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THE ART AND SCIENCE OF SOMATIC PRAXIS

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The Journal's mission is to support, promote and stimulate the exchange of ideas, scholarship and research within the field of body psychotherapy as well as to encourage an interdisciplinary exchange with related fields of clinical theory and practice through ongoing discussion.

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PANTA REI

The image on the cover is an oil painting by Eugène Brands, entitled 'Everything Streams'. It refers to 'Panta rei', the principle that everything moves, changes and transforms all the time (Heraclitus, Plato, Aristotle).

Editorial

Volume 11, No. 2, 2012

Research in the field of psychotherapy, of which body psychotherapy is a subset, has been a theater of contention virtually since its inception. Which has more validity: clinical observation or scientific validation? Can the two be married? How? And, to whom are these arguments addressed: the scientific community at large, psychotherapists of all kinds, or government agencies and insurance companies which to a great extent shape the existence of many practitioners' professional lives? Amidst the growing urgency of these issues, both the EABP and the USABP have active research/scientific committees committed to exploring these and many other issues.

The first three articles in this issue were recipients of USABP and EABP research awards; their publication honors the renewed interest in research on the part of both organizations. The EABP has a newly formed Scientific Committee headed by Herbert Grassman, which presented an impressive post-conference symposium at the EABP Cambridge Conference in September of this year. This committee, along with FORUM members and members of professional organizations within EABP, selected the winners of the research awards. (Ms. Shalit's is the only one presently in English and we are pleased to present an abridged version of it in this volume.) Similarly, the USABP's research committee, under the enthusiastic and capable leadership of Jennifer Tantia, selected recipients of a research award in addition to a student research award. These were presented at the USABP Conference in Boulder this past August. One of the qualifications for the awards was that the articles be in a form publishable in this journal.

In the excerpt from her dissertation published herein, Rachel Shalit, recipient of the 2012 EABP Student Thesis Award, examines possible roles for altered states of consciousness in body psychotherapy. Drawing on research from diverse fields, she considers whether the inclusion of altered states of consciousness in the therapy process may, in fact, increase its efficiency. Utilizing both theory and published research, she attempts to bridge the narrowing gulf between rigorous scientific inquiry and spiritual experience.

Winner of the 2012 USABP Alice Ladas Research Award, Gary Glickman, gathered a focus group of body-centered psychotherapists familiar with Relational Somatic Psychotherapy to explore their experience of gender role-playing. In his article, he surveys the relevant literature before describing his methodology and the results from the group's experiences in an effort to alert us to how clinicians may unwittingly participate with patients in limiting their sense of identity in regard to gender. Gender studies are experiencing a re-emergence and are applying in new ways some of the data that were available but unanalyzed in the past thirty or forty years.

The 2012 USABP Student Research Award went to Daniel J. Lewis for his investigation of the work, life and legacy of Nina Bull, a pioneer in somatic studies, chiefly known for her role as teacher and mentor to Stanley Keleman. Mr. Lewis traces what is known of her background and the formative influences on her research. This article is of importance not just in and of itself, but as an example of the sort of research that needs to be undertaken into the founding figures of body psychotherapy before many of the sources of knowledge about them have disappeared. Because body psychotherapy has developed mainly outside of academic institutions, much of the material is only available orally from people (Alice Ladas, for example) who participated in it.

At the same 2012 USABP Conference in Boulder, Colorado, Robert Hilton gave the keynote speech, which, with adroit editing by our associate editor, Diane Cai, is included in this volume. Entitled "The Ever Changing Constancy of Body Psychotherapy", the author explores the nature of the therapeutic relationship beginning with Freud and Reich (and, of course, Lowen). He also traces it through psychoanalysts such as Winnicott, Guntrip, and through more recent Jungian Donald Kalshed and Bioenergetic psychiatrist Robert Lewis. Drawing deeply on his own experiences as both patient and therapist, Hilton returns again and again to the necessity of finding love and connection in life, often first encountered (endured?) in psychotherapy.

In the last issue of the International Body Psychotherapy Journal, we mentioned that body psychotherapy is no longer on the fringes of psychology and psychotherapy. Will Davis, in "In Support of Body Psychotherapy", discusses how the body is being noticed and incorporated into several different schools of psychotherapy and psychoanalysis, denoting a paradigm shift within cognitive, social and self psychologies. "In Support of Body Psychotherapy" begins by pointing out two central tenets of Wilhelm Reich's work: the functional identity of body and mind, and the understanding that the personal history is registered in the body musculature as well as in the mind. Davis explores how Transactional Analysis, cognitive psychology, self psychology and social psychology have integrated the body into verbal and cognitive therapies. He goes on to include the contributions of neurology, psychoanalysis (intersubjectivity) and robotics. He concludes with an illustrated case study of a patient whose bodily attitude and facial demeanor underwent major change in the course of six months of body psychotherapy.

Much has been written about the effects of trauma in the form of ongoing stress in the last few years. In "Hyporesponse – The Hidden Challenge in Coping with Stress", Merete Holm Brantbjerg explores the myriad ways this form of bodily dissociation from the muscular system affects the functioning of the human organism. Systems of musculature are missing from consciousness in a way often unaccountable to the individual. She explores in detail the relationship between the autonomic nervous system's functioning in relation to how a person is able to enlist muscular activity. Calling on her own experiences with prolonged stress, as most of us who lead active professional lives are likely familiar with, she details the subtle bodily and emotional reactions that are likely to ensue. Thankfully, she also provides some suggestions for helping ourselves and our patients cope more effectively with such reactions by utilizing resources to counteract the "automatic" autonomic and motoric responses.

Lastly, we are pleased to introduce a new feature to the landscape of this Journal: a section of book reviews. We begin in this issue with Michael Heller's *Body Psychotherapy: History, Concepts, Methods*, translated by Marcel Duclos and published by Norton. The review is in three sections and authored by George Downing, David Boadella and Marcel Duclos. Drs. Downing and Boadella each describe and analyze the book from their unique points of view as leaders in the field of contemporary body psychotherapy, and Marcel Duclos provides a commentary on the process of translating this often daunting but ultimately momentous work.

And, in honor of the subtitle of this Journal, "The Art and Science of Somatic Praxis", we include a poem by psychologist and poet Salita Bryant, entitled simply "Anatomy Lesson." Many modalities of body psychotherapy require students to acquire considerable detailed anatomical knowledge. It is our hope that this poem will considerably lighten that requirement.

The nature of research and evidence, indeed even the question of what is “scientific”, are hotly debated topics these days among researchers and clinicians alike. There is continued pressure on psychotherapies of all sorts to produce “evidence” that they are effective by the same model that medications are “proven” effective. Double blind studies have become a gold standard. But, while much of pharmaceutical research is also under fire, we need to point out that such research is not appropriate for what most of us as body psychotherapists do. Very little psychotherapy is protocolized, and the elements of what happens in a single session are legion. Even tracking only relational or only technical details can prove daunting. How could one psychotherapy session compare with another? Some modalities are using film for training purposes, but analysis of even such “hard data” is time-consuming and fraught with questions. Heuristic research and grounded theory have attempted to fill the void and have produced some interesting studies, yet, questions still persist. So, where does that leave us as clinicians? It leaves us in partnership with our patients as co-researchers. Each dyad must discover, often through trial and error, what produces change, leads toward the patient’s goals, makes a difference.

We hope you will enjoy this second issue. Better yet, let us know your thoughts, feelings, preferences.... In the spirit of scientific pursuit that is represented in several of the articles, we encourage a dialogue and hope you will respond with Letters to the Editor, extended or brief, which we will be happy to publish in the next issue.

Jacqueline A. Carleton PhD
New York City
November, 2012

Efficiency of Psychotherapy Involving Altered States of Consciousness: A Call to Reconsider Our Spiritual Stance at the Clinic¹

Rachel Shalit, BA

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Abstract

This paper deals with the efficiency of psychotherapy, particularly when involving techniques that stimulate altered states of consciousness (ASC). One main conclusion arising from research in this field is defined well by Bogart (1991), who asserts that ASC may profoundly reorient an individual’s identity, emotional attitude, sense of wellbeing and purpose in life. Body-oriented techniques have the potential to induce ASC; therefore, a methodological exploration of the ASC realm as part of body psychotherapy is called for. Moreover, as ASC may also trigger spiritual experiences, it is my belief that embracing the correspondence between the body and the spirit holds great promise for clients. The paper discusses three main subjects:

1. Altered states of consciousness— what they are, ways of inducing them
2. The efficiency of psychotherapy
3. The correlation of body psychotherapy with consciousness and spirituality

In italics appear questions and dilemmas, in some instances as an introduction to a paragraph, in other instances as issues raised for further contemplation.

Keywords: body psychotherapy, altered states of consciousness (ASC), efficiency, trance, spirituality

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My Personal Journey

I am in my mid- 40’s, fortunate to be able to take my first steps as a psychotherapist as I phase out from an IT career. For years, I have wandered in realms of rationalism, realism and perfectionism. However, alongside my formal psychotherapy studies, I have gone through a spiritual quest, accompanied by a spiritual psychotherapist. As I wondered about my own therapeutic identity, I found myself hovering between two separate therapeutic domains— on the one hand, the body-oriented domain and, on the other, the spiritual— believing I needed to choose one or the other. I also had to integrate concepts from my previous professional world, well-embedded in me, and newly-encountered concepts— between the “old” Rachel who is pragmatic and result-driven and the “new” Rachel who deeply respects long-term processes and the unknown, and who surrenders to the natural flow of things.

¹This paper is based on the author’s thesis, which was the winner of the EABP 2012 Student Award. The thesis was in partial fulfillment of graduation from the Holistic-Body Psychotherapy program at Reidman College, Israel, supervised by Dr. Esther Rapoport.

When I look at it now, from a moderate distance, I realize that these elements were confused within me, asking to be heard and pleading for reconciliation. Within the frame of my inner rebel, to experience myself wholly, I had to find a way to connect all these parts into a true ensemble.

Altered States of Consciousness (ASC)

What is consciousness—what are the states of consciousness and what are the altered ones? How are they brought about and what are their consequences?

Consciousness

Baruss (1987, in Kokoszka, 2007) has found 20 different definitions of consciousness in the literature. From the many definitions still currently in circulation, the following is by Nader Butto (2008):

Consciousness is the part of us that is responsible for thoughts, awareness and intentions. It is the part of us that enables us to look deeply at others and understand them, to be generous, aware of others' needs, and develop empathy for them. This part of the psyche is the human soul's energetic source. When a person's consciousness is distorted, rather than having the possibility of being creative, that person feels worried, confused, overly sympathetic and so forth.

Altered States of Consciousness

Consciousness is experienced in various states, which can be traced as different levels of brain waves. The non-ordinary levels are referred to in some spiritual writings as 'non-ordinary states of consciousness' (NOSC) and in the scientific literature as 'altered states of consciousness' (ASC).

Metzner (1995, in Peres, Simão, & Nasello, 2007) defines ASC as a temporary change in thinking, feeling, and perception, in relation to the ordinary state of consciousness, and one that has a beginning, middle, and end.

The concept of altered states of consciousness was introduced by Ludwig (1966) and is still the most popular notion used to describe states of consciousness that are considered unusual but not abnormal. ASC were defined by Ludwig (1966, p. 225) as "any mental state(s) of consciousness, induced by various physiological, psychological, or pharmacological maneuvers or agents, which may be recognized subjectively by the individual himself (or by an objective observer of the individual) as representing a sufficient deviation in subjective experience or psychological functioning from certain general norms for that individual during alert waking consciousness". Ludwig (1966) listed the following characteristics of the altered states: alterations in thinking, disturbed sense of time, loss of control, change in emotional expression, change in body image, perceptual distortions, change in the meaning or significance of things, a sense of ineffability, feelings of rejuvenation and hyper-suggestibility (Kokoszka, 2007).

Triggering ASC

ASC are naturally occurring phenomena. People spontaneously shift from one state of consciousness to another over time. For example, one's state of consciousness changes throughout development—from birth to childhood to adulthood. One's state of consciousness may change throughout the day in shorter fluctuations, in the range of seconds. States of consciousness are transient in nature, and include: drowsiness, daydreaming, hypnagogic states just before falling asleep, sleep and dreaming. Extreme environmental conditions (pressure, temperature) may also trigger ASC, as well as sexual activity, orgasm, starvation, a specific diet, sleep deprivation and near-death experiences (Vaitl et al., 2005).

There are several known ways to induce ASC, such as:

- *Relaxation Techniques* – There is a wide range of techniques for inducing relaxation and ASC. The clinically established and commonly applied methods for body relaxation are progressive muscle relaxation, biofeedback, and meditative practices. Neurophysiologically, the relaxation response has been shown to be accompanied by changes in EEG readings that indicate reduced cortical arousal (Vaitl et al., 2005).
- *Meditation* – *Meditation* refers to a group of techniques which involve an attempt to concentrate focus on non-analytical activity. There are many types of meditation, with varying degrees of mental activity (Vaitl et al., 2005). A vast amount of research has been undertaken in regard to the electrical activity in the brains of meditation practitioners. Research shows that during the first stages of meditation the predominant brainwaves are alpha waves (7–13 Hz), as suits relaxed alertness. During deeper stages, when the mind might be open to special, deep insights, brainwaves increase in frequency to 40 Hz waves across large areas of the brain (Zohar & Marshall, 2000).
- *Music and Dance* – Music and dance have been associated with ASC for hundreds of years and across the world. In many cultures, trance states are tied to spiritual experiences (Cousins, 2002 in Becker-Blease, 2004). Maxfield (1990, as cited in Vaitl et al., 2005) recorded an increase in theta EEG activity while the subject was listening to rhythmic monotonous drum beats, which led to experiences resembling descriptions of a shaman's journey.
- *Breathing* – The simplest forms of meditation involve attending to our breaths (Smith, 1985, as cited in Rolef Ben-Shahar, 2010). Following the idea that people are an integral part of the cosmos' energy, like a drop in the ocean, Rolef Ben-Shahar (2011 and personal communication) proposes that the rhythm and flow of breathing could be likened to the rhythm and flow of the ocean. It may therefore remind the meditator of the oceanic feeling that we all possess, the underlying connectedness and unity of the energy field that we are all a part of. In turn, this could support the meditator in following his breath and surrendering to its flow and, for a moment, feeling the sense of being an inseparable part of the infinite-being. The focus on a non-thinking and pulsating aliveness within us is an excellent bridge into the very principle of the pulsation and aliveness of the cosmos.
- *Psychedelic/Hallucinogenic Drugs* – 'Psychedelic' (a term coined by Humphrey Osmond and Aldous Huxley, meaning "mind-manifesting") or 'hallucinogenic' (a term most often used in psychiatric literature for certain substances) drugs such as LSD (lysergic acid diethylamide), MDA (3,4-methylenedioxyamphetamine) and MDMA (3,4-methylenedioxy-N-methylamphetamine) are used to access transcendent, religious or transpersonal dimensions of consciousness. Mystical and spiritual experiences can and often do occur with the use of psychedelics. They were described by Albert Hofmann, who synthesized LSD, as "psychic loosening or opening" (Leary, Metzner, & Alpert, 1995).

Brain Activity During ASC

Using electroencephalography (EEG), scientists found that the brain experiences various electro-magnetic frequencies.

The following is a list of frequencies and the occurrences during which they were observed (Zohar & Marshall, 2000):

- Delta (0.5 – 3.5 Hz) - Observed during deep sleep or coma, frequent in the baby brain
- Theta (5.5 - 7 Hz) - Observed during deep sleep, frequent in children at age 3-6 years old
- Alpha (7 – 13 Hz) - Observed during relaxed alertness
- Beta (13 – 30 Hz) - Observed during mental activity, while one concentrates
- Gamma (~40 Hz) - Typical to a conscious mind, during wakefulness or dreaming

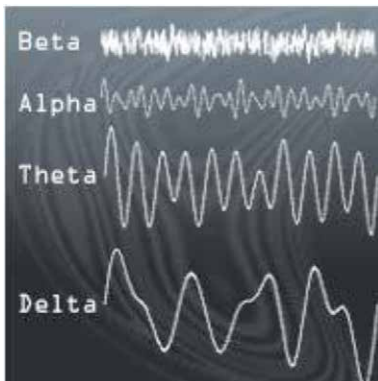


Figure 1: Brain Frequencies Diagram, from <http://www.doctorbugo.org/brainwaves/brainwaves.html>

Beta brainwaves are considered to be ‘ordinary’ while the rest are considered to be ‘non-ordinary’ or ‘altered’ states.

40 Hz brainwaves can be found throughout the brain and are responsible for the communication and coordination of cognitive and intellectual processing across the brain. Researchers conclude that these waves are the neurological basis for consciousness itself and therefore the neurological basis for spiritual intelligence (Zohar & Marshall, 2000).

Spiritual Experience During ASC

Tribal societies have used ASC as pathway to spiritual experiences for thousands of years. Shamanism, the traditional healing in tribal societies, includes a cluster of traditions in which practitioners voluntarily enter altered states of consciousness, interacting with spiritual entities in order to heal people who are ill or distressed (Eliade, 1964, as cited in Thomason, 2010). Shamanism may be 25,000 years old (Walsh, 1990 as cited in Thomason, 2010). According to Walsh (1996), “fully 90% of the world’s cultures make use of one or more institutionalized altered states of consciousness, and in traditional societies these are, almost without exception, sacred states” (p. 101, as cited in Thomason, 2010). Practices that induce altered states of consciousness are often considered spiritual healing practices. However, they can also be seen as psychologically healing practices.

Walach et al. (2005, as cited in Peres, Simão, & Nasello, 2007) suggest that the use of ASC may be a way of integrating spirituality and religiosity with psychotherapy in order to

assist persons whose belief systems and values are aligned with the ‘subjective instance’.

Kokozka (2007) mentions that masters characterize higher states of consciousness as a liberation from psychological, social and biological constraints. These mystical states are perceived to occur during religious practices in other, non-Western cultures. Dean (1973, as cited in Kokoszka, 2007) defines it as a level of mental activity that transcends all human experience and creates a sense of one-ness with the universe.

The sense of ‘one-ness’ has been coined by Maslow (1964 in Cunningham, 2011) as ‘peak experiences’. A ‘peak experience’, which may occur during ASC, is defined as an experience in which the universe is perceived as harmonious and unified (Hastings, 1991, as cited in Cunningham, 2011).

In summary, bodywork and many techniques used during body-psychotherapy sessions (relaxation, meditation, touch, deep tissue massage, music and dance) may easily induce ASC. It is important to note that by inducing ASC, our clients may be subject to unusual experiences and realms.

What should be our reaction when a client’s experience is far stronger than the relaxation we originally aimed for? What is our position in such cases? How often do we use grounding to cut it short? Do we allow ourselves to be engaged in extraordinary experiences? Will we be able to handle it? Is spiritual practice beyond the bounds of our clinic?

How Efficient is the Psychotherapy?

Why is efficiency of psychotherapy important?

In most cases, clients come to therapy due to suffering in their lives. Some of them face an acute situation in which they, as well as their surroundings, exhibit great pain and difficulty. I believe it is our duty as therapists to ensure we have at our disposal the best methods to achieve an authentic and efficient therapeutic process, one that enables the pursuit of lasting change, with evident results. To achieve that, we need a deep and generative process of resolution, acceptance and inner growth.

When thinking of measuring the efficiency of psychotherapy, many questions arise: Can it be measured? Once dealing with wellness and not pathological behaviors, shall the measurement be objective or subjective? Can somebody’s life be treated as an evidence-based factor? How do we define the efficiency of psychotherapy?

I suggest that therapy efficiency will be measured by the time necessary for a sense of relief and healing to be achieved, the extent of change and its persistence over time.

Psychotherapy Effectiveness – Research Results

Therapy effectiveness has been a subject of great interest for therapists, researchers and clients, as well as insurance companies seeking to support the shortest possible therapies. Many studies have been conducted, most of them comparing a certain therapeutic method with another for a given problem. Such research undertakings are not representative of real-life therapy, where there is no given protocol, clients often struggle with more than one challenge (multi-factorial), and the therapy duration is often prolonged.

The most extensive “real life”, undertaken by Consumer Report, was answered via Internet questionnaire by about 3,000 people in the US who have gone through mainstream psychotherapy (primarily psychodynamic therapy). The study indicated that the majority of clients were content with the results of their psychotherapy and felt that they significantly benefited from it.

The following data are the report's demographic details and relevant results (Seligman, 1995):

2,900 individuals met with mental health professionals: psychologists (37%), psychiatrists (22%), social workers (14%), and marriage counselors (9%). The respondents were highly educated and predominantly middle class, about half were women, and the median age was 46.

Results:

- Treatment by mental health professionals usually worked. Most respondents managed a lot better following therapy
- Averaged over all the mental health professions, of the 426 people who were feeling very poorly when they began therapy, 87% felt very good, good, or at least so-so by the time of the survey. Of the 786 people who were feeling fairly poorly at the outset, 92% felt very good, good, or at least so-so by the time of the survey. These findings converge with meta-analyses of efficacy (Lipsey & Wilson, 1993; Shapiro & Shapiro, 1982; Smith, Miller, & Glass, 1980).

Psychotherapy Efficiency and Altered States of Consciousness

The correlation between the efficiency of psychotherapy and altered states of consciousness is a major point of interest to me. Following my personal experience as a client of psychotherapy, I came to believe that being in a meditative, relaxed state during the therapeutic session enabled deeper work and helped bypass some rationalizations and rejections of therapeutic steps. It is my belief that this allowed consciousness to expand and, thus, promoted a positive change.

Assuming there is an objective method to measuring the efficiency of psychotherapy, it seems as if this pragmatic approach faces a challenge when dealing with techniques that invite the patient to transcendent experiences. Do the rules of the non-spiritual world also apply in these cases as well?

I propose a pragmatic and grounded approach: precise evaluation, the basic means of research, shall also be applicable to the spiritual world. A real spiritual process is a healing one, helping one transform feelings of fear to those of love, from despair to faith, from pain to joy, from complaint to gratitude, from loneliness to union. These are all-evident in one's energy, state of health, emotional welfare and personal life, and can therefore be questioned, observed and measured.

Measurement Status

MacDonald & Freidman (2002) suggested the following regarding the status of quantitative assessment as related to spirituality and humanistic/transpersonal psychology:

In general, humanistic and transpersonal psychologies have eschewed the use of objective tests, formalized assessment, and conventional empirical research methodologies on the grounds that they are reductionist and unable to do justice to the inherent richness, complexity, and often ineffability of subjective human experience. With time, methods have been advanced, providing greater accessibility to the lived world of experience, being more consistent with the underlying worldview and values promoted by third and fourth-force psychologies. We have observed a virtual absence of shared measures and/or methodologies across investigations. (p. 104)

In recent years, interest in spirituality has been increasing among scientists, practitioners and laypersons. As a function of this interest, there has been an impressive rise in the number

of studies appearing in the literature. However, in this age of acceptance and exploration of ideas once taboo in empirical traditions, a time where one would assume that humanistic/transpersonal psychology should be serving a leading role, what in fact is happening is that these psychologies are becoming marginalized and even excluded from scientific developments due to their lack of commitment to recognized psychological research methods. It is our sincere hope that investigators take heed of the arguments and information presented here and make strong efforts to have humanistic and transpersonal psychology placed back in the forefront of spirituality and consciousness studies. (pp. 122-123)

Without significant energy being directed at demonstrating the validity and usefulness of [relevant] theory and associated practices, [humanistic and] transpersonal psychological practice can be seen as being in an increasingly defenseless position relative to the larger psychological and scientific community, since...practitioners are not making satisfactory attempts at being accountable for the quality and effectiveness of their work to their clients, their profession, and their science. (p. 106) I can only join this calling.

ASC Psychotherapy Effectiveness – Research Results

What is the contribution of ASC to psychotherapeutic efficiency?

As therapists, we know how difficult it is to change one's concepts and beliefs, which have been strongly woven into one's mind and body, and have become well protected behind walls of defenses. The following paragraph suggests that our work and clients' processes might be enhanced with informed use of ASC.

Although not systematically and scientifically proven yet, some important conclusions can be drawn from completed research. The following are a few of those conclusions:

- Peres, Simão & Nasello (2007, in Rodrigues, 2010) assert that the use of modified states of consciousness in therapy is highly relevant as it promotes both voluntary and spontaneous recall of traumatic memories, and can also help reframe them in more positive ways.
- Different states of consciousness may lead to new perceptions of the same phenomenon, and so to new more favorable emotional states for coping with or overcoming difficulties and suffering in the psychological ambit (Dietrich, 2003 in Peres, Simão, & Nasello, 2007).
- Tart et al. (1990, as cited in Peres, Simão, & Nasello, 2007) and Metzner (1995, as cited in Peres, Simão, & Nasello, 2007), studied ASC and its use in psychotherapy, demonstrating that experience of such states has influenced changes in behavior. Several researchers showed that using ASC in the perception of mental images may be an effective tool for forming new patterns of thinking, feeling and behaving (Kasproff & Scotton, 1999 in Peres, Simão, & Nasello, 2007).
- Meditation brings about cognitive shifts that can be translated to behavioral changes, increased introspection and self-regulation. Through its capacity to awaken altered states of consciousness, meditation may profoundly reorient an individual's identity, emotional attitude, and sense of well-being and purpose in life. In most systems, the ultimate goal of meditation is to evoke the higher potentials of consciousness and experiences of a spaciousness beyond the cognitive structures and constructs of the self that conventional psychotherapy seeks merely to modify (Bogart, 1991).

The Flexible Mind

How can the contribution of ASC to psychotherapy efficiency be explained?

We may say that ASC promote ego receptivity, a term defined by Erika Fromm as “fading of our general reality orientation to the background, therefore allowing for greater openness to experiential learning arising both from within one’s self and from outside” (Fromm & Nash, 1997, p.248, as cited in Rolef Ben-Shahar, 2010).

Neuropsychology attempts to track the neurobiological aspects of psychological changes. In such terms, then, ‘ego receptivity’ might be cultivated by ASC, perhaps by the brain’s capability to change structure throughout life, allowing new ideas and perceptions to be engraved as a part of one’s personality.

Recent research showed that the brain has the capability to change structure not only during infancy and childhood but also during adulthood. In his book *The Brain That Changes Itself*, Norman Doidge (2007) explained the idea of neuroplasticity and demonstrated how people were able to re-structure the neurological web in their brains, thus healing from obsessions and traumas by the power of their thoughts. Neural plasticity is the brain’s ability to modify its cognitive schemas, its mental organizing system.

Doidge wrote:

- The brain is a far more open system than we ever imagined, and nature has gone very far to help us perceive and take in the world around us. It has given us a brain that survives in a changing world by changing itself.
- Analysis helps patients put their unconscious procedural memories and actions into words and into context, so they can better understand them. In the process they plastically re-transcribe these procedural memories, so that they become conscious explicit memories, sometimes for the first time, and patients no longer need to ‘relive’ or ‘reenact’ them, especially if they were traumatic. (pp. 229-230)

Findings such as these may ascertain that long-lasting immanent change can be achieved.

Body Psychotherapy, Consciousness and Spirituality

Body – Mind – Spirit

As a body psychotherapist, I am a great believer in the body, in its intelligence and wisdom, acknowledging the role it plays in mental and emotional processes, and trusting the intuition and vast knowledge, which arise when focusing on bodily sensations.

Why is the body absent from major parts of this paper?

The inclination of this paper is towards the brain, as it is referring to scientific research which until recently identified consciousness with the brain.

The following section presents a wider view about consciousness:

- For the medieval philosopher Spinoza, the mind is the body as sensed, as being aware of, as being thought of. The body is an object of emotion, consciousness and thought (1996, לבן שולמ).
- Butto (2008, בוטו) expresses Reich’s position of functional identity, i.e. that body, mind and soul are different expressions of the same energy (orgone), while differing in their vibrations. High vibrations include the lower ones, so everything that happens to the human body is previously encoded in the psyche.
- Deepak Chopra (2004) reiterated: “Although completely invisible, the body’s wisdom is undeniably real—a fact that medical researchers began to accept in the mid-1980s” (p. 9). He further explained that while it was previously assumed

that intelligence is a unique attribute of the brain, recent evidence has indicated an intelligence in the immune and digestive systems. Actually, cells precede our thinking by about a million years. Their wisdom, more ancient than the wisdom of the cerebral cortex, can be seen as the best model of the universe.

- In his uniquely decisive style, Ken Wilber (2011), elucidates: Each state of consciousness has a corresponding body that is “made” of various types of gross, subtle, and very subtle energy (or “wind”), and these bodies or energies “support” the corresponding mind or consciousness states. In a sense, we can speak of the gross bodymind, the subtle bodymind, and the causal bodymind (using “mind” in the very broadest sense as “consciousness”). The important point is simply that each state of consciousness is supported by a corresponding body, so that consciousness is never merely disembodied. (p. 1)

Shall we Embrace ASC?

Are we, as body psychotherapists, well enough informed and sufficiently trained to deal with ASC, other than being able to apply grounding techniques? And if not, should we be? Shall we embrace ASC? What is the loss in not doing so?

This paper contends that:

- ASC are very accessible, and are actually commonly around us.
- ASC are a key aspect to an exploration of a whole new world by the client.
- ASC promote profound changes in perception, personality, emotions and more.
- ASC constitute a neutral modality, with no particular ideas or conceptions attached.
- ASC are regularly triggered in bodywork.
- Since we may, and actually do encounter our clients (who, ostensibly, undergo spiritual experiences) under different realms of consciousness, we should be better aware of their occurrences and implications, and thus prepared for their presence. Conversely, we may be insecure during such an encounter and thus hinder a potential therapeutic expedition. If the client’s experience is to find the therapist astonished, there is a potential risk of shutting off a delicate and deeply curing process that might have otherwise commenced.

The pressing question is whether we can afford to bypass this important process; I believe we cannot.

Rolef Ben-Shahar (2008) writes that all affect-based psychotherapies incorporate forms of ASC, whether induced formally or occurring spontaneously. Many techniques and skills in body psychotherapy involve the use of trance-like states (Ben-Shahar, 2008). It is my belief that a methodological exploration of altered states of consciousness in body psychotherapy is called for.

Body Psychotherapy utilizing ASC techniques

ASC-related methods are commonly identified with Jungian analysis, hypnosis therapy and transpersonal psychotherapy. Stanislav Grof’s Holotropic Breathwork is the leading transpersonal modality involving ASC; nevertheless, it is not always necessary. As Woolger says, “Simply closing one’s eyes or paying attention to a part of one’s body, a mental image or a phrase is enough to put many people into a light trance” (1999, p. 92).

The following are a few body-oriented psychotherapy modalities which make a proactive and conscious use of ASC:

- ‘Minimal Cue’ hypnotic process — where physical cues such as blinking, breathing, twitching or anything that happens naturally are conveyed to the client, either verbally or non-verbally, facilitating a profound inner focus, a trance. The responses described to the client are mostly somatic or semiconscious, mediated by the autonomic nervous system (ANS), which plays a major role in arousal, tension and stress (the sympathetic branch) and in relaxation (the parasympathetic branch). When a client relaxes into a trance, the parasympathetic branch of the ANS predominates, with evident physiological signs of relaxation, correlating with alpha brain wave rhythms. The healing potential of controlling ANS functions is immense (Rolef Ben-Shahar, 2002).
- The ‘Christos’ Procedure — though not developed in the psychotherapy arena, the technique which was introduced by G.M Glaskin in his novel *Windows of the Mind: the Christos Experience* involved body-mind work and attempted to create profound ASC experiences. It consists of five stages: In the first, the client is given foot and forehead massages. In the second stage the client is requested to visualize his feet and head stretching and shrinking and then asked to visualize his body expanding outwards in all directions, like an inflated balloon; it may assist the client to sense his body as a fluid substance, free from normal physical restraints. In the third stage, the client is required to vividly visualize a scene. In the fourth stage, the client is requested to feel suspended in space, while his surroundings alternate from light to dark and back to light several times. The purpose of these stages is to lead the client into a state of a “blank mind” and reduce his association of ‘self’ with the body and physical environment (McIntosh, 1979).
- Integrative Body Psychotherapy (IBP) — integrates the body, mind, emotions and spirit, by unifying varied approaches, including psychoanalysis, Reichian therapy, Bioenergetics and transpersonal psychology among other practices. It aims to facilitate a transformation of consciousness at the core of being (IBP Institute, 2012).

‘Minimal Cue’ — Excerpt From a Therapy Session

The following account from a therapy session is an example of ASC induction using the ‘Minimal Cue’ method. In this case, ASC were used to help the client develop the capacity to focus on somatic sensations and tolerate touch as part of an intimate relationship. Although the client longed to feel the magic of touch and orgasm, touch and pleasure were not tolerated and usually triggered a freezing reaction.

Previous experiences of focusing caused the client discomfort and distress, leading to a sense of sadness and mild depression; experiences of bodywork in therapy were devaluated and referred to as “functional” or “pain relief” touch, in spite of the good therapeutic relationship and trust. Emotional expressions and dialogues were also disliked and defined by her as “tacky”.

During the application of ‘Minimal Cue’, the client was comfortably reclining, as I held her palm. I reflected on the changes taking place in her breath and rest of the body. I used affirmations related to interpersonal aspects, while refraining from emotional discourse. Unlike any previous focusing or touch experiences, this process lasted for 45 minutes (longer than planned, encouraged by the client’s surrendering), while the client succeeded in staying attentive with the bodily experience ‘here and now’.

I believe that a few key elements enabled my client to sustain the experience: the

altered/more suggestive state of consciousness, the simple and stable static touch, the fact that the touch had a spoken component and therefore was perceived as “legitimate”. In addition, my reflections fulfilled a mediating role, bridging across the client’s inability to track bodily sensations solely by herself. My active presence helped her feel secure, and she succeeded in tolerating and enjoying the situation.

The presented process included three spontaneous stages of deepening into ASC and bodily sensation, followed by a long stage devoted to the separation act— the separation of our palms and the departure from the intimate sacred space created between us.

The following is a short excerpt demonstrating the method of inducing ASC through ‘Minimal Cue’:

- Therapist (T): “We are in eye contact, your fingers hold mine tightly...I feel a twitching in your thumb muscle.”
- Client concentrating on the sensation in her palm: “Now I can feel it. It’s like an embryo heartbeat,”
- T: “There is some tension and slight shivering in your jaw. Your eyes gaze into space. Your blinking is becoming faster.”
- Client: “I actually feel tension in my eyes”, and then shuts her eyes.
- T: “You are welcome to relax even more... Your breath quieted, your body is heavily resting.”
- T: “Our hands are together, with a steady warmth. It’s a trusted touch, therefore it’s possible to relax into it.”

The client’s fingers loosen their hold, the breath is quiet, her eyelids move and spread apart slightly.

- T: “Allow yourself to let go into this touch, into our relationship. I’m with you and you are safe with me. Let me be with you while you are in a relaxed state.”

Her belly puffs up, the relaxation deepens, the eyeballs move like in REM sleep.

- T: “The situation is nice and cozy, releasing. It feels natural to be with someone without talking, just a simple being. Our palms resting together, with no effort, in complete relief. The mind is somewhere else and the body is allowed to be with another body and share an intimate space. Through our palms blood flows, blood that becomes a joint blood, one cell associating with another cell. I am not sure anymore where the boundaries of my hand end and where yours start. Our connection is enabled in a deeper sense than ever.”

As the process ended, the client’s eyes were shiny, her nostrils widened, her lips swollen and moisturized, indicating an expansion in her physiology; a reaction opposite to her habitual freeze.

In summary, the experience included: bodily sensation awareness, therapist reflection and verbalization within an intimate-relationship context. It was a positive experience, experienced within a relaxed, non-ordinary consciousness state. I believe that such a complete experience, in full awareness, has a greater chance of immersing itself in the nervous system, changing the neurological web and bringing forth a deep change. The process also included highly important attachment aspects that will not be discussed in this framework.

Body Psychotherapy and Spiritual Experiences

If we accept the potential link between states of consciousness and the extent

of openness to the influence of spiritual powers, as well as the idea of intelligence/consciousness that exists in the body's cells, we may also accept the notion that the body may connect us to universal consciousness. If we acknowledge the assertion that many of the body-oriented therapeutic methods may induce ASC, that ASC promote experiences which are beyond time, space or ego, and that ASC are a gate to spiritual realms, then we may realize that body-oriented psychotherapy triggers spiritual experiences and "touches" various ontological spheres.

In the transpersonal field, there is a major discomfort inherent in the absence of the body:

The unexamined assumption of a mind-body dualism limits transpersonal psychology in addressing psychosomatic conflicts that frequently take place in spiritual awakening, and prevents a dialogue between this discipline and others studying human consciousness. The welcome departure from dualistic thinking (as in Cortright, 2007) needs to be grounded in the transpersonal theory of the human subject. (Louchakova & Lucas, 2007, p. 6)

An unexamined assumption of a spirit-body dualism may similarly limit body psychotherapy in addressing spiritual awakenings that may take place in the context of body-centered methods.

Psychotherapy and Spiritual Growth

It is my understanding that some levels of well-being and parts of our souls cannot be reached unless some spiritual growth has been achieved. Furthermore, since some of the issues that clients face are existential in nature, spiritual ideas and growth may offer a true relief. Transcendent experiences, which are experienced naturally, can be referred to as an expansion of the idea of "knowing thyself" into domains which are not continually reached. I would like to suggest that boundaries between psychotherapy and spiritual growth are amorphous by nature, and therefore cannot be clearly defined.

Louchakova (2004) reported research on "more than 500 informants over the period of 15 years", which shows that spiritual experiences do not stand isolated. They are accompanied by necessary psychological, and even physical changes. A complete picture consists of a slow, gradual, life-long process of psycho-spiritual transformation, involving stage-specific correlations of individuation, religious/spiritual experiences, modalities of embodied awareness, changes in perception, self-awareness, self-identification, values, attitudes and character structure. It is the overall life-long change in the self" (pp. 9-10). Louchakova also referred to the increasing demand for spiritual support as part of therapy: "The growth of requests for spiritually competent therapy and counseling support the fact that this process is much more common in the general population than we generally think. The majority is in need of a longitudinal non-pathologizing growth-oriented counseling, incorporating dimensions of spirituality. Something our 'civilized' western culture is yet unable to provide" (p.10).

How do we therefore position ourselves towards this need of our clients, a need which cannot be separated from their psychological growth and well-being?

What did Reich say about it?

The following are a few citations by Wilhelm Reich from his book *Ether, God and Devil* (1973), depicting a holistic spiritual worldview that he conceptualized from his research.

Reich, the scientist, does not conceal his ontological conclusions behind scientific terms, but rather dares to correlate his scientific findings with certain spiritual/religious ideas:

Now, the boundaries separating religious belief and pure reasoning have been crossed, or rather wiped away by orgone research. (p. 170)

Orgonomic research had broken down completely the boundaries between the bio-energy and the astrophysical realms. (p. 166)

One can easily switch over from pulses in the living organism to the same type of pulses in the atmosphere... There is no longer any barrier between a human organism and its cosmic environment, which of necessity, is and always has been its origin. (p. 167)

DeMeo (1998) explained that Reich's bioelectrical experiments proved that human emotion, sexual excitation and orgasmic discharge were measurable phenomena. What at first appeared to be only "bioelectricity" was later clarified by Reich as a much more powerful bioenergetic force—a form of life-energy within living organisms, which can be observed in the microscope as a bluish-glowing field around living blood cells and other substances. The bluish-glowing energy, named orgone energy, was later observed as a blue-glowing aura-like phenomenon radiating from animals and people, from trees and mountain ranges, as well as existing in a free form within the atmosphere. DeMeo (1998) also stated that Reich wrote about an "envelope" of blue-glowing energy surrounding the Earth long before the first satellite photos confirmed it.

Reich specifically asserts the concept that life-force energy actually has a direct link to the sublime, to God:

As is well known, the spirit, the soul, the 'something' within man that feels and cries and laughs and loves and hates appeared to be connected with an immaterial world spirit; it represented in more or less clear terms man's connection with the creator of the universe, with 'God'. (p. 174)

Reich clearly states that the body and spirit are one, and that the orgasmic longing is actually a longing for the sublime— what existed before man— the Universal Spirit:

It has been suggested that man's orgasmic longing is somehow pointing towards cosmic functions. ...It was pointed out and emphasized that the orgasmic longing of man, including all of its disguised expressions such as mystical ecstasy, cosmic longing in puberty, etc., seems directed towards a basic function that precedes and includes the orgasmic discharge: SUPERIMPOSITION. The longing for the genital embrace is profoundly expressed in the belief in a "universal spirit", in "God", the "creator". (p. 179)

Reich also deals with the impacts of the mind on physical occurrences:

Mere reasoning seemed to have corroborated such close interrelation between "mind" and "universe". Orgonomy has contributed some major insights into this riddle by disclosing the transitions from reasoning to emotions, from emotions to instincts, from instincts to bio-energetic functions, and from bio-energetic functions to physical. (p. 169)

Reich came up with functional and systematic explanations for transcendent and spiritual concepts. According to his paradigm and research, Body-Mind-Soul share a functional identity and are a united and coherent functional system, but he found himself expelled. Reich (1973, p. 6) wrote, "Without wanting to, I found myself outside of limits." A question to be asked is how much of his work is yet outside of the limits of body psychotherapy.

It happens not too often that the dots get connected, forming something whole, and pieces of notions are united into a complete, coherent concept. Reich has achieved this feat through his lifelong dedication to profound inquiry. I believe it would be to our benefit to incorporate more aspects of Reich's ideas— particularly the spiritual, cosmic aspects— thus allowing ourselves to enjoy the full wealth of the ideas he offers.

What Is Our Stance?

Shall we segregate body psychotherapy from spirituality? Can we do so? What is the price of doing so?

In my body psychotherapeutic training there was a stern division between body psychotherapy and psycho-spiritual aspects, a separation which made me believe that I should choose between the two and define myself as either a body psychotherapist or a transpersonal therapist.

After looking into some of the transpersonal concepts, I felt uneasy with some of the ideas of transpersonal psychotherapy, and my dilemma was how to reconcile my wish to support the full spectrum of my clients' development (and thus exclude neither spiritual experiences nor spiritual development from the clinic) and my desire not to give up on body-work. I wondered, can I possibly simply embrace spirituality according to the body-oriented, psychodynamic approach? My answer was affirmative.

Many schools of psychology, Scotton (1996) astutely comments, "adhere to an unnecessarily restricted view of the psyche [and refuse to] work therapeutically with spiritual experience and experiences of non-ordinary reality" (Lukoff & Lu, 1996). The journey of revelation I had to go through made me wonder about the "official" body psychotherapy standpoint.

Is body psychotherapy one of the schools that refuses to work therapeutically with spiritual experience?

I wonder why spirituality is treated differently than any other human-developed domain? My sincere belief is that as the school of thought, which struggled for the union of body and mind as well as for the inclusion of the body in the therapeutic alliance, it is the role of body psychotherapy to take one further step and promote the spirit's embodiment in western culture. Otherwise, spiritualism is left ungrounded, subject to the exploration of the intellectual and theological fields only. When spirituality is yearned for but only conceptualized, transpersonal bypass may easily occur. However, when refraining from segregating the body from the spirit, and using embodied sensations throughout, processes may sustain a greater inner truth, which is often far less convenient than an escape to denial or intellectualization.

Spirituality-Enabled Psychotherapy

Does the possible involvement of spiritual materials and experiences at the clinic turn it into spirituality-focused therapy?

The purpose of psychotherapy is not spiritual coaching or converting. Primarily, therapy is targeted to help the client with the issues with which s/he struggles, with the specific goals that jointly set and support clients in diverse psychological and spiritual stages. However, the idea presented here is to enable spiritual materials and issues to surface, in a similar way to any other issue that is brought up in the clinic, such as one's body image or sexuality. For this type of surfacing to take place, several conditions are

necessary: (a) the spiritual domains are opened within the therapist, in accordance with his/her own spiritual state and personal tendencies; (b) the therapist decides that the subject of spirituality is at all within the boundaries of psychotherapeutic work; and (c) the therapist is sufficiently informed and capable of adequately handling spiritual content that is brought up in the clinic.

Summary

This paper explores evidence for the notion that psychotherapy which involves altered states of consciousness might have a great potential to propel deep and thorough changes in clients' personalities and lives. The connection between altered states of consciousness, changes in consciousness, spiritual experiences and bodywork has been shown, suggesting that body psychotherapy cannot segregate itself from potential spiritual growth, which is woven into psychotherapy. A fuller discussion on the definitions of 'spirituality' and 'transpersonality' is beyond the scope of this paper, as is a discussion of the concepts related to transpersonal psychotherapy and spirituality-enabled psychotherapy, and the implications of spirituality on clients and therapy.

Spirituality-enabled body psychotherapy is the direction towards which I foresee my clinical practice heading. Therefore, I will continue my search for a wide-horizons therapeutic model, to promote healing in a plentitude of dimensions in an efficient and effective manner. Alongside studying existing integrative modalities, I wish to continue exploring and practicing methods that apply to concepts I find engaging and relevant.

Personal Note

I would like to share a personal hope:

If only each one of us would aspire to reveal, dare to search,
and then dare find his inner latent potential.
If only each one of us would dare fly high beyond the collective consciousness
and all together, we'll raise it.
If only each one of us will obtain the conditions for self-fulfillment;
but so long as it is not commonly so, may we, therapists, be the spearheads to support it,
like our predecessors, philosophers and shamans.
It all depends on us, on each and every one of us —
let's set ourselves to move forth, keep moving along the path,
acknowledging the power as well as the responsibility ahead of us.
Together we can make it happen.

"Love is the way, Happiness is the sign, Light is the goal."
Nader Butto (אורב, 2008, p.533)

In case the call presented here appeals to you, you are welcome to share it with me, as I believe in the power of the group to drive and sustain a change.

I wish to thank Dr. Asaf Rolef Ben-Shahar for his review and helpful remarks on this paper.

BIOGRAPHY

Rachel Shalit is a wife and the mother to three teenage boys, as well as a graduate of the IDF computer academy with a lifelong managerial career in IT business. Currently, she fulfills a consultant position for organizational change management, work processes and methodologies. She holds a BA in humanities and history of art. She is a certified holistic body psychotherapist, having completed the five-year certification program at Reidman College. For the time being, she combines both IT and therapeutic work and continues to specialize in psycho-spiritual therapy and parenting training. She is interested in cooperation opportunities in psychotherapy-related research and theoretical conceptualization, and welcomes feedback and contact.

