

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.

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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

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