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USABP Mission Statement

The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humanity.



Alexander Lowen, M.D.

Dec. 23, 1910-Oct. 28, 2008

A student of Wilhelm Reich's in the 1940s and early 1950s he developed a form of body psychotherapy known as Bioenergetic Analysis with his then-colleague, John Pierrakos.



Bioenergetics as a Relational Somatic Psychotherapy

Robert Hilton, Ph.D.

Abstract

Robert Hilton recounts his first personal experience with Bioenergetics and the enlightenment it provided. He goes on to observe the lack of acknowledgment of the client-therapist bonding which is so deeply intertwined with the Bioenergetic model, and the changes this realization created in his relationship with clients in his own practice. Through the example of grounding he demonstrates how the Bioenergetic model can be integrated with the Relational and Interpersonal models.

Keywords

Bioenergetic Model – Alexander Lowen – Body Awareness

In 1965, while still a professor of counseling in a theological seminary, I attended a weeklong Gestalt therapy seminar at Esalen Institute in Northern California. While there, I touched a deep sadness in my life. Never before had I felt such overwhelming feelings of loss and grief. The ensuing three years brought a lot of changes to me. I got a divorce and left my professorship and the ministry. I ended up working as a therapist for the Institute for Therapeutic Psychology, a clinical practice in Santa Ana, California. There, we had monthly seminars where guest therapists discussed cases or presented their particular understanding of psychotherapy. At one of these seminars in 1968, the guest therapist was Harold Streitfeld, a bioenergetic analyst from New York.

After speaking briefly about Wilhelm Reich and his work with Alexander Lowen, he was asked if he would demonstrate his bioenergetic approach to therapy. He looked around the room and seeing me said, “You look pretty depressed; maybe I could demonstrate with you.” He asked me to stand with my knees slightly bent and put my fists in the small of my back. He then asked me to arch back over my fists so that my body was in a bow position and to breathe deeply. Within a few seconds my body began to vibrate from the stress. As it increased, I was asked to continue the deep breathing. After only a few minutes of this, I was then instructed to lie on the floor on my back, keep my head still while looking at the ceiling and then, without moving my head, let my eyes wander to the four corners of the room.

After several seconds of this, I began to cry. Soon the crying became deeper and I began to sob involuntarily from deep inside. The tears tasted familiar and the sounds, as if coming from the distant past, were very present. My colleagues, puzzled by what was happening, got up out of their chairs and stood over me. This put me into a rage as it reminded me of my parents standing around my crib and not picking me up. The rage moved through my arms and I started to hit the floor in a temper tantrum only to realize that the floor was hard and unyielding. As if time had stopped, the whole experience continued for what seemed like an instant and also an eternity. I eventually stood up and asked Dr. Streitfeld where I could learn more about this. He said that Dr. Lowen was going to be teaching in a few months at Esalen.

I would like to make a few observations about this experience. First, I touched once again the depth of the sadness experienced three years before at the Gestalt seminar at Esalen and this time reached it through a physical intervention. By increasing my breathing while in a stress position that invited involuntary muscular movement, I revisited a previous emotional state apparently buried in my body waiting for release.

Second, I realized the experience demonstrated a defining and self-organizing principle of my personality. I experienced in the present what was behind my bitter depression. This was not guesswork, not a theory, an idea or an interpretation but an experience that said, “This is the core of your being and around this trauma you have built a self as you now know it.”

Third, I was aware that I was regressed and yet very present at the same time. I never lost awareness of who I was or where I was and yet the expression of my body was as if I were 18 months old reliving a trauma that I knew was true but yet was totally out of my normal conscious awareness. Again, this told me that I could access unconscious material through a physical intervention.

Fourth, I was amazed that in addition to the deep sadness came an intense rage I had never experienced before. I was totally unconscious that such rage existed. I then also knew that this repressed rage had something powerfully to do with my depression. So, I not only experienced one emotional state but also was led to other feelings associated with it. And, all of this I knew was real; I experienced it directly in my body.

