are a necessity for having strong Adult functioning; conversely, if our boundaries are weak, our Adult functioning will be weak. It’s that simple.

If our boundaries are »**too loose**«, we are too easily overwhelmed by others, and conversely, too easily overwhelm others ourselves. Obviously, this implies a weak Adult functioning.

If our boundaries are »**too tight**«, we cannot easily let in the emotions of others, nor can we express ourselves openly to others; hence we can be seen and felt as rejecting. Again, our Adult functioning is weak, even though – or because – it is rigid.

The three exercises in this paper focus on Strengthening Adult Functioning through the Adult communicating with the Natural Child. This whole area of communication between Adult / Ego and Natural Child / Body, as experienced in Exercises 1 and 3, is very exciting and has many implications yet to be explored.

Figure 6 illustrates a way to strengthen Adult functioning – see Exercise 2, Step 3.

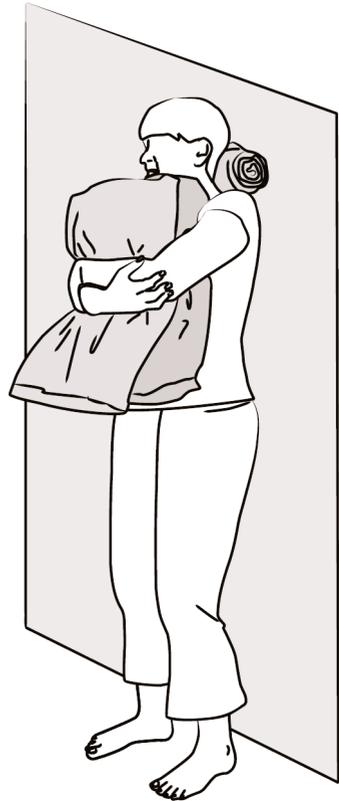


figure 6

5. Incorporating Boundary Supports

The basic Boundary Supports include two sofa cushions stood up (vertical, on edge) and face-to-face, and three pillows. These can be utilized in several positions.

With the addition of Boundary Supports, most Bioenergetic exercises (even the simplest ones for beginners) are considerably more effective in bringing up the energetic charges more quickly, increasing the amount of energetic charge, and allowing the emotional affect to go deeper.

If our boundaries are »**too loose**«, the Boundary Supports will be comforting – giving us feelings of containment, assurance, security and safety. They provide the missing appropriate containing function, allowing us to risk more energetic charge.

If our boundaries are »**too tight**«, the softness and accepting nature of the Boundary Supports allow a relaxation and melting of the rigid characterological defenses that arose from rejection in childhood.

See *Section V* for detailed comments about Boundary Support concepts and their implications for therapy.

Figure 7 illustrates a way to incorporate Boundary Supports. (This position is not used in any exercise in this article.)

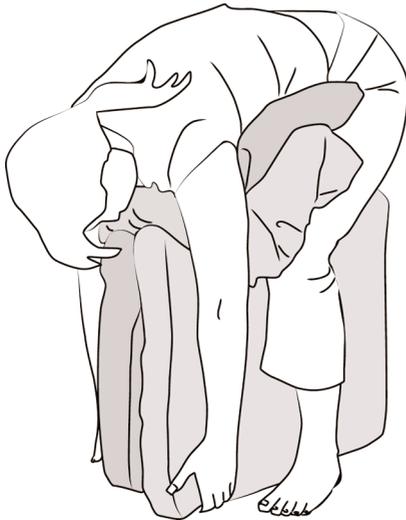


figure 7

Governing Principles

Depending on your boundary issue, the following principles govern how you apply the above five Components and the sequence in which you do certain exercises:

- If your boundaries are »**too loose**« you will need to **Charge/Contain**;
- If your boundaries are »**too tight**« you will need to **Surrender**;
- If your boundaries are a **combination** of »loose« and »tight«, in certain circumstances you will need to Charge/Contain, in other circumstances you will need to Surrender;
- Any Surrendering exercise must be immediately preceded by **Charging/Containing your Resistance** to the exercise; this acknowledges and honors the Resistance; also the Charging/Containing helps build a strong enough sense of self to permit the risk of Surrendering.