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REFERENCES

- Becker-Blease, A. K. (2004). Dissociative states through New Age and electronic trance music. *Journal of Trauma & Dissociation*, 5(2), 89 - 100.
- Bennett-Goleman, T. (2001). *Emotional alchemy: How the mind can heal the heart*. New York: Three Rivers press.
- Bogart, G. (1991). Meditation and psychotherapy: A review of the literature. *American Journal of Psychotherapy*.
- Chopra, D. (2004). *The book of secrets: Unlocking the hidden dimensions of your life*. New York : Random House Large Print.
- Cunningham, P. F. (2011). *A primer of transpersonal psychology*. Retrieved from <http://www.rivier.edu/faculty/pcunningham/Research/default.html>
- Cunningham, P. F. (2011). *Transpersonal therapy*. Retrieved from http://www.rivier.edu/faculty/pcunningham/Research/Chapter_12_Transpersonal_Therapy.pdf
- Davis, J. (2003). An overview of transpersonal psychology. *The Humanistic Psychologist*, 31(2-3), 6-21.
- DeMeo, J. (1998, July). Wilhelm Reich's discoveries. *Lithigraph*.
- Doidge, N. (2007). *The brain that changes itself: Stories of personal triumph from the frontiers of brain science*. USA: Penguin Books.
- Freud, S. (1914). On narcissism. In J. Strachey (Ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (1957 ed., Vol. 14, pp. 67-102). London: Hogarth Press.
- Frith, C. (2007). *Making up the mind: How the brain creates our mental world*. UK: Blackwell Publishing.
- Fromm, E. (1956). *The art of loving*. New York: HarperCollins Publishers.
- George, B. C. (2000). *ABRAHAM MASLOW*. Retrieved from <http://webpace.ship.edu/cgboer/maslow.html>
- Grof, S. (2007). *Theoretical and empirical foundations of transpersonal psychology*. Retrieved from <http://www.stanislawgrof.com/pdf/FoundationsTP.pdf>
- Grof, S. (2008). A brief history of transpersonal psychology. (H. Friedman, Ed.) *The International Journal of Transpersonal Studies*, 46-54.
- IBP Institute. (2012). *About IBP*. Retrieved from <http://www.ibponline.org/>
- Jackson, P. A. (1996). *Stanislaw Grof's Holotropic Therapy System*. Retrieved from <http://rebecoming.org/app/download/1552073504/Jackson.pdf>
- Kokoszka, A. (2007). *States of consciousness*. New York: Springer.
- Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. 4(38), 357-361.
- Leary, T., Metzner, R., & Alpert, R. (1995). *The psychedelic experience: A manual based on the Tibetan book of the dead*. New York: Citadel Press.
- Louchakova, O. (2004). Awakening to spiritual consciousness in times of religious violence: Reflections on cultural and transpersonal psychology. In J. D. Lorrimer (Ed.), *A Way Through The Wall: Transpersonal Approaches to the World of Today*. Corpus Publishing.
- Louchakova, O., & Lucas, M. K. (2007). Transpersonal self as a clinical category: Reflections on culture, gender, and phenomenology. *Journal of Transpersonal Psychology*, 37(2), 111-136.
- Lukoff, D., & Lu, F. (1996). *History of Transpersonal Psychology*. Retrieved from <http://meridianuniversity.edu/chtp/html/Transpersonal%20Psychology.htm>
- MacDonald, D. A., & Friedman, H. L. (2002, fall). Assessment of humanistic, transpersonal, and spiritual constructs: State of the science. *Journal of Humanistic Psychology*, 42(4), 102-125.
- Mulhauser, G. (2010, December 10). *Theory and research in counselling and psychotherapy - general and comparative*. Retrieved from <http://counsellingbooks.com/bibliography/theory-and-research/general-and-comparative.html>
- Pace, P. (2003). *Lifespan integration: Connecting ego states through time*. Roslyn, WA: Peggy Pace.
- Peres, J. F., Simão, M. J., & Nasello, A. G. (2007). Spirituality, religiousness and psychotherapy. *Revista de Psiquiatria Clinica*, 34(S1), 58-66.
- Pierrakos, E. (1990). *The pathwork of self-transformation*. USA: Bantam Book.
- Reich, W. (1973). *Ether, God and Devil*. New York: Farrar, Straus and Giroux.
- Rodrigues, V. (2010). On consciousness-modifying (transpersonal) psychotherapy. *Journal of Transpersonal Research*, 2, 44-61.
- Rolef Ben-Shahar, A. (2002, August). Hypnosis and bodywork – part II: Trancework in the Body. *Anchor Point*, 30-35.
- Rolef Ben-Shahar, A. (2008). Embodied trances, relational hypnosis. *The British Journal of Psychotherapy Integration*, 5(1), 17-29.
- Rolef Ben-Shahar, A. (2010). *Surrender to flow: A unifying theory of trance, relationality and embodiment*. Kailua-Kona: American Pacific University.
- Rolef Ben-Shahar, A. (2011). Salsa lessons and the emergent self. *The USA Body Psychotherapy Journal*, 10(2), 22-31.
- Schneider, K. J., & Leitner, L. M. (2002). Humanistic psychotherapy. In *The Encyclopedia of Psychotherapy* (Vol. I, pp. 949-957). New York: Elsevier Science/Academic Press.
- Seligman, M. E. (1995, December). The effectiveness of psychotherapy: The Consumer Report's study. *American Psychologist*, 50(12), 965-974.
- Thomason, T. C. (2010). The role of altered states of consciousness in Native American healing. *Journal of Rural Community Psychology*, E13(1).
- Vaitl, D. (2005). Psychobiology of altered states of consciousness. *Psychological Bulletin*, 131(1), 98-127.
- Walach, H. (2009). Narcissism –the shadow of transpersonal psychology. *Transpersonal Psychology Review*, 12(2), 47-59.
- Wilber, K. (2011). *A summary of my psychological model -- or, outline of an integral psychology*. (Shmbhala Publications) Retrieved from http://wilber.shambhala.com/html/books/int_psych_summ.cfm/
- Zohar, D., & Marshall, I. (2000). *SQ: Connecting with our spiritual intelligence*. New York: Bloomsbury Publishing.

Gender as a Relational Somatic Experience: How Psychotherapists Participate in Gendering Clients (An Experiential Conversation)¹

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“Power relations have an immediate hold upon it [the body]; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs” (Foucault, 1991, p. 25).

Abstract

This paper articulates a study of gender role-playing by a focus group of body-centered psychotherapists familiar with Relational Somatic Psychotherapy (RSP), in hopes RSP might offer a lens for helping clients understand their embodied gender experiences, and for helping clinicians understand how wittingly or unwittingly they might be participating in “gendering” their clients. That is, to whatever extent therapists are not aiming to help bring consciousness to a person’s sense of identity regarding gender (as with any other culturally reinforced identity), they might be colluding to limit it. A workshop introduction is articulated, followed by a review of gender literature relevant to psychotherapy, a description of methodology, results from the group’s role-play experiences, and suggestions for further study.

Keywords: gender, Relational Somatic Psychotherapy, masculinity, femininity, sexuality, clinical eros

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Introduction

Understanding the various experiences of living our various-gendered lives has fascinated psychotherapy since modern psychotherapy was imagined, certainly since Freud and his male protégés began interpreting the dreams of women. Today, even the most positivist neuroscience-based theorists agree that gender is not entirely a hard-wired biological given, but a combination of biological predispositions interfacing with relational experience (Schore, 2003). Even despite this assurance by Allan Schore, one of the standard bearers of neuroscience, there seems to be a remarkable absence of awareness, in clinical discussion both scholarly and casual, of what clients and clinicians actually mean when they talk about gender. In casual discourse, people seem to mean by the word “gender”, at one end of the spectrum, a person’s actual genital-identified sex, male or female, or, at the other, the extent to which a person’s manner—that is, behaviors, dress, emotions, attractions, thoughts and feelings—corresponds to a culturally-ascribed masculinity or

femininity: their “maleness” and “femaleness” (Moon, 2008a, 2008b, 2010). Confusing one with the other has long been considered an essential basis of gender oppression and wounding (Fine, 2010).

Thus the rationale arose for this paper describing the experiences of a small cohort of body-centered therapists talking about and playing with gender—one event in a larger grounded theory study asking how somatic psychotherapists understand and work with gender. The hunch here was that Relational Somatic Psychotherapy (RSP), as described by Robert Hilton (2007) and further articulated by Michael Sieck (www.threefoldway.com, 2007), might offer an incisive lens for helping clients understand their embodied gender experience, as well as for helping clinicians understand how they might be participating in gendering their clients—unwittingly to whatever extent they are unconscious of how the general culture does the same thing (Fine, 2010). That is, to whatever extent therapists are not aiming to help contextualize a person’s sense of gender identity (as with any other culturally reinforced identity), they might be colluding to limit it.

The core of my own understanding of gender is perhaps best articulated by Judith Butler’s (2004) definition, which she frames as an energetic behavioral pattern not contained or defined by sexual anatomy, brain construction, or even sexual behavior, but as relationships between masculine and feminine energy. She proposes, for example, that both heterosexuality and homosexuality may be understood as complementary attractions and behaviors between gendered (masculine and/or feminine) energies—rather than necessarily male or female bodies. In other words, gender is comprised of attractions and behaviors that are commonly experienced between both same-sex partners as well as contra-sex partners, independent of the genitally-identified sex.

To embody the theory in simple examples: A self-identifying heterosexual female might (sometimes or always) be sexually responsive to her male partner’s feminine qualities, including sexual behaviors commonly associated with the feminine, and likewise, inverting the sex and qualities, a self-identifying heterosexual male might (sometimes or always) be sexually responsive to his female partner’s masculine qualities or behaviors, such as, for example what one participant described as “taking the lead”. This responsiveness Butler identifies as homosexual. Similarly, a self-identifying homosexual female might be sexually responsive to her female partner’s masculine qualities; such a responsiveness Butler describes as heterosexual.

This paper analyzes an evening of role-playing by a focus group of four body-centered psychotherapists, two males and two females, their experiences of playing with gender roles and of one another’s responses. I imagine this paper enriching the conceptual groundwork for larger, more formal experiential investigations, in which participants will be able:

1. *to recognize* how their clinical choices might affect, expand, or constrict a client’s sense of choices regarding gender as an embodied experience;
2. *to learn* interventions that assist clients in becoming aware of where their bodies hold constrictions that limit emotional and relational resilience; and
3. *to practice* recognizing and working with the edges of their own counter-transference regarding gender and sexuality.

Because the focus is experiential, I have laid out in this paper an introduction for an experiential workshop, a review of contextualizing literature, a description of methodology, analysis of coded interview and focus group transcripts, and suggested methodology for further workshops.

¹ Winner of USABP 2012 Research Award

Workshop Introduction

What do we mean when we think gender? By “we” I mean those of us working as healing-facilitators. By gender—I’m not sure what I mean, or rather what I intend to convey to you, because my understanding of the term feels to me dependent on you—how you understand a word that is, like all words, after all just an abstract signifier that we must agree upon (Wilber, 1998). When I say “gender” out loud and let the word sail into the room, I hold onto a small, private feeling-sense of what I mean, but mostly I wait for the vibrations back from you. Do you squirm in your seat at the word? Do you square your shoulders and straighten your spine, cross or uncross your legs? Do you think: my sex, my genitals, the pitch of my voice, the tilt of my neck? That small, private feeling-sense of what I originally might mean is influenced greatly by you all the time. And that’s just my own private sense of the word itself.

When neuroscientist Allan Schore (1994) writes the word “gender” (p. 264) in reference to fetal brain anatomy, he seems to mean the defining features of male or female anatomy. He does not explain himself nor specify, presumably because he believes his meaning is manifest. When he is writing about brain tissues and hormones, I believe I understand what he means—that is, identifiable parts of the body. When he switches, however, and writes the words “psychological gender” (p. 264), then I am left to suppose he means a person’s psychological recognizability according to some unspecified qualities of the male or the female—that is, assumptions of what is culturally identified as implicitly masculine or feminine.

Is gender, then, the same as sex, and could Schore (2003) instead have written “psychological sex” to the same effect as “gender,” for the same meaning, and otherwise stick to “male” and “female”? Because he did not, it seems to me by gender he must mean something different from what is empirically measurable, as with the size of the hypothalamus. Otherwise, why, I wonder, use another word aside from sex? Just when I begin to believe I understand him, suddenly that difference—that specification of a person’s psychological identity regarding the archetypal masculine or feminine as opposed to their sex—goes unmentioned as if it is too obvious to consider. Or as if, wittingly or unwittingly, the difference is being overlooked. Yet what is actually involved, empirically speaking, in how a person feels or identifies or is perceived psychologically regarding gender? That is, how do we measure it, perceive it, communicate it, help to facilitate healing around it?

In *Delusions of Gender*, researcher Cordelia Fine (2010) identifies a phenomenon she calls “neurosexism” (p. xv), which seems to me is likely influencing the way the body-centered psychotherapy community might be answering the question—or not asking the question at all. By “neurosexism” Fine means that the amazing advances of neuroscience in the last twenty years have, unsurprisingly, taken on the mantle of the authority of science itself, the same realm which has, at least since the middle of the 19th century, been pronouncing scientific proofs of the inferiorities of the female brain. Fine points out that it’s not just psychology that’s infatuated with the authoritative words and ideas of brain-science. One poorly-vetted study after another, she shows—and she’s speaking of studies at the highest level of credibility—has slipped into mainstream culture again and again to once again support claims for gender inequality, under the new guise of accepting the so-called proof from brain scans that males are neurologically hard-wired to succeed better at some tasks, women at others. As she puts it in her introduction, “We have been here before, so many times” (p. xxii).

Relational Somatic Psychotherapy

There is, however, an answer to the question about how people identify with their gender qualities that is basic to relational psychology traditions, and, I think, useful in approaching gender as a clinical subject. Those traditions propose that we are comprehensively affected in how we feel—in fact, our sense of self is created—by how others feel about us, how they see us, and how they interact with us (Winnicott, 1971). Relational somatic psychology traditions, especially as articulated by Robert Hilton (2007), propose in addition that our bodies themselves are deeply affected by those same experiences—how others feel, see, and interact with us.

Accordingly, what I might understand by the term “gender” is now, suddenly, impacted by all the relational experiences I am having: how you are looking at me, assessing my body, its contours and movements, its draperies and ornaments, my voice, your guesses as to what I do with my body, socially and intimately—and how, as a result, we are now interacting (Grosz, 1994). And of course, my sense of myself and my sense of you, too, change according to your body: your contours, movements, voice, draperies and ornaments, my guesses as to what you do with your body; in other words, “gender” is how we are comparing ourselves to one another, and what meanings we make of the comparison.

The Native American Concept of Two Spirit

Now, I hold the belief that some of you are not like me. Perhaps some of you believe you have never in your life felt like what you sense a man feels like from the inside, physically, psychologically; some of you perhaps believe you have never felt like what you sense a woman feels like from the inside, physically, psychologically. On the other hand, some of you might indeed have a sense that you actually might know both feelings, and identify—like me—with the Native American concept of “Two Spirit”, an approximate translation of a term that is not translatable in European languages, because they create a vehemently binary and oppositional idea of gender: a person, an identity, a destiny, is either male or female, masculine or feminine, normal or deviant (Brown, 1997). In contrast, the scholars tell us, many Native American traditions evidently apprehended within a Two Spirit tradition a third and fourth gender (Roscoe, 1998)—and since the emergence of gay and lesbian Native American identities, even a fifth and sixth gender (Williams, 1986).

It seems to me that Two Spirit is an identity concept that honors the manifold polarities of masculine and feminine without getting as stuck as the European gender concept in a rigid adherence to the binary of male and female sex as the primary basis for a person’s identity. For the Navajo, the Two Spirits—their word for the identity label indicates “changing one” or “one who is transformed”—held a place in Navajo society as mediators, both spiritually and pragmatically (Williams, 1986, p. 120), and often as healers as well (Anguksuar, 1997; Balsam et al, 2004). This identity seems curiously close to a role that psychotherapists fill in dominant American culture. I wonder if the Two Spirit idea of holding open identity options beyond what mainstream culture now encourages might be a healing bridge between psychotherapeutic aims and the widespread phenomenon of gender wounding.

In February of 2012, for example, a long-term study from the *Journal of the American Academy of Pediatrics* articulated the idea that individually and culturally, Americans are all injured by narrow and rigid notions of gender. Here is how the online blog “Gender Spectrum” summarized the study, “Childhood Gender Nonconformity: A Risk Indicator for Childhood

Abuse and Posttraumatic Stress in Youth” by Roberts, Rosario et al.:

Limited binary notions of gender hurt all young people, regardless of their gender identity or sexual orientation. A new study published in *Pediatrics, The Official Journal of the American Academy of Pediatrics*, shows that one in ten children face elevated risk of abuse and PTSD due to gender nonconformity, noting that 85% of the study’s participants grew up to be heterosexual. (www.genderspectrum.org)

Given such a common phenomenon of gender wounding from cultural constrictions, it’s a curious fact that in the body-centered psychotherapy literature so far there has been virtually or perhaps literally no mention of facilitating healing from gender wounding. What I’d like to suggest is only a very slight extension of a concept central to the somatic psychotherapy community. That familiar central concept is this: our bodies are innately relational, our limbic systems create amazing communications and relationships, and relational wounds require healing through healing relationship (Hilton, 2007; Rosenberg, 1985). To extend that central concept of somatic psychology, I’d like to suggest the following: gender constrictions, adaptations, and wounding might be a central identity aspect useful to bring into wider clinical awareness for relational healing. Through offering a playfulness around gender, through experimentation, and through all-around mindfulness of the impact of gender constrictions, we might start a conversation about how clinicians might use our somatic relational capacity—our body-centered psychotherapy—to more consistently help people start to include awareness of possible gender wounding in their healing experiences.

Literature Review

Toward explicating such potential healing experiences, it seems there are four literature sources that must be integrated: the traditional background informing mainstream psychotherapy and gender, and somatic psychotherapy’s connection to it; the gender perspectives of neuroscience on which psychotherapy is robustly relying; a critique of the new monopoly of neuroscience; and a framework of Relational Somatic Psychology, in which the traditional archetypal understandings of gender and the enthusiastic assurances of neuroscience might be usefully integrated.

Freud—Jung—Reich—Lowen—Hilton

Freud. Freud’s ideas about gender—and particularly neo-Freudian representations of Freud’s ideas—still surely undergird much of contemporary mainstream psychotherapeutic understanding. What might be most useful to point out briefly here is how fully embodied his understanding of gender was, focused as it was on sexual aim, which he divided into the binary polarity of active/passive. “Active sexuality” is considered by Freud to be “masculine”, whether from a man or a woman, balanced, as Freud biographer Peter Gay (1988) writes, by a “femininity...essentially acquired by the successive renunciation of masculine traits” (Gay, p. 519). According to Freud, it is society, not nature, “that seeks to persuade men to adopt a [so-called] masculine [that is, active] conscious attitude and women to adopt a passive, or [so-called] feminine, conscious one” (as cited in Downing, 1989, p. 72). To my ear, that means adopting or renouncing the still ungendered impulse to want/reach/assert. For Freud, as Downing points out, bisexuality means “the availability of all subjects to both positions in relation to the difference” (p. 41)—in other words, being able to access the entire spectrum of reaching/touching/asserting and also its complementary receptive poles. Freud names

this subject as *sexuality* that later gender theorists such as Judith Butler (1990, 2004) now commonly identify as *gender*.

Even before adopting what Downing (1989) calls either a masculine or feminine “conscious attitude” (p. 41), however, even before awareness of a differentiated masculine/feminine, active/passive, or male/female, Freud sees the infant beginning, as Downing puts it, “with an undifferentiated sexual nature” (p. 41), really not bisexual, homosexual, or heterosexual. Those are categories of sexual behavior disguised as core identities, which, as Downing points out, were fabricated contemporaneously with Freud’s generation, an imagined, unhistorical binary based on the object of sexual attraction but conflated with supposedly innate connections to gendered characteristics. In fact, as Downing notes, “Freud suggests that our ‘primitive,’ infantile sexuality may be *homosexual* precisely because for the infant there is only *one* sex. Perhaps in all of us that early longing, innocent of sexual difference, persists as our deepest longing” (p. 50). Freud’s implication seems to be, to state it again, that gendered characteristics are acquired through cultural treatments of male and female identities.

If it is true that we all begin life with an original undifferentiated sexual impulse, then, according to such a theory, people are pressured to repress one side or another of their deepest longing (their bisexual natures, according to Freud’s posited binary). Freud posits that it is the repression of the homosexual, or rather, “contra-sexual” element of one’s original bisexual nature that is a central cause of neurosis and human unhappiness (Downing, 1989, p. 49; Freud, 1917; Isay, 1989). Women, Freud suggests, may have even more problems giving up that contra-sexual side of their nature, as the so-called masculine side they are being asked to give up (the side inverse to anatomy) is not only the “active” impulse that allows for agency in the world, but is also the “culturally privileged” side (Downing, p. 77). “Conscious confrontation” with this repressed part of our sexuality, Downing writes, “is to [Freud] a signally important part of a conscious, relatively whole life” (p. 67).

Jung. According to Jung, people become troubled when their momentary identification with an archetypal pattern becomes fixed and rigid instead of allowing it to move fluidly back into consciousness and choice (Jung, 1951). Regarding the archetypes of the gender binary, masculine/feminine, psychoanalyst Vittorio Lingiardi (2007) writes of the necessity of allowing for a certain fluidity (but not too much of it) in terms of holding “gender tension” (p. 318). Using Jung’s central metaphor of alchemy, Lingiardi calls such a practice of holding tension between gender dimensions “indispensable for avoiding the two underlying alchemical risks: oversolidification on the one hand, and overfluidification on the other” (pp. 318-19). In other words, to become over-identified with or possessed by one valence of an archetypal pattern (such as only Solid or only Fluid, only Masculine or only Feminine) is to become cut off from the energetic resources of its complement, impeding the progress of what Jung called “individuation”. The direction of individuation is away from undifferentiated collective identity and the mask of “persona”—and towards a self-aware manifestation of one’s own deepest authenticity (Jung, 1951).

Reich. Another of Freud’s protégés, Wilhelm Reich (1945), coined the term “body armoring” to mean the universal experience of various energetic constrictions due to muscular rigidities. These rigidities are created as an infant’s response to the conflict between what Smith (1985) describes as “instinctual demands...and the counterdemands of the social world” (p. 5). Reich meant not simply physical manifestations of psychic repression, but eventually a muscular protection, or armor, that becomes the body’s physical instrument of repression. In other words, from infancy onward, the body itself is actually shaped by what is culturally allowed and culturally proscribed in emotions and actions, initially and especially as a resolution

of sexual tensions within Freud's Oedipal triangle. Such armoring, as Reich's student Alexander Lowen (1980) explicated, accurately and specifically "reflect[s] the character on a somatic level" (p. 5). By addressing and releasing the chronic strictures of the body—comparable to repressed archetypal energy (Conger, 1988)—a person can thus reclaim lost resiliency, trapped energy, and negated aspects of the self (Reich, 1945).

Reich's (1945) divergence from Freud was based primarily on the idea that body armoring (and its psychological constrictions) can only be transformed through a full expression of a person's "natural sexuality" (p. xvii), rather than through what Freud (1928) framed as greater "control" (p. 217) of sexuality through psychoanalysis. Reich (1945) considered that only "full orgasmic gratification" (p. 5) allowed for such a liberation from body armoring and subsequent emotional stunting, and, further, that only penile-vaginal interaction allows for sufficient energetic interchange for the healing transformative potential of orgasm to be manifested. Even keeping in mind a historic perspective on this view, it might be useful to keep the quotation marks around Reich's term—"natural sexuality"—in order to most fully profit from two other core insights of Reich's work, the importance of liberating emotions through liberating the body, and the control available to a patriarchal culture when the sexuality of the masses is kept constricted and repressed.

Reich (1961) saw emotions as biological phenomena, caused either by pleasurable or unpleasurable stimuli:

Pleasurable stimuli cause an "emotion" of the protoplasm from the center towards the periphery. Conversely, unpleasurable stimuli cause an "emotion" -- or rather, "remotion" -- from the periphery to the center of the organism. These two basic directions of biophysical plasma current correspond to the two basic affects of the psychic apparatus, pleasure and anxiety. (p. 146)

It was Reich's (1945) great insight that governments could control the behavior of entire populations by restricting the awareness of the pleasure available to anyone through the unconstrained body. Conversely, in the decades since Reich's experiments with the electromagnetic measurements between penis and vagina, it seems an obvious matter of cultural relativity to suggest as Reich and loyal followers did, that "natural sexuality" equals (rather than includes) deep vaginal penetration by a penis (Baker, 1982; Reich, 1945). From a contemporary perspective, it seems strange that with Reich's (1945) great sensitivity to the oppressive perspectives of patriarchal culture, and awareness that it was hysteria in women that stimulated the emergence of psychoanalysis (Gay, 1988), that Reich himself did not question the assumptions of his empiricism regarding "natural sexuality". Contemporary re-examinations of gender such as the work of Lyndsey Moon (2008) that actually equate gender with emotion, might be key in re-translating Reich's insights for their continuing potential in psychic healing.

Lowen. The paradigm of body-armoring has in fact already been significantly extended into a conceptualization of gender by Reich's student, analyst, and theoretical heir, Alexander Lowen, founder of Bioenergetic Analysis, making Lowen another central patriarch of somatic psychology (Rosenberg, 1985). Lowen's work, especially *The Language of the Body* (1958), *Love and Orgasm* (1965) but also including the more general *Fear of Life* (1980) is an unprecedented compendium of observations about working somatically with symptoms that Lowen, like his mentor, locates as gender-relevant responses to homosexuality, or difficulties in accepting the roles of so-called natural gender. By contemporary standards, Lowen's gender assumptions, although inspiring as conceptual bridges between psyche and soma, can also be seen to presume an empirical objectivity that today looks culturally relative, and even radically subjective. Too easily, one may point to conclusions of Lowen's that seem blind to how symptoms are not

innate and universal, but idiosyncratic, and, more importantly, culturally inflicted.

Take, for example, a few brief quotations from *Lowen's Love and Orgasm* (1965), in which Lowen made the most sweeping and unfounded denigrations and assumptions regarding patients whose sense of gender identity did not correspond to what Lowen considered healthy and natural: "This is the homosexual problem: genital excitation in a body that is devoid of pleasurable feeling" (p. 76); "The problem of the 'butch' became clear to me in the treatment of a young woman who in physical appearance impressed me as resembling a gorilla" (p. 99); "Only through her vagina can a woman respond fully to a man...since the human male is endowed with greater muscular developments than the female, it can be assumed that the function of movement is more important in his nature than in hers" (pp. 168-169).

Even despite innumerable assumptions of objectivity that after half a century look to be culturally relative, Lowen's work comprises the most comprehensive application to date of Reich's somatic concepts towards a definition of gender: here is the body, here is a gender-specific meaning (though from one very subjective point of view). In addition, Lowen's work serves as an important historical marker for a moment half a century ago, when attention to the body-mind connection still dared focus explicitly on the questions implicit in the concept of gender and its long-unquestioned correspondence to genetic and genitally identified sex. After Lowen, there has been relative silence in the somatic psychology universe—until the advent of magnetic brain imaging of the 1990's, the new monopoly of neuroscience on psychology, and what Cordelia Fine (2010) coins as "neurosexism" (p. xv).

Perhaps clinicians whose careers have been based on Lowen's work might be hesitant to call attention to its radical pathologizing of homosexuality and of autonomous, active women. Still, Lowen's focus on gender as manifested in the body, both framed as "normal" and as "pathological", might still be considered a central building block for a new, integrated conversation about gender, the body, and psychotherapy. If so, it is possible that a major rapprochement and advancement might be navigated by re-translating Lowen's lifelong engagement with embodied gender into a language and a conceptualization more mindful of cultural relativism and inter-subjectivity.

Robert Hilton and Relational Somatic Psychology. In direct lineage from Reich and Lowen, Robert Hilton's work points to the necessary defensive adaptations that are made early in life, and the fact that the body is the place where these adaptations are lived out: how we breathe, move, hold ourselves. The "false self" contrived by an adaptation "pull[s] energy up out of the pelvis" (Hilton, 2007, p. 327) and away from allowing the body to be grounded and feel alive. Therefore any resolution must be a physical resolution, "a body resolution" (p. 327). The fact that an authentic self in an alive-feeling body, he explains, is "ultimately sexual in nature", is the very reason for a parent's rejecting "contempt and envy . . . to begin with, and it is the recovery of this aliveness that allows the original wound to heal" (p. 327).

Hilton (2007) points out that many kinds of therapies address either the intellectual identifying of such adaptations—the analysis, or meaning—or else only the body-energy trapped by the adaptations. Traditionally, he points out, most fail because they fail to help a person integrate both the meaning and the energy. Towards successful resolution, he proposes that three "events are required" (p. 321):

1. The early defense adaptations must be taken seriously.
2. The client must "identify with the contraction" (p. 321), by which I believe Hilton means the client must recognize in the present moment—the moment in therapy—that an adaptation is being activated.

3. “The therapist must contact and support the basic life force as it re-enters the environment” (p. 321).

This list is what Hilton (2007) calls “our job as Relational Somatic Psychotherapists” (p. 348)—to help people find, in their own bodies, the bridge back to our authentic life energies, our authentic self. Hilton’s one-time student and eventual editor, Michael Sieck (2012), further delineates the aims of Relational Somatic Psychotherapy (RSP) as helping to facilitate awareness of how “the internal dynamics by which limitation occurs quickly become invisible to the user and thus one ‘identifies’ over time with the personality patterns rather than realize that one is the human being expressing them” (www.threefoldway.com).

This RSP premise—that adaptations to psychic wounding become invisible and then confused with identity—closely matches the descriptions of how gender itself is constructed, installed, and maintained, as delineated by both traditional mainstream psychotherapy and by the inter-subjective theorists who base their work on neuroscience. For example, according to Schore (2003) and further articulated by Hilton (2007), differences in the brain create tendencies in the individual (aggression, say, or sensitivity), which are then met by the environment, and, for culturally determined reasons, are either welcomed or rebuffed (girls don’t shout; boys don’t cry; good girls are modest; good boys try to kiss girls), and the individual must adapt with a constricted version of the authentic self. I am curious to see how such a concept of “adaptation” might be applied more explicitly to an examination of gender, toward, as Sieck describes, “ultimately releas[ing] the bound energy to become more fully grounded in the authentic Here—Now Self” (2012).

Contemporary Neuroscience

Alan Schore. Alan Schore’s (2003) scholarship on affect regulation and dysregulation has been perhaps the most widely cited source of neuroscience research-based evidence for the theoretical soundness of somatic psychology (Fosha, Siegel, & Solomon, 2009). Schore describes gender and sex differences from the point of view that by both nature and nurture they are manifested in physical ways in the brain, and thus nature/nurture cannot be segregated. In other words, even the neuroscience perspective on gender that Schore describes as “fixed and irreversible” by 18 months (1994, p. 264) posits that much of what he calls “psychological gender” (1994, p. 264; 2003, p. 68)—evidently meaning gonadally instigated psychological characteristics—is actually established post-natally through social interaction. Thus, Schore’s perspective seems to accept the Freudian proposition that *gender is innately bisexual, by nature polymorphous and undifferentiated at birth*—as Schore himself described it, “The proposition, now accepted in gender research, that both sexes contain a feminine (and masculine) component of the personality” (2003, p. 267).

Simon Baron-Cohen. By contrast, British neuroscientist Simon Baron-Cohen (2007), supported by the new clarity and specificity of magnetic imaging (MRI) brain scans, has made a career of claiming new proof for the view traditionally argued by the most dominant voices in Western religion and science that gender is naturally dichotomized as masculine and feminine and directly correlated to biological sex, which is naturally, permanently dichotomized as male and female, with corresponding strengths ascribed to the male and the female mind (Fausto-Sterling, 2000; Fine, 2010). Gender, from Baron-Cohen’s (2003; 2007) perspective, is the natural, outer manifestation of the differences between the male and the female brain and body: a fixed, central, binary, biological truth about a person’s brain, mind, personality, and body. There are, according to the dominant interpretations of brain-scan images, male-type

brains and female-type brains, with concomitant (though varying) sex-specific specialties, styles, behaviors, advantages and deficiencies. He writes: “The female brain is predominantly hardwired for empathy. The male brain is predominantly hardwired for understanding and building systems” (2003, p. 1). Research and quantifiable measures, from this perspective, prove that males will mostly be what Western culture understands as men, females will mostly be what Western culture understands as women. Or further: by definition, a natural man is innately manly (good at systems) while a natural woman womanly (good at empathy). Here, as well, is neuropsychiatrist Daniel Siegel’s (2007) summary, implying a direct, fixed connection between biological structure and the meaning he ascribes to gender:

People always ask about gender difference, and so here is a general statement, biased in favor of both genders. Female brain development appears to involve more integration, with a thicker corpus callosum that connects the left and right hemispheres. The male brain can be said to be more differentiated, or more specialized, allowing the separate regions to work intensively more on their own. (p. 45)

To summarize the above perspective: recent neuroscience and the psychology based on it conclude that, allowing for variation and exception, brain structures define a person’s abilities as male or female, masculine or feminine, geared either for greater success in systemizing or empathizing.

Anne Fausto-Sterling. Anne Fausto-Sterling (2000), a “biologist and a social activist” (p. 5) delineates herself additionally as a scientist, historian, and “feminist Witness (in the Quaker sense of the word)” (p. 7). As such, she might be the most centrally poised spokesperson for an integrating articulation of feminist theorizing about the embodiment of sex and gender. Her integrative text, *Sexing the body: Gender Politics and the Construction of Sexuality* (2000) must influence any study of gender and somatic psychology. In that work, Fausto-Sterling (2000) asks the question somatic psychology might continue to investigate: “How do gender and sexuality become somatic facts?” (p. 235). Concerning the issue of male vs. female brains, for example, this biologist aligns with Donna Haraway (1986) in her perspective that “biology is politics by other means” (Fausto-Sterling, p. 255). Or, alternately: “Labeling someone a man or a woman is a social decision” (p. 3). And here: “Despite the many recent insights of brain research, this organ remains a vast unknown, a perfect medium on which to project, even unwittingly, assumptions about gender” (p. 118).

Neurosexism

Countering the claims that neuroscience has once again “proven” that women are not good at math, psychology researcher Cordelia Fine (2010) examines those claims in great detail, especially the scientific lapses in logic and methodology weakening most of the claims, which have nonetheless been widely disseminated into mainstream culture as supposedly new truths about gender. Her thesis, in *Delusions of Gender* (2010) is this:

Writers who argue that there are hardwired differences between the sexes that account for the gender status quo often like to position themselves as courageous knights of truth, who brave the stifling ideology of political correctness. Yet claims of ‘essential differences’ between the two sexes simply reflect—and give scientific authority to—what I suspect is really a majority opinion. If history tells us anything, it is to take a second, closer look at our society and our science. (p. xxv)

Not only does she reveal the methodological and logical flaws in Baron-Cohen’s (and many others’) central assumptions, but locates the assumptions in a larger frame about how and

why gender assumptions are created, and also why the dominant culture has been so quick to integrate the new supposed proofs of neuroscience. Essentially, her argument is that many so-called gender-neutral experiments ignore implicit, unconscious levels of “stereotypes...attitudes, goals, and identity” (p.4), ignoring methodological flaws concerning gender experiments in ways that she suggests would never be unnoticed, nor allowed to go unnoticed about other subjects. She points out, for example, that even the typical questionnaire beginning by asking people to check either the male or female box puts gender in mind, and creates a context for differentiation, and for activation of stereotypical expectations and roles.

Methodology

This qualitative case study was part of a more comprehensive grounded theory study investigating how somatic psychotherapists understand and work with gender clinically. My intention here was to create a model for an experiential workshop in which participants—mostly somatic psychotherapists—could feel safe enough to play with their own feelings around gender, primarily through simple active-imagination exercises, and simple dyadic and group interactions. Toward that end I formed a focus group of four body-centered therapists, long-time colleagues, two males and two females in their 50’s or 60’s. By way of orientation beyond the informed consents of a dissertation study, I described my intention to them to develop a workshop in which body-centered therapists could examine and discuss together how they might be influencing gender-based experiences in their interactions with clients. Because the participants knew and trusted one another, they were able to use the group’s dynamics to intensify clarifications and triangulations of points of view, and, I believe, largely avoid one of the potential deficits of a focus group, a suppression of authenticity due to social self-censoring (Willig, 2001).

I described my own role not as primary or sole researcher-writer, but mostly as fellow participant and initial coder of the participants’ transcribed descriptions of their experiences. I myself was familiar to each participant, and thus able to enhance the explicit reflexivity of the study by sharing my authentic observations in the moment and my personal connections to the material. After the data collection and focused thematic coding of the initial open-coded analysis, I was able to share emergent themes with the participants in dyadic interviews for further responses, corrections, clarifications, and emergent topics.

Procedures

For this focus group study, we met for two hours around a kitchen table, with an audio recorder in plain view on the table. In case props might enhance Winnicott’s (1971) imperative for playfulness, I put on the table some typically gendered attire and ornaments, such as baseball caps, false mustaches, wigs, clip-on earrings, costume jewel broaches, a feather boa. The participants were first invited simply to imagine themselves as different from their usual gender-identity, simultaneously noticing their own somatic responses. Next, they were invited to investigate the various gender-marker props. Subsequently, participants were invited to interact with a fellow participant, continuing to hold an imaginal shift of consciousness away from the usual identification of gender. Participants were next invited to add one of the props. Finally, in triadic role combinations of therapist, client, and observer, participants were invited to role-play a therapist-client interaction. The initial suggestion was that the participants in client-role might want to imagine themselves as men or women, whichever gender polarity

was less familiar to them. The role-play dyads were recorded, and afterwards all participants debriefed as a group on their various experiences. The recording was subsequently transcribed and open-coded for action-oriented descriptions (Charmaz, 2006) of what emerged. Emergent themes were shared with participants in follow-up individual interviews and subsequently developed into central themes.

Results

As soon as the gender-identified props were presented, the four participants quickly shifted into a playfulness with a strong flavor of hilarity. The first thing I noticed after the initial hilarity was that my careful protocol was quickly sidelined; the therapists began immediately playing with therapist-client dyads. I chose to follow their impulses rather than insist on my protocol, according to the suggestion of Cathy Charmaz (2006) to follow what emerges rather than force experiences into preconceived ideas. Although I had made the suggestion only that the client take on a gender identity different from whatever was usual, what actually happened was that participants in both roles adopted a gender-switched role.

Gender as Heterosexual Matrix

The central theme that emerged from the role-play presentations of gender was a clear example of what Judith Butler (1990) famously called the “heterosexual matrix”, a presumption that by (normal) nature, gender wants to express heterosexuality. She writes that such a matrix is a:

hegemonic discursive/epistemic model of gender intelligibility that assumes that for bodies to cohere and make sense there must be a stable sex expressed through a stable gender (masculine expresses male, feminine expresses female) that is oppositionally and hierarchically defined through the compulsory practice of heterosexuality. (p. 151)

In our focus group, the assumption was manifested by an impulsive, non-mediated expression of gender that was centrally connected to a presentation of heterosexual (contrasex) sexual attraction. In other words, gender role-playing a man (by a female therapist) was primarily manifested through obvious seductive energy toward a male participant role-playing a woman, and a male participant role-playing a woman conveyed “woman” primarily by showing seductive energy toward a man, manifesting a female to male heterosexual desire.

Gender as Stereotype

A second, related theme that emerged from the role-playing and subsequent discussions was the theme of gender as stereotype. To what extent the artificiality of the exercise was influencing the stereotyped response, and to what extent the subject of the role-playing was responsible was much discussed, but participants offered that at least in part, the subject of gender itself was potent enough to induce a reflexive stereotyped response. One participant connected the stereotyped response to gender scrutiny this way: “Well, that’s the trap of gender, if you just identify male or female with one polarity—it becomes stereotype. And then you can be controlled. ‘This is your purpose in life.’” In all the dyads, participants enacted, “gave into”, “fell into”, and were sometimes “appalled by” strong gender stereotyping that surprised the actors as the behaviors, language, and emotions emerged from their own bodies. “Wow,” said one therapist, “the first thing that comes out of my mouth is the extreme.”

Interestingly, the stereotypes tended to dissipate when the dyads were allowed to continue long enough for interchanges to emerge that participants described as “more authentic: moving through stereotype into authentic negotiation”. It came down to trust: once the nervousness dissipated, there was a growing sense of poignancy beneath the stereotypical behavior, as of an authentic relationship beginning to grow between the two sub-personalities of the pseudo-man and the pseudo-woman. When participants could feel into the “safety” of an authentic conversation, the sense of gender difference itself dissipated, even though the pseudo-identification with “opposite” gender was retained:

I felt that if you and I had continued, we would have had this very interesting meeting. That we were right at the beginning of that. It was like barfing out, ‘who was this person inside me!?’—Okay, I’ll be a fucking guy. ‘Hey bitch, you look pretty damn cute.’ . . . A lot of people don’t get beyond that first stage.

Gender as Boundary and Limitation

Participants described their experiences of their own temporary fabricated gender and that of others in terms of both boundaries and limitations: gender as what they felt expected or allowed or rewarded to do or not do; in other words, a boundary of “constraint”. Here again there was a shared confusion as to whether it was the exercise itself that was creating the sense of constraint, or the subject of the exercises. The invitation was to play at imagining/experiencing a dyadic partner as another gender, and/or to play at imagining/experiencing oneself as another gender, but the participants inferred more of a mandate to be dramatic, or to leave behind authenticity entirely. One participant said, “I have 64 Crayola crayons, and you’re only giving me three, and you’re saying now, be this other thing.” When I asked what message was conveying “be this other thing”, the participant answered, “Just asking us to play with gendered props pressures us to conform to the prop.” In other words, the props themselves—just the invitation, just the noticing of them, imagining interacting with them—influences the inflection of gender, much as Elizabeth Grosz (1994) points out that, in opposition to the idea of bodies being “fixed” in such profound markers as gender, they are in fact fluid and plastic throughout life.

A central part of this sense of boundary and limitation involved participants becoming more conscious of what they usually referred to as masculine and feminine, male and female. All used the language of Western archetypal metaphors, grounded in Classical mythology that personifies the characteristics considered innately feminine and masculine by Western culture. Said one participant, for example, referring to her astrological birth-chart based on Greco-Roman mythology: “I’ve got Mars on the ascendant, I’ve got all that ‘uhg’ male energy”. In our group debriefing conversation, participants debated whether or not the traits familiarly labeled according to gender were actually based on male and female anatomy, over-generalizations (stereotypes) based on anatomy, or culture imposing its dominant power structures onto anatomy. For example, regarding the “uhg’ male energy”, one therapist asked, “Is that necessarily male?” Another answered:

Masculine energy is that energy that goes forward. And feminine energy is more receptive, archetypally—by the definitions of how the word is generally understood. But not male and female. Just the concepts of “the feminine” and “the masculine”. And that’s what I meant by my masculine energy and my feminine energy. As a male I can be receptive if I need to be, or I can be active if I need to be. I’m still male, that’s not the question.

Gender, these therapists seemed mostly to be saying, is the relationship of your behaviors to your sex. What we call masculine and feminine is a culturally agreed upon set of characteristics that we have agreed is this and that. Like agreeing on what set of light waves is blue, even though there’s lots of ambiguity between points on the spectrum. Looking closely, it’s not clear. As one therapist put it: “That’s why we get into trouble relating behavior patterns to sex identity. It’s a false rigidity, a false clarity.”

Gender as power spectrum. One phenomenon that became evident during the role-playing seemed to reveal a shared assumption that gender is experienced on a profound level as designations on what one participant described as “different positions on the power spectrum”. For example, a female in the role of male-client immediately took what she later described as “the dominant role in the interaction”, offering the therapist an approving (if tentative) appraisal: “So, Mary, you come really well recommended.” She took and kept the information-gathering role, as in the following interaction, which captures both the female in a male-role domination move, and also the male in female-therapist role responding with silence and then evident defensiveness:

Client: “First of all, I’d like to know if you’re gay or not. [After a silence] Are you married?”

Therapist: “I don’t think that’s important. I’ve been in this business a long time, I have quite a reputation.”

The male in female-therapist role described it this way: “Maybe that was me being a woman, but I felt invaded, and I felt like it was a borderline moment. I felt shut down. I didn’t know what to say. I felt like I had to claim my reputable reputation in the moment. And I had that sort of passive feeling, I don’t know how to do it, don’t know how to navigate this moment.” He described his body and face as becoming stiff: “It was the persona. I was definitely in persona. There was nothing behind persona. It was all persona.”

One female in male-client role expressed self-perceptions as more “adamant”, “out of my body”, “pushing”, “willing to lay out my anxiety, to say things that wouldn’t have occurred to me as a female client. I’m going to push this therapist. It was a pushing kind of thing. A fight.” And she agreed with the comparison to Borderline Personality Disorder characteristics:

Well I definitely felt my borderline edge—masculine assertion, fight-mode, making things difficult, and pushing the therapist into a corner to prove myself. . . I’m coming into therapy saying I want to work with you, but I’m fighting with you. That’s the borderline quality. Or the traumatized quality. We were both perceiving the same thing, from different positions on that power spectrum.

Regarding her somatic response, she said: “I felt I was sinking into the story and it was becoming endless. A sinking feeling. A sinking aggression. A kind of a freeze on top of an aggression, if you use Peter [Levine’s] old words, an incomplete fight response.”

The observer of this therapist-client dyad described the male therapist at first as “feminine, information-gathering, pleasant, easy”. When the therapist felt threatened, the response was described by the observer as “harder, more aggressive, defending, less feminine.”

Gender as Performative

Judith Butler (1990) famously used the term “performative” about gender, indicating that gender, whatever the origins of its impulses, is made manifest through actions (such as gesture and speech). Here, below, is a section of a pseudo therapeutic exchange, offered at length in

order to give a flavor of the experience. Perhaps it will become quickly evident what genders were being enacted between therapist-role and client-role:

- I believe I can help you.
- You 'believe' you can help me, or you can actually help?
- What do you think?...What are you feeling right now, in your body?
- Because I—I mean, I'm attracted to you, so—
- My boundaries are excellent. I mean, we can use the transference.
- I'm not actually interested in using it as a transference. I wouldn't mind transferring some things with you.
- Our time is up for today, but—I think we've done amazing work.
- So, what time should I come get you? What time should I pick you up?
- Our usual appointment for next week. Three o'clock.
- So, should I pick you up at two then, and we can go do something, and we can have our appointment at three?
- I appreciate your humor, but this is very serious...Authenticity is very, very important to a successful therapeutic relationship.

The female in male-client role experienced it this way:

Total power. No matter what she said, no matter where she went, I was in power. And it wasn't necessarily power over her. But there was never a moment when I was like, "Oh, now what do I do?" So it was very empowering. And it was disgusting what came out of my mouth! It was a feeling that you were meeting my confidence with your confidence, but in a flirtatious, in a soft, need I say feminine way? I felt like I recognized a quality in you, [the male in female-therapist role] as myself, an actual woman, who was going to be challenged, and would be open.

Participant Debriefing

All four participants expressed surprise at the intensity of the energy evoked by the exercise. Frustrations were focused mainly on the difficulty or anxiety evoked by role-playing without guidelines more explicit than "witness your partner take on another gender role". Below are some of the participant descriptions of their experience:

- Really comfortable.
- Very interesting.
- Very powerful, very charged.
- I felt limited by the fact that I was playing a role. Once you turn it into an exercise, it's limiting.
- My experience was that it's limiting only until there's something in the setup that says, it's okay to go past your first take. It doesn't have to be a consistent character, the first note isn't going to be the music you want to play.
- I really think you saw what is inside me.
- The seductive, the powerful, boundaried energy felt like what my deep cross-gender energy actually is. Like if I were a woman, I probably would do something like that. I've got Venus in Aries, so...
- It's what's at first between the genders, that's the negotiation. That's the kind of cock-initial stuff, and that's already melting away. It was interesting.
- I think we use the phrase Two Spirit, meaning, you're born male or female, or degrees of one or the other, but you become man, woman, masculine, feminine—human. It's a

becoming process. So it's not over till the fat lady sings."