Fifth, I absolutely knew that I had to have more of whatever had just happened to me. I felt stimulated but terribly unfinished. Dr. Streitfeld was a total stranger but I implored him to give me more sessions. He said he was just here on vacation, but I wouldn't take no for an answer and finally persuaded him to see me the next day. I was able to have two more sessions before he left. This truth about my life created an intense hunger for more. I felt an aliveness that I had not felt before. I was later to realize how unusual this was, for part of my depression was based on not allowing myself to want anything ever again because I had been so disappointed. However, once I had a taste of my own life, I wanted more and I wanted it *now*.

Two months later, I attended a bioenergetic workshop at Esalen. Al Lowen, John Pierrakos, Stanley Keleman and Jack McIntyre were the trainers. At this seminar we were taught that the structure of the body is like that of a worm and release of constriction would allow this worm to move and bring about emotional health. The assumption was that the ego is primarily a body ego and the self of the person is synonymous with the body. “My body, my self – I am my body.” This idea can be traced to

Reich's idea that all ego needs are blocked vegetative movement. He said, "...the ego instincts are nothing other than the sum total of vegetative demands in their defense function," and that "ego and id appear merely as different functions of the human organotic system."¹ He also reminded us that, "The greatest thing that ever happened in psychiatry was the discovery that the core of the neurosis was somatic."²

The experiential part of the workshop took place in a large room, with four mattresses on the floor, one placed in each corner of the room. The room was filled with 25 or 30 people all walking around in their underwear waiting their turn with one of the trainers. A turn consisted of standing before the trainer who would read your body, tell you what your problem was and introduce you to a physical movement that might address it. When one of the trainers first saw me he said, "I know what you need." He had me turn around and he put his back against mine. He then said, "Put your hands in the air," which I did, and he proceeded to lift me up on to his back by bending over. He was attempting to open up my chest, which he said was collapsed, and a physical manifestation of my oral depression. The breathing stool was sometimes used for the same purpose.

This bioenergetic theory was based on a particular interpretation of what constitutes a person and emotional health. The therapeutic goal was to release the chronic muscular tension that prevents the organism/person from experiencing the full expression of biological life, and, in particular, sexuality. In the traditional model of psychoanalysis, the statement was "Where id was let there ego be." In the bioenergetic model it was more like "Where ego is let there id be." The cure was not to get ego integration over primitive forces of aggression and sexuality but rather to surrender the ego's attempt to control these forces and allow the body to find its own integration. The ultimate integration was seen in the orgasmic reflex, which involves the involuntary surrender of the ego to the sexual energetic expression of the body.

This bioenergetic body model addressed the organization of an intrapsychic structure; not through the psychoanalytic process of free association or transference analysis, but rather through the outer manifestation of this structure as seen in the body. The energetic dynamics of the body and its holding patterns were seen as an outer manifestation of an inner process. To effect change in the form and motility of the body was to alter the rigidity of the client's inner psychic conflicts.

I remember once standing in line for one of the trainers. The man in front of me was on the mattress breathing and looking at the trainer. The trainer said to those of us standing there, "What do you think he needs to do?" I had been watching the trainers work so I ventured that it looked as if he needed to cry. The trainer said, "And what would you do to help him?" So I did what I had seen the trainers do, I looked at this stranger and said, "Could you reach your arms up to me and ask me to help you?" When he did this, he immediately began to cry. The trainer said, "See, you know what to do."

Two basic bioenergetic assumptions they were trying to teach us were involved in this little interaction. One was that the body heals itself. If you release the tension of holding back, up, on, in or together, the body will relax and release the pain held in the armoring. Health is the result. The second assumption was that physical movement facilitates emotional expression. To move a part of the body held back from expression contacts the feeling and invites further expression. Reaching with the arms reactivates longing and thus the pain of rejection. Crying releases the pain and therefore tension in the arms is no longer needed so one can now reach again.

While these are two very important assumptions, what was not acknowledged or taught was the relationship between client and therapist. The result of the reaching was noticed and processed but not the interpersonal nature of this accomplishment. This was thus presented as an energetic healing model even though it involved a two-person interaction. The person of the therapist was not acknowledged since it was assumed that healing occurred by release of tension and did not involve a relationship with the person facilitating the release.

