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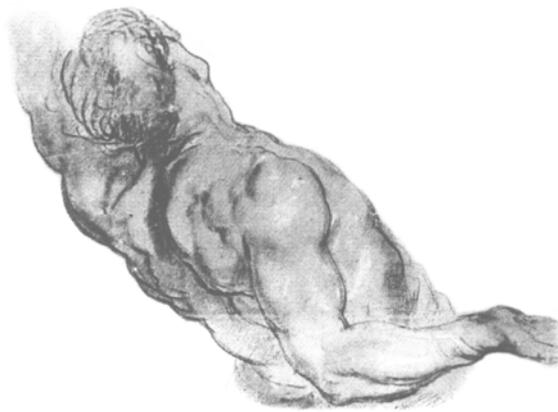
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The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring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

The Somatic-Energetic Point of View: Towards a Bioenergetic Character Analysis¹

Philip M. Helfaer, Ph.D.

Abstract

The somatic-energetic point of view is explicated as the foundation of a bioenergetic character analysis. Personal development is the heart of learning. Functional process, the concept of identity and antithesis, and character are discussed. Sexual identity, as a core of character development, the therapeutic relationship, the stance of the bioenergetic analyst, and the concepts of the mind, the inner world and the flow of life are placed into the somatic-energetic context. A specific form of bioenergetic observation is described. Research possibilities and flexibility of bioenergetic analysis portend future developments.

Keywords

Somatic-energetic – Bioenergetic character analysis – Sexual identity – Functional – Therapeutic relationship

THE SOMATIC-ENERGETIC POINT OF VIEW

The somatic-energetic point of view is the key to the theory and practice of bioenergetic analysis. Over the years Alexander Lowen (1970, p.3) stated many times that, "Bioenergetics is a way of understanding personality in terms of the body and its energetic processes."

The somatic-energetic point of view originated with certain of Wilhelm Reich's clinical observations and theoretical work from the time when he was still a psychoanalyst. Clinically, Reich described what was then a new category of observable phenomena in the therapeutic situation, and he developed functional interventions based on those observations. The observable phenomena had to do with the appearance and movements of the body. Theoretically, the energetic point of view emerged in conjunction with Reich's questioning of Freud's tension-reduction theory of pleasure. On the basis of clinical observations of behaviors related to sex and orgasm, Reich pointed out that an energetic factor was needed to explain sexual arousal and orgasm. Sexual experience and behavior did not make sense simply as tension reduction.

These observations pre-date his efforts at scientific investigations into the nature of the energy. It is important to understand that his subsequent scientific studies do not change or affect the description of the clinical phenomena, the observational stance, or the validity of the therapeutic interventions.² This means that the energetic point of view does not depend on a specific conception of the nature of the energy.

I use the term *point of view* deliberately. A point of view is a specific way of looking, seeing, and observing – a unique and specific way of looking at a person. In psychotherapy, the point of view – the way of looking, observing, listening – is the most important tool of the therapist. In bioenergetic therapy, the somatic-energetic point of view is the crucial point of view.

While 'point of view' may refer to an individual idiosyncrasy, within a theoretical context, a point of view has objective meanings that can be shared with others. Generally, three things characterize a point of view. It is inherently guided by conceptions, or ideas, that have a basis in observable phenomena. There are paradigmatic, typical, or representative observable phenomena, behaviors, or events which are inherently associated with a point of view. Third, there is the unique way or style of looking; and this can be taught and learned. A dancer, for example, will most often look at someone's movement differently, say, from a psychotherapist.

The point of view finds functional expression in actual clinical observation – the practice of looking, listening, seeing, and understanding. I have found that therapeutic observation is a skill that takes years to develop. Reich was a remarkable, naturalistic, skilled observer. Those who experienced Alexander Lowen in a workshop were usually impressed with his capacity for observing and noticing, for seeing the essential. When I began to practice psychotherapy, the first thing I learned is that the therapist has to learn to listen. Learning this deceptively simple art occupied me very intensely for some years. I found out over time that there is listening and listening, or perhaps you could say, listening and hearing. Even more subtle for various reasons is the art of looking and seeing. In training, I say over and over again, "Look, look, look, and look – until you see."