- Brought out the therapy as seduction, therapy as bed, the unspoken seduction element of therapy, to 'make sure they come back next week'.
- Makes me realize that in actual practice I have to navigate so much homophobia, as a man with men: "I don't want to seem like the kind of man who...and I have to maintain this semblance of..." And I feel like I have to swim through that all the time. But as the woman I feel like I didn't have to swim through it. I could just be attracted to you, and enjoy my feminine attractiveness—let's just say my attractiveness...and my feelings of attraction. A wonderful liberation that I can't even do even with another gay man, because there's so much shared wounding through historical homophobia...But when it's cross sex, with me as the woman, I felt very aligned with it. So I could access my power, in a certain way.
- There was this positive experience of both of us building the strength of the positions we were in. Being able to be empowered in the positions we were in.
- It was about me discovering all of the parts of me that are not so gendered, by going into the stereotypes and then coming back a little bit.
- To put on the opposite gender brings out in me something unhinged; borderline, histrionic, very sexualized, personality disorders NOS, really boundary transgressing.
- As myself, I have male and also female available to me, whenever I want it. That's how I feel about myself.

Participant Suggestions For Future Applications

There were several suggestions from the group regarding replicating such exercises on a larger scale. One participant wanted a script or scenario for client-therapist role-play: "Not of what participants should say, but 'this is your story, this is your client, this is why you're here.' It would be easier I think if I was given a role. 'You are a 46 year old woman.'"

Another suggested an introduction like this:

"No matter where you start, allow yourself to change and evolve" would be a helpful thing to say. So that you're exploring, trying to find your authenticity, you're possibly not going to land there the first thing that comes out of your mouth. So allow yourself to keep evolving in your persona, even if you contradict yourself, and you don't make any sense. It's not about holding character.

Maybe do two rounds really quick, like three minutes with a first partner really quick, then a second time with a second partner, and slow it down, so you get to immediately play it out. And you could put it in a context that would be social—like a cocktail party, for the three-minute first piece. To dissipate the stereotype response.

In order to free people of the stereotype, help people access a respectful image of the opposite sex, as in: Sit for a minute, and think of somebody of the opposite sex that you have a lot of respect for. So you immediately get a whole story, or at least a fuller sense of a person identified with another gender.

Certainly, these suggestions will find their way into a revision of the exercise, for example:

- I intend to change the instructions to state that participants should explore authenticity, merely from the perspective of a different gender-role.
- In order to allow for more than simply stereotypical reactivity, I will add a quick segment allowing participants to mill about and, if they feel like it, interact perhaps with words, perhaps with just eye contact or non-contact gesture.

- I will ask people to write down on 2-sided paper some feelings/ thoughts/ expectations/fears before and also after the exercises.
- I'm going to add: *"Sit for a minute, and think of somebody of the opposite sex that you have a lot of respect for. So you immediately get a whole story."*

Discussion

Implications for Theory

I suspect there is much more to investigate here regarding basic personality coherency in a culture that sees gender as the central organizing principle of self (Fine, 2010). The implications for theory, for healing—for increasing resiliency and self-awareness and joy—seem significant to me, regarding both those who are generally disempowered by cultural responses to gender identities, and those who are mostly privileged by their gender identity. Those who might be disempowered by gender-related identities might be assisted in shifting their sense of where agency and identity can come from. Those who might be mostly privileged by their sense of gender identity might discover unexpected aspects of their privilege that have been surreptitiously constraining a fuller exploration, understanding, and enjoyment of life.

Implications for Practice

One of the responses most interesting to the group was the description of behaviors and feelings during the exercise as feeling "borderline". It was as if, by daring to release control of the coherency of one's usual gender-identity, one of the first responses from the psyche was to feel and act unbounded, out of control, insufficiently reigned in. Even though the context was called and experienced as play, there was an unleashing of an authentic impulse, usually sexual in nature, that caused participants to feel on some level alarmed, as they would have felt had they either interacted with borderline personality disorder energy in another, or navigated that energy in themselves. Given such a level of energy and access to the unconscious able to be tapped through such simple gender play as imagining beyond one's comfort zone, it seems natural to imagine that gender play might become a more common route of exploration toward psychic healing.

Elizabeth Grosz (1994) pointed out that:

Anything that comes into contact with the surface of the body and remains there long enough will be incorporated into the body image—clothing, jewelry, other bodies, objects. They mark the body, its gait, posture, position...by marking the body image: subjects do not walk the same way or have the same posture when they are naked as when they wear clothing. And the posture and gait will, moreover, vary enormously, depending on what kind of clothing is worn. (p. 80)

What a wealth of possibilities for growth, healing, and insight might be accessed by a mindful therapeutic attention to the list above! What are the origins, implications, inspirations, prohibitions, for example, of the way a client walks, how a client is shod, clothed, ornamented, coiffed, partnered, pierced? Which of these characteristics are plastic and which fixed? Which accessible to consciousness, which prohibited from conversation or awareness?

A somatic psychotherapist might ask, "Where in the body does unnoticed domination or constriction concretize or reside?" and subsequently choose many intervention paths to investigate: for example, facial expressions, postures, or reaching patterns. What constrictions

and rigidities of the body are based on lifelong constraints, and how might a person be helped into greater expansiveness? Somatic psychology often takes its inspiration from Winnicott's (1971) famous dictum that psychotherapy is successful when it helps a person move "from a state of not being able to play into a state of being able to play" (p. 50). Being able to play, or experiment safely, with material that has formerly been unconscious or unsafe, is considered to create an environment allowing for transformation, and, to use Jung's (1921) word, "individuation": "the process by which individual beings are formed and differentiated; in particular, it is the development of the psychological individual as a being distinct from the general, collective psychology" (par. 757). Such a perspective of play and individuation might be a natural approach towards healing gender wounding as well.

How, for example, is a man isolating himself by cutting himself off from "feminine" feelings? How is a woman subtly binding her own feet? What is the effect on a man who dares ask for, or receive, a hug, or, in contrast, can bear from another man at most a handshake, leaving the hugs for his wife—or live without them entirely? Who can freely cry, or can't, or express or feel anger or not, and why not, and how do clinicians regulate, investigate, or avoid the answers? What psychic and physical integrations might clients attain, it might be asked, if clinicians understood gender in ways that help clients find the psychic safety to play and experiment there, as with other archetypal patterns (Lingiardi, 2009; Moon, 2008; Singer, 1972)?

Given that somatic psychotherapists hold as a primary aim to help people and people's bodies expand into resilience from debilitating constrictions (Hilton, 2007), how do clinicians accomplish this with respect to gender? If they don't, why not? What are the gender assumptions of those clinicians who do approach gender-based constrictions as any other constriction, and the assumptions of those who don't? What stops therapists who are not investigating such integration and resilience possibilities? What empowers those who are? Even more basic a question might be: where is the vibrant scholarly discussion regarding gender among somatic practitioners who deal directly with the gendered body? As Catherine Butler (2008) suggested we all need to ask about gender, "What is the problem, and for whom?" (p. 92).

If somatic psychotherapists are still operating from an understanding of gender as clear and fixed, discrete, biologically based, and supported by cutting-edge neuroscience, then how might that idea of fixed gender impact the body-experience of somatic psychotherapists themselves, working for example as a man in intimate body contact (sitting together alone in a room) with another man, or with a woman, or as a woman in intimate body contact with another woman, or with a man, or with teenagers or children or elders? What, for example, am I as a man allowed to touch or even admit to noticing about another man's body, or a woman's, about how they sit, or what parts of their own body they touch or avoid? As a woman, what would I be allowed to admit noticing or allowed to make part of the conversation? Which clients can be touched, and by what gender of therapist, and which clients are addressed always at a distance, and why? Where and when is eye contact extended or cut short, and why?

To what extent might heterosexual hegemony (Butler, 2004), or even unexamined embarrassed eros, be the key to the silence still discouraging these questions? That is, how is the eroticism of proximity and scrutiny useful, distracting, or dangerous, if we clinicians admit and scrutinize our gendered relationships with clients? How are gender-awareness and gender-assumptions dealt with by clinicians who touch their clients, guide clients to touch themselves, and/or guide clients to touch one another. How are those assumptions dealt with by those who explore only verbally the most intimate discourse of all, the imaginal explorations of another person's bodily experiences? To push even further into where discomfort might hide, how frequently is homoerotic transference or counter-transference evaded, denied, or denigrated,

how much is it heightened by those erotics of proximity and somatic scrutiny? How, in other words, are cultural norms silently maintained and regulated—*policed*, was famously Foucault's word (1977)—through psychotherapy's conscious and unconscious collaboration with the dominant culture?

Asking such questions of somatic psychotherapists might have implications towards expanding theory—towards increasing the potency, parameters and potential of clinical work, as well as towards a liberation of the practice of somatic psychotherapy from lingering constraints of public distrust, fear, and incomprehension (Levine, 1997), what Daniel Siegel called “a state of denial” on a societal level (2006, p. xiv). With its exploration of what is fluid and transformable within the body-mind relationship, somatic psychology might have the unique capacity to advance the gender conversation just at a time when neuroscience is bringing somatic psychotherapy itself into greater prominence, even as it re-reifies the idea of gender as biologically fixed (Baron-Cohen, 2003). Resisting or ignoring the conversation might further peripheralize the discipline, just as engaging in the conversation might electrify and solidify its influence.

Critique of Methodology

Obviously, one of the limitations of this study was the very nature of a small focus group. One small cohort of therapists cannot of course be used to generalize about emergent theory regarding gender or gendering behaviors. Nor has it yet illuminated explicit ways in which therapists might be contributing to a reification of gender-role behaviors and assumptions that cause suffering in clients. Those illuminations await more comprehensive sampling and analysis. Still, my expectation is that even such beginnings as these might successfully bring attention to the subject, and serve as an initiating model for large-scale investigations. On the other hand, one of the advantages of using a small focus group of participants both familiar and trusting of one another and of the researcher was that there was a deep level of trust available, and follow-up interviews were possible for the sake of triangulating emergent themes. As a result, the themes described here reflect the actual consensus of the group.

Conclusion

My bias in this study might be described by what is revealed in the title of the paper—“Gendering Clients”. In other words, I envisioned this first study as a way to begin investigating whether psychotherapists might be wittingly or unwittingly contributing to their clients' awareness of their own gender experiences by the inter-subjective experiences in a clinical session. The premise undergirding the study was twofold: first, that the imaginative flexibility and safety of a feeling of playfulness with gender might, like playfulness in general, allow for deep experimentation and subsequently deep learning, healing (Winnicott, 1971) and whole-brain integration (Siegel, 2007). Second, that perhaps by making it possible for clinician-participants to attain a playful feeling regarding their own sense of gender identity and gender role, and by holding witness while others play with their own sense of gender identity and gender role, that behaviors and emotions might emerge leading to insights about how gender awareness and gender-oriented interactions might impact actual life experiences, subtly as well as comprehensively—especially including clinical interactions usually apprehended as gender-neutral.

BIOGRAPHY

Gary Glickman, PhD, holds a master's degree in counseling and depth psychology from Pacifica Graduate Institute, and a PhD in somatic psychology from the Chicago School, as well as completing PhD somatic studies at the Santa Barbara Graduate Institute. His dissertation is titled, “Gendering the Client: How Somatic Psychotherapists Understand and Work with Gender In Clinical Practice”. He has taught as adjunct faculty at the Santa Barbara Graduate Institute, Antioch University, Argosy University, and the UCLA Extension School of the Arts, and maintains a private practice in Santa Monica, California. He is a certified Somatic Experiencing Practitioner, and studies Relational Somatic Psychotherapy with Michael Sieck.

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REFERENCES

- Anguksuar, LaFortune, R. (1997). A postcolonial perspective on western [mis]conceptions of the cosmos and the restoration of indigenous taxonomies. In Jacobs, S. E., Thomas, W., and Lang, S. (Eds.), *Two-spirit people: Native American gender identity, sexuality, and spirituality* (pp. 217–222). Chicago: University of Illinois Press.
- Balsam, K.F., Huang, B., Fieland, K. C., Simoni, J. M., Walters, K. L. (2004). Culture, trauma, and wellness: A comparison of heterosexual and lesbian, gay, bisexual, and Two-spirit native Americans. *Cultural diversity and ethnic minority psychology*, 10(3), 287-301.
- Baker, E. (1982). “Sexual theories of Wilhelm Reich.” *Journal of Orgonomy*, 20 (2). The American College of Orgonomy.
- Baron-Cohen, S. (2003). *The essential difference. Men, women, and the extreme male brain*. London: Allen Lane.
- American Psychological Association (2007); Sex difference in mind. Keeping science distinct from social policy. In S. Ceci and W. Williams (Eds.), *Why aren't more women in science? Top researchers debate the evidence* (pp. 159-172). Washington, D.C.: American Psychological Association.
- Butler, C. & Byrne, A. (2008). Queer in practice. Therapy and queer theory. In L. Moon (Ed.), *Feeling queer or queer feelings: Radical approaches to counselling sex, sexualities and genders*. London: Routledge.
- Butler, J. (1990, 1999). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.
- Butler, J. (2004). *Undoing Gender*. NY: Routledge
- Conger, J. (1988). *Jung and Reich: The body as shadow*. Berkeley, CA: North Atlantic Books.
- Downing, C. (1989). *Myths and mysteries of same-sex love*. New York: Continuum.
- Fausto-Sterling, A. (2000). *Sexing the body: gender politics and the construction of sexuality*. New York: Basic Books.
- Fine, C. (2010). *Delusions of gender. How our minds, society, and neurosexism create difference*. NY: Norton & Co.
- Fosha, D., Siegel, D., Solomon, M., (eds.) (2009). *The healing power of emotion: affective neuroscience, development & clinical Practice*. New York: Norton.
- Foucault, M. (1977). *Discipline and punish: The birth of the prison*. New York: Random House.
- Foucault, M. (1991). The ethic of care for the self as a practice of freedom. In J. Bernauer & D. Rasmussen (eds.), *The final Foucault*. Cambridge: The MIT Press.
- Freud, S. (1928). *Gesammelte Schriften* (Vol. XI) Vienna: Internationaler Psychoanalytischer Verlag.
- Gay, P. (1988). *Freud: A life for our time*. New York: Norton.

- GenderSpectrum blog (n.d.) Retrieved March 2, 2012, from <http://www.genderspectrum.org/blog/99-gender-constructs-hurt-all-children>
- Grosz, E. (1994). *Volatile bodies: Toward a corporeal feminism*. Bloomington: Indiana University Press.
- Haraway, D. (1986). Primatology is politics by other means. In *Feminist approaches to science*, ed. Ruth Bleir. New York: Pergamon Press, pp. 77-118.
- Hilton, M. (2007). *Relational somatic psychotherapy; Collected essays of Robert Hilton*. (M. Sieck, ed.) SBT Press, Redlands CA.
- Isay, R. (1989). *Being homosexual. Gay men and their development*. New York: Farrar, Straus, Giroux.
- Jung, C. G. (1921). *Psychological typology. The collected works of C. G. Jung*. (vol. 6). pars. 960-87. (R.E.C. Hull, Trans.). Princeton: Princeton University Press. In A. Storr (1983). *The essential Jung*. Princeton: Princeton University Press.
- Jung, C. G. (1951). The syzygy: Anima and animus. In *Aion: Researches into the phenomenology of the self. In, The collected works of C. G. Jung*. (R.E.C. Hull, Trans.). Princeton: Princeton University Press.
- Levine, P. (1997). *Waking the tiger, healing trauma: The innate capacity to transform overwhelming experiences*. Berkeley: North Atlantic Books.
- Lingiardi, V. (2007). "Dreaming gender: Restoration and transformation." *In Studies in Gender and Sexuality* 8(4):313-331.
- Lowen, A. (1980). *Fear of life*. New York: MacMillan.
- Moon, L. (2008a). Queer(y)ing a psychosocial approach to sex. Sexuality and gender in therapeutic settings. In L. Moon (Ed.), *Feeling queer or queer feelings: Radical approaches to counselling sex, sexualities and genders*. London: Routledge.
- Moon, L. (2008b). "Queer(y)ing the heterosexualisations of emotion. In *Feeling queer or queer feelings: Radical approaches to counselling sex, sexualities and genders*. London: Routledge.
- Moon, L. (2010). *Counseling ideologies: queer challenges to heteronormativity*. (L. Moon, ed.). Burlington, VT: Ashgate Publishing Company.
- Patton, M. Q. (1990). *Qualitative Evaluation and Research Methods* (2nd ed.). Newbury Park, CA: Sage Publications, Inc.
- Reich, W. (1945). *The sexual revolution: Toward a self-regulating character structure*. (Therese Pol, translator). New York: Farrar, Straus, and Giroux.
- Reich, W. (1961). *Selected writings*. New York: The Noonday Press/ Farrar, Straus and Giroux.
- Roscoe, W. (1998). *Changing Ones: Third and Fourth Genders in Native North America*. New York: St. Martin's Press.
- Roberts, A., Rosario, M., Coliss, H., Koenen, K.C.& Austin, S.B. (2012). "Childhood gender nonconformity: A risk indicator for childhood abuse and posttraumatic stress in youth. [Electronic Version]. *Pediatrics* 129(410). DOI: 10.1542/ped.2011-1804
- Rosenberg, J. L. (1985). *Body, self, and soul: Sustaining integration*. Atlanta, GA: Humanics, New Age.
- Schore, A. (2003). *Affect dysregulation and disorders of the self* New York: W.W. Norton & Company. —(1994). *Affect Regulation and disorders of the self*. New York: W.W. Norton & Company.
- Sieck, M. (2012). Taken from the internet, March 11, 2012. www.threefoldway.com
- Siegel, D. (2007). *The mindful brain*. New York: W.W. Norton & Company.
- Singer, J. (1972, 1994). *Boundaries of the soul: The practice of Jungian psychology*. New York: Random House.
- Smith, E. (1985). *The tradition of the body in psychotherapy*. Jefferson, North Carolina: McFarland.
- Winnicott, D.W. (1971/2005). *Playing and reality*. New York: Tavistock Publications.

Nina Bull: The Work, Life and Legacy of a Somatic Pioneer

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Abstract

Nina Bull is a significant albeit underappreciated figure in the history of body psychotherapy. She was a pioneer in the study of the mind/body relationship and the role of the musculature in subjective experience. She is best known as a teacher and mentor to Stanley Keleman, the founder of Formative Psychology. Still, her life largely remains a mystery as little has been done in the way of compiling information about her work or personal life. This paper presents a synopsis of her attitude theory, describes the experiments she conducted to confirm her theory, discusses the relationship of her work and Formative Psychology, and presents original historical study of the events and attitudes that informed her research.

Keywords: Nina Bull, Formative Psychology, emotion, history of psychotherapy, skeletal musculature, muscles, attitude theory.

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Introduction

Nina Bull, who lived from 1880 to 1968, was a pioneer in the study of the mind/body relationship and the role of the musculature in subjective experience, yet little has been written about her work or her life. She is probably best known as an important mentor and teacher to Stanley Keleman, the founder of Formative Psychology. The present article appears to be the first devoted specifically to her. It includes a synopsis of her attitude theory and the experiments she conducted to test the theory, a consideration of her life, and a discussion of her legacy with respect to both the role of attitude theory in Formative Psychology and other aspects of her legacy in the wider culture.¹

She was well ahead of her time, being a woman in what was then considered "a man's field", starting her scientific career in her mid-fifties at a time when 50 was considered much older than nowadays, and forging a successful career as a scientist despite not holding a formal degree. Her attitude theory would prove a major influence on Keleman's Formative Psychology.

¹ The historical research reported herein would have been extremely difficult, if not impossible, to conduct until recently. In the past few years Google and others have digitized and indexed major portions of the world's literature. Full-text searches of these digitized documents yielded fascinating insights into Bull's personality and life story, and pointed to historical archives that contained further information.

Bull published her first scientific work at the age of 58 (Bull, 1938). Over the course of the next 25 years she published some 18 papers in peer-reviewed journals, and two books (Bull, 1951; Bull, 1962). Her major contribution was the articulation of attitude theory.

In the 1940's and 1950's, first as research associate in psychiatry at Columbia University's College of Physicians and Surgeons and later, after forced retirement in 1950 as Director of Research Projects for the Study of Motor Attitudes at New York State Psychiatric Institute (Herrick, 1950), Bull developed theory and conducted experimental investigations into the nature of emotions. She noted that any behavior, that is, any bodily movement, requires some postural preparation. "Some portion of the organism must always be stabilized to form a fulcrum from which the movement can take place..." (Bull, 1951). She postulated that if this preparatory attitude was not followed immediately by the consummatory action, then the subjective consciousness of an emotion would arise. If, for example, we are about to cry, but hold that attitude and inhibit the actual crying, we feel sorry. Once we begin to cry we feel less sorry. Emotion would not be generated from a preparatory motor attitude followed immediately by the consummatory action, but a delay between these two events would result in emotion.

Her theory, she explained, was similar to those of several others, most notably the James-Lange theory and the theories of W.B. Cannon (Bull, 1951). Her specific contribution was the introduction of the neuromuscular sequence and the role of the "preparatory motor attitude": first a latent readiness or "predisposing neural pattern", then the motor attitude preparatory to action, which then gives rise both to feeling, if the consummatory action is delayed, and action itself. Attitude theory contends that, contrary to common assumption, preparation for action precedes, not follows, the subjective awareness of emotion.

Testing the Theory: Experimental Investigation of the Mind/Body Relationship

Bull tested her theory through a series of experiments. The first step was to determine the specific muscular configurations and postures associated with specific emotions. Ten subjects—"seven men and three girls" (Bull, 1951, p.44)—screened and trained for the rapid induction of a hypnotic trance, were given the following hypnotic suggestion:

In a little while I shall count to five. Immediately afterward I shall say a word which denotes an emotion or state of mind. When you hear the word you will feel this emotion, experience this state of mind strongly. You will show this in your outward behavior in a natural manner. You may do anything you like, open your eyes or leave them closed, remain seated or get up, lie down on the couch or walk about—anything at all. You will not be annoyed or embarrassed by our presence in the room. Afterward you will be able to describe what happened. (Bull, 1951, p. 45)

The procedure was conducted with six stimulus emotions: disgust, fear, anger, depression, triumph, and joy. The subjects' behavior was recorded in detail by two or three observers. In this way, Bull learned the specific muscular configurations associated with each of these emotions. She used this information in the next phase of her research.

The next step was to show that these muscular attitudes invariably preceded the subjective experience of their associated emotional state. She did this by setting up a situation which could disprove the prevailing theory.

If the basic sequence of motor attitude --> feeling could be split into component parts, so that by hypnotic suggestion feeling at variance with the postural set commonly associated with it could be produced,

then a reinvestigation of the entire concept would be called for. (Bull, 1962, p.37)

In one arm of this phase of the study, subjects were again placed in a hypnotic state and an emotion was induced, as before, by the experimenter saying one of the six stimulus words. The subjects were instructed to maintain the feeling of that emotion while assuming a motor attitude associated with a different emotion. For example, if the stimulus word was "joy" or "triumph," the subject might then be instructed to maintain that feeling while at the same time tensing the hands and arms and tightening the jaw (a motor attitude found in the first phase of the experiment to be associated with the feeling of anger). The subjects found it impossible to do this.

In a second arm of the experiment the order was reversed. Subjects were first instructed to assume a motor attitude described by the experimenter and then asked to experience an emotion named by the experimenter. For example, they might be instructed to tense their hands and arms and tighten their jaw while simultaneously experiencing the emotion of joy or triumph. Subjects found this impossible to do as well.

In this way, Bull demonstrated that emotion is invariably preceded by a motor attitude specific to that emotion. Subjects could not experience a different emotion unless they first adopted a different postural attitude.

In 1962, Bull published a second book, *The Body and Its Mind* (1962). Stanley Keleman worked with her on the research that resulted in this book (USABPJ, 2007). This book extends attitude theory beyond emotion to include goal orientation, frustration, and depression. In a 1954 letter to C. Judson Herrick, Bull wrote of the further development of attitude theory and stated, "It seems we are on the verge of some formulations that should be of real use in therapy" (Herrick, 1954).

Correspondence and Other Interactions with Colleagues

Her correspondence with colleagues makes for fascinating reading. The record that I have at hand is probably incomplete, as I have not located an archive specifically devoted to her papers. However, I have located correspondence in the archives of a number of her correspondents. Bull frequently introduces herself to her correspondent by sending a reprint of one of her papers. She will then mention a paper or line of thought of theirs and suggest that attitude theory may fit well her correspondent's ideas, and then invite a reply.

The Archives of C. Judson Herrick at the Spencer Research Library of the University of Kansas contain some 50 letters, spanning the years 1946 to 1960. She sent him copies of her articles and requested his response, to which he frequently responded in some detail. The letters record the development of Bull's thought and contain rich discussions of various neurological principles and philosophy. We also learn from these letters that Bull was acquainted with Mira Korzybska, who was a prominent portrait painter and the wife of Alfred Korzybski, the founder of general semantics. We also learn of her acquaintance with Len Lye, an experimental filmmaker, and can view a picture of her laboratory at Woodstock.

The Archives of the History of American Psychology at the Center for the History of Psychology at The University of Akron contain half a dozen letters with three correspondents. Her brief exchange in 1966/1967 with Lester Aronson concerns the relationship of the olfactory sense to the forebrain. Her brief exchange with T. C. Schnierla of the American Museum of Natural History requests information about his research in approach and withdrawal behavior and a "reaching reflex". Her 1967 letter to Abraham Maslow criticizes

his terms “peak experience” and “self-actualization”, preferring to use instead the terms “elation” and “integration”. She suggests that “elation” could be studied in the laboratory. “However,” she says, “when you write of homeostasis... I am with you 100%.” There is no record of Maslow’s reply.

The Teilhard Schmitz-Moormann Collection at the Woodstock Theological Center of Georgetown University in Washington, DC contains two letters from 1952 of Bull to the Jesuit priest, philosopher, and paleontologist Pierre Teilhard de Chardin, and Teilhard’s replies. She sent him a paper on attitude theory and asked him for a reprint of one of his papers. She relates attitude theory to some of his ideas and asks, “whether my concept of the emergence of cerebration fits in with your general line of thought, as it appears to me to do.”

The Eric Hoffer Collection, box 27, folder 17, at the Hoover Institution Archives of Stanford University contains a letter from 1956 in which Bull sent Hoffer a copy of her 1955 paper and asked his reaction. She stated that her ideas supported his idea of the way “frustrated people act as ‘true believers’”.

The Yale University Library contains material relating to Bull in the Hans Caspar Syz collection and the Lifwynn Foundation collection. I have not yet seen these materials.

Her Life

Early Life

Nina Bull was born in 1880 in Buffalo, New York. Her father, Ansley Wilcox, was a prominent attorney in Buffalo. He was well known as a philanthropist and as a civic activist concerned with good government. He is credited with promoting the idea of holding city and county elections in odd-numbered years and state and national elections in even-numbered years. He was active in civil service reform and in efforts to save Niagara Falls from adverse development. He was also a founder of the Fitch Creche, the first daycare center for working mothers in the United States (Buffaloah, n.d.). Although generally rather cold and humorless, he appears to have been well respected, perhaps even loved, in the community (Niagara Falls Gazette, 1930; Wallace, 1989).

Bull’s mother, Cornelia C. Rumsey Wilcox, died six weeks after Bull’s birth. Bull was cared for by her mother’s sister. Three years later her father married this woman, and a daughter was born to that union. Friends of the two children remembered many years later that the marriage was characterized by “coldness and lack of intimacy” (Wallace, 1989).

A childhood friend, Mabel Ganson (later Mabel Dodge Luhan), was to play a very prominent role in Bull’s life and ultimately gained a great deal of celebrity. She wrote that Bull’s stepmother favored her own child and was cold, neglectful, and mean to little Nina. Bull’s father, although apparently generally humorless and cold, and awkward around children, nevertheless would play with Nina and her friend Mabel every day while he was dressing for dinner. He would playfully lift them up and drop them onto the bed. Nina loved this time with her father (Luhan, 1933). Generally though, Luhan writes, Nina was sad, pale and somber.

We also learn from Luhan that Bull held a religiosity that annoyed her stepmother, who was not a churchgoer. As we shall see, Bull’s sense of the divine was present, in one form or another, throughout her life.

The inauguration of Theodore Roosevelt took place in Bull’s childhood home. Bull, then a young woman, was probably present. Three months later she married Henry Adsit Bull, a fellow parishioner of the Trinity Church (Wallace, 1989). She ultimately had three children (Ogilvie and Harvey, 2000).

Education

As a child, Bull was educated at private school in Buffalo and at the Rosemary Hall boarding school (Leonard, 1976).

The only evidence of higher education that I have found is that she probably attended Monroe College in Forsyth, Georgia in 1904-05. “Nina Bull” is listed in the “Catalog and Prospectus” as being an “Unclassified” student (Monroe, 1904). Although I have not been able to obtain a birthdate or other positive identification, it seems likely that the “Nina Bull” listed is our subject. Her father was from Georgia, and Bull refers to the colloquial southern expression “fixing to go” in a 1951 article (Bull, 1951). It seems that she was at Monroe for just a year or two, as she did not appear in the Catalog and Prospectus of the following year (personal communication, Special Collections Assistant at Mercer University, Macon, Georgia).

I have found no evidence that Bull obtained any degree. In the preface to the 1968 reprint of *The Attitude Theory of Emotion*, she says, “I am a scientist, and the theory in this book has been endorsed by numerous top-level scientists who have accepted me as a colleague despite my lack of orthodox preparation for this career” (Bull, 1968).

Cultural Connections: The Salon of Mabel Dodge and the Taos Art Colony

In the early part of the 20th century a “salon” was a popular social institution. These would be gatherings, usually held in a private home and often hosted by a wealthy woman, where artists, writers, thinkers, and scientists would gather along with more ordinary folk for discussions. One of the premier organizers of these events was Nina Bull’s childhood friend Mabel Dodge. She held her gatherings in New York’s Greenwich Village and later in Taos, New Mexico.

It seems likely that Bull participated in these and met many of the leading figures of the time. These figures would include Carl Van Vechten, Margaret Sanger, Emma Goldman, Charles Demuth, “Big Bill” Haywood, Max Eastman, Lincoln Steffens, Hutchins Hapgood, Neith Boyce, Georgia O’Keefe, Ansel Adams, Gertrude Stein and her brother Leo Stein, and John Reed.

Mabel Dodge eventually moved to Taos, New Mexico, and established a well-known art colony there. Bull followed her there and hosted D. H. Lawrence on the latter’s visit. This visit was described in Dodge’s book *Lorenzo in Taos* (Luhan, 1935). Many leading cultural figures spent time in Taos, and it is quite likely that Bull was acquainted with many of them.

Bull was briefly married to Lee Witt, a sheriff and lumber mill owner in Taos (Luhan 1935, p. 114). She is sometimes referred to as Nina Witt.

Religious and Spiritual Development

We mentioned above that Bull was quite religious as a young woman. It isn’t clear exactly how her religiosity manifested when she was under her father’s roof, but it is reasonable to assume that it involved a commitment to the Episcopalianism practiced at Buffalo’s Trinity Church.

Later she studied “Divine Science” under Emma Curtis Hopkins. Emma Curtis Hopkins was a major figure in the “New Thought” movement. Someone once humorously described New Thought as “the old New Age”. It was described by William James as follows:

One of the doctrinal sources of Mind-cure is the four Gospels; another is Emersonianism or New England transcendentalism; another is Berkeleyan idealism; another is spiritism, with its messages of “law” and “progress” and “development”; another the optimistic popular science evolutionism of which I have recently spoken; and, finally, Hinduism has contributed a strain. But the most characteristic feature of the mind-cure movement is an inspiration much more direct. The leaders in this faith have had an intuitive belief in the all-saving power of healthy-minded attitudes as such, in the conquering efficacy of courage, hope, and trust, and a correlative contempt for doubt, fear, worry, and all nervously precautionary states of mind. (James, 1936)

Emma Curtis Hopkins taught Bull to become a “Divine Science practitioner”. Rudnick (1984, p. 134) describes this healing method: “Hopkins’s healing derived much more from her presence than from her philosophy and seems to have lasted as long. Her ‘patients’ would lie down on the comfortable hotel bed she kept for them in a room with drawn shades, while she held their hands and spoke to them in a soothing, hypnotic voice.”

In the early 1900s (the exact year is unclear) Bull published “Credo”, a single-page broadside poster that summarizes her outlook in this period. The only extant copy of this that I have found is in the rare books collection of the New York Public Library (Bull, 1915?). Their catalog entry indicates that there is doubt about the exact year of publication. I quote “Credo” here in its entirety because it so well exemplifies her viewpoint in this period and shows her poetic bent. The broadside itself is elaborate and colorful.

Credo

“If thou canst believe, all things are possible to him that believeth”

I BELIEVE IN GOD, the Universal Spirit of Life, ceaselessly creating and renewing all things visible and invisible by itself becoming them;

AND THEREFORE I BELIEVE in Man, who is slowly advancing thro pain and loneliness unspeakable into a higher order of consciousness where he shall know his own self to be one with God, the Universal Self, and enter into the kingdom of freedom and mastery which lies even now at the centre of his own being;

AND SO ALSO I BELIEVE in the beasts and plants and rocks, not yet thinking themselves apart from the Whole; slowly thro long ages unfolding towards consciousness of self and all the terrible suffering and glory of manhood.

I BELIEVE the power of Human Thought over all conditions of life on earth to be without limitation, here and now — where there is knowledge of the working of the law;

AND I BELIEVE that as the regeneration of the human body demands a new conception of human life permeating hiddenly deep down thro every cell in that body and building up the whole into order and harmony — which is health; so also the Social Body shall be saved by a new conception of Social Life permeating deep down thro every man in that Body and building up the whole into order and brotherhood — which is Democracy. —Nina Bull

“Credo” expresses her outlook at this stage of her life, beginning with a New Testament quotation and containing themes of the power of thought, a new conception of human life “permeating deep down thro every cell”, the unfolding of consciousness, the Universal Spirit of Life, the ideal of Democracy, and overall of an evolutionary thrust manifesting at the social level.

Her feel for a spiritual side to life seems to have stayed with her even through her scientific

career. In the preface to the 1968 reprint of *The Attitude Theory of Emotion* (1968), Bull writes, “Some religions ... have invented different kinds of heavens... But science, proud of its discovery of evolution, has scoffed at permanence until rather recently, when L.L. Whyte and Teilhard de Chardin both attempted to bring the facts of change together with the dream of permanence, and these men have a substantial following.”

Her Interest in Psychotherapy and in the Body

I previously mentioned that Bull had been taught to be a Divine Science practitioner by Emma Curtis Hopkins. In about 1925, D. H. Lawrence wrote that, “Nina is as busy as ever re-integrating other people” (Moore, 1974, p. 404). This shows that Bull was actively practicing a healing art and that she conceived the healing as involving some kind of “integration”.

I do not know how closely she held to the teachings and healing style of Emma Curtis Hopkins at this point. By the mid-1920s (when she was in her mid-forties), she had apparently become “intensely interested in behaviorism, the very latest therapeutic fashion” and was going to “study some sort of co-ordination healing stunt under some doctor in London” (Ellis, 1998, p. 626). This suggests that Bull was searching for something more than what she had been taught by Hopkins. It is not known who this “doctor” was or whether she did actually embark for London.

For a while, Bull was treating her old friend Mabel Dodge while Dodge was also seeing a psychoanalyst, Smith Ely Jelliffe. Bull insisted that Dodge stop seeing him, and Jelliffe was not appreciative of Bull’s approach. Jelliffe later became the founding editor of the *Journal of Nervous and Mental Disease* and published many of Bull’s academic papers. The Smith Ely Jelliffe Trust holds the copyright on Bull’s book *The Attitude Theory of Emotion*. It would appear that their relationship transformed from one of rivals to one of colleagues.

Mabel Dodge describes an evening that she and Bull spent with birth control advocate and sex educator Margaret Sanger:

It was in talking to her at home in my sitting room that I really got something from her, something new and releasing and basic. Nina [Wilcox] and I, I remember, had a wonderful talk with her one evening — just the three of us at dinner — when she told us all about the possibilities in the body for “sex expression,” and as she sat there, serene and quiet, and unfolded the mysteries and mightiness of physical love, it seemed to us we had never known it before as a sacred and at the same time a scientific reality.

Love I had known, and pleasures of the flesh, but usually there had been a certain hidden forbidden something in my feeling about it and experience of it that made it seem stolen from life, instead of a means to that great end, the development of life, and the growth of the soul. Margaret Sanger made it appear as the first duty of men and women...

Then she taught us the way to a heightening of pleasure and of prolonging it, and the delimiting of it to the sexual zones, the spreading out and sexualizing of the whole body until it should become sensitive and alive throughout, and complete. She made love into a serious undertaking — with the body so illumined and conscious that it would be able to interpret and express in all its parts the language of the spirit’s pleasure. (Luhan and Rudnick 2008, pp. 119-120, brackets in original)

Leo Stein tells us some more: “Take the case of Nina Bull and the getting of consciousness into the body... Now you know that N.B. has a naked skin and a muscular eroticism” (Stein and Fuller, 1950, p.120).

Social Activism

Bull was quite active in the Socialist movement and social activism generally in the early part of the twentieth century.

Bull was one the many sponsors of a mass meeting in support of peace in 1916 (Buffalo Express, 1916).

A newspaper reported in 1914 that Bouck White, a socialist activist and minister who was in Queens County jail, gave evidence of his “repentance of his rashness in undertaking to impose the oratory of his followers on a peaceful congregation” by praising Nina Bull for her “winsome temper” while yet not compromising her position (Brooklyn Daily Eagle, 1914, p. 6).

Bull wrote a letter of support to the judge in the Emma Goldman case. Emma Goldman was an activist anarchist on trial for advocacy of draft resistance (New York Tribune, 1917).

A 1915 book about religion and Marxism (Spargo) is dedicated to Nina Bull. The dedication page contains the Latin phrase “*Amicus usque ad aras*” which means “a friend to the last extremity” or “a friend as far as the altars”, meaning a friend in the extreme except as contrary to one’s religion. The book is an analysis of whether Marxism and religion are inherently mutually exclusive. Given Bull’s involvement with both religion and socialism, the dedication to her is significant.

In the mid-1950s, she contributed to the American Civil Liberties Union (Liberty, n.d.).

Work in Education

In the early 1900s Bull authored a brief pamphlet, “As Little Children,” that expressed in poetic form her view on children and children’s education. The following is an excerpt:

So Education viewed aright, becomes
A process for Eternity itself, –
Man’s copy of God’s plan of evolution –
The leading forth and drawing out of thought,
Unfolding and revealing endlessly
New forms, new powers hid deep within the old. (Bull, 19??)

A theme in this work reflects a theme that is present for Bull throughout her work: the idea of a hidden dimension, connected to the Divine, which unfolds and reveals itself in an evolutionary thrust.

We do not know the exact date of this work. There is no indication in the pamphlet itself of its date. We do know, however, that it dates from before 1915 because it is mentioned in the “Woman’s Who’s Who of America” which was copyrighted in 1914 (Leonard, 1976).

In 1911, Bull contacted the philosopher, psychologist and educational reformer John Dewey to convince him to establish a school in Buffalo. The Park School was established there and Dewey’s student, Mary Hammett Lewis, became the first headmistress (Provenzo and Provenzo, 2009) and would later write a book about her experiences as such (Lewis, 1928).

Nancy Romalov describes the school:

Here are two hundred or more school children, kindergarten through twelfth grade, involved in their normal school day activities...On a given day children as young as third grade are running a chicken business on a large scale and making money at an enterprise entailing the buying of seed, keeping of accounts, raising and tending of the chickens, and marketing of the eggs.

...At a nearby pond, children are busy building rafts to be used in an upcoming performance of “Pinafore.” Each spring, the children plan or plant a large vegetable garden that will become the summer food supply...

At the same time, traditional subjects like English, history, world geography or science are studied in close relationship to the children’s work. The practical activity of cooking, for example, is directed toward discovering the basic principles of both chemistry and botany; the preparation of a Thanksgiving celebration yields a history lesson. (Romalov, 1988)

In a 1918 letter to the editor of the *New York Times*, Bull writes about the “newer teaching”, and addresses the tension between preserving the order of the school and meeting the individual needs of each child. She says, “Children’s needs are as individual as those of adults, and the problem of how to fulfill these duties and yet preserve the order and harmony of the school as a whole can only be met by educators imbued with a highly spiritual conception of democracy” (Bull, 1918).

Interest in Latin America

Bull appears to have had a special interest in Latin America. In 1916, she wrote a letter to the editor about Abraham Lincoln’s policy towards Mexico (Buffalo Express, 1916b). In 1939, she was scheduled to give a talk about the social background of Mexico (Kingston Daily Freeman, 1939). She translated a selection of the works of Constancio C. Vigil, a Latin American writer, journalist, and publisher, and wrote an introduction to these selections (Vigil and Bull, 1943).

Becoming a Scientist

Bull stated, in the preface to the 1968 reprint of “The Attitude Theory of Emotion” (1951), that “I began to become a scientist in my early childhood, and someday expect to publish the story of the unusual experience that started me on a compelling search for truth in a realm where most people were not even aware of its lack” (Bull, 1968). Unfortunately she died shortly thereafter, before she published that story.

Bull undertook training in neurology in the 1930s. I can only speculate as to how and why she transitioned from her Divine Science practice to research in neurology.

My intuition is that perhaps behaviorism was the link between her Divine Science practice and neurology. As mentioned before, by 1925 Bull had become interested in behaviorism. Behaviorism was based on a scientific study of objective behavior, and was opposed to the psychoanalytic stance that assumed internal mental constructs that could not be objectively observed. Perhaps Bull’s interest in helping people brought her to behaviorism, and behaviorism, being a scientific approach, was the bridge between her early Divine Science approach and her later studies in neurology.

Bull met a neurologist named Joshua Rosett. I do not know if he was the first to interest her in neurology, but it seems that he became a mentor to her. They were neighbors in Woodstock (Gross, 2005, p. 205) and had Socialism in common. Rosett wrote a book on neurology in which he acknowledges her “for her valuable services in connection with this work” (Rosett, 1939, Acknowledgments).

Nina Bull's Legacy

Attitude Theory and Formative Psychology

The neuromuscular model of Bull's attitude theory is embodied within Keleman's Formative Psychology. In a very practical sense, Formative Psychology begins with attitude theory and then moves beyond it.

Formative Psychology makes use of a protocol called the "Bodying Practice". Keleman explains:

The practice protocol consists of five steps:

1. Recognize a somatic pattern and make a muscular model of it.
2. Assemble a continuum of shapes by increasing muscular intensity, pausing between increments.
3. Disassemble the muscular pattern in distinct stages by decreasing intensity, pausing between each decrease.
4. Wait for a pulsing, swelling shape. Then give it an edge of rigidity to form a boundary to contain the pulse.
5. Give duration to new shapes and use them for social and personal activities. (Keleman, 2007)

There is a lot of information packed into those five steps, and it requires some time to absorb and understand Keleman's language. For our present purpose, however, I want to focus narrowly on the first half of Step 1: "Recognize a somatic pattern."

The somatic pattern to be recognized is exactly what Bull calls the "preparatory motor attitude". The Formative Bodying Practice starts by the subject recognizing his or her embodiment of a motor attitude. Once the motor attitude is recognized, the practice protocol provides a structure for a deliberate and managed way to work with that particular muscular pattern.

Clinical Application: Formative Differentiation of Bodily Attitude

Once the motor pattern is recognized, one can increase its form (intensify the attitude) so that the pattern becomes vivified. Once it is vivified, it can be disorganized incrementally and with precision. Since, according to Bull, subjective states begin with a motor pattern (and not vice-versa), the Bodying Practice protocol provides a structure for nourishing self-regulation and working with one's self and one's subjective state. The Bodying Practice is a way to work with oneself by voluntarily differentiating motor attitude. A fixed pattern grows into a range of possibilities.

I offer the following account of how I have used the Bodying Practice to formatively differentiate my motor attitude of dense social defensiveness and in this way empower myself with a wider range of choice of social behavior and a subjective sense of confidence and self-esteem.

I feel uncomfortable, "out of sorts", awkward, nervous, not wanting to be seen, not wanting to reveal myself. This is familiar. It partakes of the feeling tone of much of my childhood and much of my present day social interaction.

I pull in, just as I did in my childhood. Let me not be seen. *Let me not embarrass myself. Let me not draw attention to myself. Let me not open myself to teasing and unkind words.* I make myself smaller by pulling in my shoulders, hunching my back, and clenching my

fists. This is the motor pattern that I recognize.

But I am no longer a child. Now, as an adult, I know what I am doing, and am doing it deliberately, precisely, and with intention. I start with my hands.

With the tiniest of movements I make them solid, thick, dense, impenetrable. An observer might not even notice what I am doing, because my fingers and palms move only slightly. This is movement similar, in a way, to isometric exercises. Flexors and extensors are both activated, so there is no apparent external movement. But inside me, worlds build up, tear down, and build up again. I am voluntarily and deliberately invoking the self-protective pattern that I had formed in my childhood.

I let my hands "teach" the rest of my body. Step by smallest step I involve my forearms, my upper arms, my neck, my throat, my shoulders, my head, my trunk, my pelvis, my legs and feet. By now I have made my entire skeletal musculature denser. I pause. I take stock. I feel solid. I feel impenetrable. My nervousness and self-consciousness has gone away. I am anchored in my density. On the other hand, it's a good thing I don't want to make contact with anybody, because that would be difficult from this state.

After a moment I do it again. In a slow, managed way I move myself one more step up along the density continuum. Again, I pause and take stock.

Now I begin to undo what I've just done. In the tiniest of steps I withdraw from my effort of making myself dense. I am still "densifying", but not quite so much. I am disorganizing my density a tiny bit. Pausing to take stock, I begin to notice sensations in my body that I had not noticed before: tingling, warmth, pleasure, pulsation. I allow the sensations to develop. When I'm ready, I do another round of disorganizing the density that I have created for myself. Then I pause again, and wait, and notice even stronger sensations than I had experienced before. I experiment with myself, densifying and de-densifying, in and out, up and down, contracting and expanding. I find the place in myself that feels like an optimal density: not so dense that I completely cut myself off from the world and my own body, and not so porous that I am disorganized and vulnerable to being overwhelmed by the outside world, especially the social world.

Afterwards, as I leave the classroom and walk down the hall towards the lobby, I encounter some fellow students sitting at a table. I invite myself to join them and enjoy my conversation with them. I am uncharacteristically social. An hour ago I would have merely waved "hi" and continued walking. My formative differentiation of my characteristic motor attitude empowered me to relate to myself and the world, the social world in particular, in a new way.

The Park School of Buffalo

The Park School that Bull was instrumental in founding and based on the educational ideas of John Dewey, has survived and thrived. It is celebrating its centennial this year. Its website is <http://www.theparkschool.org>.

Poetry

I have discovered approximately a dozen poems of Bull's that appeared in various newspapers and other publications over the years. Here is one of my favorites:

The Mockingbird
 Gray singer, of the song-range limitless,
 Thy name but ill befits thee—is a slur
 Upon thy golden morning-heartedness;
 No mocker thou, but an interpreter.

Thou dost divine and utter forth in words
 All brooding joys, winged hopes, and soaring prayers,
 Mingling the simpler songs of other birds
 In the rich beauty of an art not theirs.