IV. Three Exercises for Strengthening your Boundaries

Many exercises have been created for Bioenergetic Boundary-Building. They cover a wide range of characterological issues – the conflictual issues between our internal ego states; issues in our relationships with others; issues involved in our muscular and energetic holdings; and issues in our sexuality.

The exercises can be utilized in combination with each other to achieve different goals – e.g., a three-hour evening workshop for trainee recruitment; part of a program for boundary self-assessment (as the exercises can be quite diagnostic of whether your boundaries are »too loose« or »too tight«); a specific series of exercises for a particular client to use at home in a self-help program to build boundaries; several exercises done in a sequence that focuses on becoming more competent in one of the five Components, etc.

The following exercises focus on *Strengthening Adult Functioning* (component 4, above).

Unfortunately, in most of us, our Adult is weak and/or not sufficiently present most of the time to fulfill his/her responsibilities as »president« of the »company« of ego states. And so our False Self acts »as if« it were the president, but it unfortunately is frequently overwhelmed by our introjected parental demonic (e.g., »beating up on ourselves«) or overwhelmed by the subsequent revenge of our child's devil (e.g., sabotaging our Parent's need for achievement in the world).

Since all three exercises require our Adult to communicate with our Nat-

ural Child, our Adult has to come out of hiding and be more *present*, at least temporarily. Our Adult can then begin to acknowledge and integrate the Natural Child's energetic power, openness, heartfelt assertiveness, expressiveness, capacity for pleasure, etc. In turn, this strengthens Adult Functioning. (A basic Bioenergetic principle is that our Adult / Ego can only be as strong as its connection with our Natural Child / Body.) Our strengthened Adult can then have the courage to begin to address the needs both of our Primally Wounded Child and of our overworked Parent. (The Parent had to take responsibility for the survival of our »company« in the absence of the Adult.)

These exercises give you a sample of the wide range of muscular, energetic and psychological concepts needed for effective and efficient Bioenergetic Boundary-Building. Note that there is little mention of possible physical/emotional effects, so as not to influence your own experiences.

Finally, it is the author's belief that, to strengthen boundaries, an *ongoing exercise program at home* (and even the workplace) is needed in addition to regular therapy sessions. Overcoming our resistance to doing exercises at home also contributes to strengthened Adult functioning – which strengthens our boundaries. Accordingly, *the following exercises form the basis for a self-help program*.

Exercise 1: Your Adult Communicating with Your Natural Child

Exercise 1 serves as a fun and playful introduction to how the Adult can communicate, using its language (words), with the Child, who then can respond with its own language (excitation and involuntary movement).

To communicate with the Natural Child, the Adult has to temporarily surrender some intervening protective layers – the False Self; next, the layer of deep distrust of the outside world (including the therapy and therapist); and, going further inward, the layer of the Primally Wounded Child. Any of these defensive layers can interfere with the attempt of the Adult to talk with the Natural Child directly and vice versa. For example, if you are overly concerned about your image (False Self), you wouldn't want to be heard talking to yourself, as in this exercise.

Equipment: a standard armless chair.

1. Thoroughly ground yourself so that your legs are vibrating.
2. Sit toward the forward edge of the chair, as in Figure 8, and lean slightly forward so the weight is on the balls of your feet, and the top of your head lines up with your knees and the front of your toes.

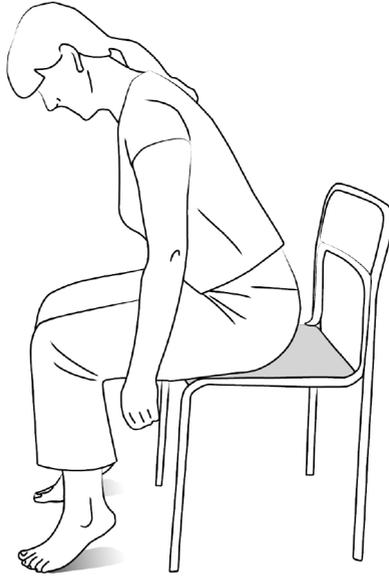


figure 8

3. Lift your heels slightly *off* the floor, as in Figure 9, but press them *to-wards* the floor. Hopefully your legs will begin to vibrate involuntarily in this position. (You must, however, remember to keep your heels off the floor.)

