

Clients Who Seek to Merge

Sylvia Adler, LCSW

Abstract

In this article, the author describes how she embodies Stanley Keleman's formulations about the stages of bonding in her clinical work with clients with motile character structures. She discusses the stages of Formative therapy with these clients as well as specific therapeutic issues.

Keywords

Somatic Psychotherapy – Formative Psychology – Bonding Patterns
Motile Character Structure – Client/Therapist Relationship

Over more than 30 years of professional study and personal experience, Formative Psychology has come to inform every aspect of my functioning as a psychotherapist, and it has enormously enriched my own life. I came to Formative Psychology as a social worker and family therapist, so from early on in my studies, Formative concepts about the somatic nature of relationships have had a profound influence on me. In this tribute to my teacher and colleague Stanley Keleman, and to his extraordinarily deep humanistic and somatic understanding of the human condition, I have chosen to describe how I embody, in my own clinical practice, his formulation of the stages of bonding in human development, and in the therapy process (Keleman, 1987; Keleman & Adler, 2001). Specifically, I will focus on my Formative work with clients who present highly charged, underbounded structures—clients, that is, with motile character structures.

In line with Keleman's formulation, I see adult clients with motile structures as people who have not evolved through the Formative stages of the parent-child bonding process, from a less differentiated to a more differentiated self. These adults are stuck in the earliest stages, where mother and child are essentially merged. To form a merged bond, then, becomes the motile person's goal in all important relationships. This merging style of functioning continually reinforces the motile person's unformed, underbounded structure, and that person's underbounded way of being in the world.

My work with motile clients has led me to conclude that the most fundamental part of Formative work with these clients involves helping them to learn, experientially, how they organize merging with others, including the therapist. In addition, they need help in learning, experientially, how they can influence this process—which in turn will enable them to form a more distinct, cohered, functional self. Central to this therapeutic endeavor is the way in which client and therapist negotiate the subsequent stages of bonding that emerge as the client seeks to form a more bounded self. Formative Psychology, with its powerful somatic-emotional exercises using voluntary muscular effort, is ideally suited to this endeavor.

This article describes how I apply Formative principles and methodology in long-term work with motile clients. It includes a case example. I also present a few of my ideas about the challenges and pitfalls faced by therapists who work with motile clients. My observations and conclusions are based both on my own clinical practice and on what I have learned from my experience as a case consultant and as a supervisor of other somatic therapists in private practice.

The Motile Client

In *Emotional Anatomy*, Stanley Keleman described four distinct somatic character structures. He called them the swollen structure; the weak, collapsed structure; the dense structure; and the rigid structure. Beginning in the late 1990s, he expanded and reformulated his understanding of the first two types, changing the nomenclature. The swollen structure became the motile structure, and the collapsed structure became the porous structure. As I understand it, the new designations more accurately express the fundamental somatic aspect of these two structures.

These four somatic structures are, in Keleman's schema, specializations of evolving stages of the Formative process. We go from a highly motile unformedness to a more congealed porosity to a rigidification (stiffening) of form to a densification (thickening) of form. Each somatic structure presents a different excitatory configuration, stronger or weaker boundaries, and its own style of relating to others.

The motile structure has a great deal of highly charged excitement and minimal boundaries. People with this structure have a limited capacity to make and sustain boundaries; in fact, they appear resistant to having boundaries. In *Love: A Somatic View*, Keleman states that a motile structure "expands and leaks out because a thin membrane is stretched to the limit by intensified excitement that ruptures and dissolves its container." (1994, p. 38). Motile people may generate considerable anxiety and feel more or less overwhelmed a great deal of the time. Excitability, inflammation, and anxiousness are endemic to the motile structure.

In sessions, motile clients pour themselves out in an intense excitatory stream of detailed descriptions, expansive gestures and heated emotions. They may seem to want to share all the details of their lives, and they do not respond well to the therapist's efforts to get them to talk less. Breaking into the stream can be a challenge. Breaking into the stream to help the client to form a distinct focus for therapeutic work can be even more of a challenge.