(National Audubon Societies, 1915)

Another poem of note is “As Little Children” (Bull, 19??), mentioned previously. This is a nine-page prose poem about children and education. It is suffused with Bull’s spiritual sensibility, Christianity, sense of transcendence and evolutionary unfolding of consciousness, and is radical in its critique:

...O when we think of so-called Education,
 That turns the average child, so full of promise
 And well-marked individuality,
 Into the average man so commonplace,
 Well may we speak of “crime” as none too harsh
 A term for this slow subtle form of murder...

The Place of Nina Bull in the History of Body Psychotherapy

I would like to suggest that Bull has been underappreciated in the literature of the history of body psychotherapy. Attitude theory is a paradigm that supports a fully body-centered approach to psychotherapy yet is distinctly different from approaches based on the work of other better-known pioneers. Young (1997) and Eiden (1999), for example, focus primarily on the pioneering work of Wilhelm Reich and his students. Alice K. Ladas (Prengel, 2007) adds Elsa Gindler, stating that Reich and Elsa Gindler represent two distinct roots of body psychotherapy. Bull’s model emphasizing the role of the motor attitude provides a root for an approach that complements the energetic approach of Reich and the sensory approach of Gindler. It is incorporated in the developments of Stanley Keleman, and perhaps has influenced other practitioners and theorists as well. Only time will tell whether future historians of body psychotherapy will agree with this assessment.

BIOGRAPHY

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REFERENCES

- Brooklyn Daily Eagle (1914). The Brooklyn Daily Eagle, New York, October 14, 1914, page 6.
- Buffalo Express (1916a). Buffalo Express, April 7, 1916
- Buffalo Express (1916b). Lincoln and Mexico. Buffalo Morning Express, March 16 or 25, 1916.
- Buffaloah (n.d.) Ansley Wilcox Mansion / Theodore Roosevelt Inaugural Site. Retrieved June 12, 2012 from <http://www.buffaloah.com/a/del/641/hist/index.html>
- Bull, Cornelia. W. [Nina Bull] (19??). As little children. Buffalo, N.Y: O. Ulbrich Co. The only known extant copies of this work are in the Buffalo (New York) and New York City libraries.
- Bull, N. (1915?). Credo. Riverside, Conn: Hillacre Bookhouse. The only known surviving copy is in the rare books department of the New York Public Library.
- Bull, N. (1918). New Ideas of Teaching. *The New York Times*, September 20, 1918, p.12.
- Bull, N. (1938). The Dual Character of Fear. *The Journal of Psychology*, 5,(1), 209-218.
- Bull, N. (1951). *The attitude theory of emotion*. New York: Nervous and mental disease monographs.
- Bull, N. (1955). The mechanism of goal orientation and the manner of its disruption. *Journal of Nervous and Mental Disease*, 5(1).
- Bull, N. (1962). *The body and its mind: An introduction to attitude psychology*. New York: Las Americas Pub. Co.
- Bull, N. (1968). *The attitude theory of emotion*. New York: Johnson Reprint.
- Eiden, B. (1999) The History of Body Psychotherapy – An Overview. *Counseling News – The Voice of Counseling Training*. January 1999. Retrieved August 5, 2012 from: <http://www.body-psychotherapy.org.uk/component/content/article/1-site-articles/3-integrative-body-psychotherapy.html>
- Ellis, D. (1998). D.H. Lawrence, dying game, 1922-1930. Cambridge: Cambridge University Press.
- Gross, M. (2005). 740 Park: The story of the world’s richest apartment building. New York: Broadway Books.
- Herrick, C.J. (1950, December 11). Letter from Nina Bull to C.J.Herrick. Archives of C. Judson Herrick, Spencer Research Library, University of Kansas.
- Herrick, C.J. (1954, Jan 10). Letter from Nina Bull to C.J.Herrick. Archives of C. Judson Herrick, Spencer Research Library, University of Kansas.
- James, W. (1936). *The varieties of religious experience: A study in human nature*. New York: Modern library.
- Keleman, S. (2007). The Methodology and Practice of Formative Psychology. *The USA Body Psychotherapy Journal*, 6(1), 20-21.
- Kingston Daily Freeman (1939). August Lectures To Feature Noted Folk At Woodstock. Kingston Daily Freeman, July 26, 1939, page 6.
- Leonard, J. W. (1976). Woman’s who’s who of America: A biographical dictionary of contemporary women of the United States and Canada, 1914-1915. New York: American Commonwealth Co.
- Lewis, M. H. (1928). *An adventure with children*. New York: Macmillan.
- Liberty (n.d.). Liberty is always unfinished business. 36th annual report of the American Civil Liberties Union, July 1, 1955 to June 30, 1956. (n.d.). New York, N.Y: American Civil Liberties Union.
- Luhan, M. D. (1933). Intimate memories. New York: Harcourt, Brace and Co.
- Luhan, M. D., & Rudnick, L. P. (2008). Intimate memories: The autobiography of Mabel Dodge Luhan. Santa Fe, NM: Sunstone Press.
- Luhan, M. D. (1935). Lorenzo in Taos. New York: Knopf.

- Monroe (1904). Monroe College Catalog and Prospectus 1904 1905. Mercer University, Jack Tarver Library Special Collections, Macon, Georgia.
- Moore, H. T. (1974). *The priest of love: A life of D. H. Lawrence*. London: Heinemann.
- National Audubon Society. (1915). Bird-lore: An illustrated bi-monthly magazine devoted to the study and protection of birds ... Official organ of the Audubon societies. Harrisburg, Pa: D. Appleton & Co.
- New York Tribune (1917). *The New York Tribune*, June 27, 1917, p.6.
- Niagara Falls Gazette (1930 January 27). Ansley Wilcox, Famed Buffalo Leader, Succumbs to Illness. p. 11
- Ogilvie, M. B., & Harvey, J. D. (2000). *The biographical dictionary of women in science: Pioneering lives from ancient times to the mid-20th century*. New York: Routledge.
- Prengel, S. (2007) Interview with Alice K. Ladas. *Somatic Perspectives on Psychotherapy*, November 2007. (mp3 audio stream). Available from URL <http://somaticperspectives.com>
- Provenzo, E. F., Renaud, J., & Provenzo, A. B. (2009). *Encyclopedia of the social and cultural foundations of education*. Thousand Oaks, Calif: Sage Publications.
- Program of the sixty-seventh annual convention of the American Psychological Association: September 3-9, 1959, Cincinnati, Ohio. (January 01, 1959). *American Psychologist*, 14, 7, 333-468.
- Romalov, N.T. (1988). Progressive Education: Two Contemporary Views. *The Lion and the Unicorn*. 12(1), 141-146.
- Rosett, J. (1939). *The mechanism of thought, imagery, and hallucination*. New York: Columbia University Press.
- Rudnick, L. P. (1984). *Mabel Dodge Luhan: New woman, new worlds*. Albuquerque: University of New Mexico Press.
- Spargo, J. (1915). *Marxian socialism and religion: A study of the relation of the Marxian theories to the fundamental principles of religion*. New York: B.W. Huebsch.
- Stein, L., & In Fuller, E. (1950). *Journey into the self: Being the letters, papers & journals of Leo Stein*. New York: Crown Publishers.
- USABPJ (2007). Stanley Keleman. *The USA Body Psychotherapy Journal* 6(1), 5.
- Vigil, C. C., & Bull, N. (1943). Seeds. Forest Hills, N.Y: Las Americas Pub. Co.
- Young, C. (1997). Body Psychotherapy: Its history and present day scope, an address to the European Association for Body Psychotherapy Congress, Rome, 1997. Retrieved June 13, 2012 from <http://usabp.affiniscap.com/displaycommon.cfm?an=1&subarticlenbr=11>
- Wallace, D. H. (1989). The Ansley Wilcox House and its furnishings: Theodore Roosevelt Inaugural National Historic Site, Buffalo, New York. Harpers Ferry, WV: U.S. Dept. of the Interior, National Park Service, Harpers Ferry Center.

In Support Of Body Psychotherapy

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Abstract

After an introduction to body psychotherapy, there is a discussion of the trend in verbal and cognitive therapies to include the body. This trend will be highlighted via a comparison with body psychotherapy as well as references to cases. There is then a description of body psychotherapy's unique contributions to psychotherapy at large and photos of a patient showing physical changes during six months of body psychotherapy treatment.

Keywords: body psychotherapy, embodied cognition, embodied self, self-reflexivity, Reich, Schore, Pagis

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Introduction

Traditionally, the disciplines of cognitive, social and self psychology, and body psychotherapy have been at two ends of a continuum. More recently however, these different disciplines have begun to share a common ground. Typically, cognitive psychology is defined as follows:

For decades, the reigning paradigm of cognitive science has been classicism. On this approach, higher cognitive functions are analogous to the operations of a computer, manipulating abstract symbols on the basis of specific computations. Mental operations are largely detached from the workings of the body, the body being merely an output device for the commands generated by abstract symbols in the mind. (Goldman & Vignemont, 2009, p. 154)

Simply put, cognitivism is the hypothesis that the central functions of mind...can be accounted for in terms of the manipulation of symbols. First and foremost is the idea that cognition centrally involves *representation*...whose systemic or functional role is to stand in for specific features or states of affairs. (Anderson, 2003, p.2)

This paper is about a shifting paradigm within cognitive, social and self psychology—what Goldman and Vignemont call “a spectra that is haunting the cognitive sciences”—whereby the body is now being included as a formative force in development. It is becoming increasingly clear in these fields that the body is not there simply just to carry the brain around. More radical than that is the idea that self-concept, memory, cognition and consciousness are not only language-based and only in the brain, but also very much

“embodied”. Embodiment has been a mainstay of body psychotherapy from its beginnings. By including references to current research in cognitive, verbal and self psychology, along with examples from body psychotherapy and patient cases, this paper aims to show how the disciplines of cognitive, social and self psychology are now moving towards a more integrated position with body psychotherapy.

Body psychotherapy is a distinct branch of psychotherapy rooted in the work of Wilhelm Reich. The European Association for Body Psychotherapy states that body psychotherapy involves an explicit theory of mind-body functioning. The underlying assumption is that the body reflects the whole person and there is a functional unity between mind and body rather than a hierarchical relationship. Both the mind and the body are functioning and interactive aspects of the whole human being.

Two main ideas of Reich’s are representative of body psychotherapy. One is the understanding that the personal history of the patient is not merely registered in the mind, but also stored in the body by what he called “muscular armoring” (Reich, 1961). Emotions, beliefs and early experiences are all stored in the musculature and are the historical, physical representations of repressed painful memories and psychic resistance. The body and the mind, working together, repress and distort the personal past as well as the present experience, resulting in interference patterns within relationships and within the therapeutic process. Therefore, the understanding in body psychotherapy is that in therapy it is necessary to focus on both body and mind concurrently.

The second of Reich’s (1961) ideas that I would like to highlight suggests that body and mind not only work together in both illness and health, as the psychosomatic approach contends, but are in fact two forms of the same thing—the functional unity mentioned earlier. Reich grounded interpretive psychotherapy in the biological; there is no split between id and ego, between sensation and reason. He calls this relationship between body and mind “functional identity”; two forms of the same thing that work by the same underlying organizing process. For example, if we think of steam, water and ice, our first reaction may be that these are three different things with different properties that affect us differently. But we know that these seemingly different things are in fact three forms—three transformations—of the same thing. In the Reichian sense, psyche, soma and also emotions are understood to be three transformations of an underlying unity. To carry the analogy further, we could say that steam represents the elusive spirit or psyche. We know that what we call the psyche exists, but we cannot see it and the more we try to grasp it, the more it seems to slip away. Ice would appear as the most solid representation, the most real. This is the way the body appears to us: in form, contactable, present. Water could equate to emotions; it is more real like the body, but also elusive like the psyche. Yet we know that these three are different representations—different energy states—of one reality, parallel to the molecular structure of H₂O. Reich’s concept of functional identity has suggested the same for body, mind, and emotions. They are three forms of an underlying, more primary energetic functioning.

Common Ground

Originally, psychotherapy was more body-oriented. In her article on including the body in transactional analysis, Cecilia Waldekranz-Piselli (1999) offers a concise history of the body’s role in early psychoanalysis. Waldekranz-Piselli refers to Freud noticing free association from a patient while being massaged. She points out that it was not unusual

at that time for psychotherapists to touch and even massage patients. She also refers to the writings of George Groddeck where he comments: “...the physical defenses re-enforce psychological defenses and that the pre-oedipal and preverbal past is very important” (as cited in Waldekranz-Piselli, 1999, p. 3). Groddeck used a forceful massage technique while doing psychoanalysis to bring up events from the pre-verbal past. She also includes Sandor Ferenczi and Paul Schiller as early psychoanalysts who recognized the importance of the body in healing the mind.

Despite this promising beginning, body psychotherapy was questioned and due to Reich’s legal troubles in the United States the modality almost disappeared by the early 1960’s. Also, many psychotherapists who were using body-oriented techniques later returned to traditional methods because they became disenchanting for various reasons.

One reason for the disenchantment was the realization that the basic technique of “breaking through” muscular contraction was limited and potentially dangerous for problems of early disturbance, borderline and trauma. A second was that the “acting out” of emotional states, with accompanying movements, was at times reproducing and supporting pathological behaviors in some character structures, like hysterics, borderline personalities and psychopaths. A third reason was that the “energy” concept was too unsubstantial a theme for many therapists to support. And finally, the issue of touching the patient brought up questions of invasive activities, the risk of sexualizing the therapeutic relation and alterations in the traditional models of the therapeutic relationship.

Nevertheless, there was a revival by the end of the 1960’s and body psychotherapy has grown over the years. At the same time, a growing number of cognitive and verbal psychotherapies are integrating the body into their concepts and techniques.

Integrating the Body Into Verbal and Cognitive Therapies: Transactional Analysis, Cognitive Psychology, Self Psychology, Social Psychology

The Body as the Stage Setting for the Script

Waldekranz-Piselli’s article (1999) is one example of how the body is included in verbal psychotherapy. The hypothesis of her article is that the therapist can help to change the patient’s script by including how the patient physically and emotionally structures himself based on four principles: 1. Part of the script is based on unconscious affect-motor patterns. 2. The combination of verbal beliefs and affect-motor convictions perpetuate the script. 3. Therapeutic effectiveness is partly based on changing affect-motor patterns. 4. It is valuable for the therapist to be aware of her own affect-motor schemas “to diagnose and discover somatic counter-transference issues”. (Somatic counter-transference will be discussed later.)

Along with case studies, she elaborates her principles with the theoretical example of a 9 month-old child who is playing when the mother enters the room and then seeks contact with her. The mother is distracted and the more the child demands attention, the more irritated the mother becomes and the more aggressively she rejects the child. Waldekranz-Piselli then plays out the developing experience of the child as: “I am playing, everything is quiet. I see my mother and want her attention. She looks angry. There is a storm coming. I stop breathing and hold myself very still. This is not a good place to be” (1999, p.8). The tensed muscles and the held respiration become part of an affect-motor belief, which if it could be verbalized would be: “I shouldn’t be here.” For Waldekranz-Piselli this affect-motor pattern is a somatic belief: a primitive, nonverbal, script conviction. “Affect-motor

beliefs are the instruments by which the body sets the stage of the Script” and continue to support it (1999, p. 38).

The Embodied Self

In cognitive and self psychologies we see the same shift towards viewing the body as a factor in the development of the self as well as cognition. Typically, self-concept is defined as “...an abstract cognitive representation that is formed through language...a symbolic self” (Schubert & Koole, 2009, p. 828). Schubert and Koole point out that cognition is usually compared to a computer whereby the brain is the software, the body the hardware, and the two are independent of each other. But their definition of cognition is different: “research shows that social concepts are processed in close interaction with sensory-motor systems and are grounded in their physical context. There is ‘embodied cognition’” (2009, p. 828). Social situations are “entrenched” (registered in the body) and include sensory-motor states. Activation of one state produces activation of another. Manipulating body states induces bodily feedback that primes memories and experiences. “Autobiographical memory becomes facilitated when bodily postures during recall are similar to the original event” (Schubert & Koole, 2009, p. 829). This concept has been utilized widely in body psychotherapy and other dynamic therapies such as psychodrama, Gestalt therapy and systemic family therapy. In body psychotherapy, it is not uncommon to position the patient’s body and then ask for specific movements and even verbalizations that reproduce the original historic scene.

Schubert & Koole (2009) postulate that the formation and maintenance of the self-concept is grounded in the body. “Until recently,” they offer, “most self concept research has focused on cognitive representations and paid little attention to sensory motor states in the self concept” (p. 829). In order to overcome this perceived splitting between mind and reason, and body and experience they postulate an “embodied self concept” that “embraces the influence of all kinds of perceptual, motor, and proprioceptive experiences on people’s views of themselves” (p. 829).

Along similar lines, Mussweiler (2006) has shown that representation of a movement activates cognitive material relevant to the movement. Mussweiler had subjects act and speak in stereotypic ways such as moving like an old person. He found that imitating this behavior elicited more stereotypic thoughts about old people. His conclusions are that stereotypic movements activate the stereotyping of the other and stereotypic behavior elicits more stereotypic words.

Embodied Self-Reflexivity

Within social psychology, the body influencing self-concept is represented in Michal Pagis’ “Embodied Self-Reflectivity” (2009). This paper is of particular interest because the description of self-reflexivity described by Pagis is commonly seen in body psychotherapy: “Self-reflexivity refers to the conscious turning of the individual towards himself, simultaneously being the observing subject and the observed object...” (p. 266). Pagis’ aim in delineating self-reflexivity as such is to “extend our understanding of self-reflexivity beyond the notion of a discursive, abstract, and symbolic process” (language) to a “framework for embodied self-reflexivity, which anchors the self in the reflexive capacity of bodily sensations” (p. 265).

In the classical description of the self, the physical dimension is not considered essential. Pagis contributes that the traditional explanation of self is one “in which the

relation with oneself unfolds through a symbolic medium by way of practices of talking to oneself or to others” (p. 266). An internal conversation is needed to objectify the self. Self-consciousness cannot be achieved directly through experience—a “linguistic monopoly has become axiomatic in sociology”, according to Pagis (p. 266). Pagis offers instead a model whereby self-reflexivity is embodied and in which it is “a process based predominately on feeling the body in which the relation with oneself unfolds through a corporal medium by ways of practice that increases awareness of sensations, such as meditation, yoga and dance” (p. 266). To this list, I would add body psychotherapy. Pagis refers to this quote by philosopher Merleau-Ponty: “At the root of all our experiences, we find, then, a being which immediately recognizes itself...not by observation and as a given fact, nor by inference from any idea of itself, but through direct contact with that experience” (p. 267).

Integrating the Body From Other Disciplines: Neurology, Psychoanalysis, Transactional Analysis, Robotics

Referring to the research of the neurologist Antonio Damasio, Pagis calls for a “somatic self” (p. 267). For Damasio, the central nervous system constantly monitors the organism, producing an unconscious “map” of inner states that gives the organism stability. Yet, whenever the self enters a relationship with an object, a second-order map is produced. This second-order map is made of sensations produced by the body. Through these second-order sensations, the individual senses the present situation and responds by attraction or repulsion. The somatic map is therefore an inner sense that “conveys a powerful message regarding the relationship between the organism and the object” (Pagis, 2009, p. 267). Not only do we sense the world, but also we “sense ourselves sensing the world” (p. 267). These secondary sensations are interpretations that carry meaning to the self. As in Merleau-Ponty’s conceptualization, “they are not just free-floating sensations that require interpretations; they are already interpretations themselves” (Pagis, 2009, p.268). This implies that “certain kinds of meaning do not require thematization or verbalization” (Pagis, 2009, p.268). “Somatic self-consciousness is a semiotic [semiotics being the theory of symbols and systems] process that takes place through a nonverbal, embodied medium” (Pagis, 2009, p. 268). She is offering the idea of a *nonverbal* theory of symbols and systems.

There are earlier descriptions of a body-oriented, non-cognitive sense of self. The psychoanalyst Christopher Bollas coined the term, the “Unthought Known” to indicate anything that we know, but cannot conceptualize (1987). These are things that we have an intuitive or felt sense of but struggle to put into words. According to Bollas, much of the content of the Unthought Known arises from experiences *in utero* through the first three years of life. These early experiences are stored in “self states” due to an inability to store them through the cognitive process. But since for an object relations theorist there is no “self” in utero, it makes sense to reconceptualize this vocabulary into the conclusion that these experiences must be stored in the body.

Another example of an earlier, nonverbally based sense of self is what Eric Berne calls “cognition without insight” (as cited in Waldekranz-Piselli, 1999, p. 38). For Berne, these unconscious insights are the basis of the most important judgments people make about others. In his book, *The Neuroscience of Human Relationships* (2006), Cozolino demonstrates that neuroscience has demonstrated some aspects of the relationship between the body, emotions and the self and in his discussion of the “implicit self” he supports

Berne's position. According to Cozolino, the vast majority of memories are unconscious (pre-cortical) and it is these memories that shape our emotional experiences, self-image and relationships. He points out that the speed of the amygdala in processing information generates a physiological reaction before we are conscious of what is being processed. He calls this the "known and unremembered" (pp. 128-29).

All of this indicates that there is an immediate recognition of a deeper sense of self rooted in the body. For example, at the end of a session, one patient of mine said, "Oh, I can't explain it. Anyway, it's more important to me than it is to you." He had no need to talk about it, understand it or to explain it to me. He "knew" it well enough and it was right for him. Pagis points out after a period of such profound experience, the patient talks less. There seems to be a direct ratio: the more important the experience of the self is on this level, the less important it is to talk about it. It's obvious that these two themes are two sides of the same coin. Because the meaning is inherently "known", there is no need to try to intellectualize it, rationalize it, to explain it and especially to justify it. This is true for both positive and negative experiences. They are accepted as they are.

Surprisingly, we also find support for our shifting paradigm of embodiment in the journal *Artificial Intelligence*, which deals with programming robots and computers. Merleau-Ponty is again called upon to support a form of cognitive embodiment in Anderson's (2003) article "Embodied Cognition: A Field Guide": "Merleau-Ponty argues that perception and representation always occur in the context of, and are therefore *structured by*, the embodied agent in the course of its ongoing purposeful engagement with the world. Representations are therefore '*sublimations*' of bodily experience, '*possessed of content already*', and not given content or form by an autonomous mind. In addition, the use of such representations 'is controlled by the acting body itself, by an 'I can' and not an 'I think that'' (p. 103, italics added). Anderson goes so far as to state that there is no proof that humans even form mental representations!

This body-based, nonverbal, unconscious sense of self can be referred to as an "endopsychic self". It is postulated that there is a sense of self that spontaneously arises within, and exists *a priori*, before experience of the "other". In this formulation, the endopsychic self is more than a self-reflective "somatic self". This self is neither psychic nor somatic but both at the same time, before the split into the somatic and psychic realms, again reminiscent of Reich's functional identity (Davis, 2005). As Merleau-Ponty points out, it "recognizes itself" (as cited in Anderson, 2003). An example of this state is reflected in a patient reporting, "An extreme presence in the absence of myself". In getting past the social self-with-other relationship, she could contact the state of being in relation to herself—a self-to-self relationship.

Brain research by Marcus Raichle offers support for this state. "A great deal of meaningful activity is occurring in the brain when a person is sitting back and doing nothing" (2010, p. 28). Viewed from the outside, what seems like inactivity is actually the brain networking with itself and consuming 20 times the brain energy that is utilized when the brain responds consciously! Engaging in conscious activity increases brain energy consumption by only 5%, while "60 to 80% of all energy used by the brain occurs in circuits unrelated to any external event" (p. 31). Raichle calls this the "default mode network" and suggests that it may be the way the brain organizes memories and various internal systems for future events. Previously, this intrinsic activity was considered background noise. He points out that very little of external sensory input reaches the central nervous system. "Of 10 billion bits per second that arrive on the retina...only 10,000 bits per second make it to the

visual cortex... The findings suggested that the brain probably makes constant predictions about the environment in anticipation of paltry sensory inputs reaching it from the outside world" (p. 31). These data not only supports the ideas of the self-reflective state, but also verifies Berne's view that people are making mostly unconscious decisions, Cozolino's (2006) implicit self and Schore's (1999) understanding that unconscious regulation of emotion is more important than conscious regulation.

Alan Schore's "Primitive Mental States"

Another example of the growing importance of the body in psychotherapy is the research of neuropsychiatrist Alan Schore on the right brain's role in emotional development. The right brain is concerned with affect and the left with logic. The right brain has a direct connection to the limbic system and is concerned with the evolutionarily earlier vegetative nervous system that Reich emphasized in the 1940's. Schore (2006) writes that early affect regulation is the basis of all later relationships. He points out that up until at least the first 18 months of life, the right brain dominates. The left-brain functions of logic, reason and symbolizations do not come "online" until after 18 months and do not dominate until around 5 years old. The conclusion is that the child must learn to regulate himself without logic and reason, without language and symbolization; his self-experience is not represented, it is embodied. It is embodied and organized by right brain functions and, as the research above has indicated, within a broader sensory motor system and probably throughout the whole body.

Schore incorporated these findings from the view of right brain functioning into his 1999 paper on primary and projective identification. For Schore, primary and projective identification are highly efficient systems of somatically driven, emotional communication that are essentially nonverbal. They are early, yet enduring, intra-psychic transmission of psychobiological states between the right brains of the mother and child. The "enduring" component here is of particular interest. Similar to Cozolino, Schore maintains that these early, body-based, emotional, nonverbal communication systems continue throughout life and affect all relationships. "This developmental mechanism (either primary or projective identification) continues to be used throughout the lifespan as a process of rapid, fast acting, nonverbal, spontaneous emotional communication within a dyad" (Schore, 1999, p. 5).

According to Schore, current developmental research does not support Melanie Klein's emphasis on cognitive-based fantasies. Research reveals that infant states are less cognitively complex than Klein indicated and more body-based and sensoriaffective. The particular classes of 'primary' emotions that interested Klein—excitement, elation, rage, terror, disgust, shame, and despair—are nonverbal. It is these nonverbal, body-based "deregulated biologically primitive emotions" (Schore, 1999, p. 7) that are acted out unconsciously in the therapeutic relationship.

As a further endorsement for the role of the body in psychotherapy, Schore emphasizes the therapist's body and emotions in dealing with a subtle, unconscious interaction with the patient and brings up the concept of "somatic transference" and "somatic counter-transference", which are emotional reactions within the therapist's body about the patient's emotional state. Developed earlier, a Reichian concept of this is vegetative identification.¹

¹ In a personal correspondence from September 2006, David Boadella described vegetative identification as the ability to feel the other. It is correlated with mirror neurons. It is a vegetative process, not a cognitive one.

Schore emphasizes that this empathic state is necessary. Concerning projective identification, there must be a “psycho-biological holding” by the therapist of the dangerous, projected, “nonverbal emotions” of the patient whereby the patient can vicariously explore and experience these emotions within a safe context. The therapist must “hold” and “metabolize” these emotions for the patient within her own body so that the patient can take them back again as his own. Havens and Larson comment, “Perhaps the most striking evidence of successful empathy is the occurrence in our bodies of sensations that the patient has described in his or hers and that psychotherapeutic resonance is expressed in ‘specific sensations and/or feelings kinesthetically perceived by the therapist’” (Havens & Larson as cited in Schore, 1999, p.10). This is more than an embodied self. This is “embodied psychotherapy”.

Artificial Intelligence and the Body

One would probably not expect to find support for the importance of the body within robotics, and yet Anderson begins his article in a surprising way. “For perhaps fifteen years in artificial intelligence there has been a re-thinking of the nature of cognition...This new approach focuses attention on the fact that cognition is a highly embodied or situated activity...and suggests that thinking beings therefore be considered first and foremost as acting beings” (Anderson, 2003, p. 92). Embodiment in the field of artificial intelligence is called “grounding”, a Bioenergetic concept further developed by body psychotherapist David Boadella emphasizing that life experiences are located and accessed within the physical body (1987).

This is a radical change from the traditional model of cognition, founded on the idea that the central function of the mind—thinking—is based on the manipulation of symbols. “Foremost is the idea that cognition centrally involves representation [based on symbols that]...stand in for specific...states of affairs” (Anderson, 2003, p. 93). Instead, Anderson offers the opposite position through the writings of Rodney Brooks. Brooks suggests that rather than think of cognition as a top-down model of intelligence, we should instead study intelligence from the bottom up, as an evolutionary function. “As evolved creatures, human beings are largely continuous with our forbearers and we have inherited from them a substrate of capacities and systems for meeting our needs and coping with a given environment” (as cited in Anderson, 2003, p. 95). For Brooks, reason is evolutionary, built on the very same perceptual and motor activities that we see in “lower” forms of life—evolutionarily primitive mechanisms which control perception and action. As Reich suggested, reason does not transcend our animal nature. Anderson agrees, “It is not an essence that separates us from other animals; rather, it places us on a continuum with them” (2003, p. 106). Anderson, as Damasio and Reich have also done, is arguing against the Cartesian model of dualism. As there is no separation between mind and body, there is no discontinuity between animal and human.

Quoting Lakoff and Johnson, Anderson drives home his point:

This is not just the innocuous claim that we need a body to reason; rather, it is the striking claim that the very structure of reason itself comes from the details of our embodiment. The same neural and cognitive mechanisms that allow us to perceive and move around also create our conceptual systems and modes of reason. Thus, to understand reason we must understand the details of our visual system, our motor

system and the general mechanism of neural binding. (2003, p. 107)

Anderson is arguing that starting from the top down, merely creating symbols and representations for the robot, is too limited. There is no relevance because there is no context and context—life experiences—evolve out of and are stored in the body.

An assumption for the concept of embodiment is that without context there is no meaning. Let’s take an example. We are situated in a house that is on fire. All doors are closed, we cannot escape. The only way to leave would be to break out a window. A human in this situation would use a nearby chair to break through the window. A robot would be helpless. In fact even by saying to the robot ‘Use the chair’ he would certainly go to the chair and sit on it. Same problem; a robot would never sit on a stone outside because in his mind sitting is related to chairs. This means that a robot cannot fully understand the concept of sitting because he does not possess a mind related to his body, he only has Shore’s left hemisphere of the brain. To understand sitting one must know what it feels like to be sitting because life is not only based on explicit rules. The concept of sitting must be grounded in the body, be in a context and have relevance for the agent. Then one can sit anywhere: in a chair, on a table, on the floor. Embodiment, which provides a context, is therefore crucial to meaning. (Davis, 2010, p. 8)

The left-brain dominated robot is merely asking the question: “What is happening?” For the embodied human, it is the question: “*What is happening to me now?*” (Davis, 2010, p. 8).

Psychoanalysis and the Body: Intersubjectivity

Schore (1999) points out that there is also a significant shift towards the body in psychoanalysis. Psychoanalysis is moving from focusing on content and biographical material towards context and how the patient feels about himself. There is a change in emphasis from a communication of content and cognition to a communication of affect states. “Thus, both clinical and psychobiological models of projective identification are now stressing the critical role of the communication of internal affect states and process, rather than cognitions and content” (Schore, 1999, p. 2). This change is represented in Mitchell’s *Relationality: From Attachment to Intersubjectivity* (2000). Mitchell recounts a case where his patient recovered a lost memory of when she was a baby: her mother had been in an automobile accident and both her arms were stretched out straight in plaster casts. As a result, the patient had been held at arm’s length by her mother. The patient then understood why she, as a mother, seemed to prefer holding her own baby at arm’s length. To try to understand how unconscious, preverbal experiences can be registered, Mitchell writes,

Something outside of us has been stored inside of us. How did it get there? Analytic theorists have come up with a wide array of terms to account for these phenomena: internalization, internal objects, introjection, incorporation, identification, etc. These terms are often clinically useful, accompanying ways in which something that is external becomes internal. But these explanations seem strained when it comes to accounting for stories like the woman with outstretched arms. Do we really believe that the baby whose mother’s arms were in casts clearly perceived

the relevant features of its mother as objects outside of them, and then, through a sophisticated defense process, established that image as an internal presence, later identifying with that image of a separate other? It seems much more pervasive to assume that such early experiences are not stored as images of a clearly delineated other, but as kinesthetic memories of experiences in which the self and other are undifferentiated. (Mitchell, 2000, p. 22)

In other words, Mitchell is harkening to the Unthought Known.

A large part of Mitchell's book draws from the writings of the psychoanalyst Hans Loewald. Loewald argues that there is language within the womb—that there is no separation between preverbal and verbal. “Language is a key feature of the ‘primordial density’ in which feelings, perceptions, others, self are all parts of a seamless unity” (as cited in Mitchell, 2000, p.8). The infant researcher Daniel Stern's position is that with the advent of language something is gained but something is also lost. Mitchell writes that for Stern, the development of language is a “double-edged sword” (Mitchell, 2000, p.6). For Loewald, there is no ambiguity. “The mother speaks to the infant, not with the expectation that he will grasp the words, but as if speaking to herself with the infant included...he is immersed, embedded in a flow of speech that is part and parcel of a global experience within the mother-child field. While the mother utters words, the infant does not perceive words, but is bathed in sound, rhythm, etc., as accentuating ingredients of a uniform experience” (as cited in Mitchell, p. 8). For Loewald, the experience of language is imprinted in the prenatal state in the body and remains with the child forming the basis for later language development. There is no splitting of preverbal and verbal, of body and mind.

Mitchell also quotes the infant researchers DeCasper and Fifer whose results illustrate Loewald's argument that early experiences are stored as kinesthetic memories. In their study, pregnant women read a story out loud and the readings were recorded. After the birth, the mothers read out loud another story by the same author. It was demonstrated that the babies preferred the pre-recorded story to the one read to the child after birth.

Including the Body in Psychotherapy

Despite the potential problems of body psychotherapy already mentioned, there are distinct advantages to body-oriented psychotherapy that makes significant contributions to the psychotherapeutic process.

The discussion of the relationship between the body and cognition focuses on a classic problem in psychotherapy—working through preverbal experiences. Even Daniel Stern, who has done as much as anyone in the last years to establish an earlier date for the creation of the self states: “...there is no direct route to the subjective level experience other than the later narrative” (p. xxxv). Despite this attitude, body psychotherapy has, for many years, been working with not only the preverbal experiences within the psychotherapeutic setting, but also the *nonverbal*. In fact, the research quoted above is referring to the nonverbal state: positive and negative experiences that register in the organism and cannot be understood in the traditional cognitive, language-based narrative. It shows that pre-cortical experiences are registered in the brain and the body before the ability to reason and speech develops. And these experiences are “enduring”. In a body psychotherapy approach, these early, nonverbal, body-based experiences can be accessed, experienced in the present

adult state in a safe environment, and thereby “known”. Sense can be made of these earliest of experiences but they do not necessarily have to be organized and explained in the normal intellectual formulation of verbal discourse between patient and therapist.

An example of this point is from a patient of mine. She was taking medication for panic attacks, had no work, no romantic relationships and had a dreamy, far away quality when she spoke or looked at me. This quality was represented in her body in a sexless formlessness. There was no definition or contours to the body, only a generalized, non-specific roundedness. She was 37, living with her parents and grandparents, and, in talking with her, there was an overall sense of distance and vagueness as if she wasn't really there. At the end of a therapy session she stood up and said to nobody in particular, “I realize that I always wanted to be somebody!” In this case, she was able to “sublimate” her preverbal content; there was coherent verbalization. But how could she know this? Where did this sense of self come from? How could she formulate it so suddenly, so clearly? It didn't come from a rational thought process. It came from the body's preverbal, body-based self: Damasio's protoself, Stern's emergent self, Pagis' “body as a pre-discursive self”, Schore's implicit self, and Davis' endopsychic self. It emerged with content in the cognitive realm. She re-connected with an earlier, denied, unconscious sense of self rooted in the bodily experience; the embodied self. Because this body-based, early sense of self is not dependent on direct social interaction, a preverbal, unconscious autonomous sense of self emerges. When the patient says, “I realize I always wanted to be somebody”, she is a calling out to become the person she *already knows that she is*.

Cognitive and social psychologies have always viewed the self as language-based and located in cortical activity. As indicated already, research implies that a sense of self exists pre-cortically. For example, some birds that do not have a cortex have been shown to be able to identify themselves in a mirror. The point is that there is a deeper sense of self than the social/relational self. Carl Rogers' client-centered therapy is a good example of moving away from the emphasis on the relationship, and moving inward and focusing on the patient's experience of herself within the relationship. It is also possible to work with a body psychotherapy model of Rogers' principle (Davis, 1999). There are many terms reflecting this movement inward, but these concepts were used in a more limited way and were mostly seen as a form of withdrawal. In the 1950's when it was thought that the baby was inactive most of the time, Melanie Klein used the term “alert inactivity”. In therapy, Anna Freud coined the term “benign regression”. Alan Schore refers to this as “reparative withdrawal” (Schore, 1999, p. 15). In fact, as Mitchell pointed out, psychotherapy is inundated with developmental terms reflecting a movement inward to the self: internalization, introjections, identification, incorporation, withdrawing libido from the object, creating mental/object representations. All of these terms imply a movement inward that too often has the quality of withdrawing from “reality”. In Rogers and in self-reflexivity there is not only a movement inward, but there is a profound somatic-based sense of self that is experienced. It is not a movement away from someone or some experience, it is a movement towards something—the somatic-based sense of self. Body psychotherapy is most helpful in reaching this pre-verbal, pre-relational, body-based self.

A second reason to include the body in psychotherapy is that it provides a new way for the patient to experience himself. For example, under certain circumstances, the patient can literally *feel* his resistances. They arise in the body as muscular and vegetative changes: a tightening in specific muscles, loss of concentration, sudden coughing or sneezing and changes in breathing patterns, eye contact, voice quality and movements. The “problem”

becomes more real; it's not an intellectual concept or a distant memory. And when the patient can feel what he is saying it becomes more trustworthy. In one patient, deep fear came up. He felt the fear, he heard himself crying out in fear and at the end of the session he said that he realized that all the major decisions he made in life—career, marriage, having children or not—were based on fear.

On the other hand, the patient can also feel her denied or undiscovered potential and resources. The woman quoted above who “found” her desire to become herself is an example. Another woman reported feeling silly because she knew it wasn't true, but she felt that she was a “queen”. Working with the body in psychotherapy makes another source of information available to the patient. One woman, whose marriage was breaking up, declared, “I don't need a man, I need myself”. The patient had surprised herself. She was surprised by *her* self.

A third reason is that contained body experiences delete the time lag between the event and the understanding, making the experience more trustworthy, genuine, and real. Embodied experience keeps the self in the present time, informs it in the present moment and the first-person sense. Cozolino points out in *Neuroscience and Psychotherapy* (2002) that “memories in subcortical networks do not age; they remain in their original form” and “flashbacks are always in the present and total system experiences” (p. 229) There is a more direct experience of who one is when grounded in the body, as opposed to the psychotherapy model's conception of trying to understand who one is by understanding who one was. Schore's position of “a rapid, fast-acting”, unconscious, nonverbal, body-based communication system that is used throughout life supports the importance of the present moment understanding of what is happening and that this can only come through the body, the recognition of what is happening to *me now*.

Another reason working with the body is beneficial is that often verbal interaction comes to an impasse. The therapeutic dialogue begins to circle or dissipate. When this happens, it is possible to focus on the body to find a way to get through the impasse without challenging the patient's defenses or making them feel wrong or inadequate. Once the impasse has been resolved, a combination of bodywork and talking is helpful.

And lastly, healthy relationships with our emotions play an important role in body psychotherapy. But as important as emotions are in directing our lives, they are too often unconscious and generally seen as negative and even dangerous. We are taught to control our emotions, which usually means to repress them. Schore's research has shown the importance of right brain regulation of emotions without the participation of the logic-dominated left brain. But as he points out, this results in unconscious emotions directing a great deal of our feelings and relationships.

Therefore another advantage of including the body in psychotherapy is to help patients get in contact with emotions and to “befriend” them, so that they are no longer afraid of or victimized by their emotions. The patient then has more conscious integration and therefore control. Intellectually understanding an emotion is helpful, but too often, not enough. Emotions are to be known, not just understood, and experiencing powerful emotions in a safe manner can be liberating. A patient of mine was frustrated in her life. She was alone and longed to be in a meaningful relationship. Her history was to get into a relationship with a man, deny herself, and try too hard to please him. Her low self-worth always created an over-dependence, which caused her partner to leave. After a profoundly sad experience of deep loneliness in a session, she reported, “I can live with that.” There was deep loneliness in her life that she acknowledged—gave it a place—and as a result, she no longer had to be afraid of it. She could move on in her life despite this loneliness.

A Case Study

After 25 years, I am touched when I recall a patient who suffered from early deprivation. In body psychotherapy, we “read” the body for information as to what had happened to a patient in his past and who he is today. As with any categorizing system, there are flaws and traps. But, when applied correctly, looking at the body, the therapist can gain some insight into the patient and in integrating these insights with what is understood verbally, one can draw an adequate representation of that person.

He was a young, silent, thin, undernourished, boyish looking man, who kept to himself. The distant, cold eyes reflected his distrust of people in general. The early disturbance was seen psychically in the restricted social contact, the loner quality, the sense that “I have to do it myself”. In the body, the undernourished quality of the thinness revealed the lack of early warmth and caring. There was a uniform contraction throughout the body that is understood to be the original contraction, as a child, to a shock and/or a cold and unloving, early environment. In any early, shocking circumstance, the body contracts. Known as the Moro reflex, this contracting reflex pervades the body and it can be seen when a child is held up and then suddenly dropped a short distance. The thin and undernourished quality of my patient represents this “frozen” history: the registration of the pre-cortical experiences in the body's tissue. Technically, “frozen” is not the correct word because, as discussed earlier, what happened in the past is still a living process within the patient. Whatever happened to him years ago is *still* happening now *in the present*. The shock was never released. His undernourished quality is the body's representation of the pre-cortical experiences that are *always* in the present and are total body experiences.

In a residential workshop, I did nine body psychotherapy sessions with him that in this case involved little verbalization and a lot of physical touch. Basically, I did the same each session, working gently on his back and especially along the spine where, in a body psychotherapy understanding, the contraction, his history, is held. The thin verticality of the body represents the deep holding within. At the end of each session, there was the opportunity to talk about the session within the group. Each time, he had nothing to say. He reported that the physical work felt good, but there was nothing to talk about. This continued the whole week. The last session of the workshop, while I was doing the same physical work that I had done all week, he began to cry. As he lay there on his stomach on a mat, I continued to work on his Spinalis muscles with our gentle touch technique and the crying intensified into a deep sobbing.

When we talked at the end of this session, he had something to say: “I was crying because I realize now that my stepmother loved me. I always thought all those things she was doing to me were because she didn't love me. Now I understand it was her way to show that she loved me.”

We had never discussed his stepmother. I did not know that he had a stepmother. But I could see some “story” like that in his body. There was deprivation. It could be the loss of his mother. It could be a combination of the loss of his mother and the appearance of a “bad” stepmother. Or it could be that the stepmother was a “good” mother, but, because of the shock of the loss of the mother, and the resulting contraction, he could not accept the good, substitute mothering, and so felt unloved his whole life. The undernourished quality in the body is the physical representation of this lack.

Where did that memory and transforming realization come from? Where did the emotion of being loved come from? How did he manage to rewrite his history without the

discursive element, to re-structure a primary love-object, while lying on his stomach with someone pressing points on his back? The answer to these questions is obvious; it is all there in the body. He went into “default mode”, a deep movement back to the embodied, and reorganized his concept of himself: I am lovable.

Conclusion

From the discussion it seems that the question of including the body in psychotherapy should be rephrased. It should instead be: why not include the body in psychotherapy? It is a necessary part of developmental themes, emotions, beliefs and the therapeutic process. The body and mind are deeply interwoven. As a result the best approach is a body/mind unity within psychotherapy. “As Damasio pointed out, ‘The brain is the body’s captive audience’” (Davis, 2010, p.2).

APPENDIX

These photos show the physical developments during six months of body psychotherapy. It is clear that the structure has changed as well as the overall sense of self. There are also concurrent changes in his personal life: less substance abuse, additional training for work, living separate from parents and entering a love relationship.

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BIOGRAPHY

Will Davis (1943) is an American with more than 35 years experience. He has a psychology degree and was trained in neo-Reichian Radix work, Encounter Groups, Gestalt therapy and in various alternative healing methods. He conducts training workshops in Europe and before that worked in America and Japan. Will developed Functional Analysis and is considered one of the major researchers in the fields of the functioning of the instroke and of the plasmatic origins of early disturbances. He is on the International Advisory Board for the Journal of Energy and Character and the International Journal of Body Psychotherapy. He is a member of the Scientific Committee of the Italian Society of Psychologists and Psychiatrists and the Scientific Network of the European Association for Body Psychotherapy. He lives with his wife and two children in the south of France.

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REFERENCES

- Anderson, M. (2003). Embodied Cognition: A field guide. *Artificial Intelligence*, 149, 91-130.
- Boadella, D. (1987). *Life streams*. London, England: Routledge & Kegan Paul.
- Bollas, C. (1987). *The shadow of the object: Psychoanalysis and the Unthought Known*. London, England: Free Association.
- Cozolino, L. (2002). *Neuroscience and psychotherapy*. NY, USA: W.W Norton and Company.
- Cozolino, L. (2006). *The neuroscience of human relationships*. London, England: W.W. Norton and Company.
- Davis, J. (2010). *The growing importance of embodiment in social cognition*. Unpublished paper, Albert-Ludwigs-Universität Freiburg, Seminar Soziale Kognition. 1-12.
- Davis, W. (1999). An introduction to the instroke. *Energy and Character*. 30(1), 79-94.
- Davis, (2005). *The endopsychic self*. Paper presented at the International Biosynthesis Congress, Lisbon, Portugal.
- European Association for Body Psychotherapy. (n.d.). Retrieved from www.eabp.org.
- Goldman, A., de Vignemont, F. (2009). Is social cognition embodied? *Trends in Cognitive Science*. 13(4) 154-159.
- Mitchell, S. (2000). *Relationality: From attachment to intersubjectivity*. Hillsdale, New Jersey: The Analytic Press.
- Mussweiler, T. (2006). Doing is for thinking! *Psychological Science*. 17(1), 17-21.
- Pagis, M. (2009). Embodied self-reflexivity. *Social Psychology Quarterly*. 72(3), 265-283.
- Raichle, M. E. (2010). Dark energy of the brain. *Scientific American*. 302(3), 28-34.
- Reich, W. (1961). *The function of the orgasm*. New York, USA: The Noonday Press.
- Ryan, R.M. and Brown, K.W. (2003). Why we don't need self-esteem: On fundamental needs, contingent love, and mindfulness. *Psychological Inquiry*. 14(1), 71-79.
- Schore, A. (1999). Clinical implications of a psychoneurobiological model of projective identification. *Primitive Mental States*, 1999, Vol. III, S. Alhanati Ed., ESF Publisher.
- Schore, A. (2006). Paper Presented at the IV International Biosynthesis Congress. Lisbon.
- Schubert, T., & Koole, S.L. (2009). The embodied self: Making a fist enhances men's power-related self conceptions. *Journal of Experimental Social Psychology*. 45, 828-834.
- Stern, D. (1985). *The interpersonal world of the infant: a view from psychoanalysis and developmental psychology*. New York, USA: Karnac.
- Waldekranz-Piselli, C. (1999). What do we say before we say hello? The body as the stage setting for the script. *Journal of Transactional Analysis*. 29(1), 31-48.