When I felt alone and stuck in my own muscular tension and the bioenergetic model was not working, that is, I was not spontaneously releasing my tension patterns through breathing or bioenergetic exercises, my therapist/trainer would come after me using his own energy and skill in an attempt to reach me. By doing so, he really was moving into a relational model of therapy. He would become the good and desirable love object and attempt to help me let him into my life as such. This was done not only mentally but also physically. I remember once being lost in despair when Al Lowen leaned over my body on the mattress and pressed his fingers under my eyes to allow my terror to surface with a scream. He would then look at me and ask me to acknowledge how frightened I was and to see if I could tenderly reach up and touch his face.

When I did manage through my terror to touch his face I burst into deep sobs and he held me like a child. I remember to this day the touch of his face against mine, the smell of his skin and firmness of his arms. At that moment, I became emotionally and physically bonded to him. I had never been bonded to anyone in my childhood and now I looked at him like the little lost bird in the children's story, "Are You My Mother?" This movement on the part of Lowen reminds me of Harry Guntrip when he writes about working with people in regressed ego states. He reports one patient saying to his therapist, "I can't reach you. If you can't reach me I'm lost." Guntrip continues, "This is what the more schizoid patients are always saying to us one way or another. I haven't got a real self to relate with. I'm not a real person. I need you to find me in some way that enables me to find you."³

Out of such experiences I entered into a relationship with Lowen that had been missing for me as a child. He introduced something new to the bioenergetic model of the body healing itself – a contact with him as the good object who offered me a corrective good object experience. I idealized him. I developed a strong physical as well as psychological attachment. Seeing his eyes, feeling his touch, being over the breathing stool where he would press his chest against mine until I panicked and gasped for breath only to be held by him and brought down to the floor with the feeling of safety and love all created a visceral attachment to him. He not only *represented* a nurturing good object but also *presented himself physically* so that I internalized his physical touch and presence.

However, the bioenergetic model did not address this kind of bonding experience. Since my body was to heal itself

through releasing tension, working with the ensuing relationship was not considered essential to the healing process. Strong personal interventions were seen only as techniques to help me contact and process my early loss. They were not seen or used as a means to help me find a real self through the empathic reflection and real presence of the therapist. Again, the assumption was that the body is the self and, since I had a body, all I had to do was own it and I would have the self I needed.

Winnicott's concept that it takes two to make one and that the self begins as a body experience that's developed through relationship was not considered. Therefore, any expectation that I had for person-to-person contact to be remembered and processed was seen as a further indication of my oral need and inability to mourn my original loss. Similarly, the loving attachment I experienced was seen as masking an underlying hostility and as an inability to express anger at not having the original love object.

The theory did acknowledge that the original pain was due to a loss in love relationships. Reich stated it this way: "The road between vital experiencing and dying inwardly is paved with disappointments in love. These disappointments constitute the most frequent and most potent cause of inward dying."⁴ Nevertheless, there was no consideration that this disappointment could be healed through a new or different relationship. The original loss involved a parent child relationship but the healing was based not on a relationship but rather on an individual person releasing the pain of the loss as experienced in his body. Contacting the child in the patient was important but to help the child grow up within this bonding relationship was not considered. Dependent clients were encouraged to "grow up" by expressing their anger toward the therapist. This is extremely difficult to do since the client at first needs the therapist so much. Even if successful, it risks a premature move into "adulthood" that masks a shamed, despairing child.