If we learn to look and see, what typical energetic phenomena might we observe? I have found that I can place the relevant, typical clinical events, behaviors, and phenomena into several categories. I have arrived at these categories through

¹ An earlier version of this paper was published in *The European Journal for Bioenergetic Analysis and Psychotherapy*. 2004, Vol. 2. (Discontinued). A portion of this paper was presented at the Biennial Conference of the International Institute for Bioenergetic Analysis, May 2001, Belgirate, Italy. The latter presentation and the earlier version of the article were dedicated to Ellen Green Gianmarini. I received help on the earlier version of this paper from Prof. Peter S. Fernald, Dr. Divna Todorovic, and Mrs. Susan Kanor, M.A. More than anything, this paper emerges from a lifetime of living and sharing with my wife, Vellie Helfaer, for whom words of thanks and gratitude hardly suffice.

² Further discussion of Reich's specific clinical observations can be found in: Helfaer, (1998/2006; 2010; 2011).

continuous reading in Reich and Lowen and many years of looking. These categories may sound very familiar. In listing them here I want to suggest that you imagine seeing and feeling them as living phenomena in the fresh context of the energetic point of view.

There are phenomena having to do with these ten categories:

- i.) Quantity of energy.
- ii.) Direction of energy: including, in towards the center, out toward the periphery, and pathways of energy in the body.
- iii.) Expansion and contraction: it is basic in energetic work to be cognizant of their alternation, and the events that may occur when working with chronic contraction.
- iv.) Pulsation: includes the vibrations Lowen describes.
- v.) Charge / discharge: the orgasm and other expressions.
- vi.) Flow of energy along the longitudinal axis of the body: orgasm reflex, grounding.
- vii.) Functions of the living bladder: the body seen as a single cell; many of the characteristics of the traditional bioenergetic types pertain to variations of the living bladder.
- viii.) Inflation: relates to ungrounded and psychotic states; overcharged head.
- ix.) Over-excitation contained in the core: agitation; often an aftermath of sexual abuse.
- x.) Shock: significant in illness and posttraumatic stress.

The phenomena in all these categories are to be observed in functional aspects of the person having to do with sexuality, the self, and relationship (Helfaer, 1998). The familiarity of the terms should not obscure the fact that I am referring to observable phenomena, not concepts. As such, they could provide a research focus. I found that learning to become a good clinical observer of these phenomena is a difficult matter.

A PARALLEL ANALYSIS FROM PSYCHOANALYSIS

To further illustrate the significance of the concept of a point of view, I will draw on a parallel analysis by Fred Pine (1990). Pine talks about the “four psychologies” of psychoanalysis: drive, self, ego, and object relations. Each psychology has its typical phenomena and point of view. Each has also been enriched by the developmental point of view and research. All four are valid. None can be reduced to any of the others, and all are required to do analysis. What is important in these points of view, Pine says, are not the theories, but the observable phenomena, the observational bedrock. Drive theory, for example, deals with the reality of enduring urges and wishes, and the fantasies arising from them. Similarly, there are observable expressions of the self, issues having to do with the ego, and those pertaining to the inner object world. Observations of phenomena in the light of all of these points of view are valid, regardless of the theory in which they may be placed.

CHARACTER

The concept of character is inherent in the somatic-energetic point of view. I understand character as the modification of the somatic-energetic processes of the body in the course of development. These modifications lie at the organismic interface between the deeper biology of the body and the individual's psychosocial adaptation. Character development and functioning are extraordinarily complex. In therapy, characterological understanding of the individual requires continuous and long-term observation from the somatic-energetic point of view. “Looking, looking, looking, and looking” – must begin with the first session of therapy and continue until the last. Character is thus an emergent process, continuously unfolding and revealing itself, as the broader, long-term repetitive qualities become clearer.