The Ever Changing Constancy of Body Psychotherapy¹

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Abstract

Presented at the 2012 USABP Conference, this keynote address outlines both historical theories that have informed today's body psychotherapy and contemporary trends of thought in the field. Robert Lewis, Alexander Lowen, Donald Winnicott, Harry Guntrip, Ronald Fairbairn and Wilhelm Reich, as well as Donald Kalsched, Dan Siegel and Peter Levine are all given mention, sandwiched between illustrations borrowed from poetry and Hilton's own anecdotes. Hope is proposed for a humanistic, sympathetic future of body psychotherapy.

Keywords: history, poetry, Reich, Winnicott, Siegel

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Good morning. The title of my presentation this morning is “The Ever Changing Constancy of Body Psychotherapy”. The brochure statement regarding my presentation says, “Over time our techniques and modalities change but our goal remains the same: the integration of body and mind.” I want to direct our attention toward what that goal of integration looks like, why it is so hard to achieve and some suggestions about the direction we need to take to accomplish that goal. I will be drawing on insights from the pioneers of the past as well as research from the present. I hope this will give us some direction for the future.

I want to begin by quoting Bob Lewis, a Bioenergetic trainer and psychiatrist who reminds us in his wonderful paper, “Bioenergetics in Search for a Secure Self”, “Therapists pick the modality that suits their own proclivities... specifically, their own capacity for intimacy/autonomy, their own attachment style” (p. 136). Alexander Lowen reports to have had life-changing experiences as a patient of Wilhelm Reich. But he discovered that these changes were largely due to the charismatic influence of who Reich was and his transference to him. He realized that these changes, even the orgasm reflex, did not hold up. He developed Bioenergetics and introduced the concept of grounding as a way of supporting his own processes of integration of body and mind. I also had wonderful and life-changing experiences with Lowen but over time I also realized, much as Lowen did with Reich, that they did not hold up. I needed something else and that something I found to be a mutual healing therapeutic relationship with my therapist. I certainly had this at moments with Lowen but Bioenergetic therapy at that time was not designed to use this relationship as the principle modality of healing. I eventually learn[ed] to call what I do Relational Somatic Psychotherapy.

Thus, just as it was true of the pioneers of the past, that they developed theories based on their own particular needs, so it is certainly true for me today. My own prejudiced and unconscious

perspective largely determines what I choose to observe and acknowledge as relevant from their work. And what you choose to hear me say this morning is likewise colored by what you want to hear. This does not mean that we cannot be informed and have our opinions challenged and changed, but for that to happen we must first acknowledge our own prejudices. Harry Guntrip in his book, *Psychoanalytic Theory, Therapy and the Self*, states, “There is something wrong with us if our theoretical ideals remain stagnant and impervious to change for too long. Theory is simply the best we can do to date to conceptualize the experiences of our patients present with us.” I would add that my theories are the best I can do to conceptualize my own experience as well as my patients’. I certainly agree when he further states, “To care for people is more important than to care for ideas, which can be good servants but bad masters.”²

It would be great if we all could have the attitude displayed by the master of the monastery where Jack Kornfield was studying to be a Buddhist monk. One day a fellow student came to the master and told him that a monk who had left the monastery and had been converted to Christianity was back and was trying to evangelize and convert his fellow monks. He asked the master what he was going to do about this. The master looked at him and said, “Maybe he’s right.” However, the narcissistic part of my own character does have to admit that one of my favorite New Yorker cartoons has a Jesus-like figure standing on a hill addressing a crowd. The caption reads, “No, there will not be a question and answer period.”

I mentioned in my statement as to the purpose of my speech that while our techniques change, the goal remains the same—the integration of mind and body. I want to begin exploring this concept by asking the question, “What does this integration look like?”

In my correspondence with Ann Ladd regarding my presentation she asked a very important question, “Have you done any research on your work? We are also trying to bring in more attention to research and the science that underlies our work. I’m going to suggest that be the central focus for the next conference.” My answer to her question is, “No, I personally haven’t”, but I am well acquainted with those who have and the results of their work. Perhaps that is my research. In regard to this question I would like to refer to a conversation I had with Dan Siegel whom you all know as one of the foremost researchers today in neurobiology. I had the privilege last October of interviewing Dan for our Bioenergetic Conference. In one part of that interview I referred to an account he gives in his book, *Mindsight* (2010), of working with Stuart, a 92-year-old man whose son brought him in for therapy. Stuart was depressed but insisted he did not need to be there. He had lived all of his life in the left hemisphere of his brain and to help him find integration between the two hemispheres was going to be a challenge. Dan recalls a breakthrough when one day in therapy Stuart said, “I know people say they feel this or that... but in life, I basically feel nothing. I really don’t know what people are talking about. I’d like to know before I die.” Then, Dan wrote about the end of a session months later. Referring to Stuart, he wrote, “When he rose from the chair, he came over to me and shook my hand, then brought his left hand up to cover our clasped hands, ‘Thanks,’ he said, ‘Thank you so much for everything. This was a good session’” (p. 117).

Dan then states, “I can’t really put words to what happened but—half a year into therapy—there now seemed to be a ‘we’ in the room. If we had had brain monitors on hand, I think they would have picked up the resonance between us. Just as Stuart had been moved to tears at realizing that his mind was in mine. I felt deeply moved by feeling, for the first time, that mine was in his. There was a deep and open connection between us” (2010, p. 117). He later states, “Stuart’s wonderful and now eager mind was ready to do what it was born to do—to connect with others and himself” (p.118). And, “This unacknowledged drive was what propelled Stuart’s therapy forward to the moment of meeting when he placed his hand over mine” (p.178).

¹ Keynote address at the USABP Conference in Boulder, CO on August 10, 2012 entitled “The Pioneers of the Past – The Wave of the Future”.

After quoting this passage to Dan, I then asked him the following question: “Here you imply that connection is not just in limbic resonance but also in actual physical contact. In your opinion is such physical contact a natural fulfillment of this limbic drive for connection?” He hesitated for a moment and then said yes it was and in keeping with his understanding of his own boundaries when the patient needs more physical contact than he felt comfortable with, he calls upon a body-oriented psychotherapist to assist in the therapy.

Dan’s client’s expression was not simply an intellectual acknowledgement but a heartfelt response that moved him to contact Dan. Dan has also written that “the heart has an extensive network of nerves that process information and relay data upward to the brain in the skull. Such input from the body forms a vital source of intuition and powerfully influences our reasoning and the way we create meaning in our lives” (Siegel, 2010, p. 43). I later mentioned to him that the first time I heard him speak 15 years ago, I turned to Virginia [my wife] and said, “This man has done the research that validates what we do as body psychotherapists.”

Research demonstrates that the effect of integration of body and mind is to regain the capacity to share our hearts in love and to be drawn toward physical contact with the object of this love. In fact, Dan Siegel and Jack Kornfield give seminars on the neurobiology of love. Now, this observation is not new. For Alexander Lowen, one of our pioneers of the past, the goal was clear. He writes, “Bioenergetics aims to help a person open his heart and love. This is no easy task. But if the objective is not gained, the result is tragic. To go through life with a closed heart is like taking an ocean voyage locked in the hold of the ship. The meaning, the adventure, the excitement and the glory of living are beyond one’s vision and reach” (1976, p. 44). The great German poet Rilke has said, “For one human being to love another human being: that is perhaps the most difficult task that has been entrusted to us, the ultimate task, the final test and proof, for which all other work is merely preparation.” And to quote Siegel again “Long before researchers began to unravel these neural mechanisms, poets and children knew that the heart is indeed a wise source of knowing” (2010, p. 167).

However, along this line, I want to quote another of my favorite pioneers, Donald Winnicott: “It is my purpose here to state as simply as possible that which is new for me and which perhaps is new for others who work in psychotherapy. Naturally, if what I say has truth in it, it will already have been dealt with by the world’s poets, but flashes of insight that come from poetry cannot absolve us from our painful task of getting step by step away from ignorance toward our goal” (Winnicott, Winnicott, Shepherd, & Davis, 1989, p. 87).

We now know what our goal is, to quote the opening lines from Mary Oliver’s poem “The Wild Geese”,

You do not have to be good
 You do not have to walk on your knees
 for a hundred miles through the desert, repenting.
 You only have to let the soft animal of your body
 love what it loves.

If the goal of integration is to once again “let the soft animal of our body love what it loves”, then I ask, referring back to Winnicott’s and Rilke’s, comments, what makes this goal such a “painful and difficult task”?

Perhaps an article in the *New York Times* by Diane Ackerman entitled “The Brain of Love” (March 25, 2012) can help us.

A relatively new field called interpersonal neurobiology draws its vigor from one of the great discoveries of our era: that the brain is constantly rewiring itself based on daily life. In the end, what we pay the most attention to defines us. How you chose to spend

the irreplaceable hours of your life literally transforms you. All relationships change the brain—but most important are the intimate bonds that foster or fail us, altering the delicate circuits that shape memories, emotions and that ultimate souvenir, the self. Every great love affair begins with a scream. At birth, the brain starts blazing new neural pathways based on its odyssey in an alien world. An infant is steeped in bright, buzzing, bristling sensations, raw emotions and the curious feelings they unleash—weird objects, a flux of faces, shadowy images and dreams, but most of all a powerfully magnetic primary caregiver whose wizardry astounds.

Brain scans show synchrony between the brains of mother and child, but what they can’t show is the internal bond that belongs to neither alone, a fusion in which the self feels so permeable it doesn’t matter whose body is whose. Wordlessly, relying on the heart’s semaphores, the mother says all an infant needs to hear communicating through eyes, face, and voice. Thanks to advances in neuroimaging, we now have evidence that a baby’s first attachments imprint its brain. The pattern of a lifetime’s behaviors, thoughts, self-regard and choice of sweethearts all begin in this crucible.

And then she adds at the beginning of a new paragraph, “The body remembers what that oneness with mother felt, and longs for its adult equivalent.” Therein lies the rub. If the body remembers what such care and comfort felt like and tries to find it again, it must also remember the pain, horror and loneliness that it felt when there was no such resonance as described above. Only one in ten of my clients has the response of comfort and security when remembering his or her birth and mother. For others and myself who have been traumatized as children, an association with the need for contact with the mother can be extremely threatening, to say the least. So while the brain is wired, as Siegel says, “To do what it was born to do”, namely to make loving contact with ourselves and others, it is also wired to preserve our bodies and psyches from further life threatening expressions of need and pain.

We are all destined to seek contact, and the integration of mind and body is dependent on completing that task. Isolation can create terror and disintegration. Contact can bring relief from the agony of aloneness, but for those who have been deprived of it as children it can also be extremely painful. The frostbitten hand needs warmth and yet the warmth brings pain. T.S. Eliot in the opening lines of his famous poem, “The Waste Land”, says it this way.

April is the cruelest month, breeding
 Lilacs out of the dead land, mixing
 Memory with desire, stirring
 Dull roots with spring rain.
 Winter kept us warm, covering
 Earth in forgetful snow, feeding
 A little life with dried tubers.

As a therapist, I know that when clients who have been deprived of contact when they needed it allow me to make contact with them, it will not be long until they must pull away and frustrate or test or deny that for which they so desperately long. It feels as if they cannot come out to meet me nor can they let me in. They are stuck between two opposing forces: one to move out, and the other to stay as they are. Different clients describe this condition of staying as they are in different ways. For some, it is like being alive in a coffin, or locked away in the attic or cellar. For others, it is like being in the back ward of a mental hospital or a jail where they are both the condemned and the jailor. Always, it is a place that has no windows or doors or a knowable exit.

Donald Winnicott, the British pediatrician and psychoanalyst, gives another insight as to what happens to a child who is left too long without contact. He said,

[For the baby,] The feeling of the mother's existence lasts x minutes. If the mother is away more than x minutes, then the *imago* fades, and along with this, the baby's capacity to use the symbol of the union ceases. The baby is distressed, but this distress is soon *mended* because the mother returns in $x+y$ minutes. In $x+y$ minutes the baby has not become altered. But in $x+y+z$ minutes the baby has become *traumatized*. In $x+y+z$ minutes the mother's return does not mend the baby's altered state. Trauma implies that the baby has experienced a break in life's continuity, so that primitive defenses now become organized to defend against a repetition of 'unthinkable anxiety' or a return to the acute confusional state that belongs to disintegration of nascent ego structure.

We must assume that the vast majority of babies never experience the $x+y+z$ quantity of deprivation. This means that the majority of children do not carry around with them for life the knowledge from experience of having been mad. Madness here simply means a *breakup* of whatever may exist at the time of a *personal continuity of existence*. After 'recovery' from $x+y+z$ deprivation a baby has to start again permanently deprived of the root which could provide *continuity with the personal beginning*. (1982, p. 97)

According to Winnicott, the vast majority of babies do not experience this quantity of deprivation, but as I mentioned before, I and most of my clients have experienced either this or equally devastating traumas of another kind. This has been especially true for my therapist clients who, over the years, have made up at least half of my practice.

Guntrip, speaking to this issue provides another perspective as to the results of such deprivation and trauma when he states, "There are no fears worse or deeper than those which arise out of having to cope with life when one feels that one just is not a real person, that one's ego is basically weak, perhaps that one has hardly got an ego at all" (1969, p. 174). He goes on to say, "In order to possess himself of an ego strong enough to live by, he rejects himself and substitutes by identification the personality of his persecutors" (1961, p. 424).

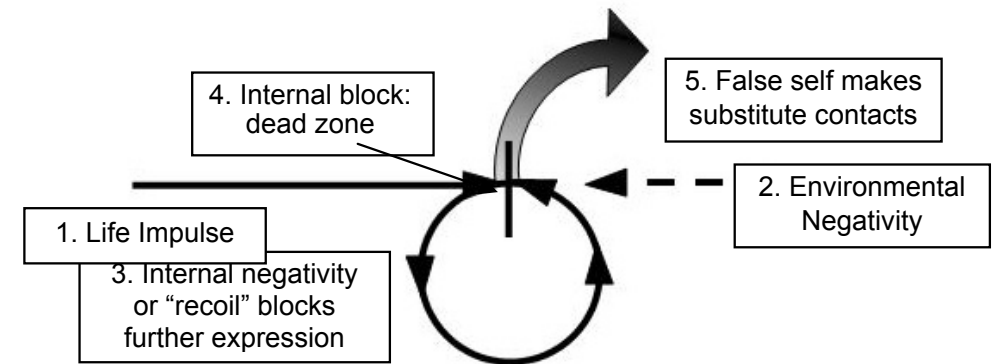
Does this mean that someone so deprived of appropriate contact as a child must forever exist in a false or persecutory self with no real ground for his or her being and no hope of returning to and recovering what was lost? I ask, "What is the root that Winnicott says is permanently lost and causes us to substitute shame, demonic rage and self-hatred in its place?" When I referred to Winnicott's statement while interviewing Dan Siegel, he said, "Perhaps he is right for a few people but we must always act as if such a loss is not permanent."

Donald Kalsched, the Jungian analyst, in his wonderful book, *The Inner World of Trauma* (1996), provides a hint to answer the question of what it is that is lost. Referring to the "tyrannical caretaker" (Guntrip's internal saboteur or the internalized persecutory parent) that blocks access to and from the traumatized child, he said it preserves the "life [of] the person whose *heart* has been broken with trauma." If so, the missing "root" could be the open and spontaneous expression of the heart. Winnicott made a similar observation. "The true self comes from the aliveness of the body tissues and the working of body functions, including the heart's action and breathing" (1960, p. 147). It appears that what gets crushed is the spontaneous expression of the infant's heart: that is, the free and positive reaching for and connection with another. Instead, the negative impact of neglect or trauma activates a numbing, isolating "protection" from further pain and abuse. Said another way, the child learns to live without a heart for life and therefore without the rewards or satisfaction from his or her ability to love and be loved.

Speaking to what is missing in the client and how it happens from an energetic perspective, Reich gave the following example:

We gradually came to see that, even after the formal modes of behavior had been completely broken down, even after far-reaching breakthroughs of vegetative energy were achieved, an indefinable residue always remained, seemingly beyond reach. One had the feeling that the patient refused to part with the last reserves of his "narcissistic position" and that he was extremely clever in concealing it from himself and from the analyst. Even as the analysis of the active defense forces and of the character reaction formations seemed to be complete, there was no doubt that an elusive residue existed. Here the analyst was faced with a difficult problem. The theoretical concept of the armor was correct: an aggregate of repressed instinctual demands which were directed toward the outer world stood in opposition to an aggregate of defense forces which maintained the repression; these two formed a functional unity with the person's specific character. In short, while we understood both what had been warded off and what warded it off, we still had no conclusive insight into the residue. (1971, p. 311)

From an energetic perspective, Reich concludes that "psychic contactlessness" constitutes the elusive residue of the armor. And this "contactlessness" is what keeps the patient from integration. This is the way I describe this concept, which is my adaptation of Reich's original formula.



The diagram shows how the original impulse (1) in the person moving toward integration through expressing his heart and life is frustrated (2) and the energy of that impulse doubles back on itself to stop further reaching and exploration of that goal (3). It is like touching a hot stove and recoiling back. The result is deadness, apathy and inflexibility, all protecting a broken heart. This estrangement from the world (4) is compensated for by what Reich called "substitute contact" and what Winnicott would later call the "false self" (5). There is a layer of psychic structure between these two opposing forces (1) and (3), an inner isolation even when there is an abundance of social contact. In Bioenergetics is a phrase: "We deaden our bodies to avoid our aliveness and then we pretend to be alive to avoid our deadness" (4). Edwin Arlington Robinson aptly illustrates this in the poem "Richard Cory" (1897):

Whenever Richard Cory went down town,
We people on the pavement looked at him:
He was a gentleman from sole to crown,
Clean favored and imperially slim.

And he was always quietly arrayed,
 And he was always human when he talked;
 But still he fluttered pulses when he said,
 "Good-morning," and he glittered when he walked.

And he was rich—yes, richer than a king—
 And admirably schooled in every grace:
 In fine, we thought that he was everything
 To make us wish that we were in his place.

So on we worked, and waited for the light,
 And went without the meat, and cursed the bread;
 And Richard Cory, one calm summer night,
 Went home and put a bullet through his head.

This poem clearly demonstrates that underneath the "narcissistic position" of the patient lies rage and shame. We now know that beneath that: the pain of heartbreak. We are all here this morning as body psychotherapists exploring ways to make contact with this experience of our clients. Again, I believe that this contactlessness is evidence of the clients' dissociation from their connection with their own broken heart. Discovering a way to contact them would allow them to risk once again the experience and the expression of that brokenness to themselves and others and thus begin to reclaim their lives. We are all exploring a multitude of ways to help them find relief from being captured between these two powerful forces of love and survival. We recognize that these two forces come from the same root and have been split by various kinds and severity of trauma. We hope to facilitate the recovery of spontaneity in our lives and theirs and thus live the life of our bodies, to find integration between body and mind, to fulfill what we were born to do. To grieve what we didn't get so we can keep and enjoy what we have. To once again "let the soft animal of our bodies love what it loves."

I would like to contribute to our exploration by sharing with you some of the insights that have been helpful to me in this quest. These insights come mainly from pioneers of the past (Reich, Lowen, Winnicott, Guntrip and Fairbairn) and pioneers of the present (Kalsched, Levine and Siegel). I begin with a case vignette from one of these pioneers of the past, Wilhelm Reich. This vignette appears in the chapter on contactlessness in his book *Character Analysis* (1971), originally published in 1933.

During the treatment, character traits such as reserve and reticence become a compact character resistance, e.g., in the form of a stubborn, apprehensive silence. It is completely alien to character analysis to overcome such silences by urging, demanding or persuading the patient to talk. The patient's silence is usually the result of an inability to articulate his inner impulses. Urging and persuading intensify the stubbornness; they do not eliminate the disturbance of the patient's ability to express himself but make it worse. The patient of course would like to talk, to open his heart to the analyst. For some reason or other, however, he cannot. No doubt, the very fact of having to talk inhibits him. He does not know that he is not able to express himself, but is usually of the opinion that he does not want to. In secret, he hopes that the analyst will understand him in spite of his inability to open himself. This desire 'to be understood' is usually accompanied by a warding off of any help: a stubborn attitude is assumed. This makes the work difficult but not impossible.

Instead of urging, persuading, or even resorting to the well-known "silence technique," the analyst consoles the patient, assuring him that he understands his inhibition and, for the time being, can do without his efforts to communicate. In this way, the patient is relieved of the pressure of "having to" talk; at the same time he is disarmed of any contemporary reason for being stubborn. If now the analyst succeeds in describing the patient's attitudes to him in a simple and precise manner, without expecting any immediate changes, the patient readily feels himself "understood," and his affect begins to stir. At first he struggles against them by intensifying his silence, but eventually he grows restless. This nascent restlessness is the first movement away from the condition of rigidity. After several days, or at the most weeks, of careful description and isolation of his attitudes, he gradually begins to talk. In most cases, the character trait of silence is caused by a constriction of the throat musculature of which the patient has no awareness; this constriction chokes off "emerging" excitation. (p. 318)

Reich describes a certain character trait of resistance and how to work with it but he begins with such a simple phrase: "The patient of course would like to talk, to open his heart to the analyst." As we have been discovering, the primary impulse in the patient is to open his heart to another person, to share the essence of himself, to recover the integration of his mind and body. This is a real person wanting to make contact with another real person. Reich did not say this person needs to experience an orgasm reflex or rid himself of some chronic muscular contraction or gratify an instinctual impulse or use the analyst as an internalized self-nurturing object.

He also did not depersonalize it by saying that the organism of the client was attempting to maintain an energetic equilibrium and reduce basic anxiety by contacting the energy field of the presenting object: namely, the therapist. He simply said he would like to open his heart to the analyst. This was not an id seeking gratification, but a person seeking contact with another person as an expression of his being. He was trying to do what both his brain and his heart are "wired to do".

For another pioneer of the past, Donald Winnicott, the recognition of the child's impulse to share its heart with the mother is crucial for the child's wellbeing. He says, "...the breast is created by the infant over and over again out of the infant's capacity to love" (1982, p. 238). Then he says, "The mother places the actual breast just where the infant is ready to create, and at the right moment" (pp. 238-239). This placing of the object at the right place and at the right moment is something the mother is able to do only if she is in a state of "primary maternal preoccupation", which means that she is identified with the infant and, at a very deep level, attempts to respond to what he needs. So, combining Reich and Winnicott, the simple phrase, "the client would like to open his heart to the analyst", is both real today and carries with it the child's primary longing to be seen and recognized as a real person. He seeks a response that will make him feel real, important, integrated and authentic in his world. As Guntrip would say, "If it is bad human relationships that make people emotionally ill, it can only be a good human relationship that can make them well again" (Guntrip & Hazell, 1994, p. 401).

Now we come to an interesting part. If the patient would like to open his heart and it is so important to do so, why doesn't he or why can't he? Reich points out that he has a "character resistance": what he calls a "stubborn apprehensive silence". He then says that the patient probably has an "inability to articulate his impulses" and finally that the "very fact of having to talk inhibits him". He has psychological resistance (stubbornness), a physical resistance (an "inability" or "a constriction of the throat musculature"), and an interpersonal resistance (resentment at being pressured to express himself).

He contains or inhibits himself for some very good reasons even though they greatly limit him in the present. Reich says, "For some reason or other...he cannot [open his heart]." What's going on here? The obvious answer is that when he opened his heart in the past, as he was born to do, he met such painful disappointment that he had to close down and protect himself. The protection of this primitive self has now become his main preoccupation. His "stubbornness" is his form of saying "no" to anyone who tries to help him since he unconsciously expects to be disappointed again. Nevertheless, all the while he is desperate for real contact.

Reich, speaking about how this "no" first develops, describes how a baby is born, held up by the heels, slapped, and then taken from the mother. If a boy, he is circumcised. Later, the child is returned to the mother where it may experience a cold nipple or no milk at all. He says,

This poor child, poor infant, tries always to stretch out to find warmth, something to hold on to...It can't come to you and tell you, "Oh, listen, I'm suffering so much, so much." It cries. And finally, it gives up. It gives up and says, "No!" It doesn't say "no" in words, you understand, but that is the emotional situation. We get it out of our patients. We get it out of their emotional structure, out of their behavior, not out of their words. Words can't express it. Here in the very beginning, the spite develops. Here, the "no" develops, the big "NO" of humanity. And then you ask me why the world is in a mess. (Reich & Eissler, 1967, p. 29)

When I first started my adventure in Bioenergetics, I was amazed at the intensity and determination of my "no". I soon realized that even though deprived of nurturing supplies as a child, I kept that deprivation present through the physical contraction against allowing my need to surface. My self-organization with its "no" maintained it. Another pioneer, Ronald Fairbairn expressed this precarious situation for the child in object relation terms as follows:

If on the one hand he expresses aggression, he is threatened with loss of his good object, [she rejects him all the more]and if, on the other hand, he expresses libidinal need, he is threatened with the singularly devastating experience of humiliation over the depreciation of his love, shame over the display of needs which are disregarded or belittled...[or] at a still deeper level, an experience of disintegration and of imminent psychical death. (1952, p. 113)

Fairbairn goes on to say that the child learns to use "a maximum of his aggression to subdue a maximum of his libidinal need" (p. 114). He then makes the observation that "the child's technique of using aggression to subdue libidinal need thus resolves itself into an attack by the internal saboteur upon the libidinal ego" (p. 115).

I was reminded of my own "internal saboteur" when Virginia's mother several years ago after dinner simply said, "I need something sweet." There was a voice inside me, which thank God I did not express, that said in a sadistic manner, "No one needs anything sweet." I was shocked at the intensity of it. It was my internal saboteur crushing any desire I might have for satisfying a primitive libidinal need thus guaranteeing I would not long for the breast and thereby re-experience an unlivable anxiety. I immediately said to Virginia's mother, "Hazel, come with me." I drove her to our favorite frozen yogurt store where I bought her whatever she wanted with as many toppings as she could handle.

Winnicott again reminds us that anxiety is not a strong enough word for this state of being. Overwhelmed by internal chaos and the threatening external world, the child faces a loss of self-organization and the possibility of returning to an unintegrated state. He experiences the terror of "falling forever"—like stepping into an elevator shaft with no bottom. If he could hit bottom at least he could die, but here he can't die and can't stop falling. Winnicott believed that secondary to such trauma, the child is left without an anchor for his primitive self. Since his

mother is unable to protect him and provide an auxiliary ego for him, he has no ground upon which to build his identity. To resolve this, the best he can, he resorts to "self-holding".

Lowen comments in his book *The Betrayal of the Body*, when speaking of this kind of loss that denies the pleasure of life, he says, "The rejected bodily pleasures create their own domain of hell. In this process a devil is born. The process breaks the organismic unity of the ego and affective expression of the self. Over time, the constricted bodily sensations become unconscious and no longer participate in the consciousness of the image of the person."

I remember when I was first in Bioenergetics. I had been a minister and there the image I had of myself was to be like Jesus but I soon found out in my therapy that I was much more like the devil, which was both shocking and relieving.

Reich sees this in the shrinking of the bioplasm and the resultant muscular armoring and the implied statement of "NO". Winnicott emphasizes the psychic hiding of the true self. The psychic hiding and the muscular contraction go together and can never be separated. Winnicott goes on to mention other possible agonies that arise from environmental failure such as what he calls the "loss of psycho-somatic collusion". For Winnicott, the infant's task is to inhabit its body. It can only do that when the environment provides adequate nurturing supplies and thereby does not force the child to prematurely call upon its own immature psychic resources to provide safety for its existence. As I have mentioned, when the child is forced to use these premature resources a split in the psyche occurs. These split states are what Bob Lewis calls "cephalic shock". Winnicott would say that the child develops a "split off intellect" which results in the "failure of indwelling" or the failed possession of its body as a home for its psychic life. This also may result in the loss of the sense of real and diminished capacity to relate to objects.

Winnicott says, "...at the beginning the child has a blueprint for normality which is largely a matter of the shape and functioning of his or her own body" (Winnicott et al., 1989, p. 264). With "good enough" mothering, he can stay with this biological blueprint for his existence and meaning in the world. Without it, he loses his basis for normality and is lost. As Reich said about himself, "It is terrifically painful to be alone and alive at the same time. That's hell. I go through it myself" (1967, p. 35).

I want to stop here for a moment and have us take in what I have been describing, especially for those of us who identify with these experiences. We need to breathe and make contact in order to continue to integrate this material. As I wrote this presentation I found that at times I had to stop and cry and feel my body in the chair and my feet on the ground. Otherwise, I would approach this material, to use Winnicott's term, from my split off intellect.

In reference to the material we have stated thus far, I created the following imaginary dialogue between Winnicott and Reich. I quote these two pioneers so much, especially Winnicott, that some of my colleagues will say, I don't want to know what Winnicott says, I want to know what you say. So I say to you this morning: "Bear with me, we will get to that."

At this point Winnicott could say to Reich, "I totally agree with you about the primitive agony that a child feels. I would like to emphasize, however, the personal meaning of this environmental failure and what happens inwardly to the developing self of the child and what psychic adaptations it has to create to survive."

Reich might respond that all of that is very interesting, but it is psychology. It is ideas about what is happening. He might say, "I am interested in physiology, in what I can measure, in what happens to the bioenergy of the body. All of the psychological concepts are predicated upon frozen and terrified protoplasm. Free the protoplasm and the psyche will follow."

Winnicott might reply, "Unfortunately it is not that easy, for, as you know, physiology and

psychology cannot be separated. The person is more than the body. Take for instance the client in the passage above. He is alive and inhibited but he is also a person struggling to express his heart again even though he is unable to do so. He needs to be understood. He is a person, not just damaged protoplasm.”

“Yes”, Reich could say, “You know I agree with that. I just don’t want to lose the basic dynamic of bioenergy as the foundation of life and get lost describing the psychic box we are in and not look at how to get out of the box. Don’t forget that Freud began as a somaticist, as a man who worked with the body. Then he discovered the unconscious. So he switched over into psychology. But he never forgot that he was a somaticist.” Then, an actual quote from Reich: “The greatest thing that ever happened in psychiatry was the discovery that the core of the neurosis was somatic” (Reich & Eissler, 1967, p. 69).

“Yes,” Winnicott might reply, “I also agree, for as I have already said, ‘...the child’s task is to inhabit its body and that for the infant there are first body-needs...and they gradually become ego needs as a psychology emerges out of the imaginative elaboration of physical existence.’ I have also said that the psyche and soma have to come to terms with each other and this coming to terms, this finding of a shared language is the developmental process. Maybe that is what we are trying to do here at this conference, find a shared language to express our personal distress over the primitive agony that we and our patients suffer.”

All of this, of course, is just my imagination and my attempt to find a shared language between these two powerful pioneers who represent dual realities in my own life. But now back to our client in the passage above who is struggling to open his heart.

Reich comments that urging and persuading only intensify the patient’s stubbornness since prodding is experienced once again as a demand that he must adjust to the environment, as he has always had to do and his answer to this is “NO”. With this “NO”, he is trying to establish what he did not have as a child: that is, the right to have the world come to him for a change instead of him changing for the world. He needs the therapist to adjust to his need. He needs the therapist to share his own heart first. Having to talk to please the therapist inhibits him because, while he wants the help, he wants something even more and that is some form of integrity or the right to be as he is. In other words, the self-need, the need that was not originally acknowledged is now reasserting itself in the form of his resistance.

In this regard, I believe, “resistance” is the wrong word. It is rather a form of self-organization. It is a way of feeling safe in the presence of a parent figure. It is testing to see to what degree this parent figure is now in touch with his (the patient’s) underlying need and is willing to surrender any therapeutic preconceptions as to how things should be and/or how he should act. The patient needs the therapist to center his attention on him as a valuable, interesting person. Experiencing this caring, positive regard is even more important than opening his heart or releasing himself from the grip of not being able to speak since his form of self-possession *is his constriction and inhibitions*. Through them, he protects his broken heart from further pain. Therefore, to break down these constrictions by any means without knowing their meaning, or without first experiencing the therapist’s empathic awareness and understanding, is to threaten a return of the unlivable states described by Reich or Winnicott. I like the expression, “Techniques are what we use until the therapist shows up.” I also like the comment that every therapeutic modality works for a while. It is when it stops working that the therapist and client have a chance to find a therapeutic process of mutual healing.

Interestingly, in the passage we’re exploring, Reich understands the patient’s need to be “understood”. This was quite unusual for these beginning days of psychoanalysis. The analyst’s job in those days was not to understand the patient but for the patient to understand himself

and for the analyst to stay out of the way. This meant, for instance, if the patient did not speak, the analyst sat there for hours or days at a time waiting for this “resistance” to release. In fact the “need to be understood” was seen as a primitive narcissistic defense. Winnicott would say that to be understood is the primary need of the patient and that, if the therapist does not meet this, nothing else can progress. In essence the patient unconsciously says to the therapist (who now represents the potentially nurturing environment), “I need you to want to understand me and to come up against my ‘NO’ to your efforts to contact me as I came up against your ‘NO’ when I needed you so desperately. Can you keep your heart open to me when I say ‘NO’ or will you choke off your love as I had to do as a child?” I was doing EMDR with a client and after three sessions asked if he thought it was helpful. He looked down and than rather shyly said, “No, not particularly but what is helpful is how hard you are trying.”

When the patient does not have to hold on to himself to preserve his integrity or ward off unwanted intrusions, he begins to let go of some of the tension in his body. And, without any direct bodily intervention on Reich’s part, his affect begins to stir. This would be the first sign of the “real” self for Winnicott, the spontaneous gesture that needs to be recognized and received. Having found some self-nurturing and narcissistic supplies from Reich’s attitude and presence, the patient’s underlying need to make contact and find integration by expressing his heart begins to emerge.

However, now that the patient no longer has a reason for holding back because of the environment, he faces his own internal struggle to let go. For years, he has organized himself around the trauma and pain of the past. He has developed his sense of self as one who can be in the world only through inhibiting self-expression. He also has a belief system that goes along with this attitude; namely, that no one understands him. However, beneath this false self and character attitude, he has wanted to be free to express his heart and thereby find integration with his mind and body. Now he sees that his freedom is dependent on three factors: (1) to be understood, (2) to confront the inhibitions that have become chronic muscular tensions in his body and (3) still unexplored, the capacity of his new environment to respond in a “good enough” way to encourage him to go on being who he is—namely, a person in his own right with his own needs, not the least of which is to have someone recognize him and respond to the painful struggle to open his heart again.

Reich observed that, as the patient’s affect begins to stir, his silence intensifies. The bind between two forms of self-organization or expression is emerging. Thus, there is new movement back into the environment where he hopes that the original supplies he lost as a child, and are now being provided by the therapist, may help relieve his terrible loneliness. However, he has been fooled before and swore at that time never to be seduced again by someone who understands him but is actually not present to receive him and his open heart. Therefore, he also redoubles his efforts to protect himself from further pain.

Donald Kalsched, puts it this way:

Once a child is traumatized he will go to any length not to “link” up with another person in his life where he could once again experience his primitive terror. He develops a self-care system that attempts to preserve his soul or spirit...the violation of this inner core of personality is unthinkable. When (outer) defenses fail, archetypal defenses will go to any length to protect the Self—even to the point of killing the host personality in which this personal spirit is housed (suicide). (1996, p. 3)

These inner defenses become a tyrannical caretaker that attempts to keep the personal spirit in isolation from reality. They function “as a kind of inner Jewish Defense League” (whose slogan, after the Holocaust reads “Never Again”).

respond appropriately to the “nascent” opening of this client’s heart.

If only “understood”, the client is left in his struggle to free himself from his chronic muscular constrictions and make contact. There must be something wrong with him since he is understood and yet not free. To free the emerging impulses by working on the musculature (such as by screaming), but not to understand that he is trying to make contact with his heart, is also to leave him again feeling that something is wrong with him. He screams and feels even emptier. To understand him *and* free the constrictions in his body but not be available for the underlying contact attempt (which is to have you receive and participate with his actions to share his open heart with you) still leaves him incomplete and alone. Only through combining all three—understanding him as a person; awareness and work on his physical limitations of self expression; and being available to receive what caused him all of the pain and constriction in the first place, his open and now wounded heart—will lead to real change.

Winnicott with all of his emphasis on the “good enough” mother and the “holding environment” still felt that “each individual is an isolate; permanently non-communicating, permanently unknown; in fact, unfound” (1963, p. 187). According to Adam Phillips, Winnicott “...was asserting the presence of something essential about a person that was bound up with bodily aliveness, yet remained inarticulate and ultimately unknowable: perhaps like an embodied soul” (1988, p. 3). I cannot help but wonder if this hidden and unknowable self is not in fact that baby with its “NO” to humanity that Reich spoke about and that no one had ever provided for. Is it what Winnicott tried to reach as he provided for others? Toward the end of their lives, Winnicott had this prayer, “Oh God! May I be alive when I die” which I believe was his way of saying, “Please save me from my false self.” And Reich had this to say: “There is no use in individual therapy. No use. Oh, yes, good use to make money and to help here and there. But from the standpoint of the social problem, the mental hygiene problem, it’s no use. Therefore, I gave it up. There is not use in anything but infants. You have to go back to the unspoiled protoplasm. It’s that clear.” He also said regarding therapy, “Nothing can be done with grownups. I say this as a person who is rather experienced in psychiatry and human biology. Nothing can be done. Once a tree has grown crooked, you can’t straighten it out.”

Reich gave up and turned back to the unspoiled protoplasm of the baby and Winnicott, although capable of helping others find and live their hidden self, seems to stay permanently unknown and turned to helping the mother. Where does that leave our client in the scenario where he is trying to open his heart? Where does that leave us since we can no longer be infants and, while the environment may be “good enough”, it does not guarantee that our heart and love will be acknowledged even if we do open up?

We’ve looked at the bleak landscape of early trauma and deprivation and know more about the resulting despair and hopelessness so prevalent in later life. We know that a blockade of the heart is somehow involved in this—that the client with this blockade has a major problem in reaching out and participating in life and relationships in a rewarding, satisfying manner. We also know this blockade stems from a broken heart resulting in a sense that the real self is unwanted, flawed or in significant danger if it shows up at all. What’s to be done with all this? Winnicott, while stating that the “root of continuity” could be permanently lost, also provides a first clue. As paraphrased by Jan Abram, Winnicott says that:

Regression to dependence may occur in the analytic setting as a way of re-living the not-yet-experienced trauma that happened at the time of an early environmental failure. The analytic setting provides the potential for the patient to experience a holding environment, probably for the first time. This holding facilitates the patient to uncover the unconscious hope that an opportunity will arise for the original trauma to be experienced and thus processed. (1997, p. 25)

Developing this theme more, Harry Guntrip, first a patient of Fairbairn and then Winnicott, states that the “regressed libidinal ego” retains the primary capacity for spontaneous and vigorous growth once it is freed from fears. Therein lies the ultimate hope of psychotherapy. “Winnicott stresses the secret hope of one day finding conditions in which the hidden ‘true self’ can be reborn. It is evident that it cannot be forced to a premature birth, a most important factor in psychotherapy.”

I was interviewed by Serge Prengel for the USABP website a few months ago. In preparation for this interview, I listened to the one Peter Levine gave. In his interview, Peter mentions his own trauma of being hit by a car in an intersection and being thrown up on the hood of the car and then on to the ground. While lying there conscious he realized he was in shock. A woman doctor happened to be nearby and came over and asked him if she could be of help. He said, “Yes”, that what he needed for her to do was to touch him and talk to him. Through this contact he says he was able to stay in his body and allow it to respond to the shock. Peter in his marvelous book, *Waking the Tiger*, states,

Shock trauma occurs when we experience potentially life-threatening events that overwhelm our capacities to respond effectively. In contrast, people traumatized by ongoing abuse as children, particularly if the abuse was in the context of their families, may suffer from “developmental trauma”. Developmental trauma refers primarily to the psychologically based issues that are usually a result of inadequate nurturing and guidance through critical developmental periods during childhood. Although the dynamics that produce them are different, cruelty and neglect can result in symptoms that are similar to and often intertwined with those of shock trauma. For this reason, people who have experienced developmental trauma need to enlist the support of a therapist to help them work through the issues that have become intertwined with their traumatic events. (1997, p. 10)

With Peter’s shock trauma involving the car accident, he needed touch and a reassuring voice to help him stay in his body. The kind of early developmental trauma we have been talking about involves the terror our clients have of being in their bodies at all. Being in their bodies causes them to relive a primal shock rather than relieve it. For these clients, there is no safe place to retreat to that does not also constitute a psychic death. For this kind of trauma, our clients need from us a particular kind of interpersonal relationship that will allow them to be in their bodies as a safe place so the primal shock can be processed.

The first thing I needed and I realized my clients need in this kind of relationship is the experience of compassion. Compassion is more than empathy. For Kohut, empathy is vicarious introspection. Compassion is so much more. The word compassion comes from a Greek word which is used to describe one’s inner organs: the heart, lungs, liver etc. The Latin derivation of this word is “viscera”. How one’s inner organs are affected by a response to another is compassion. Since I did not feel as if I made an impact on my caregivers and the result was, among other tragedies, a deep feeling of shame, I needed to know that my pain made a visceral impact on my therapists. I needed to experience that they were moved within themselves in regard to my life and death struggle. They must bring something to our encounter that I cannot create with my cleverness or destroy with my withdrawal because it is part of their body responding to me and not their egos or therapeutic stance. I remember one day when in despair I asked my therapist if it would make any difference to her if I did not make it. I still remember the look on her face. She did not say a word but I saw the pain she felt that I had to ask such a question.

As we have already mentioned, the reason compassion is so essential is that it demonstrates to the client the truth of the pain which the client may not yet embrace. It bridges the gap between

the heart and the primitive ego defenses and thus lays a foundation for the clients to approach the healing of the shame they have not been able to resolve and which has been the basis of their internal negativity. Five years ago, at age 75, I had two stents placed in one of my arteries. In the hospital, the nurse pointing to the image of the blockage in my heart said, “We call this the widow maker.” When I went home I was feeling very vulnerable and dependent. Up until then I had been the poster boy for 75-year-olds. Anyway, I asked Virginia to come and sit beside me and told her what I was feeling. I curiously found myself with my head bowed and having difficulty looking at her. She was the soul of loving care. But I told her what I was feeling and while it was not true with her, nevertheless it was very real. I said I am afraid to look up from this weak and needy position at the face of my caregivers and see a burdened, resigned look come across their faces. I told Virginia, with my head bowed in shame, that I would rather die than see that look. I hope none of you has to experience that kind of broken-hearted crushing of your true self. But for those of you in the audience who do or have experienced it, I want you to remember right now that you are not alone.

However, I also needed to understand and accept the way in which I perpetuated the shaming crushing at my own hand. Many years ago, I was in another state and before leaving the hotel room to go to the airport I checked my phone messages. On my voicemail was a call from a client asking me to call her back. Her mother had just died and she wanted to talk to me. Since we were literally leaving to go the airport I made a mental note of it then forgot about it. I did not have a cell phone in those days and thus there was no easy access by which to reach her, but the point was: I did not remember to call her. When she came for her session the next day it of course all came back to me and I apologized profusely. However, I also experienced a profound sense of shame. Apologizing was not enough for me. The client accepted my apology and was disappointed but not terribly disturbed by my forgetting. We had been working together for a long time and she knew I cared. However, for the first time in my life, I felt as if I needed to hurt myself in some way. I was so distraught that the client began to comfort me by saying it was okay. I truly struggled to allow myself to be forgiven. Then of course it all came back to me as to what was happening. I was once asked what my mother could have done to make up to me her for her neglect. Immediately, I said all she could have done was to commit suicide and leave a note declaring what a terrible thing she had done. The Damocles sword I held over her head for forgetting about me was now over my own head. To allow myself to be forgiven by my client I would have to release my rage at my mother and my narcissistic position of being superior to her. All of this was based on not yet being able to accept and grieve my broken heart.

The ultimate goal of working through the rage and shame of abuse is to be able to have self-compassion. The road toward that goal also involves the capacity to grieve our original loss. The traumatized clients cannot grieve the loss they experience. Only when they begin to recover the root of their beginning through the compassionate therapeutic relationship, which means they have faced their rage and shame, can they begin to grieve without the fear of total emptiness. Kalsched states, “The inability to mourn is the single most telling symptom of a patient’s early trauma” (1996, p. 27). Referring to a client, he said, “She would also have to mourn all the un-lived life that her self-care system had cut her off from.” Kohut says it like this: “This process of normal mourning is how internal psychic structure is built and how the archetypal world is humanized.” This can only happen when our intense rage at the rejecting object is acknowledged and how we have used this rage to deaden ourselves is released. I needed my rage to be seen and mirrored by my therapists in order for it to be humanized. Lowen, in his book, *Physical Dynamics of Character Structure*, states, “The turning point in every analytic therapy occurs when the aggression which has been freed through analysis is consciously directed at the task of improving the present day function” (1958, p. 170).

Being loved is not enough. It provides safety to rejoin your body, to reunite psyche and soma for the spontaneous expression of your life and love—it is a way to free yourself from dissociation to contact. The “I” you have been protecting by hiding can now come out into the sunlight. What you have fought so hard to keep alive is now yours to enjoy. We have a chance to inhabit what we have been guarding. To quote Kalsched speaking of severely traumatized people, “What these individuals are really looking for is psyche, or soul—the place where body meets mind and the two fall in love.”

In summary, I have needed a resonating relationship. I have needed to acknowledge and identify with my resistance or the power of my “no”. I have also needed to be willing to follow my body’s longing to do what it was meant to do—to once again share my heart with another, but mainly to own my own loving no matter what the pain. I had a session with Lowen where I reached up from the table and grabbed ahold of his tie and brought him down to me and said, “I love you and I want you to take this to your grave. Do you understand? He shook his head “yes” and said, “Okay.” That night I had a dream where Al [Lowen] was telling me how he tried to express his love to Reich. He even said, “I said it in German like a child would to his grandfather.” Reich’s response was, “There is no place in this therapy for that kind of sentiment.” I told Al the dream, and then said, “It seems that you tried to tell Reich what I wanted you to know yesterday.” Lowen’s response to me was, “That is a very perceptive dream.”

The heart of the other acts like a powerful magnet to draw us back into our own hearts, and then our own heart acts like a powerful magnet to draw our mind back to expressing our love. This meant finally that I had to have the courage borne out of support to allow my infant heart to love my mother and live through the pain and shame that she was not available to share that love. This meant to allow the rage and bitterness held in my jaw to soften and my arms to reach again for her and, being held by the other, to let myself fall into my deepest unrequited longing. And when loved today, it meant facing my psychic death as a child in service of my love, which has always been waiting there in my heart as an expression of my true self. I had to surrender my narcissistic ego to my body and heart. Lowen states in his autobiography (1995), “Without a surrender of the narcissistic ego, one can’t surrender to love. Without such surrender, joy is impossible. Surrender does not mean the abandonment or sacrifice of the ego. It means the ego recognizes its role as a subservient to the self—as the organ of consciousness, not the master of the body.” This means a return to my adult body in the present, which now has the support to process the love, and the disappointment that was overwhelming to me as a child.