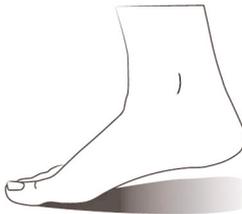


figure 9

4. If your legs have difficulty vibrating, pump your heels up and down, pushing from the balls of your feet, and let some sound emerge.

5. Once your legs are vibrating, talk to them *out loud* as if you were talking to two puppies who are excited about the possibility of going outside and playing. Say, »Would you like to go out and play?« Now briefly pause, and see and feel if your legs (puppies) respond by vibrating more strongly. Of course, the puppies are just a fun and easy representation of your Natural Child.
6. If you are excited by the increase of the involuntary excitation in your legs (puppies), open your eyes wider, purse your lips and make a drawn-out, high-pitched, excited »Oooooo!« sound.
7. Note if your legs (puppies) become more excited because you are appreciating their liveliness.
8. Continue talking *out loud* to your puppies (legs) and remember to show your appreciation by responding not only with words but also with excited eyes and sounds. Allow enough response time from your legs before making each new statement. Note their response to short and simple statements like the following: »You are so alive!« – »You are so exciting!« – »I really like you! – Do you like me?«
9. Now try *stroking* your puppies (legs) while continuing to talk out loud to them – e.g.: »Do you like me stroking you?« Experiment with different types of touches accompanied by short questions or statements. Massage one leg while you talk to it. See if it becomes more alive than the other leg.
10. After you've had enough, stand up, bend over and let your legs continue to vibrate. If you feel like laughing at this whole experience, let it happen.
11. Now stand up and let yourself integrate the experience.
12. Close your eyes and check into your body. Do you feel more let down? more excited? some relief? some incredulity? Do you feel more lively? More positive about connecting with your Natural Child?

Exercise 2: Your Adult Protecting Your Natural Child

Charging/Containing is the cornerstone for quickly building a tangibly stronger sense of the peripheral boundaries of our body, a much stronger sense of our self, and more access to our assertive (aggressive) impulses. All of these are necessary for us to be able to move out into the world and claim what is rightfully ours. *If our boundaries are »too loose«, Charging/Containing is the most important Component for us, and it needs to be experienced daily at home and/or work*, especially when we feel the need to strengthen our sense of ourselves – like before going to see the boss and asking for a raise!

In this exercise you will Charge/Contain your Adult so that it feels strong enough to protect your Natural Child. The exercise initially requires the support of a Bioenergetic colleague (therapist) as there are many opportunities for self-sabotage, particularly if you have a boundary that is »too loose«.

Read the following instructions before beginning, including the boxed section »Charging/Containing Errors — Watch Out!« that follows the exercise.

Equipment required: two or more pillows; a wall or door if available.

At some time previous you should have completed Exercise 1.

Most of us would have liked a Significant Other, like a good Aunt or Uncle, to have intervened to protect us, if they had been able to see our Parents or others injuring us developmentally. Imagine that the Significant Other (good Aunt or Uncle) is protecting your Child against a hurtful Parent by saying, »Stop it! I will not permit you to hurt that Child any more!«

1. Ground thoroughly into your feet and legs so your legs are vibrating. Occasionally check to see that your feet remain planted on the floor, and your legs are vibrating.
2. Stand with your knees slightly bent, feet shoulder-width apart and your back against a wall, if available.
3. Hold two (or three) pillows to your chest by crossing your arms in front of the pillows and holding on to your elbows. See Figure 10. (Some people use this position when they are cold or distraught and/or »holding themselves together«.)
4. Squeeze the pillows into your chest and drop your shoulders as much as possible.
5. Experiment with increasing the charge in your arms and hands by trying to pull your elbows together and, at the same time, squeezing the pillows more firmly into your chest, as in Figure 11. Now relax your arms.