Motile people generally do not try to contain themselves while interacting with another person. Rather, they are organized to merge with the other. Their unbounded excitement, agitation and helplessness flood, arouse, or provoke the other. They invade and fill you with their highly charged motility:

[Motile] types do not have enough internal structure or body to live within themselves, so they have to invade another person...[they] are always inflaming themselves...The feeling of the person's inner sensations and desires is moved to the surface and pushed out because it cannot be contained or bodied due to the person's overarousal...[Motile] types move toward others by seduction and manipulation, using their excitement to sweep others in. They extend to others their excitement, then feel that others owe them something in return. They peddle their interest and excitement in order to borrow another's body. (Keleman, 1994, pp 44-45).

When the object of the motile person's excitatory unloading is receptive to being flooded and invaded—is neither impervious nor washed away—a merger is formed. This person, bodily and behaviorally, becomes the container, a kind of boundary maker and order maker. He or she can be said to “body up” the motile person. When this kind of interaction becomes the established pattern between two people, they have formed a somatic contract; two have become one, a merged unit, with each structure contributing specialized functions to the whole. The most typical partners for a motile structure are overbounded persons—those who, in a certain way, are trapped in their overboundedness and need a less bounded person to evoke and bring them forth. One such spouse described his dilemma by saying, “I need someone to flush me out of the bushes.”

The relationship history of the motile person is replete with stuck, merged relationships that were never able to grow into a more differentiated bond. The first of these relationships, of course, is with the mother. Many motile clients, including some in their 50s and 60s, report having had lifelong struggles with their mothers, and seem incapable of separating from them somatically and emotionally. Others report having quietly or loudly erupted out of an enmeshed relationship with a mother, or out of an enmeshed family situation. The use of physical distance or emotional cutoff to create a boundary generally does not encourage the maturational development that a reciprocal separation process provides.

In adult partnered relationships, the motile person can be dominated by his or her partner or served by the partner. In one pattern, the motile person may be one down in the relationship—told what to do, constantly criticized and chastised by the more bounded partner. In another pattern, the motile person's marginal functioning, or seductive enactment of extreme helplessness, runs the show, taking over more and more of the partner's life. Some relationships include both of these patterns.

As a parent, the motile person may be very intensely focused on one child, who is overparented and kept very close. Eventually, this child's immaturity and difficulties in functioning will become evident. At that point, a schoolteacher or a doctor will recommend professional help.

Another parenting pattern involves a kind of role reversal in which one child is inducted into the role of caretaker and/or confidant for the immature parent. This is a well-recognized dynamic in the family therapy field, where such children are described as “parentified” and “adultified” (Boszormenyi-Nagy & Spark, 1973).

The motile person will also merge with various relatives, friends, and co-workers. In therapy sessions, the client may bring in opinions attributed to some of these important others, which may obscure who is defining the client's reality or determining the client's direction. This is one manifestation of the elusiveness so characteristic of the motile person. This elusiveness may also manifest as contrariness or negativity, a kind of resistance to being pinned down. Grandiosity is another characteristic of the motile person, more prominent in some clients than in others. It is as if the motile person is using self-inflation to make up for the lack of a solid sense of self.

Therapeutic Issues

It is a well-known axiom that psychotherapists need to pay attention to how we are affected by, and respond to, our clients' presence and presentation of themselves. As somatic therapists attuned to our own embodiment, we are fortunate to have a somatic basis to help us recognize our responses to clients. With the motile client, we need to determine the extent to which our own structure is challenged, or even overwhelmed, by the client's excitement, intensity and emotional heat—all seeking to enter us. In my experience, therapists generally tend to respond initially either with too much form or with not enough form. Therapists who persist in either of these patterns will undermine the therapy. Working with our own somatic presence and our somatic responses to the client enables us to make layers in what is overformed or underformed in our responses. This allows us to offer our clients a much more differentiated, wider range of responses to their merging presence and to their merging behavior with us.

Using Formative theory, it is possible to categorize the range of therapist response patterns with motile clients.

Underbounded Responses

An **underactive, underbounded response pattern** is manifested by therapists who have little to say and allow themselves to be washed away, or simply flooded, by the motile client's highly charged outpourings and invasive presence. These therapists, wittingly or unwittingly, may be operating out of a therapeutic credo that says that clients should be provided with a great deal of room to express themselves. Or these therapists may be unduly empathetic, uncritically accepting everything their clients present, including their inflated grandiosities. This underactive pattern of response will generate and perpetuate a very undifferentiated merger between the motile client and the therapist.