As a client, I needed therapists who went beyond providing a “good enough” environment to being willing to open their hearts even if it meant pain for them. The hardest part for me as a therapist has not been to work with my clients energetically or to help them feel found or known but to be available to receive and participate with them in their open heartedness when they are found and feel less constricted. As my clients and I have faced our limitations, we have discovered that our mutual caring has made us real to each other and ourselves. We are still crooked trees, but we have discovered that even crooked trees, given the proper care, can blossom in the spring. Even the crookedness becomes a proud testament of survival through the winds, storms and droughts of life.

A few years ago at Christmastime, I bought a centerpiece for the dining room table. After the holidays, when the original flowers had all bloomed and died, the evergreens in the arrangement continued to live. Along with these evergreens was a dead twisted twig of some kind that had been completely painted gold and was used as part of the decoration. Virginia threw out the dead flowers and, keeping the gold twisted twig for decoration along with the evergreens, would refurbish this display with fresh flowers. She continued this for several weeks when one day I

pointed out to her that the dead twig was alive. The weeks of watering the other flowers had slowly nourished this twig and a tiny green shoot was coming forth from under the layers of gold paint. We both simply stood in awe for neither of us thought there had been any life there at all. Our hearts were touched by the mystery of nature and the persistence of life to express itself.

The pioneers of the past took enormous personal and professional risks to bring into the open the importance of the body in psychotherapy. The researchers in neurobiology today continue to verify the importance of what we do as body psychotherapists. The future, I am sure, will continue to discover the delicate details of the interaction of our nervous system, heart and brain and it will thus inform us as to how more precisely to interact with various forms of trauma and distress. However, the power of our simple human interaction will always be essential.

So many times my clients have said, "Thank you for not giving up on me." And they have also said, "You have helped me even when you didn't think you were. You have helped me be real by being real yourself." They have also said, as I did to my therapists, "You have helped me blossom and grow, not by your analysis of my problems or by your skill as a body therapist, but by being who you are and receiving my love." I say now to my own heart. "Thank you for staying with me. I didn't know how to live with the pain. Please forgive me for forsaking you and leaving you alone for so long. I hope you can forgive me." These are the words I would love to have heard from my own mother. But whether she could say them or not, my heart forgives me as it forgives her.

I believe that T.S. Eliot was right when he wrote,
 We shall not cease from exploration
 And the end of all our exploring
 Will be to arrive where we started
 And know the place for the first time.
 Through the unknown, remembered gate
 When the last of earth left to discover
 Is that which was the beginning. (*Four Quartets*, "Little Gidding," V)

BIOGRAPHY

Robert Hilton, Ph.D., is widely known in Southern California as a "therapist's therapist". He has been in private practice in Orange County, California for 44 years and has taught courses at the University of California at Irvine and San Diego, and the United States International University in La Jolla. In 1972 he co-founded the Southern California Institute for Bioenergetic Analysis where he continues to be a senior trainer. He is a member of the American Psychological Association, the California Association of Marriage and Family Counselors, the United States Association for Body Psychotherapy and the International Institute for Bioenergetic Analysis where, as an emeritus faculty member, he lectures at their international conferences. He teaches throughout Europe, the United States and South America and is the author of *Relational Somatic Psychotherapy*, a series of lectures and essays spanning 35 years of his work.

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REFERENCES

- (2008). Poems and other works: D. W. Winnicott and Masaud Khan. *Psychoanalytic perspectives*, 5(2).
- Abam, J., & Karnic, H. (1997). *The language of Winnicott: a dictionary and guide to understanding his work*. Northvale, NJ: J. Aronson.
- Eliot, T. S. (1922). *The Waste Land*. New York: Horace Liveright.

- Eliot, T. S. (1943). *Four Quartets*. New York: Harcourt Brace.
- Fairbairn, W. R. D. (1952). *Psychoanalytic studies of the personality*. London, UK: Tavistock Publications.
- Guntrip, H. (1961). *Personality structure and human interaction; the developing synthesis of psycho-dynamic theory*. New York, NY: International Universities Press.
- Guntrip, H. (1969). *Schizoid phenomena, object-relations, and the self*. New York, NY: International Universities Press.
- Guntrip, H., & Hazell, J. (1994). *Personal relations therapy : the collected papers of H. J. S. Guntrip*. Northvale, NJ: J. Aronson.
- Kalsched, D. (1996). *The inner world of trauma*. London, UK: Routledge.
- Levine, P. (1997). *Waking the tiger: Healing trauma*. (1st ed.). Berkeley, CA: North Atlantic Books.
- Lewis, R. (2007). Bioenergetics in search of a secure self. *The Clinical Journal of the International Institute for Bioenergetic Analysis*, 135-163.
- Lowen, A. (1958). *The language of the body*. New York, NY: Collier Books.
- Lowen, A. (1976). *Bioenergetics: The revolutionary therapy that uses the language of the body to heal the problems of the mind*. New York, NY: Penguin Books.
- Lowen, A. (1995). *Joy: the surrender to the body and to life*. New York, NY: Arkana.
- Oliver, M. (1986). Wild Geese. In *Dream Work* (p. 14). Boston, MA: The Atlantic Monthly.
- Phillips, A. (1988). *Winnicott*. Cambridge, MA: Harvard University Press.
- Reich, W., & Eissler, K. R. (1967). *Reich speaks of Freud*. New York, NY: Farrar, Straus and Giroux.
- Reich, W. (1971). *Character analysis*. (3 ed.). New York, NY: Farrar, Straus, and Giroux.
- Robinson, E. A. (1897). Richard Cory. In L. Untermeyer (Ed.), *Modern American Poetry*. New York, NY: Harcourt, Brace and Howe.
- Siegel, D. J. (2011). *Mindsight*. (1st ed.). New York: Bantam Books Trade Paperback.
- Winnicott, D. W. (1960). "Ego Distortion in Terms of True and False Self," in *The Maturation Process and the Facilitating Environment: Studies in the Theory of Emotional Development*. New York: International UP Inc., 1965, pp. 140-152.
- Winnicott, D. W. (1963). Communicating and not communicating leading to a study of certain opposites. In: *The Maturation Processes and the Facilitating Environment*. London: Hogarth, 1965, pp. 179-192.
- Winnicott, D. W. (1982). *Playing and reality*. New York, NY: Routledge.
- Winnicott, D. W., Winnicott, C., Shepherd, R., & Davis, M. (1989). *Psycho-analytic explorations*. Boston, MA: Harvard University Press.

Hyporesponse: The Hidden Challenge in Coping With Stress

Merete Holm Brantbjerg¹

Abstract

This article addresses the role of hyporesponse in stress management. The concept of muscle response is presented—regarding both hyperresponse (tension) and hyporesponse (giving up)—and how these two defensive strategies interact and easily polarize. Building up energy and precision in dosing is presented as a strategy to modify hyporesponse and, through that, lower the risk of losing contact with parts of the self in different phases of stress. Interconnectedness between high arousal states—both hyper- and hypoarousal—and muscle response patterns are addressed and special attention is given to potential consequences of hyporesponse in the transitions between the different levels of arousal that occur in daily life.

Keywords: stress management, hyporesponse/giving up, building up energy, arousal states, transitions

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Preface

Early on when I studied relaxation therapy in 1975-1978, I was introduced to the terms hypo- and hyperresponse, both of which would get exported into Bodydynamic Analysis as core concepts of the theory.² These concepts have proven to be very significant in helping me understand how I contain patterns of giving up (hyporesponse) and of control (hyperresponse), and readily available resources. The concepts have personally helped me to grasp the dynamics among the three aspects in me—and how closely they work together. Notably, during my personal as well as professional development, it has become increasingly clear to me what a radical strategy giving up really is because it is often invisible, because it does not demand attention.

Today my work revolves very much around bringing this invisible strategy into awareness, especially in relation to high-intensity aspects of life: stress, trauma, as well as experiences of expanded consciousness. How do we integrate our hyporesponsive parts into our understanding of ourselves and our self-regulation while functioning—perhaps even thriving—under pressure?

The thoughts I present in this article are based on more than 30 years of professional experience as a teacher and therapist. From my studies and my exchanges with colleagues and other professionals on an international level, I find my professional experiential knowledge supports and furthers my methodology. This ongoing dialogue continues to offer me new approaches to my

¹ Translation to English by Tania Christensen, Joel Isaacs & Merete Holm Brantbjerg

² Bodydynamic Analysis is a body psychotherapy system developed in Denmark and founded by Lisbeth Marcher. Several people contributed to developing the system: Lisbeth Marcher, Lennart Ollars, Ellen Ollars, Steen Jørgensen, Erik Jarlnæs, Sonja Fich, Marinanne Bentzen, Merete Holm Brantbjerg, and, since 1994, Ditte Marcher (Bentzen, Bernhardt & Isaacs, 1997; Fich & Marcher, 1997; Jørgensen & Ollars, 2001; Brantbjerg, 2005; Brantbjerg, 2007).

work by deepening my understanding of and ability to interpret the phenomena I experience on a day-to-day level.

Introduction

For some years now I have specialized in using the “resource-oriented skill training” (ROST) method when working with stress- and trauma-related issues. The key to this method is the understanding of hypo- and hyperresponse as psychological coping strategies represented in the muscles—and the importance of adapting or “dosing” physical skill training to the exact level of presence that each individual, each body area, and each muscle is capable of.³

Hyperresponse corresponds with tightness, tension, control, and holding back the emotion and psycho-motor impulse linked to the muscle in question. Hyporesponse on the other hand corresponds with giving up, withdrawing, losing energy, and relinquishing emotions and impulses. Neutral response corresponds with the individual’s free access to emotions and impulses linked to a given muscle.⁴

Hyperresponse or tension is well known and well documented as related to stress. The majority of stress literature highlights stress as an internal state characterized by the holding of too much tension, and as a state from which people need to learn to relax, find inner peace, etc. This approach is understandable given how our autonomic nervous system (ANS) reacts to stress, often displaying prominent sympathetic innervation. We see or experience how stress can manifest itself as trouble sleeping, difficulty finding rest, etc.

Yet, what doesn’t get its due attention is another, more hidden phenomenon in coping with stress—the hyporesponsive strategy. The areas of the body that have the lowest level of energy to begin with and the skills that are most often given up are those we disconnect from first when pressured, be it externally or internally. One response to pressure can be to defend oneself by giving up even more, growing distant, and losing inner fullness and presence. That way one avoids feeling pressure or the impulses and activities that go with it. One doesn’t notice when one has reached one’s limit and one’s inner energy and direction are slipping away.⁵ Hyporesponse is particularly challenging when dealing with stress issues, because the areas that have given up don’t demand attention in the way that, for instance, tight shoulders would. It is very easy to overlook the body’s signals that work by absence—which as a consequence typically reinforces the giving up mechanism. This is a vicious cycle that offers new insight to an essential dynamic at work in the phenomenon of burning out.

Learning how to relax doesn’t change this dynamic. To change it requires learning how to tolerate and maintain a level of presence. It takes practising how to find a level of dosing in an activity that will build presence instead of exhaustion. These are the basic skills that are

³ Dosing is a core concept in resource-oriented skill training as a method. The concept is further elaborated in Brantbjerg (2007) and Brantbjerg (2008).

⁴ The concepts of muscle response are developed within the framework of Bodydynamic Analysis (Bentzen, Bernhardt & Isaacs, 1997). Muscle response is not equal to muscle tone in a physiotherapeutic sense nor to levels of physical training. Muscle response is a measure of presence or fullness in the muscles. The terms hypo- and hyperresponse are formed by Lisbeth Marcher (Ollars, 1980; Bentzen, Bernhardt & Isaacs, 1997) with inspiration drawn from, among others, Lillemor Johnsen’s terms hypo- and hypertony (Johnsen, 1976).

⁵ The term “energy” in this article is used synonymously with presence and fullness. Energy is difficult, almost impossible to define and yet in my view it is a phenomenological fact that we are able to physically sense “energy” or levels of presence and fullness in ourselves and in others. It is visible to us if a body is more or less full. You can sense if a handshake is energized or distanced/lacking in energy. Without “energy”, a dead and a living body would be identical. The term “energy” in this context does not correspond with physical power, metabolism, etc., but with presence, fullness, sensing life.

weakened when in a state impacted by hyporesponse.

In my experience this adds a vital dimension to understanding and resolving stress issues. Improving one's ability to cope with stress begins with acceptance of one's inner capacity—regardless of size—and with supporting both the need for rest and building, and maintaining a level of energy⁶ and presence.

What is Muscle Response—Including Hyporesponse?

Muscle response is the term used in Bodydynamic Analysis to describe levels of muscular fullness and presence. Bodydynamic Analysis differentiates among 3 types of response, as mentioned above—neutral or balanced response, hyporesponse, and hyperresponse—and also between different levels of hypo- and hyperresponse.⁷

A muscle can be characterized by “full” presence when its psychomotor function is readily available to a person's consciousness and freedom of choice.⁸ A muscle can be characterized by tension/hyperresponse when its psychomotor function is controlled and held back. Free access to use the skill in action is not available to the person since the choice is impacted by a pattern of control.

On the other hand, a muscle can be characterized by loss of energy, deadness, lack of fullness (hyporesponse), corresponding with the individual's access to the psychomotor function being impacted by giving up, growing distant, losing energy, or being unable to act. A strong hyporesponse means the skill disappears completely out of the reach of conscious choice.

Hypo- and hyperresponse are seen as coping or defense strategies brought into use when we are confronted with situations or experiences in which inner experiences and impulses can't be contained in interaction with the particular social context. The confrontation between the personal experience or acting impulse and the surroundings' rejection or denial must be resolved in some way. Muscular giving up or control are possible “solutions” for adapting to the context within which, at this given time, the individual must function. These “solutions” leave one locked in “decisions” expressed as locked patterns.⁹

Hyporesponse as a Strategy and How it Differs From Hyperresponse

Giving up in muscles literally means losing access to sensory presence and the ability to act. The figurative logic behind this is one, then, of not having to sense the part of the self that one

is not able to handle in the given context. If, for instance, I am very busy and it has been a while since I have had time to make love to my husband, sensing my inner thighs would lead to sensing my sexuality—but also pain, longing, frustration, anger, “impossibility”. My “solution” could then be increasing my inherent tendency towards hyporesponse in parts of my inner thigh muscles, resulting in my simply not sensing the impulse towards sexual contact. I no longer sense my sexual desire—a “solution” I share with many others who find themselves under stress. Disconnecting from sexuality then can become an aspect of the locked role I function in if I become too efficient, too quick, while having to make it all work, etc.¹⁰

A natural explanation for sexuality disappearing like this is locked states in our ANS¹¹. Above, I added a muscular dimension to the disappearance of sexuality which can be very helpful if one wants to reconnect with it once the stress level lowers or if one wants to help oneself sense that one's sexuality is still there, even under stress. Supporting presence by building energy in the muscles that gave up is one path back to the potential life energy carried in the muscles.

I personally experienced this dynamic once while leading a team project on linking psychomotor skills to gender and sexuality (Brantbjerg & Ollars, 2006; Marcher & Fich, 2010). It happened at a time when I was under massive external pressure—feeling exhausted at the meetings and with no sex drive at all. Within minutes of physical muscle activation and experimental psychomotor movement I sensed my sensuality and sexuality. Even though it didn't change the fact that I had a hard time making room in my life to express it, it felt important to sense it was still a vibrant part of me.

Hyporesponse is a powerful strategy. It can literally remove options from consciousness so they are no longer available. If the hyporesponsive strategy, involving a large degree of giving up, is established during childhood personality development, the potential skill connected to the muscles in question may never have even become accessible to the individual.

This is where hyporesponse differs from hyperresponse, where impulses and feelings that are held back still exist in consciousness. There might not be room in the body for them to unfold, but they are there. Hence, hyperresponse demands attention: Held-back feelings or impulses in the body are usually noticeable. Tight shoulders, a tight lower back, abdominal tension are all unpleasant and often painful. They draw attention to the fact that something is blocked; the free flow in the body is somehow interrupted. Often this is the kind of sensory input that will let us know that we are in a state of stress, defence and locked roles. Hyporesponse, on the other hand, will make one disappear. Parts of one become invisible and escape attention. This is a powerful and brilliant strategy for handling what seems impossible to cope with on a conscious level.

In the development of “postmodern society”, the weight between hypo- and hyperresponse as prominent defence strategies has shifted. Carsten René Jørgensen (2008), clinical psychologist, Ph.D. and teacher at the University of Århus, here supports this view (translation is my own):

¹⁰ The concept of “rolelock” or locked role is inspired by Systems Centered Therapy (SCT). A distinction is made between functional and locked roles. Being in a functional role means that a person can fill out the member role in the present context he/she is in whereas being in a locked role typically is fuelled by old automatic patterns related to a context in the past (Agazarian, 2004).

¹¹ Sexuality is basically a parasympathetic activity. If the ANS is locked in high arousal of the sympathetic branch, which is the case in most of all normal stress states, it will be difficult or impossible to let go. This is the same dynamic making it hard for people to fall asleep or to find rest. A different dynamic also exists in which hyperarousal and building up sexual energy are connected and in which one seeks stress reduction through sexual release.

⁶ “Building energy” refers to the muscular effect of working with slow muscle activation and release. Muscle activation generates heat, energy, flow—and when this is increased liveliness is not released by expression, movement etc, it stays in our muscles as an increased level of presence or energy.

⁷ Both “building energy” and “releasing energy” are viewed as physical training principles with various levels of impact depending on the level of hypo- or hyperresponse in the activated muscles. Appendix A illustrates physical training principles and their impacts on muscular hypo- and hyperresponse respectively.

At the School of Body Dynamics, Skolen for Kropsdynamik, and later within the Bodydynamic system's framework, a muscle test has been developed whereby muscle palpation registers the presence of different kinds of muscle response in a person's body. The test differentiates between four levels of hypo- and four levels of hyperresponse and neutral response. This muscle test today goes by the name of BodyMap – and forms the basis for assessment of easily and difficult accessed psychomotor skills in a person and hypothesis about personality development, character structures and trauma in the person's history and present life. (Bernhardt & Isaacs, 2006; Jørgensen & Marcher, 1998).

⁸ Bodydynamic Analysis has explored the link between specific muscles and psychomotor skills (Brantbjerg & Ollars 2006; Jørgensen & Marcher 1997; Marcher & Fich, 2010).

⁹ In Bodydynamic Analysis locked patterns are named as character structures (Bentzen, Bernhardt & Isaacs, 1997; Fich & Marcher, 1997; Marcher & Fich, 2010). A character structure equals muscularly to a certain number of muscles (approximately 30) being impacted by either hypo- or hyperresponse—all involved in a specific psychomotor developmental phase.

To put it crudely, while people in classic modernity suffered a lot from neurotic illnesses with suppressed emotions and needs, postmodernity illnesses are much more about identity disorders (Hohl, 1989). Further, it can be argued that historic changes in modern society and the human condition changed the expression of some of the classic illnesses (such as depression and anxiety). The mature defence mechanism, repression, is placed at the core of neurotic illnesses. Repression keeps “forbidden” activities, needs and fantasies more or less permanently away from consciousness. In more severe identity disorders, repression is replaced with the more primitive defence mechanism, splitting, where subjectively incompatible identity elements are kept strictly separate from each other and take turns dominating consciousness in the individual. (p. 21)

“Neurotic illnesses,” in my interpretation, corresponds with hyperresponsive states. Prominent hyperresponse in the body is linked to the classic neurotic defence strategies. Prominent hyporesponse, on the other hand, is linked to states lacking integration in the personality. Individuals with identity disorders—borderline and other similar conditions—in my view and from my experience have prominent muscular hyporesponse (Bernhardt & Isaacs, 2000; Jørgensen & Marcher, 1998; Fich & Marcher, 1997; Marcher & Fich, 2010).

For treatment purposes it becomes more and more of a challenge to identify therapeutic strategies capable of relieving these un-integrated, diffuse hyporesponsive conditions. Methods focusing on emotional release, free expression, defence relaxation, tension release and letting go will primarily target a hyperresponsive strategy. With hyperresponse, something is held back and in need of support in being expressed, let go or relaxed.

A hyporesponsive state needs a different language, a different focal point with methods that will support building presence, containment, focus, and identity, and developing coping skills. Today, many forms of therapy focus mainly on a presence-oriented support for building up the personality.

Resource-oriented skill training used with precise individual dosing that will adapt the physical exercises to the level of energy and presence a person’s hyporesponsive body areas can tolerate is suggested as one method to precisely hone in on the hyporesponsive strategy (Brantbjerg, 2007; Brantbjerg, 2008).

How Does Hyporesponse Impact Coping With Stress?

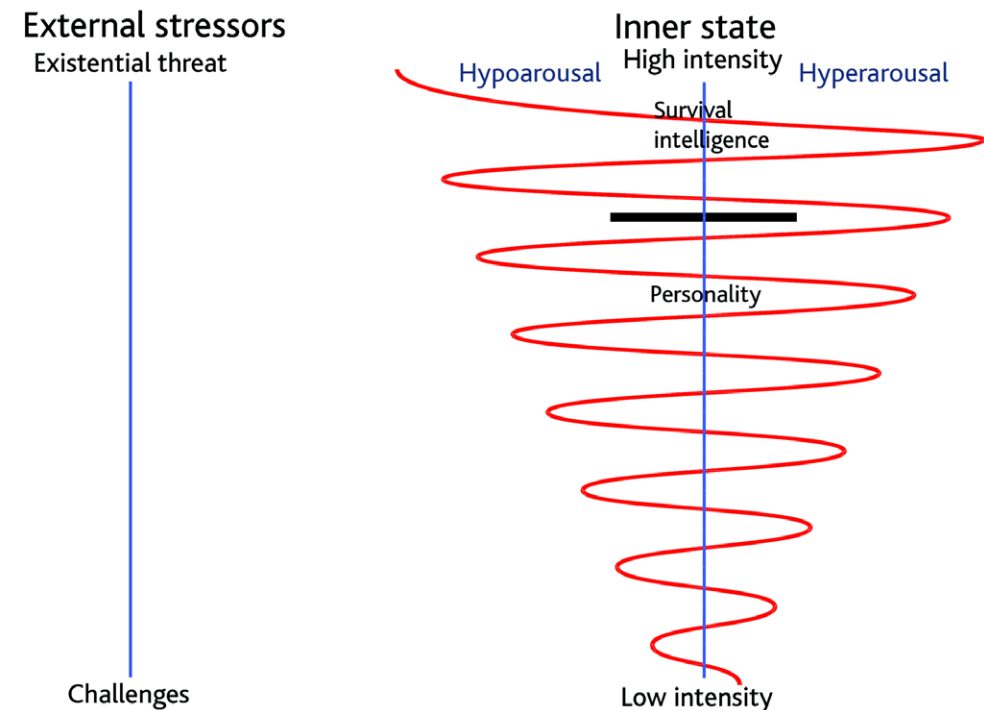
What is Stress?—Coping With Inner and Outer Intensity¹²

Stress is a word that is used to describe both outer conditions and inner states. We talk about stress both when we are facing a big outer pressure from work, for example, and when we describe how it feels inside to be under pressure (Sørensen, 2007). When I teach stress management, I use the concept “intensity” to distinguish between both degrees of impact from outside and degrees of inner intensity in our response to outer impact.

Impact from the outer world can be scored on a scale that ranges from everyday challenge all the way to existential threat. Another distinction in relation to impact from the outside is whether the impact is acute or chronic.

¹² Degrees of “inner intensity” is used here as a concept describing levels of activation in the ANS. A highly intensive inner state can thus be characterized by both high degrees of hyper- and hypo-arousal and inner sensations attached to these 2 kinds of arousal. High inner intensity correlates to the nervous system responding powerfully to a pressure from outside. Degree of outer intensity is used synonymously with how powerful an impact the outer event potentially has.

Inner states can be scored on a scale between low and high intensity, where the degree of intensity will show itself in levels of arousal in the autonomic nervous system and in the radicality of our coping style (meaning if our coping style is directed from the personality or from the “survival intelligence” containing the reactions released in high stress).



Different people have different capacities for coping with high intensity impact from an outer context and with high arousal in the nervous system. A relatively low degree of intensity in outer impact will, in some people, release a high degree of arousal in the inner response—and in others the response will remain as low or at least lower degrees of intensity. Some people are capable of staying present and proactive during high arousal and while being impacted by pressure from outside, while others lose presence, orientation and the capacity to respond actively even with small levels of pressure. What lies behind this difference? Might there be some skills that are crucial for the management of powerful impacts from the outside?¹³

¹³ This question parallels the question raised by many people in trauma research: what characterizes a “good survivor”? The book *Deep Survival* by Gonzales (2003) provides an interesting bid to answering this question. He mentions a crucial skill: the capacity to orient in reality, being able to adjust the mental map to factual reality—and to be able to establish small goals within the context of a bigger overall goal. The same idea is supported by a totally different approach called “Kaizen” (Maurer, 2004). Changing locked patterns has the biggest chance for succeeding when small steps are taken at a time. Through this strategy, inner stress is not activated, which happens if the task becomes overwhelming, “impossible”, pressing, etc. In high inner stress one is not good at changing strategy or learning something new. By choosing small enough steps at a time this dynamic is bypassed.

Resource-Oriented Skill Training

My teaching and personal experience throughout the last 30 years has confirmed that having body-based presence and coping skills makes a big difference in terms of how people tolerate and manage different degrees of intensity (Brantbjerg, Marcher & Kristiansen, 2004). This is true both for inner states and in relation to outer impact. Skills such as flexibility, centering, grounding, boundaries, containment, orientation and contact regulation all support a presence of the here and now. Concrete sensing of the body will maintain a focus on the self so that one feels that one is here. One is able to register one's body's signals and to respond to them. The sensing of one's own body serves as a container for one's emotional state.¹⁴ Concrete sensing of the external world around an individual will anchor him/her in factual reality.¹⁵

If skills are trained and used often enough, they will become automatic. Under pressure, reactions in the ANS will intensify radically, which will in turn decrease access to conscious control of actions. One will act automatically, on "autopilot" —which means that one uses skills that are automated and thereby easily accessible (Siegel, 2004; Gladwell, 2005; Brantbjerg, Marcher & Kristiansen, 2004; Gonzales, 2003). We are not good at changing coping strategies while under pressure, so we will make use of neural networks that are already mapped-out and well-used in the brain (Maurer, 2004; Gladwell, 2005).

A huge challenge arises as intensity increases inside and around us: How do we stay present? It might sound simple but for most people it is not such an easy problem to tackle.

My experience from teaching people basic presence and coping skills is that their capacity to cope with different levels of arousal clearly reveals itself with their capacity to maintain a sense of centring, boundaries, grounding, etc., and also that people's ability to stay present during external as well as internal pressure will be strengthened by training and automating these skills. Bodily skills—combined with consciously staying present—will form a basis for staying proactive when facing external influence and tolerating internal mobilization.

The weaker the skills in a person, the lower the arousal level he/she can tolerate while maintaining a feeling of inner success. Weakened centring, grounding or boundaries will soon feed experiences of overwhelm, confusion, emotional dissociation, need for control, etc.

Hyporesponse in muscles that are connected to basic presence and coping skills will lead to these skills being weakened by, distanced from and vulnerable to external pressure as well as mounting internal intensity. Increased external pressure will typically strengthen a hyporesponsive strategy. One copes by distancing oneself or distancing parts of oneself. This defensive strategy is a way to try and dive beneath the pressure, a way of escaping it. Within a hyporesponsive strategy, there is no way of meeting the pressure and taking a conscious stand.

Reactions to Stress and the Meaning of Hyporesponse

As arousal levels go up we use whatever automatic skills we have available in us. Everyone has their own distinct strategies that will be triggered at different levels of intensity. Consider what levels and kinds of arousal evoke your curiosity, readiness, presence, involvement. What levels and what kinds of arousal create uncomfortable pressure. How do you usually respond to that?

¹⁴ The presentation here is based on a conceptual differentiation between concrete body sensing and emotional body experience. Concrete body sensing is factual without interpretation or emotional charge. For definitions and elaboration see Brantbjerg, 2007.

¹⁵ Gonzales, 2003 directs attention to how the ability to navigate in factual reality and the willingness to adjust our mental roadmap is crucial for our chance of survival in critical situations.

We all have both hypo- and hyperresponsive muscles in our body, not to mention muscles with neutral or balanced response. They are all in different states of balance and to different degrees. We all have a balance between parts of us that respond to pressure by going tense, contracting, fighting; other parts that give up, withdraw, become defensive; and parts that are able to stay present and realistic when facing the pressure we are under. If the different parts of us had a voice, they might say:

Hyperresponsive part: *"I fight, I am handling this pressure. I live up to the world's and my own expectations. I shut off, so I don't have to feel so much. I don't want to be weak. I must be strong. I have to make it."*

Hyporesponsive part: *"This is too much. I disengage. I hide, I disappear, so I can't feel how overwhelmed I get. I am tired. I am weak. I can't."*

Balanced responsive part: *"What are the facts? What information do I need to obtain to be able to decide about this situation? What is my capacity? I am still present. I still have energy. I can go on for a while. I don't know for how long. I know I will need a break at some point to refuel and sense where I am at. Will I stay, meet and match the pressure? Can I create a flow, a way to tag along? Or do I want to leave?"*

How are these 3 responses balanced in you? Perhaps the balance changes depending on the level and kind of stress you meet.

Usually, the more powerful the external influence, the less flexible we become in our choice of strategy and the more dependent we will be on our already automated strategies. In a dominant hyporesponsive strategy, we succumb to the pressure. We collapse and give up—and often emerge from the situations with a feeling of failure. In a dominant hyperresponsive strategy, we will stay in the pressure without making reality-checked choices, and attempt to fight our way through, perhaps succeeding—and perhaps once again reaffirming a locked self-image. The more present we can stay, the better our chances are of making reality-checked choices.

The imagery here is of course simplified. Usually our reality is somewhat more complex. For instance, if I am too busy and react to the pressure by attempting to fight my way through, other parts of me—the hyporesponsive ones—disengage. I fight—and I lose contact with parts of myself. The parts that will disengage are those least present in me in the first place. If for some reason I haven't allowed myself time to do things out of pleasure, and if my idea of what is pleasurable to me is hazy to begin with, this part will definitely disengage under highly intense pressure where there are things to be done all the time. It will disengage by letting the muscles that carry pleasure impulses go hyporesponsive. The benefit I get from this strategy is that I no longer notice that I have no room for pleasure. The parts that were supposed to sense it gave up. That way I am able to be even more efficient. The downside is that the parts of me that should signal time for a break, time to take notice, time to breathe, to take time off, etc, are no longer present. They are not participating; they have dropped out.

My experience as a leader of stress management workshops is that most people recognize this dynamic in some shape or form. Those who have already "hit the wall" and are in the process of regenerating will recognize the dynamic as part of what they went through before the collapse. Others will recognize how they lose contact with parts of themselves under pressure while other parts tend to dominate, combining into a locked strategy.

Our hypo- and hyperresponsive parts engage in a subconscious dialogue about different ways to handle and survive pressure. None of these strategies are based on reality-checked choices. And since our hyperresponsive parts hold the most energy at their disposal, they will usually dominate our external action. This is what makes us able to push ourselves further than is good for us or than we can tolerate. In the worst case, this dynamic is what leads to

levels of burn-out or to one going on for years in the locked role of “being one that can handle anything”.

Increasing Presence by Building up Energy as a Possible Strategy

So what can we do about these dynamics?

A common suggestion, as mentioned earlier, is to teach people to relax in the sense of getting the hyperresponsive muscles to let go and relax. Another often-added suggestion is physical activity as in exercise. And bodily activity does have an impact on hypo-responsive muscles—but only as long as activities are precisely dosed, respecting how much muscular presence and fullness the person can tolerate to build. Hypo-response is not only giving up in a physical sense; it is a psychological strategy. This means that an emotional process will be triggered by inducing presence to given up muscles. The given up parts will approach a conscious level and if the physical activity fails to respect this fact you run the risk of the person being overwhelmed and the hypo-responsive muscles once again disengaging from the activity—leading the person back to a pattern where the most powerful and energetic parts engage and the given up parts in the best case are left unscathed, and in the worst case will give up even more.

In resource-oriented skill training, I will meet the hypo-responsive strategy by teaching people to dose exercises to match their inner energy level. Every time an exercise causes exhaustion or feels difficult to sense at all I interpret it as a sign of hypo-response, and I will recommend the person to go smaller, use less power or perhaps speed. “Do as you did”, I’ll say, “but smaller.”

For example, if the muscles supporting muscular sensing of the physical balance point (psoas major and quadratus lumborum) are hypo-responsive, it will become evident when doing centring exercises. Doing a standing cross/crawl movement, moving right knee and left elbow towards each other, left knee and right elbow towards each other, and so on, will activate core muscles. This activation supports one in sensing one’s physical balance point and in cultivating a feeling of being centred.¹⁶ If the muscles involved are hypo-responsive, it will feel difficult or strenuous to do this exercise. A lower dose could be decreasing the size of the movement: not lifting the leg off the ground at all and only slightly moving knee and elbow towards each other. Dosing can be regulated to the extent even of mere contemplation of movement, imagining doing it. Often the magic happens when dosing matches the person’s level of inner presence and he/she suddenly registers a sensing of the body from within—a slight muscle sensing revealing that something is going on inside! This form of muscle activation, however small, initiates a building of presence and fullness in the muscle. The part that was disengaged and given up is now once again invited back into consciousness by respecting what is a tolerable level of energy for the individual. An exercise dosed precisely to a person’s level of tolerance will very likely lead to an inner sense of success.¹⁷

In relation to coping with stress, this approach is an opportunity for insight into the dialogue between the parts of one that tend to take over and dominate, and the parts that lose energy and give up. It is an opportunity to choose supporting presence and fullness in the parts with the least amount of energy, thus raising energy and presence in the body as a whole. Often this general energy increase will make hyperresponsive parts begin relaxing on their own or be more free to choose to release tension through movement, sound, etc¹⁸ Combined, these changes will increase a person’s

presence significantly, thereby opening an opportunity for relating realistically to the pressure he/she is under be it internal or external.

At stress management workshops I will start off by inviting participants to choose a situation from their lives they feel is stressful. It should be one with a reasonable, not overly severe level of impact so as to keep the process at an arousal level where it is still possible to explore and integrate new skills. During bodily skill training I will from time to time ask participants to think back to that stressful situation and use their new skills to relate to it. I ask, “which skills seem to support you in relating to the chosen situation?”

On the first day of the workshop I will guide participants in many exercises supporting concrete sensing of the body and building of muscular energy to slowly enhance participants’ bodily presence. Energy will rise. And as we move into late afternoon I will once more ask them to consider the stressful situation and observe how they react. Some common answers are: “*The situation seems less significant to me. I don’t feel pressured anymore. It feels easier to have a distanced view of the situation. I am bigger now; the balance between the situation and me has changed completely.*”

These answers indicate how influential the energy level in the body and our presence are to the perception of external pressure, and thereby also what reactions are evoked in us.

Coping with High Stress—Survival Intelligence Takes Over

The “autopilot” mechanism mentioned earlier is triggered when we momentarily or over a course of time experience high intensity inner states (triggered by external pressure) that exceed our personality’s limit of available resources or defence strategies. Siegel and Hartzell (2004) named this reaction “the low road”, in reference to the way the brain is activated. Put simply, cooperation between the prefrontal cortex and the primitive parts of the brain—the limbic system and brain stem—is interrupted. The dialogue, Siegel points out, between the reflex response¹⁹ on the one side and the ability to reflect and consciously choose on the other simply ceases.²⁰ We respond directly from what I choose to call our “survival intelligence”. Reactions are extremely fast, we act before we have time to think at a speed that is utterly suitable when finding ourselves in life-or-death situations. Survival leaves us no time to think or adjust to any social context before acting. Our personality’s value system is pushed aside and actions based on pure survival instinct take its place (Brantbjerg, Marcher & Kristiansen, 2004).

Siegel and Hartzell (2004) describe “the low road” as follows:

Low-road processing involves the shutting down of the higher processes of the mind and leaves the individual in a state of intense emotions, impulsive reactions, rigid and repetitive responses, and lacking in self-reflection and the consideration of another’s point of view. Involvement of the prefrontal cortex is shut off when one is on the low road. (p.156)

In comparison, “the high road” is

A form of processing information that involves the higher, rational, reflective thought processes of the mind. High-road processing allows for mindfulness, flexibility in our responses, and an integrating sense of self-awareness. The high road involves the prefrontal cortex in its processes. (p.156)

¹⁶ This exercise is described more fully in Brantbjerg 2007

¹⁷ For elaboration on the concept of dosing, see Brantbjerg (2007) and Brantbjerg (2008).

¹⁸ “Releasing energy” is viewed as a training principle in accordance with “Building energy.” (See also note 5.) A given movement can be performed either to build energy or to release energy. Releasing energy is a movement extended to its fullest and let go in the end – perhaps using a sound. (See also Appendix A.)

¹⁹ “Reflex response” is seen as the reactions and actions triggered when activation of the limbic system works directly together with the brain stem and not the cortex. These reflex reactions are partly inherent and partly automated by our experiences.

²⁰ It lies beyond the realm of this article to go into detail about brain function during high stress. Siegel 2004 presents a simple and exact theoretical elaboration on this.

What triggers this shift between coping from the personality (the high road) and coping from the survival intelligence (the low road)? In my view, the mechanism is triggered in situations characterized by an intensity that exceeds what we are able to handle with the resources and defence strategies available to our personality. That is also why it differs from person to person how much and what strain will trigger a shift. How intense an external strain or internal arousal needs to be for a person to feel threatened at an existential level to the point of triggering a shift into survival intelligence mode will vary. Or, to put it in the terms from the above quotes: The strength of a person's bodily presence here and now will determine how much external and internal intensity he/she can tolerate while still maintaining presence and cooperation with his/her prefrontal cortex. Training bodily coping and presence skills can move the shift to "the low road" further up the intensity scale. (See also illustration 2.1 on page xx.)

To be able to shift between direction from personality and direction from survival intelligence is basically constructive and crucial to survival. And no matter how good one's presence skills might be, there will always be situations in life that will trigger "the low road". For the personality to be dismissed when survival intelligence takes over is often perceived as a painful or overwhelming loss of control. Suddenly, one may say or do something with an intensity that takes one by surprise. Or in the wake of existentially threatening situations over a course of time one may feel that one behaved or reacted in ways very foreign to one's self-perception. Bridging the gap between the 2 parts of us—personality and survival intelligence—is, to my mind, a vital part of trauma and high-stress healing work (Brantbjerg, 2007; Brantbjerg, Marcher & Kristiansen, 2004).

To quote Siegel and Hartzell (2004):

One of the many important functions that the orbitofrontal cortex is believed to carry out is the regulation of the autonomic nervous system (ANS), the branch of our nervous system that regulates bodily functions such as heart rate, respiration and digestion. It has two branches, the sympathetic, which is like an accelerator, and the parasympathetic, which resembles a braking system. The two systems are regulated to keep the body balanced, ready to respond with heightened sympathetic arousal to a threat, for example, and able to calm itself down when the danger is past. The ability to have balanced self-regulation may depend on the orbitofrontal region's capacity to act as a kind of emotional clutch, balancing the accelerator and brakes of the body..(p. 177)

As long as one is able to move back and forth between dominant activation of the sympathetic (S) and the parasympathetic (PS) branches of the autonomic nervous system, one is, in my experience, able to handle external and internal intensity. As long as I am able to sleep at night, as long as I can pause and nourish myself (shift to dominant PS activation), and as long as I can mobilize a drive to match what I might encounter (S activation), I will successfully cope with the situation I am in. I might feel pressured by this state, or I might enjoy the arousal; I am familiar with both.

During high mobilization of the ANS it is possible to shift between hyperarousal (highly active S) and hypoarousal (highly active PS). In hyperarousal, we are extremely active, ready, fast, hyper-attentive. In hyporarousal, we go dead, we hibernate, sleep heavily without dreaming²¹.

²¹ Please note that muscular hypo- and hyperresponse and hypo- and hyperarousal in the autonomic nervous system are not the same. The skeletal musculature handles our psychomotor skills – and when the direction comes from the personality, our muscles are under our conscious control. We can decide to lift one arm, or not. Muscle response, whether hypo-, hyper- or neutral/balanced, is linked to the skills held in the personality. With this muscle response we regulate our access to these potentially conscious skills. The autonomic nervous system regulates vital functions such as respiration and heart rate. Regulation is automatic and beyond the personality's control.

At extremely stressful times of my life I have experienced this shift between states. Super ready and action-driven as soon as I woke up—and completely dead at a moment's pause or when sleeping at night. It is extremely strenuous to the body to function in high arousal over a prolonged period of time—but still, it is less strenuous if the ability to shift between rest and activity is intact.

The model (ill. 2.1) illustrates intensity scales with swings between the PS and the S system. The swings increase as we move up the intensity scale. The model illustrates the potential ability to maintain a swing between PS rest state and S preparedness even under high intensive influence.

Distress

Distress²² containing the kinds of stress response that are particularly strenuous to the body appears when this natural regulation between S and PS dominance is no longer intact.²³ We can get caught up in both hyper- and hypoarousal. In locked hyperarousal, an individual loses the ability to rest and regenerate. He/she is "on" all the time, constantly awake and mobilized to act and react. In a state of locked hypoarousal the opposite is the case: the body goes dead, collapses, sleeps a lot, and can't get going after sleep. The model (ill. 2.2 and 2.3) illustrates locked positions as a shifting of the spiral movement to one side or the other. Locked positions can be more or less extreme depending on how far the spiral tilts. Both extreme reactions are survival strategies that help us through periods of high intensity. They are part of the survival intelligence repertoire. At the same time, they are highly strenuous for the body and it takes time to land and recuperate from them.

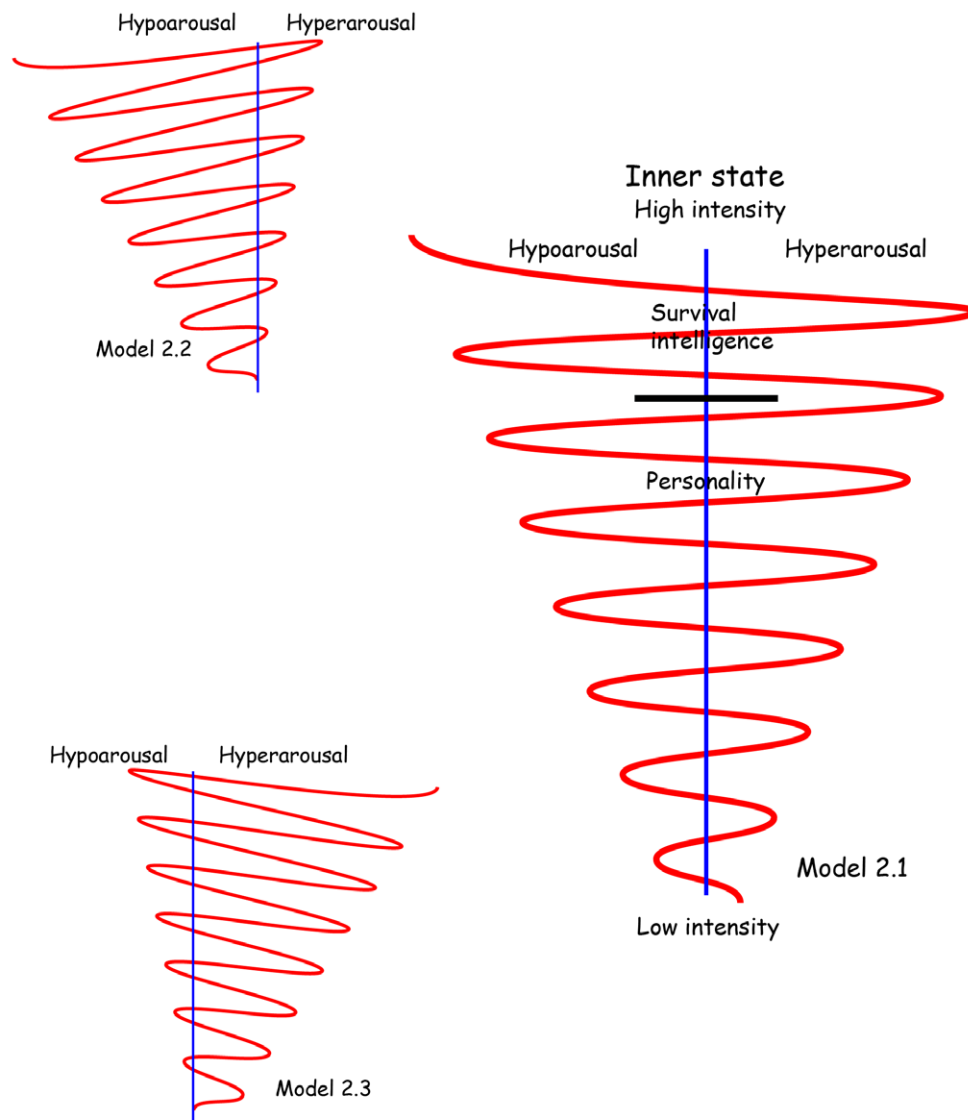
That we will experience situations that trigger these high-stress mechanisms is a fact of life. But sometimes we can make life choices that will change our circumstances to a course that better matches our ideal level of function. It can be quite important to avail ourselves of these opportunities.

On the other hand, it is my experience that high stress and trauma "happen". They are a part of life that we can't discard. We can choose to relate consciously to the reality of these phenomena, including what to do with them.

The skills we have trained and integrated well enough to be automatic will follow us into the repertoire of our survival intelligence. That means that we can expand our repertoire and widen our access to different options during high stress through skill training while we are not under pressure. This is the essence of using resource-oriented skill training as a transformational strategy in relation to stress and trauma.

²² The term distress was introduced by Hans Selye back in the 1930's. "Distress" is perceived as negatively charged stress straining the body both physiologically and psychologically. At the opposite end of the spectrum the term "eustress" is used to name stress that is perceived as positive like a euphoria (Goldwag, 1979).

²³ I use the word "dominance" to underline that the swing in the autonomic system is not a jump between either/or. The parasympathetic and the sympathetic branch are both continually active, but with one being dominant at any given time. This should also help to clarify that the terms "rest" and "activity" are relative and can be varied with different levels of activation in PS and S respectively.



Coping With Transitions

Consider: What skills help with mastering transitions between high arousal and low arousal and vice versa? What helps with shifting between activity and rest? What enables one to land after functioning by survival intelligence for a short while or over a prolonged period of time?

Mastering these transitions determines how one functions in different states. If one is able to “hold on to oneself” through transitions, the better the chances are of reaping the benefits from the states. In my experience, an internal dialogue between our hypo- and hyperresponsive parts will play a significant role in how well we transitions are handled. And being aware of this internal dialogue can offer new opportunities.

Shift Between Activity and Rest—Taking Breaks

Shifting between rest and activity, between PS and S dominance, is a skill as any other basic skill—it can be trained. Skill training, as mentioned earlier, is only effective at an arousal level at which the individual is present and able to adopt new material. When external influence and/or internal arousal intensify radically, we depend on the skills that are already automatic such as shifting between rest and activity. It pays to train the skill while not under pressure, when it isn’t “necessary”.

Now: what constitutes “a good break”, and how do you know? What determines if a break feels good or bad? What supports you in transitioning from activity to break/rest mode? And what supports you to get going again from rest and back into activity in a way that makes you feel “there”? The internal dialogue between hypo- and hyperresponsive parts of the self will often reveal itself by our answers to these questions.