It would seem that *character analysis* should be the basic orientation of the bioenergetic analyst. The exigencies and stresses of actual clinical practice have made this difficult to achieve, and indeed, the whole concept has, to my observation, been lost along the wayside. That Alexander Lowen also did not find an easy route here is suggested in these comments:

As an analyst Reich had emphasized the importance of character analysis. In his treatment of me this aspect of the therapy was somewhat minimized. It was further diminished when character-analytic vegetotherapy became orgone therapy. Though character-analytic work takes much time and patience, it seemed to me that it was indispensable to a solid result. I decided then that no matter how much importance we placed on the work with muscular tensions, the careful analysis of a person's habitual mode of being and behavior merited equal attention (Lowen 1975, 41-42).

Lowen's first book (Lowen 1958/2004) grew out of this decision. In it, he attempted a delineation of character types. This book has an enormous amount of useful information, brilliantly insightful understanding of the energetic processes, and of human behavior. In some hands, through no fault of the book itself, it led to the egregious misconception that character analysis and diagnosing character types are somehow the same thing. The book in fact did not facilitate the development of a bioenergetic character analysis as a therapeutic method. Without going into an extensive analysis of the situation, I will say simply that the problems were too complex and no one, as I see it, knew enough in those early days of bioenergetic analysis.

Lowen, himself, had a certain ambivalence about the matter. His passion was the work with the body and the energetic process. In a letter, Lowen (2001) wrote,

When I look at a patient, I ignore analysis of what I see. I want to get a clear feeling of a patient's energy. I get this from my feeling of the patient's aliveness and that aliveness is a reflection of how much energy a person has and my focus is how well the patient breathes. My aim is to help the patient breathe deeper and fuller. To get the patient to breathe deeper I do not need any analysis. After looking at the patient I go directly to some exercises which will help the patient breathe deeper and fuller.

Most of the many people who saw and experienced this kind of work with Lowen felt its depth and effectiveness. In doing such work, Lowen was present as a person with the patient in a simple, real, and contactful way. I myself am the beneficiary of such work with Lowen which took place over the course of ten years, and I am very grateful for it. It gave me the strength and energy to go forward in my life.

Ironically, in 1990, when my therapy with Lowen ended, I found myself in precisely the same state he said he was in when his therapy with Reich ended. He said that at the end of his therapy, as far as it had taken him, he still had serious problems in his life - that is, character problems - and he held very deep tensions in his body. Faced with the same kind of reality, I took a similar route to his. First and foremost that meant working bioenergetically every day with my body; I also looked for other ways, as I felt a need or saw a way, to increase pleasurable body feeling. Second, for me, it meant an ongoing confrontation with my character issues as they revealed themselves in my relations with patients and especially with my wife. My conclusion now is identical with Lowen's in 1975, when he published *Bioenergetics*. In effective therapy, both work "with muscular tensions" and "the careful analysis of a person's habitual mode of being" are essential ingredients.

CHARACTER ANALYSIS AND MIND

There was another aspect to Lowen's ambivalence about character analysis. He considered anything that smacks of analysis – psychoanalysis or character analysis – as limited to the mind. Mind, for Lowen, signified the antithesis of feeling, passion, bodily experience. The mind is a computer. The body is the vessel of life. Like many of us, Lowen expressed the feeling that he had been too much "in his head" and that he needed to "get into his body," especially his legs and feet.

These expressions can represent realities about a person and his or her energetic condition. However, the mind, even if it stands in an antithetical polarity with the body, is not inherently inimical to the body. An intellectual defense is often an aspect of character, but that does not make the mind inherently a force negating the individual's life energy. The mind is one expression, and an ongoing expression, of the life of the organism. Losing one's mind is a dreadful thing, never finding one's mind is a great loss, and being mindful of the body is not only a pleasure, it is grounding. In the same vein, the understanding of oneself and another is significant in both therapy and life, and this is a function of perception and the mind.

Analysis, in itself, does not mean not feeling. The feelingful use of the mind and perception, and joyfully losing of one's head are not the same as forfeiting one's mind, nor do they require denigrating the role of the mind in life, including the life of the body. Thinking, also, should not negate feeling. It is another mode of expression and being, as is perception; both can be feelingful and contactful. In our society it is true that the cranium is almost inevitably overcharged. This propensity derives from the culture, but it may also be an inevitable tendency arising from the evolution of the large human brain. The brain is an organ and can be armored or motile.