Probably more frequent is the **overactive, underbounded response pattern**. This pattern is manifested by the therapist who is too helpful, offering way too much advice and guidance on major and minor aspects of the client's life in general and the client's decision making in particular. It is as if these therapists and their clients are colluding to keep the clients from having to experience and confront how they invite or seduce others to body them up and make order for them. This pattern of response will generate a somewhat differentiated merger, one in which distinct reciprocal roles of helpless victim and rescuer are played out.

Overbounded Responses

Overbounded response patterns are generated and perpetuated when the therapist feels threatened by the motile client's underbounded, invasive style. Threatened therapists will thicken and stiffen their own structures to deflect the motile client, to keep the motile client out of them as much as possible. Therapists with an **underactive, overbounded response** pattern are relatively emotionally unmoved, untouched by the client's presence and dilemma. These therapists do not engage much with the client verbally. A motile client may not remain long with a therapist who manifests such extreme emotional distance and unresponsiveness.

Therapists with an **overactive, overbounded response pattern** will offer too much advice and guidance while at the same time they bodily fend off the client's overcharged motility, thus keeping the client at an emotional distance. Their clients may feel somewhat received verbally, but they will not have sufficient bodily experience of being allowed in and bodied up. The motile client in this situation may persistently complain that the therapist is "not there" and may attempt to engender a "real response" by engaging in sexual seductiveness and other forms of provocation. Clients who are regressing rather than growing may sometimes be collapsing because the therapy bond has not congealed into a holding life field and a supportive matrix for them. These clients continue to thrash about as they attempt to find a more solid bodying field to hold them up.

Formative Responses

Underbounded response patterns offer clients a merged bodying field that bodies them up, but they do not challenge these clients' merging process or help them to begin to reorganize it. Overbounded response patterns expect clients to function at a more differentiated level than they are capable of, without offering the process that can help them to grow the ability to do so. Formative therapists, whether they tend to be underbounded or overbounded in their own structure, work somatically with whatever difficulty they may experience in bonding with the motile client so that they can receive the client's merging presence and behavior. These therapists offer a firmed-up presence that is neither washed away nor unduly threatened by the client's intensity, invasiveness, or grandiosity. These therapists also understand that offering a supportive bodying field is not enough. Using the methodology of Formative Psychology, they form a partnership with the client. This partnership seeks to foster the client's growth through the discipline of somatic practice, which makes and sustains boundaries that will contain and calm the client's agitation and congeal the client's somatic structure into a more separate self. Working with this Formative process enables clients to rely more on themselves, and to depend less on being bodied up by the therapist.

Stages of Formative Therapy with the Client Who Seeks to Merge

Stage One: Merging

In Stage One, the foundation of the therapy partnership is laid down. Motile clients seek to merge with the therapist, and when a merged bond is formed, the client is bodied up. As a result, the client's symptoms will diminish significantly, and often quite rapidly.

In this first stage, the therapist makes an assessment of the client's structure. This is an ongoing process—one that should involve much more than observing the client and taking a history—and it is enhanced by active engagement with the client. "A diagnosis of a [motile] structure cannot be made until the therapist works with the person and sees that he begins to lose his boundaries when he softens" (Keleman, 1994, p. 45).

In this first stage of the therapy process, the therapist and the client explore and work on the client's presenting problems. While this is going on, the therapist is looking for and beginning to introduce connections between these problems and the client's way of using himself or herself bodily and emotionally.

Another important task for the therapist is to make a beginning assessment of the client's ability and willingness to work on bodying him or herself. This is done by telling clients that they will be expected to engage in Formative exercises during the sessions, and eventually on their own, outside of the sessions. In my experience, clients vary a great deal in their readiness and capacity to do Formative exercises on their own. In general, the client's timetable should be honored. However, for clients in crisis (for example, those who are having panic attacks), it is critical to begin the exercises immediately. Most such clients are eager to be given something concrete to do to help themselves, and they are usually able to work on their own when they are given adequate instruction, even in the initial session.