For a break to be “good”, PS activity must dominate the ANS, but not the part activated in hypoarousal. One does not regenerate in a state of hypoarousal: the physical body merely survives.

Stephen Porges has introduced a theory describing three branches of the autonomic nervous system: The S branch and the two branches of the PS system. One branch, the dorsal PS, is presented as enervating our earliest evolutionary survival response to threat. One goes dead; one goes into hypoarousal. Activation of the S branch of the ANS is linked to the ability to flee and fight. Our most recent evolutionarily developed survival reaction is represented by our ability to bond and seek out social contact when we have felt threatened. This response is linked to innervating the second or ventral branch of the PS system.²⁴

I don’t possess the neuro-anatomical expertise to assess Porges’ contribution. However, from my practical experience in working with stress and trauma I do recognize that it makes a lot of sense to differentiate between two types of PS reaction. One is dominant during hypoarousal—when we need to react by survival intelligence—and one is dominant when resting, regenerating, refuelling, nourishing ourselves, making love etc. For that reason I will refer to this differentiation in the following.

Let us return to the question of what constitutes a good or functional break or the opposite. After lunch on the first day of a stress management workshop I will ask the participants if they had a good lunch break and on what they base this assessment. After they respond with their answers I define a functional break as a period of time in which one takes in something one perceives as nourishing, and in which, to a satisfactory degree, one changes focus from what one was previously doing. There is a lot of individual variation in what is considered “good break nourishment” and how much one needs to let go of the activity one was in before the break.

Nourishing the self is an activity, whether it is with food, contact, movement, nature, experiences or inspiration. It takes presence and bodily skills to let go of what one is doing, orient to what resources of nourishment are available, and choose, reach for, take in and digest them. If one is exhausted or has collapsed, this kind of active exchange with the world is not accessible. Drawing inspiration from Porges’ view on the ANS: A good break depends on the ability to engage on a social level and interact in a nourishing way. And this entails activating the ventral part of the PS system.²⁵

²⁴ These three survival strategies humans share with many species of animals. The “go dead” mechanism is shared with all living creatures, even amoebas. The fight/flight strategy is shared with other animals that are able to actively move themselves out of a situation. And seeking out contact and engaging on a social level is shared with animals that live in packs (Hart, 2006; Claesson, 2003).

²⁵ The expression “interacting with the social platform” or “engaging in the social platform” is used in a broad sense in the following part of the article. It can mean anything from reading a book, choosing to see a movie, go for a walk, talk on the phone, visit someone, look out the window to enjoy the view, be touched etc.—any of the many degrees of contact between the the self and the world.

How is the internal balance between hypo- and hyperresponsive parts significant for the ability to establish this involvement with the social platform from the ventral part of the PS?

The state one is in while active and preceding the break will determine how easy or hard it will be to handle the transition into break. Now, what happens when one goes to break in a typical stress pattern with hyperresponsive parts dominating while other parts have disappeared in hyporesponse? Often one will plunge into hyporesponse— or to avoid ending up down there one doesn't let go of the tension and misses the break all together.

The hyporesponsive parts are forgotten; they go unnoticed and will not attract attention to themselves. They are often pushed even further aside when one initiates action or needs to perform or be efficient, because they are slow and lack fullness and presence. In that sense, they are “difficult”. They have a hard time “keeping up” and are often expelled from our conscious self-image. And yet they are there—valid parts of the self even to those with higher energy levels and those who fight.

The forgotten, hyporesponsive parts often come to the fore when one shifts into break mode. If one did not pay attention to these parts of the body while active, they lie dormant, “waiting” for one to let go of activity. Then they emerge as a sense of emptiness, exhaustion, lack of impulse—sentiments of “don't know what I need or want”. It becomes difficult to have a functional break because the parts that were supposed to take notice and seek out potential sources of nourishment have given up.

I recognize this as my typical reaction when returning home from extended periods of intensive teaching. Parts of me that I didn't have or take time to notice or attend to will emerge when I get home—usually as feelings of emptiness, sadness or difficulty sensing what kind of nourishment I need. I am naturally tired, but I am also impacted by a degree of hyporesponse. In this situation, there is a risk I will start working again to avoid the emptiness or that I will collapse. If I stay with this feeling of emptiness and loss of energy, if I tolerate sensing these states, a sense of presence will slowly build in my body in a different way. Energy is reintroduced to the areas that gave up. Often there is a phase where I feel generally frustrated—and after that I begin sensing what I want. Relating to this dynamic on a conscious level will be supported by knowing one's own tendencies towards hyporesponse well enough. I will ask myself: What parts of the body usually “disappear”? Which parts do I easily forget to feel? What kinds of impulses do I usually lose contact with—breathing, looking around, asking myself what I want, taking direction from within, moving, feeling centred, seeking support, advancing, etc?

Based on this knowledge of myself I can make a conscious choice to support and direct my attention towards presence in these areas before initiating an activity. The intention behind these choices is consciously nourishing the parts of me that tend to get lost—not “out of pity”, but in recognition of their existence and the fact that they (no matter what I do) have an impact when I am active and also when I need a break. Increasing my presence by building energy in my hyporesponsive areas is being responsible for them as parts of myself—while including my sensing them as a basis for my conscious choices.

It is important to keep in mind that, as stated before, hyporesponse is a psychological defence strategy. Increasing presence in hyporesponsive parts of the body is a transformational process that can only happen to the extent that one is ready for it. On principle, resource-oriented skill training always encourages going for exercises that leave us with a feeling of success—which with regards to hyporesponse will mean areas with a slight tendency towards giving up that are able to regain presence by muscle activation and where the psychological material that is stirred can be perceived as a resource.

Dysfunctional breaks are often described as breaks in which one has collapsed—in which

one plunges into hyporesponse or even further into hypoarousal. An example is getting stuck in front of the TV without choosing what to watch and without being able to take in what is being watched. Or “bad breaks” can be the ones in which one remains stuck in activity, is interrupted, doesn't get to let go; so one doesn't let go of S innervation and maybe not of hyperresponsive dominance either, perhaps as a safeguard to avoid plunging into giving up.

The regulation of these dynamics is an interaction between regulation in the ANS and the nature of one's coping skills as expressed in the degree of hypo-, hyper- or balanced muscle response. Usually, stress patterns are described in terms of regulating the nervous system. When under stress, we are usually locked in S nervous system overdrive; we are locked in activity and need to enter the PS and rest. Focusing on muscular hyporesponse will add another dimension to this simplified picture. Hyporesponsive muscles don't actively participate in regulating activity. They don't signal stop or continue. Often, they never really engage in the activity, or they disengage if arousal levels start going up.

Without sufficient muscular presence one doesn't land in social contact, which, according to Porges corresponds with activity in the ventral part of the PS nervous system. Instead one lands in a body characterized by giving up in bigger or smaller parts of the musculature. In this state, pausing and regenerating becomes difficult because one has difficulty sensing and acting on the impulses that will initiate nourishing exchanges with the surrounding world. In relation to the nervous system, this will sometimes lead to slipping into hypoarousal in the PS system and thereby slipping out of social involvement altogether when one should have been able to recuperate.

These states are not relieved by learning how to relax, but by acknowledging and integrating the hyporesponsive parts into the self-image and by learning how to build and retain energy.

This insight is significant:

- in transitioning from rest to activity. Increasing presence by building energy in hyporesponsive areas supports us in engaging in activity as fully as possible.
- during activity. How do we maintain contact to the parts of us that are least full and present? How do we shift between attention to parts of us that tolerate and perhaps thrive on high intensity – and parts that disengage as arousal levels rise?
- in transitioning from activity to rest. How do we support presence in hyporesponsive parts of the body when relaxing so we are capable of regenerating in exchange with the world around us instead of collapsing?

The transitions here are present many times during the day at different levels of both internal and external intensity. Our daily lives offer an endless number of transitions with which to practice our attention to how we bring ourselves through transitions. How do we get out of bed in the morning? How do we initiate the activities of the day? How do we shift between rest and activity during the day? To include attention to our hyporesponsive parts during these transitions holds a profound transformational potential. And it develops skills that are crucial when having to handle violent transitions between the personality and states of high arousal.

In and out of High Arousal—How to “Take off” and “Land”

As described earlier, the state one is in while engaging in an activity will play a significant role in how one will exit that activity. The “platform” one “takes off” from when entering high arousal will affect the platform one ultimately will “land” on. So which skills support us through these transitions, and how is attention to hyporesponse significant?

The more presence and fullness one has in the body, the more high intensity exterior influence one will be able to meet and match. In other words, one can prepare for shifts into

high arousal by building muscular energy. From an expanded bodily presence, a shift into reflex-directed reactions will seem far less overwhelming or frightening than if the body is disengaged and limp when one suddenly find oneself challenged by some form of high intensity influence.

As one shifts to “the low road”—as directed by survival intelligence—a shift will occur in motor function. As long as one is functioning directed by the personality, muscle control is governed by consciousness. One decides to lift an arm or not. In states of high arousal, movement impulses are to a large extent ruled by reflexes.²⁶ We don’t think before we remove our hand from the burning hot stove. We—luckily—get it off of there before we have time to think or feel anything.

This reflexive shift into direction is a trainable skill. The article “The Body as Container of Instincts, Emotions and Feelings” (Brantbjerg & Stepath, 2007) describes a series of exercises training the specific skill of daring to let go and allow the body’s reflex movements to take over.²⁷

If the body is dominated by muscular hyporesponse, shifting into high arousal feels overwhelming. The body is not in a state suited for handling the level of intensity that will be released in reflex movement. Take a moment to think about how your body reacts when you lose balance, are about to fall, and then quickly regain your footing. The speed and intensity in these movements are high. Now imagine that in the seconds before you lose your balance a big part of your body is in a giving up mode? What does the difference feel like? Anxiety and stiffening are common reactions. Based on Porges’ three categories of survival response it is highly likely that the body will “choose”²⁸ the most radical strategy—to stiffen and go dead.²⁹ The fight/flight mechanism demands extrovert energy. That is difficult and usually impossible to mobilize from a dominantly hyporesponsive state.

Dominant muscular hyporesponse can in other words predispose one to go dead or freeze in a state of high arousal. By contrast, dominant muscular hyperresponse will predispose one to fight or flight if the situation allows it.

The survival responses one “chooses” are based on an instantaneous scanning of options in the immediate situation combined with the accessible resources within ourselves. Working with hyporesponsive muscles and thereby raising a general level of presence in the body has proved to be a method capable of influencing the kinds of response accessible to us during high stress. Increased presence in hyporesponsive areas of the body will often lead to a greater sense of safety in letting go in the hyperresponsive patterns (letting go of control) and thereby more freely being guided by the reflexes.

Now: What about landing when returning from a state of high arousal? How does one master the transition from high to low internal intensity, from being directed by the reflexes in high arousal to being in control in the personality?

²⁶ Direction through reflexes in my interpretation also includes the use of automatic skills.

²⁷ Brantbjerg, Marcher & Kristiansen (2004) reserves an entire chapter (chapter 5) for describing training bodily coping skills as a trauma therapeutic method. There you will find an earlier version of what I present in this article. Some terminology has changed, but the basic concepts are the same.

²⁸ “Choose” is in quotation marks to stress the fact that the choices one makes in survival intelligence are not conscious. Nonetheless, there is an inner authority that scans the situations instantly and makes the choices that then dictate the response.

²⁹ To “go dead” is a powerful survival strategy. In trauma research and trauma therapy there are 2 leading perceptions of what happens in ANS in the the going-dead reaction: One idea is that the ANS is entirely dominated by PS activation, which in Porges’ version is the dorsal branch of PS (Hart, 2006; Claesson, 2003). The other idea is that “accelerator and breaks are activated simultaneously”, meaning there is a strong activation in S on top of which lies a strong activation in PS (Levine, 1998). These two directions point to different therapeutic strategies—so it matters which one you base your interventions on. In my view, both versions probably happen—and the challenge for a trauma therapist lies in discerning when you are faced with what kind of hypoarousal. This article sees hypoarousal as an expression of powerful activation of the dorsal branch of PS.

The challenge at hand depends on whether the individual needs to find a way back from hyper- or from hypoarousal and also if the high arousal states he/she has been in were experienced as positive or negative. Landing from a positively experienced high-intensity situation³⁰ can be as much of a challenge as landing from a negatively experienced high stress experience in which one was either paralyzed/went dead or was ready for fight/flight.

For me it is a challenge to finish and return home from a big professional conference or an intensive workshop. It entails shifting from a highly intense context with a lot of people and activities back to the everyday context I share with my husband. Maintaining body presence during landing and taking actions to secure a reasonably slow lowering of arousal levels instead of an abrupt and immediate one are the best tools I have discovered for this transition.

The risk of collapsing, as I described earlier when talking about pausing, is very high when returning from a state of high arousal. The body is naturally tired from high mobilization and often there is a natural impulse towards swinging into rest mode. At the same time, one usually lands in a context where there is less involvement, less stimulus and less threat if returning from a negatively experienced situation. There is a loss in landing—a loss of intensity—that can be experienced as either a relief or a disappointment.

Different emotions can be stirred during landing. If the shift is abrupt and one loses presence and a certain level of activity in the body, it is very easy to land in collapse with dominant hyporesponse or even hypoarousal where it will be difficult to sense what is happening inside. One may not sense one’s emotional reactions to this shift in intensity levels. The challenge is to maintain enough body presence for one to be able to land engaged in the social platform. From a muscular point of view, one should retain some of the fullness and activity already present in the body and let go of it slowly instead of collapsing. Letting go slowly is a skill that takes just as much presence as getting ready by building up energy. And both will challenge the parts of the self that are impacted by hyporesponse.³¹

Another version of “landing” from high arousal is not landing at all. One “chooses” to stay in the state of high arousal. In my understanding, this is a key to unresolved trauma and high-stress states. One remains fully or partially in the high arousal reactions.

The condition for being able to land is that there is a platform to land on within oneself and in a social context. In other words: the degree of safety in the personality’s domain will determine the degree of landing.³²

The process of landing makes the transition between personality and survival intelligence visible – thereby highlighting how well the two parts cooperate. The same goes for shifting from normal arousal level to high arousal as described earlier. Below, I systematize different patterns in the relationship between personality and survival intelligence and hypo-/hyperarousal in the

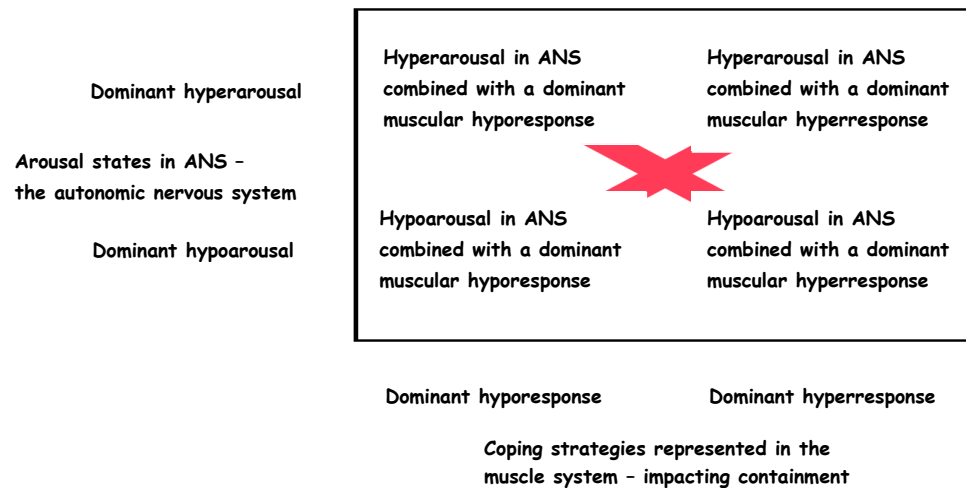
³⁰ Positively experienced high arousal events have also been referred to as “peak experiences”. These experiences hold states of heightened consciousness beyond the realm of the personality (Jarlneæs & Luytelaar, 2004; Brantbjerg, Marcher & Kristiansen, 2004)

³¹ At a psychotherapist conference in Cambridge 2007 I was asked to guide the participants in preparing for the event to come to an end and for the journey home by using body-oriented skill training. I verbally supported awareness about how ending a conference entails a shift in intensity and also guided participants in sensing basic bodily skills such as grounding, centering and personal boundaries. Part 1 of this guidance took place in the morning of the last day and part 2 was 30 minutes before the conference ended. Feedback from both participants and hosts was very positive. Many found it helpful to become more aware of how concrete body sensing can be used in coping with the transition.

³² Optimizing safety is the key to landing and to integrating the parts of a person that has stayed stuck in unresolved trauma reactions. “Safe base”, “anchor” and “safe place” are terms used in all kinds of trauma therapy (Bowly, 1988; Rothschild, 2000; Levine, 1998; Anstorp, Benum & Jakobsen, 2006).

autonomic nervous system. The presentation is based on my interpretations of patterns I have observed in clients, students, colleagues and myself through many years of working with stress and trauma. I also include ideas of treatment strategies in relation to hypo- and hyper patterns that I have experienced as effective.

Schematically the options can be presented as follows:



Hyperarousal in ANS Combined With a Dominant Muscular Hyperresponse

A state of being ready for fight in the nervous system and of predominating muscular tension and control will mean that the body's energy levels are VERY high. Typically, one will be locked in high intense activity and if one takes time off one will still be active. Another option is that one doesn't land and never takes time off because the personality one was supposed to land in doesn't allow it. One keeps going all the time. The hyporesponsive parts of the person—if they exist—are kept far from consciousness and will never come to light. They are expelled from one's self-image completely.

For one who has this combination of hyperarousal and dominant muscular hyperresponse, there is a need to learn how to relax enough for one to start noticing the parts that have never been noticeable. After that, it is wise to work on building presence in the neglected parts at the same time as focusing on relaxation. Such a powerful tension strategy is there for a reason. What has been avoided by maintaining such a high activity level? Those secrets are usually well hidden in the neglected hyporesponsive parts.

Hyperarousal in ANS Combined With a Dominant Muscular Hyporesponse

This combination often leads to the person shifting between being unwilling/unable to land and collapsing. Dominant muscular hyporesponse will make it difficult to “land engaged on a social platform” (corresponding with the ventral branch of PS according to Porges). As soon as intensity drops the tendency towards collapsing shows and instead of landing in a nourishing exchange with the world, one ends up in passive giving up or, in extreme cases, hypoarousal. Or

one stays mobilized in hyperarousal with drive, in high gear, social in the way one can be when in high arousal, lest one end up collapsing.

I very often see this combination either as a main pattern or part of a pattern in people having unresolved trauma issues. Working to build presence in the hyporesponsive musculature and, through that, adding more coping skills to the personality is crucial for initiating a transformation process. A strategy targeting the hyperaroused part of the pattern, teaching the person to relax, will not work. In the worst case, it will trigger collapse in hypoarousal where no healing happens and that is often difficult to get out of once one is in it.

People that “burn out” know this pattern. They have been in hyperarousal for a long time, covering up the patterns of resignation by high stress mobilization—until the system gives in, and they collapse into hypoarousal. The missing piece is learning how to build presence and energy in a way that respects inner dosing. By slowly gaining skills, a person becomes able to engage in the social platform from the personality and not from the high stress pattern.

Hypoarousal in ANS Combined With a Dominant Muscular Hyperresponse

Hypoarousal states are terrifying to most people because they hold a profound feeling of powerlessness. Landing from hypoarousal is a challenge to everybody and my experience, along with that of other trauma therapists, indicates that landing only happens if safe contact with safe people is available—contact that includes acceptance and understanding of the deadness and lack of impulse in the state (Rothschild, 2000). This form of contact offers a way for the state to start shifting. When that doesn't happen (which is the case in many unresolved trauma and high-stress patterns), how will one “land” in personality? One option is to use all one's available hyperresponsive patterns to keep the state of hypoarousal at bay from the consciousness. In other words: always remain on the go, always active. It is difficult to relax in such a condition. Giving up is lurking underneath, ready to take over as soon as one lets go even a little. So one will try to avoid that. From time to time a state of hypoarousal will break through the defences of the personality, and then a new struggle for escaping deadness and getting back into activity will begin.

What works here is a slow build-up of presence in the hyporesponsive parts of the body. This will facilitate approaching the deep experiences of powerlessness and deadness from a more resourceful place within. We need to build a container in the body and personality that will be able to tolerate the states, making it possible to acknowledge and integrate them. After all, they are natural reactions to extreme impact.

A strategy targeting relaxation is absolutely contraindicated. Relaxing with this pattern equals plunging into hypoarousal—and as long as there isn't a container for the state, there is no other option than fighting your way out of it again and thereby re-establishing control via the hyperresponsive muscles.

Hypoarousal in ANS Combined With a Dominant Muscular Hyporesponse

This combination contains profound giving up both as survival strategy and as personality defence. This state will often express itself as difficulty functioning in normal life. With dominant muscular hyporesponse, one is left with no way of escaping from the powerlessness and the deadness. There is no container or acting ability to remove oneself from the deadness. Slow and careful building of energy—with continuous integration, verbalization and building

of coping skills in a therapeutic relation—stands a chance of having an impact on this state. Strategies focusing on relaxation and emotional release are contraindicated in this case. The issue is that there is no centring, no gathering, no ability to act—there is nothing to let go of.

The above presentation is, of course, simplified. Most people usually have more than one of these strategies available to them—and will shift between one and another—though often favouring one that will dominate. My key intention is to communicate an idea of how vital building of presence in hyporesponsive musculature is in coping with and landing from high-stress states. It is the strength of one's personality's container, supported by one's muscular presence, that will determine how one is able to interact with the social platform. And it is this interaction with the social platform that offers an opportunity for landing and releasing high arousal states.

A Physical Add-on: One More Piece to the Hypo/Hyper Landscape

When observing people in high-stress states, the related question is how these states manifest in the body. Muscle response patterns manifest themselves by the level of distance/deadness, fullness/presence or tension in the muscles. Arousal states manifest themselves in the changing of the pulse, heart rate, pupil dilation, temperature, respiration, etc. But they are also expressed in the state of the body's connective tissue—tendons and fascia.³³ The connective tissue is the first tissue to mobilize when we first even think of moving—before our muscles are activated, and before consciousness realizes that we are getting ready for something.

To feel the difference between muscle activation and connective tissue activation, try the following:

Let one arm hang down by your side and then lift it out to one side. Use your other hand to feel the muscle on top of your arm (the deltoid muscle). When the arm is lifted out to the side, the muscle is activated, which is felt as a firming and hardening of the muscle. This is muscle activation.

Now let the arm hang by your side again. Simply think of moving the arm to the side, and notice the mobilization that happens when you do that. This mobilization happens in tendons and fascia around the muscle. Also notice the state of readiness that is activated by this almost invisible physical mobilization.

Connective tissue is activated when we mobilize to get ready for action. Connective tissue activity links to our intention of moving—not the movement itself.³⁴ It is noticeable as a feeling of energy in ourselves and in others. Even connective tissue can be hypo- and hyperresponsive. This adds another piece to the puzzle and another series of possible patterns and combinations of hypo- and hyper patterns. I will not go schematically through these options, merely highlight one pattern I often see in people with locked stress patterns.

Hyperarousal in the ANS is often combined with hyperresponse in the connective tissue (whereas hypoarousal is linked to hyporesponse in the connective tissue). The body has a tense expression that stems not only from the nervous system, but also from how energy radiates from the tense fascia system. The body is fixed in a permanent mobilization.

If you as the therapist don't look for muscular fullness or think that there might be a dominant muscular hyporesponse beneath the tight connective tissue, you might miss it and

³³ Fascia are thin connective tissue membranes, enveloping all the body's tissue, muscles, bones, organs. They are tied together into one big system connecting the whole body.

³⁴ I learned the term "intentional movements" related to connective tissue from Peter Levine back in the 1980's. Intentional movement is a key concept in working with trauma (Levine, 1998)

opt for a strategy of helping the person to relax. This strategy is not recommended. With an underlying dominant muscular hyporesponse there is no desirable base for landing. Mobilizing for action in survival intelligence is not the same as having access to impulses for action in the personality. There is still a need for building muscular presence and training basic psychosocial skills that in time will help establish a landing platform in the personality.

Concluding Remarks and Perspectives

The focus of this article has been to bring the concept of the hyporesponsive strategy to the foreground, especially in relation to different levels of stress. Hyporesponse, as the title indicates, is a hidden challenge in coping with stress because it doesn't call attention to itself. Acknowledging and accepting the presence of hyporesponse in the body is a powerful process potentially capable of transforming a person's self-perception. To most people I teach for the first time, hyporesponse is an unacknowledged part of their bodily reality and self-image. Signals from hyporesponsive parts of the body are often interpreted as "tension" and habitual thinking often leads to the conclusion that the cure is learning how to relax the body. Naming hyporesponse as a reality in parts of the musculature equal to hyperresponse will expand our perception of ourselves and also our frame of interpretation of the body's signals.

When one is unaware of something, one cannot consciously take responsibility for it. Acknowledging the existence of hyporesponse offers an opportunity for taking responsibility.³⁵

One can choose a conscious strategy towards one's own hyporesponsive parts. Knowledge of and experience with bodily strategies such as building energy and respecting individual dosing as effective strategies in dealing with hyporesponsive areas makes it possible to choose to relate actively to these hyporesponsive parts. One is then provided with the conscious choice of how. How do I, on the one hand, respect hyporesponse as a defence strategy I will not be able to change in the blink of an eye and, on the other, actually be able to reach behind the strategy using a realistic dosing and establish contact to the psychomotor potential lying in the muscles?

Non-acknowledged hyporesponse is often linked to locked roles.³⁶ If one is in a dominant hyporesponsive state, one easily sees oneself as "the victim", "small", "useless." One thinks: "can't", "someone else has to do it", etc. These roles induce certain counter roles—one invites the other to take over, control, solve things, or rescue or pursue one.

Knowledge of hyporesponse and knowledge of precise methods with an effect on hyporesponse opens an opportunity to step out of these locked role interactions. For instance, I can ask a student/client locked in passivity where he/she feels a lack of presence in the body. This question alone holds the potential to break locked roles—and to initiate a mutual exploration into the world of hyporesponse.

³⁵ As said elsewhere in this article it is important to respect hyporesponse as a psychological defence strategy. Building presence in hyporesponsive muscles evoke forgotten or never integrated parts of the person—and can only lead to success at a pace that allows these parts to be integrated into consciousness. Focusing on the areas in the body or exercises, where contact to hyporesponsive muscles immediately evokes some sense of internal resource is one way to dose and respect this process of integration.

³⁶ My use of the term "roles" is again inspired by Systems Centered Therapy (SCT). See note 10. (Agazarian, 2004). Another important inspiration to my understanding of locked interaction dynamics linked to hyporesponse/giving up is Karpman's triangle of victim, persecutor, and rescuer (1973). In my experience, hyporesponsive patterns are always represented in hidden interactions among these three roles. I see distinct hyporesponsive patterns in those that carry the role as victim and hidden, often unacknowledged hyporesponsive patterns in those that carry rescuer and persecutor roles, disguised by extrovert, hyperresponsive patterns.

Where is the giving up located? Is there an impulse to move? If not, I as the therapist might suggest a movement to activate the body area in question, being very precise about dosing. Perhaps the movement needs to be very small. Or perhaps the right dosing will be to simply direct attention to the area, acknowledging its existence, or maybe just to put a hand there. Are there other parts in the body that are starting to relax as this particular place gets attention and becomes alive?

A journey into the world of hyporesponse can often evoke a sense of hope—hope that change is possible even in the places where one has lost access to one's presence and one's ability to act. This hope is not evoked by someone else's doing it for me. Hope rises from the fact that here is something I can do for myself, perhaps while supported by a contact field.

Appendix A USE OF BODY ACTIVITIES— TRAINING PRINCIPLES IN RESOURCE-ORIENTED SKILL TRAINING.

In this paper you find a description of many years of collected experience about how different forms of working with/using the body can affect muscle response (tension or undertension), and through that, the personality and psychological/emotional material connected to muscular patterns. The following scheme summarises these experiences.

Three main categories of muscular response can be distinguished:

Tension and hyper response correspond to holding back emotions and impulses

Neutral or balanced response corresponds to having access to impulses and emotions and having free choice available in terms of expression or not

Undertension and hyporesponse correspond to giving up emotions and impulses

Different physical activities have a different effect on hyper responsive and hypo responsive muscular reactions

	HYPER RESPONSIVE MUSCULAR REACTIONS	HYPO RESPONSIVE MUSCULAR REACTIONS
	Tense, held back	Undertense, given up
STRETCHING has the effect of:	The muscles let go of some tension; often one feels more alive. Emotions may come up. One may feel a little turned inwards.	No important effect on the muscles or perhaps they become further slack/given up. The person may become withdrawn or sleepy.
ACTIVATING BUILDING UP ENERGY moving doggedly against outwardly given resistance) has the effect of:	The muscles tighten a little and may give an experience of tension or no effect at all.	The muscles become more active, more alive. Gives an experience of being more filled up and present. Emotions may come up.

RELEASING ENERGY
(tensing the muscles and
releasing tension in action--
e.g., pushing away)
has the effect of:

Tension in the muscles
is activated and released,
which leads to a letting go
of tension, often in turn
leading to an experience
of feeling more alive and
having more energy.
Emotions may come up.

The muscles end up being
even slacker. Often one
experiences a feeling of
becoming tired or exhausted
when one uses the muscles.

**MOVEMENT OF THE
JOINTS**
has the effect of:

Often one feels more alive;
in general no change in the
tension state or access to
emotions/feelings.

Often one feels more alive;
in general no change in the
tension state or access to
emotions/feelings.

The above appendix presents experience gathered over the years by the group of teachers at Bodydynamic Insitute/Bodydynamic International from 1985-2000. Here synthesized by Steen Jørgensen and Merete Holm Brantbjerg.

BIOGRAPHY

Merete Holm Brantbjerg is a relaxation therapist/psychomotortrainer, co-founder of Bodydynamic Analysis, director of Moaiku Bodydynamic Brantbjerg, and offers a range of psychotherapeutic training workshops on an international level. Merete specializes in using resource oriented skill training as a psychotherapeutic method in relation to stress and trauma and in relation to the caregiver role.

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REFERENCES

- Agazarian, Yvonne M. (2004). *Systems centered therapy for groups*. London, UK: Karnac.
- Anstorp, T., Benum, K., & Jakobsen, M. (2006). *Dissosiasjon og relasjonstraumer*. Oslo, NO: Universitetsforlaget.
- Bentzen, M., Bernhardt, P., & Isaacs, J. (2004). Waking the body ego 1 and 2. In I. Macnaughton (Ed.), *Body, Breath and Consciousness* (pp. 131-204). Berkeley, CA: North Atlantic.
- Bernhardt, P., & Isaacs, J. (2000). The bodymap: A precise diagnostic tool for psychotherapy. *The Journal of Bioenergetic Analysis*, 11(1), 1.
- Bodydynamic Institute (1998). *Bodymap reading – bodymap interpretation*. Copenhagen. Jørgensen, S.& Marcher L.
- Bowlby, J. (1988). *A secure base*. London, UK: Routledge.
- Brantbjerg, M. H. (2008). The relational aspect of resource-oriented skill training. Copenhagen, Denmark. Bodydynamic Brantbjerg.
- Brantbjerg, M. H. (2007). Resource-oriented skill training as a psychotherapeutic method.. Copenhagen, Denmark. Bodydynamic Brantbjerg.
- Brantbjerg, M. H. (2005) Muscular intelligence – an introduction. www.moaiku.com
- Brantbjerg, M. H., Kristiansen, M. & Marcher, D. (2006). Resources in coping with shock. Copenhagen: Forlaget Kreatik.

- Brantbjerg, M. H. & Ollars, L. (2006). *Musklernes intelligens*. Om 11 Bodydynamic Jeg-funktioner. Copenhagen, Denmark: Forlaget Kreativ.
- Brantbjerg, M. H. & Stepath (2007). *The Body as Container of Instincts, Emotions and Feelings*. Copenhagen, Denmark. Bodydynamic Brantbjerg.
- Claesson, B. (2003). Forskning i Vagusnervens fylogenetiske udvikling kaster nyt lys over menneskets stress- og chockreaktioner. *Psykolog Nyt* 07-2003.
- Fich, S. & Marcher, L. (1997). *Psykologi og Anatomi. En manual om barnets udviklingsfaser og deres muskulære forankring*. Copenhagen: Kreativ.
- Gladwell, Malcolm (2005). *Blink: The power of thinking without thinking*. New York, NY: Little Brown.
- Goldwag, Elliot M. (Ed.). (1979). *Inner Balance: The power of holistic healing*. London, UK: Prentice-Hall Int.
- Gonzales, L. (2003). *Deep survival*. New York, NY: Norton.
- Hart, S. (2006). *Hjerne, samhørighed og personlighed*. Copenhagen, Denmark: Hans Reitzels Forlag.
- Hart, S. (2006). *Betydning af samhørighed*. Copenhagen, Denmark: Hans Reitzels Forlag.
- Jarlnæs, E. & Van Luytelaar, J. (2004). *The Therapeutic Power of Peak Experiences*. In Macnaughton, Ian (Ed.) *Body, Breath and Consciousness*. (pp. 241-262). Berkeley, CA: North Atlantic.
- Johnsen, L. (1976). *Nøglen til livsglædens kilde*. Copenhagen, Denmark: Borgens Forlag.
- Jørgensen, C. R. (2008). *Identitet. psykologiske og kulturanalytiske perspektiver*. Copenhagen, Denmark: Hans Reitzels Forlag.
- Jørgensen, S. & Ollars, L. (2001). Kropslig forankring i psykoterapeutisk arbejde. *Psykologisk Set*, 42, 15-28.
- Karpman, S. (1973). 1972 Eric Berne Memorial Scientific Award Lecture *Transactional Analysis Journal* 1973-III 73-76.
- Kæreby, F. & Sørensen J. Hardy. (2008). Dansk deltagelse ved den første internationale conference om SE-terapi. *Psykoterapeuten* 2008- 1 43-48.
- Levine, P., with & Frederick, A. (1998). *Waking the tiger. Healing trauma*. California: North Atlantic Books.
- Levine, P. (1998). Kroppen som helbreder. In Jørgensen, U. & Mathiasen, S.: *At overleve vold – om psykisk traumatisering og behandling*. (pp.73-93) Århus N. Forlaget Klim.
- Marcher, L & Fich, S. (2010). *Body Encyclopedia*. Berkeley, North Atlantic Books,
- Maurer, R. (2004). *One small step can change your life: The Kaizen Way*. New York, NY: Workman Publishing Company.
- Ollars, L. (1980). *Muskelpalpatationstests pålidelighed. Besvarelse af specialeopgave i psykologi*. Unpublished dissertation. Copenhagen University, Copenhagen.
- Rothschild, B. (2000). *The Body Remembers*. New York, W.W.Norton & Company Inc.
- Siegel, D. & Hartzell, M. (2004). *Parenting from the inside out*. Penguin Group Inc.
- DAP conference (2007). Sørensen, Ole. H. :Stressbegrebets historie. (History of the concept of stress)

Anatomy Lesson: A Poem

Salita S. Bryant, PhD., MFA

The Skin

My mother taught Health,
in high school, in the early sixties.
Her question was:

What are the three functions of the skin?

The student wrote:

To keep the water out and the blood and guts in.

The largest and heaviest organ,
20lbs, 14--22 square feet of gut and blood and rain control.
She gave her partial credit.

In one square inch of skin:

9 feet of blood vessels	600 pain sensors
9000 nerve endings	12 feet of nerve fibers
sometimes a tattoo	632 million bacteria
75 pressure sensors	sometimes a kiss

Koala bears have fingerprints so human-like that if someone were murdered
in the koala cage...
well, you can see how there might be trouble.

We shed too. 105 lbs. of divested skin by the time we hit 70.
So, the next time you lie on the rug in front of the television,
consider that 90% of floor dust consists of dead skin.

There are many interesting facts about us.

Here, however, is one of the most important:
There are 45 miles of nerves in your skin.
60,00 miles of blood vessels in you.
There is no map.
Only the traveling will teach you who you are
and what country you live in.

*

Bones

Babies are born without kneecaps.
The funny bone is a nerve, not a bone.
The mineral content of our bones is almost indistinguishable

from a species of South Sea coral.

We have 208 bones:

Hands:	54
Feet:	52
Skull:	22
Ears:	6
Other:	74

The smallest: the ear's stirrup bone

The largest: the femur

The thighbone, the femur, has the bearing strength & pressure tolerance of a rod of cast steel, is stronger than concrete, and can support 30 times the weight of a man. can tolerate 600 pounds of vertical force.

This burly bone is as hollow as dove's wing.

More on the hollowness later.

*

Muscles

You've probably heard this one:

It takes more muscles to frown than it does to smile.

It's true. 43 to 17. Hardly a fair contest at all.

Here's what's frightening though—
every 2000 frowns whittles one wrinkle.

We are over 600 muscles.
Simply walking uses 200 of them. Speaking, 72.

And once you die,
and before rigor mortis captures your complete attention,
your muscles can contract and curl your body
on to its side like a salted slug.

Death is not pretty.

Another 200 muscles are used just to blink.
In focusing, eye muscles move 100,000 times in a single day.

Imagine speeding down a dark highway for a thousand miles,

a swollen moon hanging behind winter-stripped birch,
its face flashing like the white of an eye.
All day this flickering.

But the strongest muscle is the tongue.

Without it we cannot tunnel, excavate, burrow,
plow, rake, till, hoe.
We need this spade, this crowbar, this hammer, this silver spoon of lust.

And on the day man invented the knife,
he dreamt he hollowed out his enemy's mouth.

Removed that adept tool of taste and worship and heresy.
That exquisite instrument of adoration.

*

Energy: Input/Output

A single one-minute kiss burns 26 calories.
Think about your last good kiss and do the math.
Now eat a piece of candy.

Banging your head against a wall for a solid hour
will burn only 150 calories.
This is not an advisable aerobic activity.

If you could plug it in,
the human body could throw off the heat
of a 40 watt bulb,
enough light to read poetry by.

In your lifetime you will consume:
50 tons of food and 16,000 gallons of fluids.
If you are from the south you may add 2,000 extra gallons
for sweet tea and bourbon.

You will also consume certain other things,
880 chickens and
8 spiders, for example.

Without food, it takes weeks for the body to die.
Without sleep, death comes in 10 days.

If you manage to kiss the whole time you are going without
food or sleep, death will come much more quickly and painlessly.

*

Organs and Glands

Here is some of what they can remove and still leave you alive:

the stomach	1 kidney	the uterus
the appendix	the spleen	80% of your intestine
1 lung	the bladder	the prostate
80% of the liver	the ovaries	the gall bladder

Note the liver,
glandular purveyor of over 500 functions, will happily recreate itself—
slip into its letterman's jacket,
work out for a couple of months,
make that 3lb. football-sized mass
a real player, a mirror of its former self,
a bloody, quivering doppelganger
shown back up to take a lick'n in the forth quarter.

As well, some can do without that little bit of connective tissue t
hey caress in a lobotomy
and any number of limbs....

This is the neighborhood we live in—
the clammy cul-de-sac of the heart
whose neighbors rent.

*

Elements and Ingredients

When it comes, (and it will),
that you consider your relative worth:
Do not think of the \$25 your copper, calcium, & cobalt would fetch.
Do not calculate that your last kiss burned only 14 calories.
Do not think on the hollow places inside of you.

Think only that you are talented enough to mimic a general store,
with enough:
sulfur to kill all fleas on an average dog,
carbon for 900 No.2 pencils,
potassium to fire a toy cannon,
fat to make 7 bars of soap,
phosphorus to make 2,200 match heads,
water to fill a ten-gallon fish tank, and
enough iron to make a 3-inch nail.

Try to remember as well,
that smart people have more zinc in their hair,
& that the hydrochloric acid in your stomach
could easily eat through the hood of a Buick.

Remember your body will never forget.

Remember also you are the only animal in the world that can weep.

This is potentially more important than the opposable thumb.

*

Cells

You are about 75 trillion cells. Each cell of you has 10,000 times
as many molecules as there are stars in the Milky Way.

The largest cell? The ovum.
The smallest? Yep, the sperm.

As you considered that fact, 50,000 cells perished and were replaced.

*

Matter

Concerning those troublesome hollow spaces inside of you...

If they were to be removed—
If all your atoms voluntarily gave up
all of the space between all their nuclei—
If all the stars in your body rubbed shoulders,
knelt down together in prayer—

You would hardly be half the size of a flea.

End Notes

I began this poem where it ends—with my unending interest in the empty spaces, not only inside of us, but across the universe. One of my favorite poems is Frost's "Desert Places," which concludes, "They cannot scare me with their empty spaces / Between stars—on stars where no human race is./ I have it in me so much nearer home / To scare myself with my own desert places." It is from this space that this poem was born.

All numbers and information cited in this poem are as accurate and specific as I could make them. However, like most things in life and in this poem, specific numbers vary between individuals and are occasionally a matter of some debate. All errors contained within are my own.

* Skin

This organ includes nails and hair. Skin details in the above poem, i.e. weight, kisses and nerve endings noted per square inch, are the most frequently cited numbers. Some numbers are more agreed upon; some however have wide variations—such as the amount of skin shed over a lifetime ranges from 40lbs to over 100 lbs.

Koala bears, as well as gorillas and chimpanzees, also have unique fingerprints. However, the koala has ridge details—pattern, size and shape—that are so extraordinarily similar to a human's that even under an electron microscope it takes a very well-trained eye to tell the difference. While the entire human palm has ridges, the koala has ridges only on parts of the palm and on its fingertips. They also have two handy opposable thumbs on each hand.

Concerning the countries we live in, it is worth considering that we share 98.4% of our DNA with chimps. But we also share 70% of our DNA with a slug. It is also worth considering that newborns will utter virtually every sound necessary for every known language. Once our brain determines the language of its land, it engages in neural pruning, thereby permanently eliminating our ability to make certain sounds.

*Bones

Some count the body as having 206 bones, however, the count of 208 considers the sternum to be made up of three bones instead of one; manubrium, body of sternum (gladiolus) and xiphoid process. Anatomical variations may also result in the formation of more or less bones. Common additional bones include cervical ribs or a lumbar vertebra.

As to the hollowness of the femur—the hollow space is slight and clearly not designed for flight but as an efficient cylindrical structure designed to confront bending stress. As well, the hollow space, the medullary cavity, isn't exactly hollow, but filled with red or yellow marrow with the clavicle as the only long bone without a medullary cavity.

Common knowledge holds that the hollow, marrow-free, air and strut-filled bones of birds makes them light enough for flight. Interestingly however, birds (or any flying creature) has, pound for pound, relatively the same ratio of skeletal weight to total body weight as any other animal. Recent studies have begun to prove that bird bones are not delicate things we have imagined them to be, but are denser, rounder and much stronger and stiffer than they appear in order to control for the physical stress of flight.¹

¹ Dumont, E. R. (2010). Bone density and the lightweight skeletons of birds. *Proceedings of the Royal Society B*, 277, 2193-2198.

*Muscles

While certainly tremendously forceful, due to its elasticity and forcefulness the tongue (actually numerous muscles and muscle groups) is generally considered the strongest "muscle," if only by a generally held consensus or practice.

In actuality, there are 3 varieties of muscle: cardiac, smooth and skeletal and the measure of their strength is determined in various ways. There is absolute strength (maximum force), dynamic strength (repeated motions), elastic strength (exert force quickly), and strength endurance (withstand fatigue). Strength is physiological (muscle size), neurological (how strong or weak), and mechanical (muscle's force angle). Therefore, measurement is a somewhat subject determination. Clearly the heart itself executes the leading quantity of physical work over a lifetime as it manages to beat about 100,000 per day. However, if strength refers to the force exerted, the strongest muscles are those with the greatest cross-sectional area—usually said to be the quadriceps femoris or the gluteus maximus.

As muscular strength generally refers to the ability to exert a force on an external object—the masseter or jaw muscle could be considered strongest based on size and bite strength. And as such shorter muscles are stronger, pound for pound the myometrial layer of the uterus may also be the strongest muscle by weight. During childbirth it can exert tremendous downward force with each contraction. As well, external eye muscles are much larger and stronger relative to the size and weight of the eyeball than is necessary and perform high-speed maneuvers. Such categorization would also include the soleus, found below the gastrocnemius (calf muscle) is also in the running as it, along with calf muscles, pulls against the force of gravity to keep the entire body upright. Clearly, the strongest muscle is a debatable concept.

Blinking. We blink about 25 times a minute. If we are reading we may blink 4 or 5 times a minute, but in conversation 29 times.

* Energy: Input/Output

Certain activities, such as rowing or running, have more stable and well-studied numbers. Things like kissing vary wildly, from 2 to 25 calories a minute. Ten minutes, twice a day could easily net 100 burned calories a day. Oral sex, masturbation, intercourse, orgasm, all burn various amounts of calories depending on the vigor and intensity one employs. All in all though, not a bad deal no matter what number one looks at.

Amount of food eaten over the course of a lifetime varies significantly and is quite dependent on culture, country and wealth. As is, sadly, the amount of food wasted. Numbers noted here generally reflect those of the average American.

Sleep and food and death here also represent averages. There are also certain rare medical conditions, such as Morvan's syndrome and Fatal Familial Insomnia, which fall outside these norms.

Some "records" of going without sleep for longer more extended period of time may not take into account the "microsleep" of certain altered states of consciousness, etc. The time varies as well before mania sets in. The world record of 11 days was set by a 17-year-old in 1964. (And yes, there are debates too about this record). But it is so dangerous to go for prolonged periods without sleep it is worth noting The Guinness Book of World Records will no longer acknowledge these records and sleep deprivation has been, and continues to be, used as a form of torture.

And what of those poor, continually studied and cited rats? They can manage about two weeks.

* Organs and Glands

The liver is amazing in its ability to rebuild itself. Our entire bodies are like little body shops, constantly repairing and refurbishing ourselves. And, much to the joy of dentists everywhere, our teeth are the only part of us we cannot repair.

While Aristotle believed we thought with our hearts and the brain's function was to simply cool the heart down, Descartes declared the brain machine-like in its functions. In the Middle Ages, the Catholic church banned human dissection and slowed even further our sluggish acquisition of brain (and body) knowledge. Even now we still know more about the universe without than we do the universe within. But, we do know the brain is 75% water and has the consistency of tofu and has about 100 billion neurons—perhaps as many cells as there are stars in the Milky Way. It is also the largest and most powerful sex organ.

As to lobotomies, they have always been around. Even in the dark Middle Ages, and despite the church's ban on surgery, there were always barbers willing to work their knives upon the brain to “remove the stone of madness.”

* Elements and Ingredients

The worth of your body is relative. We can sell our hair, blood, saliva, breast milk, eggs and sperm. The body itself can be sold for sex repeatedly for various amounts. There is an entire fetish market you can explore should you so desire. At death, a disarticulated body could be broken into tissues or parts and on the open market be worth a quarter of a million dollars. Skin and base elements range anywhere from \$1 to about \$10 depending on the prevailing market prices.

As to weeping. Tear production, lachrimation, is necessary to clean and moisten the cornea, as well as to protect it with tears rich in nutrients and anti-bacterial properties. So powerful are tears that throughout history, humans have collected their tears in small tear bottles, Lachrymatory (or Lacrymatory) and were especially popular with the Greeks, Romans, Egyptians and enjoyed a resurgence in the nineteenth century Victorian age. Most agree humans are the single animal capable of producing emotional tears, that is, weeping.