Energetically, it is important to work consistently with the eyes, the ocular segment, and the cranium. As I have done so, with myself, I have regained the motile, unforced and non-compulsive use of my mind, softened the shock of early trauma, and freed the upper points of the pendular energy swing. I most often go without glasses and find pleasure as my mind grapples with the endless complexities of my work.

There is another observation to be made here. What actually is the analysis in the context of psychoanalysis? This may involve a number of verbally mediated processes, and it can certainly turn into an intellectual one. When it does, Lowen's position is largely supported. However, functioning as it should, analysis should enhance the individual's contact with him or herself, on an emotional level. Character analysis, also, is a process oriented to facilitating the emergence of the person as a whole - energetically, emotionally, and psychologically.

PERSONAL DEVELOPMENT AND CHARACTER ANALYSIS

Throughout the years, character analysis and an understanding of the energetic functions of the body provided the best tools I had for guidance, support, and help in living my life. The centrality of sexuality, the mechanisms of character, and the energetic functions of the body gave me a much needed framework for facilitating my necessary development as a person. Using these tools in my own life helped me learn how they could be applied in therapy. The development of my self and my development of bioenergetic analysis go hand in hand. This is my path and my practice.

Development of bioenergetic analysis is ongoing for all of our practitioners. The development of this practice is inherently – I would say, functionally – a part of personal development. I believe that the training and education in

bioenergetics should be based on just such personal development. Bioenergetics is not a rigidified "technique" established some years ago by Alexander Lowen, nevermore to change, develop, or manifest individual variations.

When bioenergetics is viewed in this way, as it occasionally still is, there are disconcerting results. When therapists learn something new about the self, therapy, or development – as they inevitably will – the validity of the new knowledge is taken to demonstrate the shortcomings of "bioenergetics." It is not taken to establish the growth and development of bioenergetics. If the psychoanalysts functioned in this mode, psychoanalysis would long since have died. As it is, psychoanalysis has been an ever-evolving, deepening, expanding approach to treatment and the study of mind and behavior, with continuously new applications and variations.

In any case, there have been, and still are, serious difficulties in the way of the development of a bioenergetic character analysis. I wish to mention here some of my own difficulties in this regard, which I believe have a general applicability.

DESPAIR, CHANGE, AND THE THERAPIST'S SOCIAL WORLD

I found learning and developing as a bioenergetic analyst a difficult path (Helfaer 2008). Like every conscientious therapist, I have studied and exposed myself to a variety of developments in the field of psychotherapy, including psychoanalysis, gestalt, family, and group therapy. I studied various developmental theories, some of the new psychoneurology, and also undertook to learn what I could about the complex and difficult personality disorders. In and through this journey, I did my best to keep my head above water. I relied a lot on my intuitive gifts, maintained my bioenergetic focus, and remained skeptical in the face of colleagues' and others' various enthusiasms of the moment. I saw and heard more than a few in my and related fields claiming to know the true path and calling on others to follow. To my mind, they were usually whitewashing their own fences, using some pat clichés and in fact, not saying much either new, or of substance. However, this sort of fashion in the therapy world indicates something important about the difficulties of the therapist's social world.

In my efforts, in fact, I repeatedly ran into all kinds of doubts and uncertainties. The development of my work as a therapist, as I said, relied a lot on my work on myself and my development as a person. I always believed that only to the degree I developed, could I help another. Needless to say, this is not always a smoothly flowing stream. From time to time, I fell into despair and faced serious internal crisis. I would despair of the capacity to solve my problems or find happiness with my wife, and I would feel utterly inept as a therapist. Suffering, pain, and feelings of blackness, rage, being alone, and dying overcame me.

At such times, I might say to myself, "Maybe I should go into psychoanalysis." If the bioenergetic work was inadequate to solve my problems I'd have to face it. That would be tough to face, but worth it, and I'd have to go on from there – if I survived. The thing is, I was a bioenergetic therapist, at least to this point, and I felt the world of analysis was quite different and not what I wanted.