I was learning that regardless of what therapeutic model is used, transference is present. The child in the client always seeks a particular kind of contact with the therapist. The relationship is always there. The self-need of the client is always there; it is simply a matter of how the therapist chooses to address it. If it is not addressed in a way that the client can use for his own self-recovery, the client will find other ways to adapt to the therapist's modality. Guntrip comments on Freud's observation that "Identification is a substitute for a lost human relationship" by saying, "Thus a child who finds that he cannot get any satisfactory kind of relationship with a parent who is too cold or aloof or too aggressive, or too authoritarian tends to make up for his sense of apartness and isolation by identifying with or growing like that parent, as if this were a way of possessing the needed person within oneself."⁵

When the bioenergetic model did not allow a way for my therapists/trainers and me to address my self needs, I adapted to their model. I did what I had always done before entering therapy; I became a good boy and memorized their system. I tried to get what I needed from them personally by becoming just like them and championing their system of therapy. Every child does this in the family and, if the basic self-need is not addressed, the client will do it in therapy. This is also why every form of therapy, no matter what the modality, works for a while. The client adapts to what the therapist wants to hear. It is when the therapy is not working that the true test comes. At these times, can the therapist change the model to meet the client's needs or are the client's needs reinterpreted to meet the therapist's comfort level?

Meanwhile, back in my office, I was facing the same problems with my clients and trainees that my therapist/trainers and I were facing. My clients wanted a different relationship with me than the one provided by the bioenergetic model. I felt very apprehensive about trying to meet their needs and, like my trainers did to me, I wanted to turn their need back on them and reinterpret it through their character structure. Doing this, I began to realize that I was using the bioenergetic model to defend against my feelings of inadequacy as a person. I was defending my narcissistic ego from exposure to their desire to relate to me as a person since I feared they would find me wanting.

I had one client who was a therapist. She said she had a lot of borderline characteristics and would need to see me three hours a week. I remember feeling intruded upon and defensive by her request and underneath feared that I could not keep up the magic show for three hours a week. She would soon know all of my tricks and want to know me. I was inwardly afraid that I was really like the Wizard in the Wizard of Oz. When Dorothy's dog Toto pulled back the curtain and revealed the Wizard, he was just a frightened and insecure little man trying to impress others with his magic and illusions of power.

Another client/trainee said he hoped the bioenergetic exercises worked to help him with his depression since otherwise he would lose me. We discovered together that while he was doing all of the right things as a bioenergetic client, behind his effort was his attempt to contact me. I realized how important I, as a person, was to him, but naively only provided him access to me through my particular modality of therapy. The next time we met I stayed with our relationship and tried to be available for the contact he needed. I then realized that in the past I would break that contact and stand up which was the unconscious signal I gave to him that it was time to do some "body" work. In the past, he would follow my cue and bodywork would begin. Since he needed to stay in contact with me, he would follow my lead and we would miss the moment of connection he needed. We would move quickly back from an intimate connection to doing body work which fit in more with my personal comfort level.

When I stood up this time and realized what I was doing, I stopped, sat back down and just looked at him; I had to take in my importance to him as a person. I then also felt my discomfort being in the kind of relationship he needed. I was avoiding participation with him in the same way his mother and mine had failed to participate with us. By owning and working through this material, when we now make the kind of contact he needs, he feels in his body the desire to move and express his newfound freedom and life. As a result, the bioenergetic aspect of the therapy becomes a spontaneous expression rather than a prescribed exercise.

About twelve years after being introduced to Bioenergetics, due to personal circumstances in my life, I went into a deep depression. During therapy I had to face the problems of intimacy I had experienced with my own clients and trainer/therapists. I discovered in this state that I needed certain responses from a therapist that were essential for me to stay connected to my

weakened and depressed self. The energetic expression of my body alone was not enough. I needed something else

Fortunately, I found a woman therapist who had been trained in Biodynamic therapy who was available to contact me in my desperation. I needed someone who worked with the body and recognized it as the energetic core of self expression and source of the true self but more than that, I needed a person who wanted to connect to me; not just a body, not just a problem, not just a character, not just an energetic system, but me, with all of my weaknesses and needs. In short I needed someone who could acknowledge the importance of the bioenergetic model *and* be able to shift to a relational model.