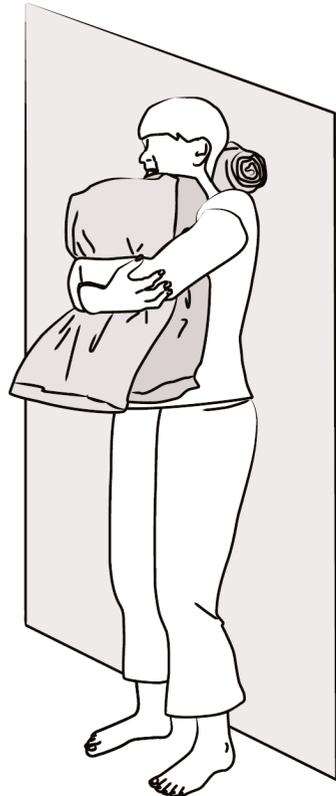


figure 10



figure 11

6. Imagine the pillows are your Natural Child — lively and innocent, but young and vulnerable. Or your pillows can be your »puppies«. Now imagine there is someone across the room who wants to hurt your Natural Child / puppies.
7. Bring your lower jaw forward, let your eyes glare with strong intent, and feel your determination to protect your Natural Child / puppies. You may find it easier to protect your »puppies« than your Natural Child. You can also shift between the two possibilities.
8. Say out loud something like, »I can protect you!« (talking to your Child / puppies) or »I will protect this Child / these puppies!« (talking to the imaginary abuser).
9. Say »I can« or »I will« out loud again, but this time stretch out the »an-an-an« or »il-il-il« sound for about 5 seconds. The »an-an-an« or »il-il-il« sound should slowly rise to higher pitch as you gradually keep hugging yourself tighter and pulling the pillows into your chest.
10. Now take a very short breath, and stretch out the sound »an-an-an« or »il-il-il« again.
 - Do this for several breaths, pausing only to catch quick small breaths. This is similar to the driver of a sports car shifting gears (taking a breath) as the motor revs up.
 - Keep increasing the tension in your arms and hands as you make the »an-an-an« or »il-il-il« sound and don't forget to let the voice-pitch rise along with the tightening of the arms.
11. Occasionally, check into your body and *savor* the feeling of power as it slowly builds.

12. If you start coughing, stop briefly – it's a sign your system has not relaxed and opened up enough to integrate the increased energetic charge.
13. Your voice will naturally rise toward a high-pitched scream as your muscular tension increases; however, you should stop short of screaming.
14. Occasionally check to see that you are well-grounded in your feet, with your legs vibrating, and that:
 - You keep contact between the pillow and your chest, and your back against the wall;
 - Your lower jaw stays forward, and your eyes stay determined.
15. After you have run out of sound or your arms are too tired, let go of the pillows with your hands, but let your legs continue to vibrate as you discharge energy into the ground.
16. Now bend over and integrate your emotional and energetic flow(s). If you put your pillows on the floor between your legs you can still keep an eye on them while taking a break from protecting them.
17. Repeat Steps 7 to 16 at least twice more.
18. Close your eyes and sense any changes in your body, your emotions and your overall sense of yourself:
 - Especially note if you are *feeling considerably warmer* – indicating that your core energy has reached your periphery and your boundary has been strengthened energetically
 - Open your eyes and note any changes in your vision: are your eyes more open? Is your eyesight any different? Are colors deeper? Do you feel more »into« your eyes?
 - Do people's faces look different, and do you have different feelings towards them than before?
 - Do you feel more »present«? More in your Adult, rather than your False Self / Adaptive Self?

»Charging/Containing« Errors — Watch Out!