About the time I was able to face my despair and aloneness, I would begin to emerge from the depths, the darkness, and the contraction. I'd rediscover my feelings for Velma and my own life, and a little more maturation had taken place. These turmoils often occurred in close connection with new learning in one or another theoretical arena. The connection was there, because I could see that my suffering had to do with critical issues surfacing at the moment – narcissism, self, repetition, envy, shame, and so on. The fact of the matter is, they were everyone else's issues too, of course. As the people in the field of psychoanalysis matured, a few courageous ones were able to face their problems and bring a deeper understanding to the work, just as Velma and I were doing in our work. In the meantime, as a result of this process, I was able to bring along with me viewpoints of psychoanalysis, or another field, in an integration with my own experience, and these integrations found a place in my functional understanding of the somatic-energetic point of view.

We therapists, I'm inclined to believe, are peculiarly vulnerable to the influence of the social milieu of which we are professional members. First of all, therapists live – or should live – with an intense awareness of their own emotional reality, history, conflicts, despair, and a sense of their own emotional and sexual health. At the same time, therapists, rightly or wrongly, tend to assume a serious responsibility for others' well-being. So while feeling responsibility for others, we also have pressing needs to resolve our own tensions, misery, and unhappiness, and to do our best to find fulfillment. Our professional practice – and knowledge – are intimately tied in with our own intimate lives.

Developments, ideas, and approaches in the therapy field are often represented as "new," and are convincingly presented by influential, possibly charismatic, individuals who wish to reveal the shortcomings of the old ways and convey a better, truer way to healing. Vying for prestige and recognition are just as much a part of the therapeutic world as any other. For us therapists, it seems to be very easy to fall under these influences. We are vulnerable in this way because of our own seeking and needing. Following these "leaders" can even inculcate a kind of despair and feeling of inadequacy – feelings that would be healed if treated by the new approach! The very development upon which becoming a therapist depends – that is, becoming a person – is thus undermined. Such proclivities were occasionally awakened in me, at least temporarily, during the course of my development as a bioenergetic analyst.

FUNCTIONAL PROCESSES

I have used the term *functional* in a few different contexts. Wilhelm Reich's (1942/1973) graphic symbol of organomic functionalism is well known. It shows two prongs branching out from one root and then arcing around and down towards each other. The graphic represents one of Reich's most basic and fundamental conceptions. Of the two branches, one can represent mind and the other the body, psyche and soma. The single, main root represents the life energy process of the individual person or organism. Somatic and psychic phenomena emerge from the common organismic energetic root. The graphic is one way of depicting the fundamental unity of mind and body. Their *functional* identity is an expression, first, of the fact that the two branches emerge from the same root energy process. Second, their functional identity signifies that any relevant mental function, for example, has its functionally identical somatic function.

The two branches turned towards each other graphically depict an antithesis. The graphic represents the idea of a basic biological identity and antithesis between relevant pairs of different functions of the organism. However, the point of splitting, and the formation of two branches swinging out into their own orbits and then arcing in towards each other is more profoundly a graphic representation of human maturation, vulnerability, and complexity. The splitting of energetic function may originate as the result of a trauma. The adaptation to the trauma may result in a blocking of energy, especially of sexual energy. In this case, the antithesis represents trauma and conflict, and necessitates the development of adaptive and defensive functions. In a healthier maturation, the splitting represents differentiation of functions and positive social and personal adaptation, as for example, in the development of the capacities for love and for productive work.

Reich described pleasure and anxiety as the paradigmatic example of biological processes that stand in the relationship of identity and antithesis. Energy moving from core to periphery tends to be experienced as pleasure; the movement from periphery to core tends to be experienced as anxiety. The root energy is the same; the direction of movement differs. On a deeper level, this functional relationship is the same as that between expansion and contraction. This relationship in turn can be taken to the level of the relationship between the parasympathetic and sympathetic autonomic nervous systems.