First I want to underscore an important point. It has been my experience over and over again in the model of bioenergetic therapy that when I give in to my body and release my deepest cries, I momentarily reconnect to the person I am. My cry is essential. It brings an affirmation of my wounded self back into the world. It is a way of reintegrating the split in my personality, of bringing my ego and body together as a single self-affirmation. However, I have also realized that my cry is not enough to *sustain* my contact with myself. In the same way that my cry alone was not enough to keep my psyche/soma soul together as a child, so it is not enough now. In the same way that I needed certain responses from my caregivers then in order to keep body and soul together, so I need them now. I need to cry, but I also need a relationship that will provide a certain kind of nurturing environment where I can sustain contact with my fragile self.

During my relationship with my new therapist, I found myself going through various phases of relational interaction. At times my therapist was a parent substitute and a good object; at other times she was a frustrating object and I had to deal with both. However, underneath this struggle with her to find and sustain a true self, I needed certain constants – the main one being her recognition of me and my impact upon her as a person. I needed someone who was committed to our relationship; someone who could weather the storms of my rage and disappointment; someone who never once thought that whatever happened in the therapy could not be worked out; and someone who was committed regardless of the outcome. I needed someone who would *fight for us*.

The bioenergetic model also did not allow room for the mutuality of shared experience between therapist and client. In that model countertransference is viewed from the Freudian perspective as an interference with the therapy. How the character of the therapist impacts the client and participates in their mutual experience is not studied. However, as we all know as clinicians and clients, it is the subjective experience of the therapist that is often the key healing factor in the therapeutic relationship.

A therapist who had become an assistant trainer in a bioenergetic society asked if she could come into therapy with me. She had seen me at conferences where I was the speaker and I had also observed her presentations there as well. However, her request for therapy was that I *not* use the modality of bioenergetics. She respected the work, was certified as a Bioenergetic Analyst; knew my reputation as a bioenergetic therapist but needed something else from me. After years of training and bioenergetic therapy she still felt some essential ingredient in her understanding of herself was missing.

She was attempting to find this missing piece by studying and participating in a self-psychology group and in particular the intersubjectivity work of that discipline. I liked her and told her I was not sure if it would be possible for me to treat her in this modality since I had read about it but had not been trained in it. She said, “I think you do bioenergetic therapy from that perspective anyway, so let’s try.” It was not always easy for me to change. Many times when she would come to the sessions extremely depressed and overwhelmed, I knew exactly what to do from a bioenergetic perspective but such suggestions seemed to her like I was imposing my agenda and this reminded her of her intrusive mother. Sometimes I could not stand it anymore and I would share with her my dilemma of feeling helpless when I knew I could help.

One particular day when she was hurting so much and lost in her inner world of pain, I knew from a bioenergetic perspective that she needed to reach out to me and yet I also knew that this suggestion would be rejected. I finally said to her, “It seems as if you are asking me to sit here and watch you drown.” She said, “Right. Can you do that?” I said, “I don’t know if I can.” At that moment I felt my caring for her and my heart ached and I also felt angry that she was robbing me of a way I had to ease my pain. I knew in some profound way that I was to be a model for how she could to be with her own pain. She was asking me to bear this pain of love and helplessness that she could not bear.

I realized that my bioenergetic modality of therapy was not only to help her but was also to protect me from my own distress. She saw this struggle in me as I put my hand over my eyes, bowed my head and cried softly in her presence. Inwardly I was experiencing this as an important moment of healing for me. However, when I looked up I saw that the desperation I had observed on her face just a few moments before was gone and in its place was a peacefulness that I had never seen. From this place she softly reached her arms out to make contact with me. She now did spontaneously what I had wanted her to do with my bioenergetic technique. Only this time her reaching was not the result of a technique but a spontaneous expression of her real self.

Later, when we talked about it, she said what moved her was observing my struggle to give up the bioenergetic form of therapeutic interaction of which I was an expert and to be with her in the way she needed me to be. She experienced this as a genuine act of love on my part. I was willing to be with her in her pain and not try to “fix” her. From this experience with me she could find that essential piece of herself that she had been seeking. I, too, found that piece of me that had been hiding behind my therapeutic mode of interaction; namely, the value of my real self to another person.