- Are your *elbows* and/or *knees* straightening? Your *lower jaw* losing its forward thrust? *Eyes* closing, growing dull or »spacing out«? Are your *legs* losing their vibrations? Do your *hands* intermittently let go of your *elbows*? or fail to grasp the elbows increasingly strongly?
- Are you losing your *determination* to protect your »puppies«?
- Do you state the full goal in words instead of just staying with the *drawn-out last sound* (as in »I can–an–an–an« or »I will–il–il–il«)?
- Do you fail to keep an *ascending voice pattern* by allowing:
 - the voice to jump up in steps? (Plateau'ing)
 - the pitch to drop off before each breath? (Collapsing)
 - all the breath and sound to expel suddenly? (Blowing out)
- Accompanying the above sabotaging could be *feelings of collapse*, like »I can't« or »What's the use?« or »Why try?« or »Nothing does any good«.

Exercise 3: Your Adult Surrendering to Your Natural Child

Exercise 3 involves our Adult temporarily surrendering our character defenses in order to let the heartfelt expansive feelings of the Natural Child emerge. *If our boundaries are »too tight«, Surrendering is the most important component for us and needs to be experienced daily at home and/or work.*

This exercise also requires support initially from a Bioenergetic colleague.

In this exercise, the *Boundary Supports (cushions and pillows) will encourage your Natural Child's energetic aliveness (instincts, impulses and feelings) to emerge, and your Adult will give the Child permission to express this aliveness.* Together, the increase in aliveness and conscious permission will allow the child more possibility to »just Be«.

Equipment: two sofa cushions or a very large thick pillow, about 8 inches (20 cm) thick, lightly squeezed between the legs; three bed pillows; a wall or door.

It's helpful if you've experienced Exercise 1 at some time previous to undertaking this. It is also very helpful if you complete Exercise 2 *immediately before* beginning this exercise, as Charging/Containing will make it easier for you to surrender to your Natural Child.

Before beginning the exercise, read all instructions and position the equipment as in Figure 12.

Our Natural Child just wants to »BE« — be fully alive, be expansive, be

free to express itself, be sexual, be open, be creative, be tender or aggressive, be searching for pleasure, etc.

However, protective aspects in our personality are frightened that all this »Being« will cause the Natural Child again to be injured again, as »just being« caused us to be injured in childhood. These protective aspects guard against a recurrence of primal injury through muscular and energetic contractions. Our protective aspects guard against free expression through conscious inhibitions, e.g., »should not« and »ought not«.

With all this guarding, our Natural Child feels imprisoned and is not free to »just Be«.

Our Adult needs to return to the Child, take charge of the situation and begin to reduce some of the guarding (most of which is now unnecessary) and give our Natural Child more permission to »just Be«.

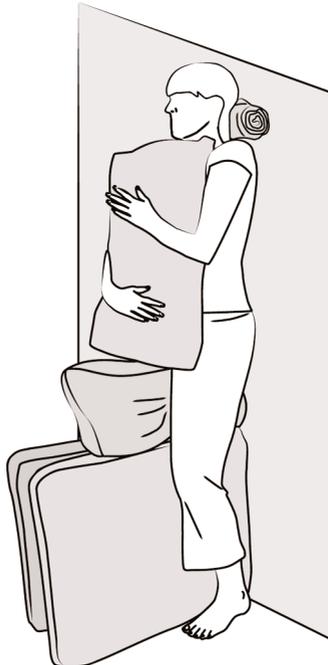


figure 12

1. Arrange your equipment as in Figure 12:
 - Stand with your back against a wall or door, your feet firmly on the floor and your heels close to the wall; **do not** lean against the wall

