

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 or 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).

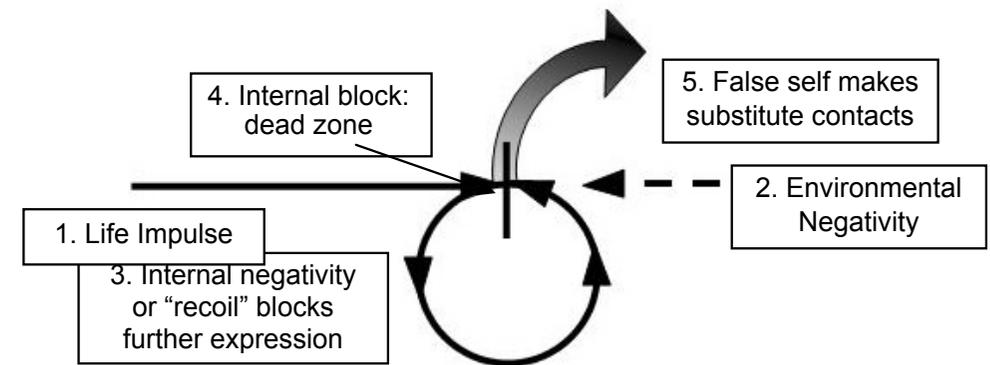
Does this mean that someone so deprived of appropriate contact as a child must forever exist in a false or persecutory self with no real ground for his or her being and no hope of returning to and recovering what was lost? I ask, "What is the root that Winnicott says is permanently lost and causes us 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 unlived 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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