How can we integrate the bioenergetic model with the relational and interpersonal model? I would like to address this question through the example of grounding. It is a concept that Alexander Lowen introduced into Bioenergetics as a result of his work with Wilhelm Reich. He felt that the experiences with Reich did not hold up over time because they were too dependent on the power of Reich as a charismatic figure and not grounded enough in the body. Grounding as a bioenergetic concept means literally feeling one’s feet on the ground. It also means being oriented to reality rather than illusion and possessing one’s adult sexuality.

As a part of the experience, it includes the free flow of energy in the body from the head to the ground and back again. To achieve this experience, the client is directed to follow various bioenergetic grounding techniques. These usually involve some form of leg and feet exercises. A typical one is to lean over with knees bent and touch the floor with the hands – allowing a vibration to build up in the body. This is a physical attempt to bring about an energetic and psychological integration within the client. Often after a regressive or disorganizing therapy session, the client will be asked to get grounded before leaving. In the beginning of a therapy session a client may be asked to get grounded to be more in his/her body.

This approach to grounding is a classic individual organismic bioenergetic model. Yet I believe with Winnicott that grounding begins with the relationship with the mother as the ground of experience for the infant. Winnicott writes, “With the Mother the infant has the possibility of being ‘all over the place’ with someone in particular whom we would at a later stage describe as having their feet on the ground. There is a dawning sense of being a person whose particularity is rooted in his body and which will be elaborated into the sentiment of being who one happens to be.”⁷ In other words the infant finds his feet by being safe to be unorganized and unintegrated while the mother maintains the ground of his being. Through their mutual interaction, integration is a natural process and the psyche and soma stay united without his premature effort to hold himself together.

In a similar way I find that when my clients are facing the breakdown of their usual patterns of self-organization, they need me to hold the experience for them. They need to feel that I am present in just the way they need me to be. They then have the freedom to find a new form of grounding and integration. However, as soon as this is achieved, like a child who no longer panics about being left, the client next wants to explore his or her own individuation. Once they can tolerate the feeling of being on shaky legs or shaky ground because I am there to authenticate and hold the ground of their experience, they want to explore the full dimensions of being alive in their bodies. Thus, we move from an energetic model to a relational one and back again all within the therapeutic relationship.

Recently, I had a 60-year old woman client who had lived her whole life in anxiety and depression. She also suffered from a rather pronounced scoliosis. Any physical touch made her writhe in pain and anger as if she was being tortured and yet she was starved for contact. She was desperately trying to hold herself together and this was exhausting and depressing her. After several months, we had a good therapeutic alliance and she called me one day after a terrifying experience. She was driving her car alone when another car came alongside her with three young men in it. This car raced in front of her, turned the corner and then came back at her deliberately ramming the right front end of her car. They did this to disable her car and gain access to her – probably to rob her. However, in her panic, she floored the accelerator and with rubber burning from her damaged tire, made it to a gas station and a telephone.

When she was able to reach me by telephone, I told her to come to the office as soon as possible. It was not until the next day that she came in, and as soon as she began to talk, I knew that she was reliving the unspeakable terror of her early existence. As she recalled the incident she literally began to fall apart. I put my arms around her and held her while she writhed, screamed, cried, became sick to her stomach, spit up in the wastebasket and collapsed. I became the ground that held the terror and disintegration. I held her where she had always tried to hold herself. Realizing that I could hold the ground of the experience, she could allow herself, in Winnicott’s words, to “be all over the place.”

Something rather profound happened in that holding. For the first time, she experienced having a body. Building on that experience over time, she gradually learned that with a body she could explore contact with me and ultimately found others in her life she never knew were there. Slowly this grounding with me resulted in grounding for her. When I later read this statement to her, she said the body memory of my holding her while she panicked still serves to ground her in her present day life.

As bioenergetic therapists, one of the theoretical formulations of our work comes from the discoveries of Wilhelm Reich. According to David Boadella, one such discovery was what Reich called “psychosomatic identity and antithesis;” namely, that “the expansion and contraction process in the amoeba is functionally parallel to the process in higher animals by the vastly more complicated network of vegetative nerves.”⁸ This expansion-contraction process is seen all the time as we work with our clients. But, we are also more than expanding and contracting organisms. Guntrip comments on the Freudian concept of man as an “organism,” and says “all this seemed to me to miss the final key to human problems by not beginning with the primary fact about human beings, namely their experience of themselves as that significant and meaningful “whole” which we call a person.”⁹ This person/client needs another real person/therapist with whom to engage in this ever expanding-contracting process of human relationships.