- Straddle the two sofa cushions that have been placed vertically, flat side to flat side
 - Use a pillow to fill the space between the tops of the cushions and the juncture of inside of legs with pelvis
 - With your knees barely bent, alternate bending and straightening them *very slightly* – just enough to keep a little life in the legs.
2. Place one pillow on your upper chest (and if you wish tuck it under your chin) and the other one covering your stomach and lower belly, keeping a hand on each pillow. If more convenient, you might use a king-size pillow (as in Figure 12).
 3. The insides of your arms, legs, chest and belly should now feel contained and supported.
 4. Throughout the exercise your Bioenergetic colleague («therapist») will be making sure your equipment is positioned correctly in order for you to feel fully contained and supported.
 5. Very lightly squeeze the cushions between your legs and hold the pillows firmly to your chest.
 6. Close your eyes, let your jaw relax, breathe normally and let a little sound emerge naturally.
 7. Now say **out loud** to your Natural Child something like, »I won't let anyone hurt you again. You are safe with me«. (This continues the theme from Exercise 2.)
 8. Say again, »You are safe« and pause to note if there is an increase in the vibration of your body. Say out loud something like, »Go ahead, live freely, just *BE*«. Again, pause and note the reaction of your Natural Child.
 9. Integrate any increase in excitation / vibration by continuing to bend and straighten your knees slightly, which will help the vibratory movement flow more freely throughout your body.
 10. For the next 5 to 15 minutes, continue this process of talking to your Natural Child in very brief sentences, and pause to note any increase in excitation / vibratory movement. Keep bending and straightening the knees to integrate the increased flow.
 11. If your tendency is to stand fully on your feet, occasionally lean slightly against the wall and note any difference in excitation / vibratory movement. Conversely, if you tend to want to lean against the wall, occasionally stand fully on your feet and note the difference.
 12. If the increase in excitation / vibratory movement feels insufficient, bend and straighten your legs more deeply while pressing your feet more strongly on the floor.

13. If you wish, your »therapist« may place a rolled-up towel between the back of your neck and the wall and/or between your lower back and the wall and perhaps even a blanket between your back and the wall. Your therapist may sense you need to have her hand on your forehead for additional support.
14. You will know when you are finished; bend over so that your fingertips touch the floor lightly, and continue to bend and straighten your legs.
15. Come up, open your eyes and note any changes in your vision. Are your eyes more open? During the exercise:
 - Did you feel safe, contained, supported, secure, comfortable?
 - Did you notice any increase in body warmth? If so, where? Any flow of pleasure?
 - Did you feel a slight anxiety that accompanied the flow of warmth? (Anxiety could occur because, as your core energy begins to expand, due to the safety of containment, your unconscious characterological contraction will block it. The opposition of these forces creates anxiety.)

V. Utilizing Boundary Supports

Equipment

Principal Boundary Supports, as used in Exercise 3, include two cushions and two or three pillows. Secondary Boundary Supports include »sock pads« (a folded-over thick sock that fits comfortably under the arch of the foot); rolled-up towels for back of neck and lower back when standing against a wall; and a blanket.

Principal Effects

The effects of Boundary Supports can be quite varied, depending on the exercise position chosen, the supports that are used, and whichever exercise has immediately preceded. Generally, when Boundary Supports are used:

1. The *energetic charge can come up very quickly and strongly*; e.g., if you have a holding in your lower back, it may begin to ache, since the increased charge cannot move easily through the holding.
2. Many people *experience spontaneously their Natural Child*, manifesting pleasurable body warmth, an expansive open-heartedness and joy.

3. Some people, on the other hand, *regress spontaneously to their Primally Wounded Child*, re-experiencing some of their early developmental emotional trauma and energetic contractions.

The above three possible reactions come as a surprise to most people, as neither they nor their therapist has made any verbalizations, nor any specific attempt to further charge the body, nor to elicit any emotional or energetic response.

Therapeutically, these powerful emotional / muscular / energetic responses can be *organized and focused* through simple verbalizations made out loud by our Adult (as in the exercises in this paper).

The therapist's suggestions for appropriate verbalizations depends on his/her assessment of our boundary condition:

- If our therapist assesses our boundary as »too loose«, he/she will suggest verbalizations for our Adult that will help give us feelings of containment, assurance, security and safety — allowing us to risk more energetic charge.
- If our therapist assesses our boundary as »too tight«, he/she will suggest verbalizations for our Adult that will help give us feelings of relaxation and melting of the rigid characterological defenses that arose from rejection in our childhood.

Explaining the Effects

As infants one of our principal needs is to have chest-to-chest contact with our mother's body and, to a lesser degree, have our back contacted (where our mother supports us while lifting us, nursing us, etc.).