Stage Two: Beginning to Cohere a Separate Self

Stage Two arrives when clients have made at least a beginning connection between their presenting problems and their somatic situation. This connection includes the recognition that ongoing work on making and sustaining an outside is critical to their growth. Clients' ability to influence their state will vary greatly from one time to the next, but they will begin to show signs of greater resilience in rebounding from times of collapse. One client spoke of her growing commitment to "fighting the forces of formlessness." In this stage there is a clear sense of partnership between the therapist and the client most of the time.

Stage Three: Separating and Extruding

Stage Three represents a critical point in the therapy process. At this stage, motile clients begin to signal the therapist that they want a relationship with more boundaries and less intensity. The most obvious signal is suggesting that the sessions be conducted less frequently. More subtly, the client's changing presence is manifested in a lessening of behaviors, gestures and language seeking support and approval, and a concomitant increase in self-assertive, firmed-up posturing.

Some clients, however, seem able to engender the separation process only by engaging in negative behavior. Suddenly, in a session or a series of sessions, such clients become very critical and uncooperative. There may even be explosive verbal outbursts as these clients attempt to reposition themselves in the relationship. Faced with such a hot or cool onslaught of rejection, many therapists respond initially by acting punitive or hurt. If the therapist is able to reorganize fairly quickly when this happens, it usually turns out to be helpful in the separation process for the client to experience this part of the therapist's humanity. What is critical, however, is that the therapist grasp that there is a positive, Formative thrust in the patient's acting out, and that the therapist be able to encourage the client to think about what he or she is trying to form.

Occasionally—and seemingly no matter how the therapist responds—some motile clients end their therapy abruptly in the hostile, eruptive manner just described. They may later let the therapist know that they eventually came to develop a very positive attitude toward their therapy, and that they now recognize its importance in their lives. Like some young people leaving home, these clients seem able to form a distinct separation only by going through an inflammatory, grievance-collecting process.

Whether it is enacted dramatically and explosively or through a gradual process of detachment, Stage Three involves a dissolution of the merged bond between the motile client and the therapist, and the formation of two distinct bodily presences.

Stage Four: Adult to Adult

When the therapist and the client have successfully negotiated Stage Three, the partnership between them is of a different order. There continues to be a co-formed bodying field, but it is a field that contains two distinct and separate adults in a give-and-take pulsatory relationship of a particular kind. There are fewer crises in the client's life, and the client usually handles these crises on his or her own, discussing them with the therapist after the fact. What is central to the sessions now is somatic reorganization, and work with the client's values and deep internal states.

Case Example

Trudy, a tall, bewildered-looking woman in her 50s, came to me for a couple sessions with her husband, because they were experiencing increasing conflict and mutual dissatisfaction in their marriage. It quickly became clear that the husband had come only to pacify Trudy. He appeared to lack both the capacity and the willingness to consider his part in the difficulties, or to change his behavior. He was rigidly sure about his views of the marriage, blaming Trudy for all of their problems. In contrast, Trudy presented herself as very unsure and self-questioning. She appeared to be mired in intense ambivalence, not only about the marriage, but about almost every aspect of her life. After a few couple sessions and some reduction in the marital tension, the husband dropped out of therapy. Trudy decided to continue on her own; she was intrigued by the possibility that she might be able to help herself bodily.

An ectomorphic mesomorph, Trudy was long limbed, with an athletic build. She looked younger than her stated age and often appeared girlish. She always began sessions with a great deal to say about her very full life with family, friends and co-workers. There was a rather loose, rambling quality to her extensive narratives, but her accounts of her own functioning were fuzzy or nonexistent. I began to intervene by persistently inviting Trudy to talk much more about her responses and her behavior, and much less about other people. Trudy constantly expressed self-doubt about her own actions, and she often seemed not even to know how to think about her experiences with other people, or about her own functioning.