In Southern California we began a new training group and on our first meeting day we displayed another quote from Harry Guntrip. It said, “One can teach a technique, but cannot teach anyone to be a therapeutic person. The point of the training analysis is not to teach theory or technique but to free the real person in the candidate.”¹⁰ Whenever clients are interviewed regarding what was effective in their therapy, they inevitably talk about the person of the therapist. The effectiveness of the therapy is directly connected to the therapist’s faith in them and his or her caring about them. This is true regardless of the modality. We all seek approval, affirmation and a real person with whom to respond and share our pains and joys. If this real person is not available, then, as I mentioned earlier, the client does what he or she did as a child and adapts to the therapist’s personality or his/her mode of therapeutic action in an attempt to gain the valuable nurturing supplies he/she needs.

In summary, we as Bioenergetic therapists have the sacred responsibility of often working directly with a person’s body and its expression of life. I say sacred because as Carl Jung reminds us, the body is the outer manifestation of the inner soul. I have often said that we as Bioenergetic therapists know too much too soon. We see in the person’s body her life struggles to love and be loved as well as her will to live and survive. Our direct access to the inner soul through the body is only to be pursued with the greatest respect for the whole person and requires deep humility on our part to assume such an action. This direct work

with the energetic processes of the body is the basic bioenergetic model.

We must also be aware that from the time we speak to a client on the telephone about an appointment or meet him/her in our office, we are engaging in an experience together where our every action has meaning. The client will be consciously and unconsciously attuned to our every move: the sound of our voice, our gestures, the way we say her name, and the way we interpret his story. They will look for ways to impress us or reject us or prepare themselves for our love or disappointment. In short, we cannot help but enter into an intimate experience that each hope will eventuate in repairing the past and bring us to a different and more fulfilling life in the present. This intimate relational experience is also essential and the basic bioenergetic model must be able to expand to meet this need.

However, to be available for the experiences of such an intimate journey can only occur if we as therapists have spent time discovering who we are and what the impact of our relationship is upon our clients. In our curriculum I wrote the following statement,

“The therapist and client eventually create an I-Thou relationship wherein each is taught and renewed as a whole person by the other. The therapist in this process is constantly attempting to integrate the interpersonal self-needs of the client along with his own limitations to meet those needs. As the therapist accompanies the client on his journey back to the origins of his interactional failures, the therapist must know and understand her own relational failures and the solutions she sought for them. This dynamic interplay and all that is implied in it becomes the healing process for both therapist and client.”

This mutual and co-created relationship, I believe, must also find a place within the traditional framework of bioenergetic analysis.

In my opinion these two models, energetic and relational, in the hands of a therapeutic person represent the heart of Bioenergetic Analysis as a *relational somatic psychotherapy* and as such provide a powerful and effective therapeutic modality.

In closing I want to remind us again of the words of Wilhelm Reich that I quoted earlier, “The road between vital experiencing and dying inwardly is paved with disappointment in love.” Harry Guntrip said the most important thing Fairbairn ever wrote was that mental illness develops because “parents fail to get it across to the child that he is loved for his own sake, as a person in his own right.”¹¹ We as therapists enter into that sacred and perilous arena of daring to reengage with another with the desire to recover our capacity to love and be loved. In this journey we discover with each other our desires and limits in meeting these goals. But like children, the clients forgive us when we make mistakes if our hearts are open and we are willing to share in their inevitable loss. All of these models at their best represent our meager, human but heartfelt attempts to reunite mind, body and soul and, in so doing, recover what we once had or longed for and lost.

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Biography

Robert Hilton, Ph.D. 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 now has a private practice in Relational Somatic Psychotherapy. Email: rhilton@cox.net.

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