Some research, like a 2001 University of Iowa study, concluded the ultrasonic “distress vocalization” of young rats was simply an “acoustic by-product of the abdominal compression reaction [... resulting] in increased venous return to the heart.”² Basically they posited their crying was “analogous to a sneeze” due to a significant decrease in blood flow—not because they were cold and wanted their mothers. A 2005 study contended it was the neural system that mediated such crying in rats.³

Despite such diverse theories, there is almost certainly an evolutionary function of communication inherent in certain physiological expressions. Chimpanzees clearly become, “emotional” at being weaned, or losing sight of their mothers, or a brother, or at any number of seemingly significant events. Young Marmoset monkeys cry to get attention, to be carried, and infant rats cry. As well, as Frey (1981) proved, emotional tears differ in chemical composition from other tears.⁴ Emotional tears contain more protein-based hormones,

prolactin, and leucine enkephalin (a natural pain killer) and result in making us feel better. And slicing onions won't fool your body.

While it may be true we are only animals that can, strictly speaking, weep, we are certainly not the only ones that can grieve. A dolphin will carry its dead calf with it for days, as will a chimpanzee or gorilla. The wailing of bear cubs sounds remarkably like a baby's cries. Darwin (1872), in *The Expression of the Emotions in Man and Animals*, noted the handlers of the Indian elephants at the London Zoo claimed the elephants “shed tears of sorrow.”⁵ Indeed, the sad keening of baby elephants sounds so much like weeping it could break your heart.

We are also the only blushers.

* Cells

The number of cells in the human body, of course, a topic for debate as well. Some sources say 10 trillion, some 50, some more. Most reputable sources place the number somewhere between 60-90 trillion. There are so many cells that if you lined them up end to end they could circle the earth 4 to 5 times. Cells are enclosed within a plasma membrane and are charged with different jobs, ranging from oxygen transportation to battling bacteria and viruses, to converting the sun's energy and transmitting signals. There are hundreds of jobs for your cells and they have easily earned the name Organelles, Latin for little organs.

* Matter

What does matter and not-matter matter? It matters most of all.

BIOGRAPHY

Salita S. Bryant holds a Ph.D. in literature, an M.Ed. in Clinical Counseling, and an MFA in poetry. She is Assistant Professor of English at Lehman College and author of *Addie Bundren is Dead*. She has won The Midwest Writing Center's *Off Channel* Contest, Connecticut Poetry Society's Award, *Boulevard's* Emerging Poet's Award, *Spoon River Poetry Review* Editors' Prize, *Iron Horse* Discovered Voices and nominated for three Pushcarts. She has published in *Alimentum*, *The South Carolina Review*, *Agenda*, *Nimrod*, *Snake Nation Review*, *Third Coast*, *Dogwood*, and *The North American Review*, among others. She lives in NYC and is a psychoanalytic candidate with Harlem Family Institute.

² Blumberg, M. S., Knoot, T. G., & Kirby, R. F. (2001) Neural and hormonal control of arterial pressure during thermal challenge in unanesthetized infant rats. *American Journal of Physiology*, 281, R1514-R1521.

³ Krall CM, Andicochea CT, McDougall SA (2005) Ultrasonic vocalization production of preweanling rats: Effects of central and peripheral administration of 2-adrenoceptor agonists. *European Journal of Pharmacology* 517:200-207.

⁴ Frey WH 2nd, DeSota-Johnson D, Hoffman C, McCall JT., “Effect of stimulus on the chemical composition of human tears,” *American Journal of Ophthalmology*, 92:559-567, 1981.

⁵ Darwin C, Ekman P, Prodger P. (1998) *The Expression of the Emotions in Man and Animals*, 3rd edn, London: Harper Collins. (Original work 1872).

A Translator's Journey: A Retrospective

Marcel A. Duclos

Abstract

An exploration of a central discovery opening up onto Michael Heller's "System of the Dimensions of the Organism" in the process of translating his book *Body Psychotherapy: History, Concepts and Methods*. How, borrowing from Michel Heller's language, a collegial endeavor benefited from the mainly indirect global organismic regulation mechanisms connecting the dimensions of the organism (metabolism, body, behavior, and psyche). The showcased experience is the translator's surprising re-discovery of his French mind, leading to improved collaborative mutuality.

Keywords: translation, organismic, re-discovery, linguistics

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Whatever would possess anyone to agree to translate a 600-page text so far-reaching it addresses issues relevant to body psychotherapy that span from the origins of yoga to discoveries in the neurosciences? After a two-and-a-half-year long adventure that eventually resulted in the publication of Michel Heller's *Body Psychotherapy: History, Concepts and Methods* by W. W. Norton this past August, this translator must admit that he had become smitten by an earlier perusal of the first French edition. This led to the writing of a brief review for the USABP Journal in 2008 and to a later invitation, facilitated by Jacqueline A. Carleton, PhD, editor of the *International Body Psychotherapy Journal*, to collaborate with the author on an English translation of a revision of the original French version. After a cautionary period, hesitation and perfectionism took a back seat to passion and excitement.

Those of you who have had such an intimate experience as the one afforded a translator know the delicate dance between being a faithful conveyer of another's thought and an inadvertent mis-interpreter. The well-known Italian phrase "traduttore, traditore" (meaning the translator is a traitor) merits a sticky note at eye level to warn the translator against the elusive temptations of the lurking traitor. To those of you who have not had this experience, if it presents itself to you, do not let it slip through your fingers, especially if the author is a formidable intellectual, respected researcher and a practitioner of nuance.

The following is not an academic discussion of the project. Instead, expect some personal observations and excursions in the lived process of this two-and-a-half-year heartfelt collaboration which has resulted in a lasting friendship built on mindful agreements and unexpected elucidations after respectful disagreements.

The translator was born into a Franco-American family with roots in the French-speaking Catholic culture of the Province of Quebec. He spoke Canadian French at home and with playmates until, at the age of five, he entered a bilingual parochial school in 1944. In an unusual turn of events, he continued having a bilingual education through college and his first graduate degree. Yet, his later education and professional and family life was to be and is now lived in English. The opportunities to read, write and speak French were and

are sadly few and far between, but savored as rare moments. The invitation to translate a scholarly text awakened neurotic feelings of inadequacy. Would he be up to the challenge? How would he assess the adequacy of his French-to-English skills?

As in love, erotic impulses led to adventurous experimentation. The prospect loomed of failing to meet the expectations of the author and the standards of the editor. He first translated the introduction and the glossary, which the author was to evaluate with regard to language and accuracy. He submitted samples of his professional writing to the editor. And then he waited, fully aware that the verdict was not assured. Either one could nix the journey.

Mercifully, he did pass muster. The game was on if he wanted to play. It was time to negotiate the terms. Sitting at his desk in the quiet of his study, he listened to the message conveyed by his responsive physiology. "Set your limits up front. Honor your NO." He did not want to be responsible for the bibliography or for the index. The prospect of having to manage that minutia would awaken his abusive obsessive-compulsive personality traits and his shamefully inadequate computer skills. He was surprised that the author generously agreed to relieve him of those tasks. It was a first moment in what would become an open and respectful working relationship. The translator easily resolved to accept the modest but realistic stipend, get down to business, and take the first step on what was to morph into a journey of a thousand discoveries.

In retrospect, the translator neither recalls the very first nor each and every subsequent discovery. He does remember how naturally the exchange of documents floated back and forth high above the Atlantic. The author sent the first chapter with a message flavored with a touch of apprehension but offset with confidence, as if to suggest a need to treat the fruit of his scholarship with the tenderness of an appreciative nanny. The translator first received the French document with his English-thinking mind. He was tentative. How was he to hold it, let himself be touched by it, respond to it? He struggled and see-sawed between fidelity to content and context, erring at first on the side of verbal accuracy for fear of imposing unnoticed personal interpretations. Soon thereafter, he sought to find a measured fidelity to the author's thoughts and arguments. Yet something was missing in the translation process.

Nonetheless, on time, the first chapters landed on one another's desks. A ping pong match ensued: the French text followed by a draft English translation followed by an annotated editing of the draft and a return of a revision with bracketed explanations and suggestions for greater clarity. By this time, the two had become partners and both more direct in their exchanges. They were heavily into the part of the text relating to the contributions of the European philosophers after the earlier contributions of the yogis from the East. Something was still amiss. The translator was suffering from a split. He had not yet acclimated to the French text. He had not yet found his French mind.

There were options for the translator: Accept that his reading skills alone would not suffice. Enhance his speaking skills. Engage in an immersion experience.

It was Christmastime. His wife gave him the Rosetta Stone French Level V. For the next months into the full first year of the translation, he discovered something he had long forgotten: that muscle memory figured centrally in language. A realization learned in his earlier linguistic studies returned to him: that climate influenced the evolution of languages. The Germanic languages are more guttural and the Romance languages more labio-dental. Moving his oral apparatus from an English mid-mouth position contributed to his English/French mental dissonance when he repeated the French. Given that he

resided in the Arizona high-country where towns and cities are miles and hours apart, driving to and fro provided ample opportunities to listen to the Rosetta Stone lessons. But listening and mumbling the words and sentences in the car at 75 miles per hour was initially a frustrating exercise in futility. The translator continued to think mostly in English.

Then one mid-winter day, six months in, on a three-hour trip down from the mountains south to Phoenix, as the wind whipped loudly across the highway, he yelled out the dialogue above the noise. And there it was, clear as the expansive, blue sky: a pivotal and surprising discovery! The more he articulated the phonemes, moved his tongue, his cheeks, his jaw, took deep breathes, gestured slightly with shoulders and arms, bounced a bit on his seat, the more the sounds resonated in his entire body. Independent morphemes clustered into phrases and sentences, and they into cogent paragraphs. Something quite unexpected and dramatic was happening. He was re-awakening the long dormant French language circuitry of his brain and mind. He could sense it. He could feel it.

Over the ensuing months, every minute alone in the car turned into a reprocessing session. The early morning and early evening translating time afforded the translator longer lasting moments of communication with the author's thought. The translator was being delivered of his fear of being a traitor. He began to trust himself and to accept the author's expressions of satisfaction and even pleasure.

It was not yet time for complacency. The frank feedback afforded to the translator by the author and Dr. Carleton necessitated revisions of the beginning chapters. In fact, complacency never entered the picture, not for the translator or for the author. The editors saw to that.

Over the successive months of collaborative work on the translation, the translator developed, as he put it, a French mouth; thus, to his great delight, he rediscovered his French mind. Author and translator engaged in more frequent conversations, sometimes in French, and submitted more versions of a text to each other. In this way, they were reaching a mutually pleasing revision that faithfully expressed the author's intent. Finally, this began relieving the translator of his neurotic defenses against imagined rejection. A work trip to Assens in 2011 as the guest of the author and his wife, Nicole, confirmed the translator's conviction that the author was indeed intellectually and ethically committed to his work and to the field of body psychotherapy.

In one of the countless exchanges, Dr. Heller reminded the translator in late August of 2011 that "what sometimes appears as a sliver of a concept in body psychotherapy is often the tip on an iceberg leading to deep discussions with lengthy antecedents." On another occasion, an email correspondence occurred between the author and the translator, who is Jungian at heart, where the author wrote, "The psyche is...associated to the soul, or to behavior or to emotion as if these formed a coherent whole." Or when in their conversations the author stated, "The body is sometimes [that which] a Rolfer works on, sometimes physiology, sometimes the whole person." And the translator would now add, recalling Cohen and Weiss' 2003 book, *Thinking the Limits of the Body*, that the body is also sometimes the body politic, a body of work, the body "as a text", the body as object and the body as subject, the body as erotic, the body as corpse, and so much more—even as one of the pivotal dimensions of the author's "System of the Dimensions of the Organism".

In the end, the translator likes to entertain the idea that he brought to the English text the interplay of his body, psyche, behavior and metabolic activity as guided by the organismic regulation mechanisms of his being as a person.

BIOGRAPHY

After a 45-year-long career, Marcel A. Duclos still enjoys the performing arts of teaching, psychotherapy and clinical supervision. He has consulted in the field of child protective services, addictions and trauma. He served 28 years as a college faculty member, administrator and consultant. He has directed a nonprofit agency specializing in crisis intervention, substance use disorder treatment, and homelessness. He currently serves as the clinical director of the Northland Family Help Center in Flagstaff, AZ. He is a specialist in trauma and addiction treatment. He presents and trains at home and abroad in the field of trauma treatment for adult victims of abuse and violence. A life-long learner, he brings his study of philosophy, theology, developmental psychology, Jungian Archetypal Analysis, Core Energetic Evolutionary Therapy, EMDR, body psychotherapy, Internal Family Systems Therapy, and Gnostic Christian spirituality to his psychotherapeutic practice, and to his life. He has co-authored four books with Connie Robillard, MA, LCMHC: *Common Threads: Stories of Life After Trauma*; *Necessary Illusions: Musings by a Man and a Woman in Prose and Poetry*; *A Door in the Desert*; and *Cultivating Hope for Abuse Survivors: Watering the Cracks in the Sidewalk*.

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**In Quest of a Theory for Body Psychotherapy:
A Review of Michael Heller's Body Psychotherapy:
History, Concepts, and Methods
W. W. Norton & Company (August 20, 2012)**

George Downing PhD

How often does a book like this land in our midst? Michael Heller's opus draws together more information than one even knew was out there to be found. Provocative and far-reaching, it proposes a look at body psychotherapy which transcends schools and methods.

In these almost seven hundred pages it is as if we encounter multiple authors. Their voices overlap, but each has its story to tell.

Historian Heller, our first guide, starts us off in the 2nd century B.C. Attention is given to yoga, as practiced then and also now. Heller underlines that the use of the body to change psychological states has many roots, yoga being one. Taoist teachings, acupuncture, and the martial arts receive their due in turn.

Heller writes with respect about all these approaches. He also points out how they share a certain normative and indeed metaphysical vision of the body. There exists in us a higher something, it is supposed, a harmonious spiritual core, which we have covered up and forgotten. The physical techniques are aimed at recovery of this higher something. Once the body regains this harmony, at least to a sufficient degree, it will both feel better to us and function better.

Coupled with these normative beliefs are metaphysical ones. A cosmic force, divine or quasi-divine, pervades the universe. This is what creates the conditions to which the norms correspond. It is this force which ultimately makes possible our recovery of harmony.

The combination of these two standpoints, the normative and the metaphysical, Heller calls "Idealism." It is a label he will continue to invoke throughout the book. Its meaning appears to widen, and perhaps excessively, as the chapters go by; I will not try to list all the variants. Early twentieth century body psychotherapy, he will later argue, adopted its own variant of this way of thinking, with theoretical consequences that he sees as problematic.

Historian Heller then moves us to the seventeenth, eighteenth, and nineteenth centuries. Philosophers appear one after another: Descartes, Locke, Hume, Kant, Spinoza. Their central philosophical claims are little discussed (Kant aside). For example, Descartes' grounds for embracing substance dualism are never mentioned. Instead, Heller focuses on what these thinkers say concerning psychological functioning. Ideas about affect especially draw his attention.

What I found the most intriguing was a similar visit to Darwin. Heller devotes an entire chapter to him, giving an unorthodox but persuasive commentary. For Heller's Darwin the body is no container of hidden harmony. It is the farthest thing from that. Evolution has put together a "hodgepodge" of diverse functions, cognitive, affective and physiological. These were selected for varying reasons in varying contexts. Much happened by chance. There never existed any overarching plan. On the contrary, functions now fit together clumsily. Often they compete with one another, especially where emotion is concerned. Yet we make do. Our ancestors were

the ones who survived, after all. But a hidden harmony is nowhere to be found. It is a conclusion which will be seen later in the book to accord with Heller's own views.

As for body psychotherapy itself, Heller starts with an overview of early psychoanalysis, then turns to Groddeck, Ferenczi, Reich, and others. One would expect Reich to receive the most attention here, and he does. Heller divides his professional and personal journey into four phases. Each phase had its own burst of creativity, and each burst resulted in a distinct methodology. Phases Two, Three, and Four produced different forms of body psychotherapy. There exist groups and schools today whose origins can be traced to one or another of these periods.

A good many other players cross Heller's stage too. I particularly enjoyed hearing about Trygve Braatoy and Aadel Bulow-Hansen, Norwegians in Oslo when Reich was there but who had different ideas about how to bring the body into psychotherapy. The most surprising figure turns out to be Otto Fenichel. An early analyst, Fenichel today is little read even among analysts. Yet he thought about the body, wrote about it, and gave attention to it when working (in a psychoanalytic mode) with patients. He turns out to have been close to Reich on a personal level for years. Their wives were close, too. Claire Fenichel was even a teacher of the renowned Gindler body awareness method. Annie Reich, his wife at the time, was a fervent student of it. We don't know any details, but clearly for this foursome the body was a topic among others.

Once Heller moves to the next generation his portraits become briefer. Of course it is now that the great proliferation of new methods begins. Heller states explicitly he cannot do justice to so formidable an array. He discusses several of the better-known second and third generation innovators, such as Alexander Lowen, Gerda Boysen, and David Boadella, but for the most part he seeks to characterize overall trends. For example, the robust current of body psychotherapy forms of trauma work (Peter Levine, Pat Ogden, Babette Rothschild) is highlighted.

Researcher Heller takes us into his area of speciality, the world of nonverbal interaction research. This is territory he knows like no other body psychotherapist. It is a hard read, but had to be.

Heller's field, during his research years, was the microanalysis of video-filmed adult-adult interaction. At times he coded mainly facial expression. At other times he coded full body movement, one of the few persons ever to do so using a method with solid reliability. Heller treats us to a short history of microanalytic research, summarizing its advances as well as its disillusionments. He then takes us into the workings of his own studies.

The theme he returns to over and over is the sheer complexity of what my body does when I interact. Beneath the level of conscious awareness a huge amount is going on. My body moves, shifts, gestures, expresses. The other's body does likewise. Some, but only some, of what I do impacts upon the other (i.e., it produces a visible result), and vice versa. Moment by moment we build a kind of joint body architecture. It is a theme to which he will return when he unfolds his theoretical model.

Developmentalist Heller turns to parent-infant interaction. He discusses the video microanalysis research of Daniel Stern, Beatrice Beebe, and Ed Tronick. Thanks to his own knowledge base Heller is able to explain some of the more subtle implications of these findings.

Already in the first months, such studies show, the infant is acquiring her own idiosyncratic manner to organize her body in interaction. The achievement is remarkable. On the one hand the infant is confronted with the same sheer complexity that we see in adult-adult exchange. This is a general factor. On the other hand, she must deal with the specific tendencies, positive and negative, that each caretaker brings to the scene.

She, the infant, finds her solutions. A core repertoire of body “practices” is established. These are basic ways to use the body during interaction. Some practices optimize contact. Others serve defensive functions, mitigating some of the effects of a caretaker’s more problematic tendencies.

Heller pointedly avoids trying to tie this account to any notion of body armouring, body muscular types, and the like. He is not claiming this could not be done. He just leaves the issue to one side.

Theoretician Heller is the dominant voice. Drawing on all the rest of the book, he pieces together a framework for understanding body psychotherapy.

To construct this edifice Heller turns to dynamic systems theory (DST). A human being should be viewed as a collection of systems and subsystems. This collection is rather a jumble. It includes the various physiological systems, and mind as well. It is “heterogeneous.” The effects of any one system on any other tend to be “messy,” i.e., partial and irregular.

As an explanatory framework DST comes today in many forms and sizes. Heller’s version is a loose one, akin to that of Ed Tronick. Although he mainly cites Thelan and Smith, whose elaborations of DST are well known, his, Heller’s, corresponds to only certain strands of their perspective. We hear no talk for example about “attractor states,” or “bifurcation” (a small change in one part triggers a big shift in the system as a whole).¹ Heller’s version, to the extent I understand it, consists instead of several key components.

Component One is cross-system causal explanation. This is perhaps the principle payoff of the model. Almost all kinds of therapy assume that thoughts can cause emotions and that emotions can cause thoughts. But body psychotherapy must think about more such variables and more types of cross-system influence. Therapeutic work with respiration can cause emotional arousal, for example; therapeutic work with grounding can not only affect balance but also activate thoughts of increased self-confidence; and so on. Clinically this is what is so unusual about body psychotherapy, and so valuable.

Component Two is person-to-person systemic influence. When two or more persons interact with one another, they create a wider system with its own emergent properties. In a weaker sense social groups and even entire cultures can be seen as systems in their own right.

Component Three is what I will call the body’s high sensitivity to context. Extremely high, in Heller’s view. Our bodies react to what is around them much more than we consciously realize. This of course especially concerns social input. In any interactional context, as Heller’s own studies show, there are subsystems in me which minutely track the other person: her posture shifts, voice tones, facial expressions, gestures, etc.. Consciously I notice a mere fraction of this flow. Outside of consciousness it goes on almost incessantly.

Component Four is what I will call the body’s wide range of responsiveness. Not only does

something in me track the other’s shifts, but I also react, with my own body, to selected parts of this input. And, importantly, in how I react, in the specifics of it, there is a great deal of variation.

Suppose that the other alters his posture. With my body I might at once counter with a shift in voice tone, and/or with a change in the rhythm of a gesture, and/or with an alteration of my own posture, etc.. My nonconscious menu of options is large.

As well, suppose a few minutes later this other person performs the same postural alteration. This time I might react differently. And if he does it yet again I might not react at all.

Component Five is the concept of a repertoire (as Heller calls it) of such track-and-respond (as I will put it in order to summarize) tendencies. Even though in one sense my body displays a wide range, in another it displays narrowness. Certain tendencies are prominent, and some rigidly so. Others are little seen and/or restricted in their manner. Each person has his or her idiosyncratic profile in this regard. The particularities of one’s profile both facilitate and constrict what is possible in relationships.

Component six is the developmental claim that a first forming of this repertoire takes place in early childhood. Here Heller draws on his discussion of Stern, Beebe, and Tronick. Their research findings give us a window on how such learning takes place. The story does not end there, naturally. During the rest of childhood the track-and-respond repertoire develops further. Serious trauma, such as sexual abuse or physical violence, can also strongly affect it, Heller thinks.

Such are the basics of the model. Heller brings it alive with numerous vivid descriptions.

Theoretician Heller also speaks about what we do not know. This is no minor subject for him. It is a theme which permeates the book.

How, for example, does cross-modal causality “really” work? We know next to nothing about it.

Granted, we do see that certain things happen. In fact body psychotherapy possesses here a particularly rich heritage: of techniques, but also of informal observational lore. If you manipulate variable X, keeping other relevant factors constant, then a particular change in variable Y is likely: such is the structure of passed-on clinical observations.

Heller considers this informal lore to be something precious. What he wants to underline, however, is how murky and inexact it is. There are two senses in which we lack solid knowledge.

First, what would be a more precise, systematic definition of variable X, and also of variable Y? Work with respiration can produce trembling, we say. But exactly what kinds of work with respiration, done under what conditions? Exactly how should we define an occurrence or non-occurrence of trembling? It would be the hard task of genuine scientific inquiry to produce answers to these questions.

Second, even if we could be precise about the variables, there remains (thinks Heller) the matter of underlying mechanisms. How does it come about, for example, that one system influences another one? What are the more fine-grained causal processes at play?

About this issue Heller positively broods.² For example: what “regulating mechanisms”

¹ I do not mean to imply that Heller should have adopted an explanation like theirs. In fact, I prefer a Tronick-style version of DST. Esther Thelan and Linda Smith (1994) have made invaluable contributions to child development research, but in my view their data are one thing and their DST account another, with the latter having some serious problems. I will not go into details here.

² Heller perhaps worries here more than is necessary. For good discussions of the relative merits of higher level and lower level causal explanations in psychotherapy and psychiatry see Campbell (2008a, 2008b) and Woodward (2008a, 2008b).

operate at the “interface” of two heterogenous systems? Such is his language when trying to characterize this particular knowledge gap.

A frequent criticism of dynamic systems theory is that it merely describes and does not explain. But this charge cannot be leveled against Heller. He never presents DST as a final answer. He uses it more as a place-holder for a future scientific account which might someday be realizable.

Of course every therapy method has its knowledge gaps. Body psychotherapy simply has more of them, Heller sensibly argues. By drawing on a broader range of techniques it mobilizes a broader range of cross-system causal processes. Body psychotherapy has to live with more knowledge gaps than most methods precisely because it is so versatile.

Perhaps the relevant science will be done someday. But here nobody should, well, hold his or her breath. In the meantime, suggests Heller, we can get along fine once we accept that a gap is a gap, and that is how things are. Much of psychotherapy in general rests on tentative guesswork.

Last but not least there is Clinician Heller. He takes on two tasks.

One is an overview of how body psychotherapy is practiced today. He describes different techniques and styles. He focuses mainly on what is done specifically with the body, and how this fits with the rest of a therapy.

Not that he sees the verbal side as a lesser part; on the contrary. But what he wants to convey is a picture of the body techniques themselves. He is broad-minded, approves of many alternatives, rarely criticizes. There are frequent useful comments about how his model can illuminate technique use. Heller is a person who has had contact with diverse groups and schools. He knows a lot about what different body psychotherapists do in their offices.

The other task Clinician Heller assumes is more of a surprise. It is prescriptive. His model points, he thinks, and his research points as well, to a promising domain where body psychotherapy has so far little ventured. This is the interactional body in all its complexity.

Of course all body psychotherapists help their patients with interaction competencies. If you work with the body in emotional depth, you are bound to help a patient free up some constricted aspects of the track-and-respond repertoire, to a degree anyway. But this is not what Heller means.

What he sees as yet to be explored is how we could address interactional body complexity in a more direct fashion. In its specifics, its details. And he has a bold idea for how to go about this. Why not use video? Why not supplement the classic body psychotherapy techniques with new ones which utilize video filmed interaction?

The idea is logical and practical, he proposes, and he describes some of his own endeavors in this direction. The basics are simple. A brief video is filmed (by whoever, in whatever setting) of the patient interacting with someone else. This second person might be a partner, a child, a friend, or even (although this brings a new layer of complexity) the therapist herself.

This video is then brought to (or even might have been filmed by) the therapist. Patient and therapist look at it together. Invaluable details can be discriminated about how the patient organizes his body in interaction, and about what aspects of the body organizing process of the other person he, the patient, appears to be tracking.

This becomes grist for the mill in the therapy. What is observed can be discussed and reflected upon. Connections can be made to the patient's life-world, her past, and/or to the

therapeutic relationship. As more classic body techniques are added, they can now be guided by the new information. The patient can profit from a unique double viewpoint on her body. She sees it from the outside and feels it also from within.

Heller is modest about his experiences with this new clinical direction. He portrays what he has done as beginning steps, not as definitive answers. The message he wants to convey is that an abundant field for innovation awaits us.

I agree with so much in Heller's book it is hard for me to find things to criticize. I have a few reservations, but they are minor ones.

I found his mix of nonpartisan and partisan attitudes effective and appropriate. About techniques he is thoroughly non-sectarian, and this is a major subject in the book. He gives unbiased descriptions. No position is taken that one school's or group's techniques are superior to another's.

At the same time he is partisan, and without apology, about theoretical perspectives. His avowed goal is just to present his own model, and to show how it has room and niches for all forms of technique.

This seems more than reasonable. Perhaps however what might have been different is a certain tone. He is hard, he is harsh, on theories which posit some form of vitalist energy, as did Reich's. He dismisses them straightaway: they are a holdover from Idealism, as Heller defines the latter, and Idealism we need to put behind us. Period.

Personally I have no disagreement with where Heller stands. But I could imagine the issue being treated with more of a play of argument and counterargument, and with some lending of a voice to the other side. In the book, Heller frequently pleads for dialogue among approaches. One could forgive a therapist who believes in a vitalist energy for feeling this particular conversation ended before it began.

A separate matter is the philosophy excursions. It seemed odd to hear so much about past philosophers with no attention to current mainstream ones. The mind-body conundrum has been a source of extensive creative exchange in recent years.³ Why not some reference to this?

Of course a legitimate reply would be that Heller had no obligation to confront such puzzles. After all, he does propose a sensible if vague premise: mind and body are somehow two, yet somehow one, and we have to embrace both sides of the paradox. He does not explicate the idea. He just drops it in place and then moves on, taking up more detailed theorizing (e.g., about dynamic systems theory, interactional complexity, etc.) at slightly lower levels of abstraction. But is anything wrong with that?

At bottom, no. The same background assumption, in one or another guise, is often brought on board in psychotherapy theories, and typically with little elaboration, if any. And this seems fair enough. What feels different in Heller's case is merely the sheer degree to which his book draws generally on philosophical thinking. In this light a glance at some relevant contemporary ideas might have seemed a natural step.

³ See, for example, Bermudez (2005). Body psychotherapists will also be interested in current embodied cognition theories. See Prinz (2009), Robbins & Aydede (2009), and Shapiro (2011) for a more critical overview. Fuchs (2010) discusses how embodied cognition perspectives can be applied to psychotherapy.

The chapter on parent-infant interaction research I found one of the finest in the book. I would have wished for a little more clarification about one point, however. Heller often talks in this chapter as if Stern's "attunement," Beebe's "contingency," and Tronick's "matching" are the same. They are not.

Beebe's coding of contingency just looks at whether a behavior of person *A* is followed quickly afterwards by a behavior of person *B*. If *A* scowls and *B* (immediately after) smiles, this counts as contingency. The timing is all and everything.

Tronick's matching is more stringent. *B*'s expressive event must not just follow *A*'s, but also display the same affective register. *A* scowls and *B* smiles? This is a mismatch, not a match. Whereas if *A* scowls and *B* scowls, or *A* smiles and *B* smiles, or *A* is in neutral and *B* is in neutral, it will be counted as a match.

Stern's attunement is like Tronick's matching, but has wider variations. Stern's coding reflects a larger number of ways person *B* might perform an action expressively equivalent to the action of person *A*. For example, *A* might make an expressive movement and then *B* might make an imitative movement. Or even *A* might make a movement and then *B* a vocal expression with analogous qualities (for example, both movement and voice follow an ascending trajectory).

Heller knows all this. My criticism is only that it could have been made more transparent for the reader.

I would have liked as well to have seen at least a short discussion of attachment research. First, because much attachment research (i.e., the Ainsworth Strange Situation) is also done by coding video-filmed interaction. Hence it lies squarely in Heller territory. Second, because whereas Stern's, Beebe's, and Tronick's paradigms are about face to face play, the attachment paradigm is about what happens when an infant, or small child, is in a state of strong emotional neediness. Here we find a theme with a particular resonance for body psychotherapy. Third, attachment findings take us beyond what occurs in the first year of life. For example, children who had it particularly hard during year one, tend, during years two and three, to develop interactional strategies of excessive control of the other person; and how they do so belongs very much to the procedural body repertoire.

A paradox is that precisely because a book like this covers so much ground it makes the reader aware of what is left out. Why didn't he also mention...why so little about...I wanted more of.... Poor Heller. Every single one of us will have her or his wish list about what could have been included. Here is mine.

I would have liked to see more about Stanley Keleman. He is mentioned, but nothing is said about his methodology. Keleman has developed valuable techniques for helping patients untangle experiential states, as well as an interesting approach to dreams. He has influenced many therapists, especially in the U.S..

I felt that two more general currents deserved better exposition. One is the body-oriented psychoanalytic movement in Austria and Germany (e.g. Peter Geissler, Gunter Heisterkamp, Tilman Moser). They have produced a lot of writing and thinking, and are well respected in German-speaking countries. The other is post-Lowen developments in bioenergetic therapy (e.g., Scott Baum, Robert Hilton, Margit Koemeda, Robert Lewis). Heller refers to both currents, but only in passing. I missed attention to the theoretical reflections of William Cornell and the technical innovations of Al Pesso also.

Since Heller has so much to say about the Oslo tradition, a little might have been added about its continued developments. Rolf Gronseth, a student and then a close friend of Ola Raknes, created his own variant of exploring body awareness and body organizing. Later

students and former patients of Gronseth founded the Oslo Characteranalytic Institute, a today still thriving group.⁴

A small item seemed absent from the overview of nineteenth century concepts of the body. Heller mentions Sheldon and his (early twentieth century) theory of body types. But actually Sheldon came out of a longer tradition of such thinking. There existed body type theories in the late eighteenth and throughout the nineteenth centuries. Kreschmer (1931), who influenced Sheldon, emerged from this line of speculation. Reich and Lowen occasionally cite Kreschmer directly.

And then maybe also...but enough.

Heller is generous about mentioning my own work. Like him, I have begun introducing video intervention into clinical contexts. I share his conviction, too, that here is a direction full of potential. For background orientation I also draw, as he does, on the microanalytic research of Stern, Beebe, Tronick, and Rochat.

His account of my approach is discerning and accurate. I do wish to clarify a couple of points however.

The first concerns intervention with video. As Heller does, I organize that a short video be made of the patient interacting with someone else. Usually this is a partner or a child or infant. Normally I myself don't shoot the video. The patient takes care that, typically putting the camera on a tripod.⁵

In a session you look at the video with the patient. (Certain observation skills are useful here, but they can be easily learned.) You and the patient tease out a series of insights: about how she organizes her body in interaction, and often about much more (e.g., mentalization capacities, what she was feeling and thinking at the time, etc.). What then comes next? What should be done with this new information?

Heller speaks as if the next steps are straightforward. This self-encounter will motivate the patient to change how she functions with others, and the video information will guide her in how to do it.

From my point of view the options need to be broader. If a patient can move at once from a new video-based understanding to operating differently in the world, fine. But more is possible and often more is required.

The practical hurdle is precisely the complexity of the interactional body which Heller in the book has so eloquently described. A good part of what my body does in tracking and responding to the other eludes my conscious awareness. So how to implement change which goes beyond obvious gross-level behavioral acts?

Fortunately there exist good answers to this problem. Collectively they incorporate a focus on what I call "embedding." I can only touch on it here. One can aid the patient to develop new types of perception during interaction: better awareness of the other, better sensing of what one's body is ready for, and the like. As well, the patient can learn better to guide what spontaneously emerges from her body. What emerges (or a part of it) comes online rapidly, half of its own accord. But it can be noticed, steered, shaped.

⁴ See Sletvold (2012) for a more detailed account.

⁵ Or in an institutional setting there may be someone on the staff responsible for filming. Usually this is when the therapy is part of a research context (von Einsiedel, Wortmann-Fleischer, Downing, and Jordan, 2012; Wortmann-Fleischer, Hornstein, and Downing, 2006).

In other words, when video techniques are added to a body psychotherapy, three separate procedures can work in tandem. Body techniques can be used generally to widen the procedural repertoire, in the same and in other sessions. Video techniques can show where the widened repertoire is needed. Embedding can provide a bridge between the two.

Of course in some settings the therapist does not have the luxury of an extended treatment. The therapy has to be brief. Intervention with video can still be excellent in such contexts, and even body techniques can be brought in, to an extent (Downing et al, in press). But there is reduced time for deeper work with the procedural repertoire,⁶ and hence work with embedding must be of a more limited nature.

The other point of clarification has to do with body techniques themselves. Heller speaks as if what I advocate is a use of soft, low-intensity techniques only. This is not right. I do and teach a panorama of techniques, from low to medium to quite high intensity.

What Heller's comments reflect is that frequently I teach and supervise in psychiatric contexts, and in such settings I do encourage a slow and gradual bringing of a patient more into contact with emotion. But this is relative to the setting, and indeed to the specific patient. For persons who are ready for it I believe in using the full panorama.

Michael Heller has produced a book like nothing else in the body psychotherapy literature. It is a work with excesses: sprawling, opinionated, at times hard to follow. No matter. He has changed our conceptual landscape. Few books achieve that.

BIOGRAPHY

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REFERENCES

- Baker, L. (2009). Non-reductive materialism. In McLaughlin, B., Beckermann, A., & Walter, S. (Eds.), *The Oxford handbook of philosophy of mind* (pp. 109-127). New York: Oxford University Press.
- Bermudez, J. (2005). *Philosophy of psychology: a contemporary introduction*. New York: Routledge.
- Campbell, J. (2008a). Causation in psychiatry. In Kendler, K. & Parnas, J. (Eds.), *Philosophical Issues in Psychiatry: Explanation, Phenomenology, and Nosology* (pp. 196-215). Baltimore, Maryland: Johns Hopkins.
- Campbell, J. (2008b). Psychological causation without physical causation. In Kendler, K. & Parnas, J. (Eds.), *Philosophical Issues in Psychiatry: Explanation, Phenomenology, and Nosology* (pp. 184-195). Baltimore, Maryland: Johns Hopkins.

- Downing, G., Buergin D., Reck, C. & Ziegenhain, U. (2008). Intersubjectivity and attachment: Perspectives on an in-patient parent-infant case. *Infant mental health journal*. 29(3), 278-295.
- Downing, G., Wortmann-Fleischer, S., von Einsiedel, R., Jordan, W., & Reck, C. (in press). Video intervention therapy with parents with a psychiatric disorder. In Brandt, K., Perry, B., & Tronick, E. (Eds.), *Infant and early childhood mental health*. Washington, DC: American Psychiatric Association.
- Fuchs, T. (2010). Phenomenology and psychopathology. In Gallagher, S. (Ed.), *Handbook of phenomenology and the cognitive sciences* (pp. 547-573). Dordrecht, Germany: Springer.
- Kretschmer, E. (1931). *Physique and character*. New York: Routledge.
- Morlinghaus, K. (2012). Koerperorientierte Psychotherapie und Tanztherapie auf der Mutter-Kind-Einheit in Heidelberg. In Wortmann-Fleischer, S., von Einsiedel, R., & Downing, G. (Eds.), *Stationaere Eltern-Kind-Behandlung: ein interdisziplinare Leitfaden* (157-161). Stuttgart, Germany: Kohlhammer.
- Prinz, J. (2009). Is consciousness embodied? In Robbins, P. & Aydede, M., Eds., *The Cambridge handbook of situated cognition*. (pp. 419-436). Cambridge, England: Cambridge University Press.
- Robbins, P. & Aydede, (2009). A short primer on situated cognition. In Robbins, P. & Aydede, M., Eds., *The Cambridge handbook of situated cognition* (pp. 3-10). Cambridge, England: Cambridge University Press.
- Shapiro, L. (2011). *Embodied cognition*. New York: Routledge.
- Sletvold, J. (2012). Training analysts to work with the unconscious embodied expressions: theoretical underpinnings and practical guidelines. *Psychoanalytic dialogues* (22)4, 410-429.
- Thelan, E. & Smith, L. (1994). *A dynamic systems approach to the development of cognition and action*. Cambridge, MA: MIT Press.
- von Einsiedel, R., Wortmann-Fleischer, S., Downing, G., & Jordan, W. (2012). Fachliche, wirtschaftliche und raemliche Kriterien einer stationaeren Mutter-Kind-Behandlung in Kliniken fuer Erwachsenenpsychiatrie. In Wortmann-Fleischer, S., von Einsiedel, R., & Downing, G. (Eds.), *Stationaere Eltern-Kind-Behandlung: ein interdisziplinare Praxisleitfaden* (pp. 29-47). Stuttgart: Kohlhammer.
- Woodward, J. (2008a). Cause and explanation in psychiatry: an interventionist perspective. In Kendler, K. & Parnas, J. (Eds.), *Philosophical Issues in Psychiatry: Explanation, Phenomenology, and Nosology* (pp. 132-183). Baltimore, Maryland: Johns Hopkins.
- Woodward, J. (2008b). Levels of explanation and variable choice. In Kendler, K. & Parnas, J. (Eds.), *Philosophical Issues in Psychiatry: Explanation, Phenomenology, and Nosology* (pp. 216-235). Baltimore, Maryland: Johns Hopkins.
- Wortmann-Fleischer, S., Hornstein, C. & Downing, G. (2006). *Postpartale psychische Storungen. Ein interaktionszentrierter Therapieleitfaden*. Stuttgart: Kohlhammer.

⁶ The exception is work with trauma. For example, at a special unit for hospitalized mothers and their infants at the University of Heidelberg, sessions with body-oriented trauma work and sessions with video intervention are often conducted parallel to one another (Downing, Buergin, Reck, and Ziegenhain, 2008; Morlinghaus, 2012.)

A Review of Michael C. Heller's *Body Psychotherapy: History, Concepts, Methods* W. W. Norton & Company (August 20, 2012)

David Boadella BA, MEd

Michael Heller's new book has been widely praised for its depth of scholarship. It is an expansive compendium of the philosophical, biological, psychological and sociological roots and contexts of body psychotherapy. The book contains seven main sections, as follows:

1. A detailed overview of Far Eastern approaches to the body and mind takes up the first 75 pages.
2. A fascinating philosophical chapter dealing with Socrates, Plato, Descartes, and Spinoza, follows, outlining Heller's view of these thinkers' relevance for the understanding of the links between body and mind. Here I personally missed Pythagoras, who was one of Plato's main inspirations, and whose work I have shown to be highly relevant to the understanding of the ancient roots of body psychotherapy.
3. A section on biology and neurology, 100 pages long, gives a great deal of valuable information on energy flow, tissues, respiration, pulsation and organismic vitality.
4. This is followed by a chapter of 84 pages on hypnosis, gymnastics and relaxation. Here, Heller gives clear information about Anton Mesmer and the early roots of body therapy as a complement to psychotherapy, as it developed in Scandinavia and Berlin. He also writes about energy and spirituality from his particular viewpoint.
5. Chapter 5, at 105 pages in length, details the history of psychoanalysis, libido, and the body. This explores many new aspects of Freud's complex and ambivalent relationship with the body and his interactions with Adler, Ferenczi and Groddeck. The last part of this chapter begins with a study of the interactions between Freud, Reich and Otto Fenichel, during the time when Reich was still living in Vienna and also later in Berlin.
6. Only in chapter 6, the longest chapter in the book at 118 pages, does Heller write the full story of Wilhelm Reich in his Scandinavian period, which is dealt with at length. He provides much valuable information surrounding the birth of vegetotherapy in Oslo and related Scandinavian body therapies as developed by Elsa Gindler and by Reich's second partner, Elsa Lindenberg. The last part of this chapter attempts to deal with the history of body psychotherapy after Reich left Oslo and moved to America. There were two main developments in neo-Reichian body psychotherapy; one was the legacy he left in Oslo, inspired by which, therapists such as Ola Raknes and Nic Waal continued to influence a whole generation of therapists. Here Heller concentrates on Aadel Bulow Hansen, Berit Bunkan, Trygve Braatoy, Lillemor Johnsen, Gerda Boyesen and Lisbeth Marcher. Heller's personal training with Gerda Boyesen gives him a strong interest in the Oslo period of Reichian vegetotherapy and of related schools from that period. This period is dealt with in great length with many fine historical details.

My own connections to Ola Raknes and the Scandinavian legacy of Reich are

also briefly mentioned. Unfortunately, Heller gives inaccurate information about Biosynthesis. Firstly, the embryological model of "life-streams" in Biosynthesis was not derived from William Sheldon, as Heller states, but from a detailed organismic study of the physiology of the three primary germ-layers in the developing organism. This model in turn inspired, in different ways, Gerda Boyesen, Malcolm Brown and Jerome Liss. The word "Biosynthesis" is based on the integration of the psychosomatic aspects of these three germ layers: motoric action, emotional affect and cognitive reflection. This method never was, as Heller states, a synthesis of other methods.

The second part of this chapter has something to say about the development of Reich's work in the American period, and major body-psychotherapeutic directions that developed from that time. Here Heller devotes most of his attention to Alexander Lowen, one of the three co-founders of bioenergetic analysis. He makes valid criticisms of Lowen's over-emphasis on catharsis, which has been shown may lead to re-traumatisation in patients with weak ego-structures. He does not point out that many second-generation therapists from this direction, such as Robert Lewis, moved forwards away from this tendency in valuable ways.

The life's work of one of the major body psychotherapists, Stanley Keleman, is mentioned, but only very briefly. Heller's remarks about other post-bioenergetic schools are very brief, even minimal, and also primarily see them as stepping backwards rather than moving forwards.

Important omissions from this chapter include the lack of reference to the therapeutic work of Donald Winnicott, in England, who first used the term "grounding" in relation to connecting the psyche to the body. There is also no reference whatsoever to the extremely important pioneering work of Pierre Janet in body psychotherapy, which was a foundation for Courtenay Young's book, *The History and Development of Body Psychotherapy*.

7. The final chapter of 84 pages is on non-verbal communication research in relation to psychotherapy. This is packed with valuable information about video research into body signalling between infants and babies, highlighting the work of Stern, Beebe and Tronick.

It was surprising to see almost no reference, anywhere in the book, to attachment theory, or to the monumental work of Allan Schore, who wrote so much about energetic processes in the body and in relational interactions.

Within this chapter there are 26 pages of strong validation for one particular body psychotherapy school—that of George Downing. It is good so see the excellent work of this therapist described in such detail. It also highlights the personal preference of Michael Heller as he singles out this school for high praise, in juxtaposition to his sometimes minimal or superficial treatment of other valuable directions of body psychotherapy.

It is said that detailed research can sometimes lead to the problem of too much focus on the trees making it difficult to see the wood. Heller gives incredible detail about some different leaves on the trees of body psychotherapy.

His historical research is fascinating when he follows themes that excite him or interest him. However, Heller is a man of strong personal opinions who does not hesitate at times to make controversial interpretations or dogmatic assertions that express his subjective

viewpoint. These may appear to be supported by his massive quotations and references but are not necessarily true.

Thus, Heller's approach to the forest of body psychotherapy leads him to overly focus on some of the trees in that forest, and to under-focus on others, which he can then dismiss as largely irrelevant. This means that when it comes to judgments about what is "scientific" and what is not, his view of the forest in the end is an intensely personal one. This makes his book stronger on history and concepts than on methods. Heller gives the impression, because of his finely detailed and immense research, that his opinions and conclusions are objective, even though in his final words he states: "I have taken clear options on each subject, so that the reader who reads this book from beginning to end will notice that some positions are clearly mine".

Heller writes at length about transpersonal aspects of body psychotherapy, as found in Reich's conceptions, Biodynamic Psychology, Biosynthesis and Core Energetics. He criticises these viewpoints as "idealistic" and therefore unscientific. A strong defence of the transpersonal aspects of psychotherapy was published in the International Journal of Psychotherapy (Vol 2, no 1) in 1998, in my article on Essence and Ground, where I showed that all schools of psychotherapy contain aspects which Heller would judge to be "idealistic".

According to Peter Levine, Heller's book is "the bible of body-oriented psychotherapy". This unfortunately gives it a fundamentalist flavour, which is the opposite of what Heller wants to achieve. Rather, his book is a massive encyclopaedia of his scientific knowledge, his overview of research, his philosophical interpretations and his personal opinions. Michael Heller concludes his encyclopaedia with the sentence: "I advise the reader to focus on the issues I raise and then look for personal answers."

BIOGRAPHY

David Boadella B.A., M.Ed., D.Sc.hon, psychotherapist SPV, UKCP and ECP, studied education, literature and psychology. He is trained in character-analytic vegetotherapy and is the founder of Biosynthesis. He has spent many years in psychotherapeutic practice. He holds lectures worldwide, and is the author of numerous books and articles. He has been publishing the journal *Energy & Character* since 1970. In 1995, he was awarded an honorary doctorate from the Open International University of Complementary Medicine. He is the author of *Befreite Lebensenergie* (translated as Lifestreams) and *Wilhelm Reich: The Evolution of his Work*, among other books.

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