Early in our relationship, I began to notice that, more and more, I was responding to Trudy as I had previously observed her husband doing. That is, I was frequently filling in the words she couldn't seem to find, and offering her information and guidelines about the large and small matters that concerned her. I recognized that I had become way too active in our relationship, and I began paying closer attention to our interactions. When I inhibited and contained myself, I found that I could better observe Trudy and form a clearer sense of my own responses. In this way, I gained the sense that I was being triggered by Trudy's enactment—her postures,

gestures, emotions, facial expressions and language—of herself as a helpless, incompetent girl seeking support, approval and direction from me. I realized that this enactment was not coming from a separate person across the room from me. Rather, it was entering me, bodily, in the rush of words, posturing, and intensity that Trudy sent my way each time we met, from the moment she greeted me in the waiting room.

As I worked somatically with my stance vis-à-vis Trudy, I began to realize that what Trudy's stance elicited in me was my own characteristic somatic response to an experience of heightened motility, in myself or in another person; and that I equated this experience with being out of control and in danger of losing my adult form. This all-too-familiar response is my stance of the rational order maker. Using the Formative exercise, I disassembled this stance, which enabled me to reduce the over activity and respond much more productively to Trudy's merging behavior.

Trudy was cooperative when I asked her to do somatic-emotional exercises, but she performed them mechanically. Her first experiences with the exercises were meaningless to her. It became evident that Trudy's sense of herself was connected to disembodied mental images, and that it was very foreign to her to make a personal connection with the way in which she used herself physically, or with the sensations arising from somatic work.

The turning point came when I called Trudy's attention to her flowing-into-me posture and had her begin to work with the ways she involved her vision in this posture. I asked her to deliberately try to penetrate me with her eyes. She was able to do this and to connect with what she was doing. In disassembling this stance, Trudy, for the first time, took herself from the posture of pouring herself out to the beginning of self-gathering. Finally she could begin to appreciate the meaning of seeking direction and guidance from inside oneself. And she had as a resource a very concrete form that she could use to organize this posture for herself. Throughout Trudy's therapy with me, we worked on versions of this exercise many times. Each time she did them, Trudy learned more and more about making and sustaining a more bounded way of being.

Over time, Trudy took down her persona of the helpless incompetent girl and continued to grow and sustain her form as a competent adult woman. She understood clearly that the key to growing her adult form was the somatic reorganization of her lifelong stance of merging with others as a way of getting them to define her reality. In the course of our work together, Trudy used the Formative approach to help her to reorganize her stance with her husband, her mother, and a number of other important people in her life.

Concluding Comments

Stanley Keleman's description of the motile character structure and his formulation of the stages of bonding in human development and in the therapy process have been the foundation for my thinking about Formative work with clients who seek to merge. In my view, one critical aspect of this work is the evolving relationship between the client and the therapist, and the therapist's attention to this relationship. When therapists can recognize their own somatic-emotional responses to the motile client's invasive presence and merging behaviors, they have the opportunity to work with what may be overformed or underformed in those responses. If necessary, they may choose to do so with the help of a case consultant or a colleague.

Productive Formative work with motile clients always begins with an intensely merged bond, because that is the only way that clients with this structure can form a nourishing connection with another human being. The somatic-emotional exercises of Formative Psychology offer both client and therapist the means of influencing how they are merged, and of forming a partnership to support the client's movement through the subsequent stages of bonding to form a more bounded and congealed adult structure. The art and science of conducting Formative therapy is also enhanced when therapists learn to seamlessly integrate regular work with somatic-emotional exercises in their interactions with their clients.

References

- Boszormenyi-Nagy, I., & Spark, G. M. (1973). *Invisible Loyalties: Reciprocity In Intergenerational Family Therapy*. Hagerstown, MD: Harper & Row.
- Keleman, S. (1985). *Emotional Anatomy*. Berkeley, California: Center Press.
- . (1987). *Bonding: A Somatic-Emotional Approach to Transference*. Berkeley, California: Center Press.
- . (1994). *Love: A Somatic View*. Berkeley, California: Center Press.
- Keleman, S., & Adler, S. (2001). Couples Therapy As a Formative Process. *Journal of Couples Therapy*, 10(2), 49–59.

Biography

Sylvia Adler, LCSW, BCD, a cofounder of the Family Institute of Chicago, is a longtime practitioner and teacher of family and individual therapy. She has been professionally associated with Stanley Keleman's work for more than 30 years and has published articles on the Family Body approach in the *Journal of Somatic Experience* and the *Journal of Couples Therapy*. Email: adlersylvia@yahoo.com