At a slightly older age, being able to hold onto our mother and later our father with the insides of our arms and the insides of our legs means that we possess them; they cannot leave without our permission, and survival is assured.

Our wanting to hug others and bring them to our chest as adults is a continuation of our very early need for Boundary Support; e.g., for some of us a deeper sleep occurs when we are in contact with a loved one's body.

It appears that most of us and our clients did not receive enough of this highly important chest / belly / back / inside arms / inside legs contact (not to mention sucking) when we needed it in our development.

Because of this sensorial deprivation, life-impulses that naturally would have aggressively moved out into the world with both heartfelt and assertive

feelings instead contracted inward. Consequently, we live with a chronic contraction of our life-impulses. Studies of infants who are not touched enough in hospitals, and also the very concrete data on monkeys who lose their mothers, support the above statements. In short, if the mothering environment is hostile or cold or absent, the life-impulse contraction can be severe.

Accordingly, *when our chest, belly, inside arm and inside leg surfaces and our foot arches are contacted comfortably, there will be a deep unconscious energetic charge that moves swiftly and intensely toward the periphery of our body.* This accounts for the warmth with which the energetic charge presents itself.

This outward flow to our periphery is countered by our characterological muscular and energetic contractions. The conflict between the outward flow and the inward contraction can create anxiety, depending on the exercise positions. Any anxiety needs to be grounded, and time reserved at the end of the session for muscular, energetic and emotional integration.

Adaptations for Ongoing Therapy

Boundary Supports can be adapted for a great many traditional Bioenergetic exercises. Moreover, using them frees up the therapist's hands for other supportive functions; e.g., holding the head, placing a hand on the forehead (third eye), or on the upper back, holding the client's hand, etc.

Bioenergetic therapists who have experienced Boundary Supports in workshops have become enthusiastic about their benefits for their own clients. These therapists have adapted the supports to fit their style of personal therapy; e.g., Garry Cockburn and Pye Bowden of the New Zealand Society developed toe arch pads. Other Bioenergetic therapists have given me valuable feedback on the experience of their clients, and I will acknowledge more fully the contributions of these others later.

Boundary Supports seem to give our organism the comfort, assurance, security and safety to begin to take the risk to expand energetically again. It is probable we need to use these supports many times, over an extended period, before our core energetic impulses, instincts and feelings can flow more naturally and easily to the periphery of our body and help us in our boundary-building. Hence the need to adapt and include the supports in a self-help program.

VI. Future Investigations

Two areas touched on in this paper hold promise for further investigation:

- *Establishing direct communication between Adult / Ego and Natural Child / Body.* Preliminary investigations have established that certain body parts – e.g., pelvis, legs and eyes – can directly respond with increased excitation and involuntary movement when talked to aloud by the Adult / Ego. This in turn strengthens the Adult by strengthening its connection to the Body.
- *Boundary Supports, which lead to increased energetic expansiveness, energetic charge and involuntary movement.* These, when coupled with increased communication between Adult and Child, can strengthen the Adult and the Child, as well as the connection between them.

These investigations are but the tip of the iceberg in explorations to heal the split between the Ego and the Body.

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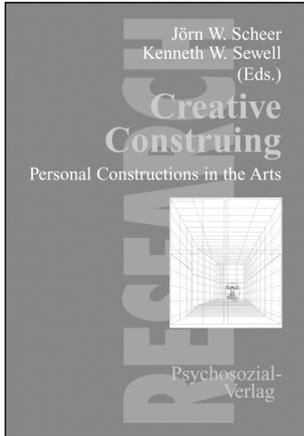
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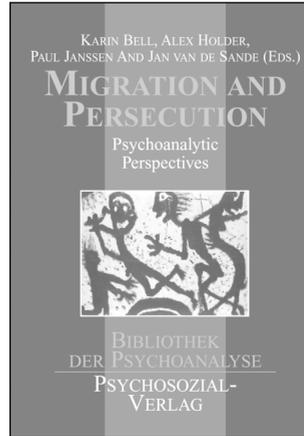
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