This concept is a powerful tool in bioenergetic analysis, offering a profound way of observing the person, and a guide for staying on a functionally effective focus. The therapist holds and relates to the patient on both the level of the psyche and the body. Otherwise, the therapeutic process will not engage and hold the person, who will inevitably, fatefully, use the oversight to escape change, turning the therapy into another repetition.

To refer to a process as functional implies that it is a part of, or arises directly out of, the biological energetic process. This also implies that the function in question is alive and present now. The categories of energetic phenomena, listed earlier, are relevant to the process or experience. In addition, when a process is referred to as functional, this implies the kind of complexity, differentiation, and interrelationships suggested in the discussion of the concept of identity and antithesis.

When a therapist develops his or her work on the foundation of personal development and experience, his or her work will be more likely to have a functional basis. It develops directly out of personal, emotional, energetic, and interpersonal experience.

In bioenergetic analysis, there are a small number of basic, functional processes which are the vehicles of the somatic-energetic processes of the therapy. Every bioenergetic therapist knows what these are: respiration, movement, contact, expression of feeling and voice, and the use of stress. These functional processes are not "techniques." When the therapist works functionally, the process will stay alive and relate to the here and now functioning of the client. Mechanically, or contactlessly, approaching the work with breathing, or anything else, as a technique, will lead into a characterological repetition. The situation can be retrieved from such an event when the therapist is able to come back into contact with his or her own aliveness and relate again to the client from there.

The application of functional processes can be seen clearly in the remarks of Lowen quoted earlier. He indicates that he first makes contact with the patient on an energetic level. "I want to get a clear feeling of a patient's energy ... from my feeling of the patient's aliveness." (Lowen, 2001). This is a functional use of contact. The contact is functional because it is a feeling, a feeling in his body as he resonates with the aliveness of the other. This can support or hold the aliveness of the patient. It is not a contact mediated by either touch or words, but it is nonetheless a very deep way of contacting another person.

Subsequent work to facilitate deeper respiration is also a functional process. It is intrinsically, biologically, an expression of and facilitator for the aliveness of the individual. Aliveness, quantity of energy, and breathing are all functionally inter-related. Energetic contact with the patient and the patient's contact with him or herself must be maintained for the work with breathing to remain functional and develop.

The same considerations apply to the use of movement or stress which may follow or go along with the work with respiration. The exercises or stress, (for example, use of the breathing stool), are biologically functional, relating to emotion, character, and energy. Any exercises also require attention to contact between patient and therapist, the patient's contact with him or herself, and, of course, this process requires the therapist to be in contact with him or herself.

What I have been describing are the conditions necessary for somatic-energetic work to remain functional. Therapy is functional to the extent that it is feelingful and contactful, arising out of the therapist's own energetic process and that of the patient's.

As therapists, we frequently speak and write about the 'holding environment' of therapy. In describing the conditions necessary for somatic-energetic therapy to be *functional*, I am, in fact, describing the holding environment created in a bioenergetic therapy. The point here is that when the therapist works functionally, that – in and of itself – is the most important ingredient making up the holding environment. The "holding" is not another different, separate action of the therapist

altogether, nor is the “relationship.” It is maintaining contact at all times with both his or her own life process and that of the patient, and facilitating the patient’s contact with his or her own life process. That is the holding.

A FUNCTIONAL VIEW OF THE INNER WORLD

Fred Pine provides a description of the development of the intrapsychic world (Pine, 1990, pp. 63-64, 65, 66-68) from a perspective which relies on all four psychoanalytic psychologies. The inner world, as described by Pine is, to my mind, a given. It is a reality. How does the bioenergetic analyst relate to the inner world? Do we prevent it from being a part of therapy if we limit talking? Do we get to know something about someone’s inner world if we do not listen and talk with them? Yet, if we only talk, we move away from effective somatic-energetic work.

The energetic point of view has an important contribution here. As the inner world develops, along with it, underlying it, and as a part of it, there are developments and modifications of the somatic-energetic processes of the individual. For each actual phenomenon that might be seen from one of the psychological points of view, there are somatic-energetic phenomena. If the bioenergetic therapist is seeing and relating to the underlying somatic-energetic process, the functional process is held, and the therapy continues to move in an energetic process. In this case, the patient is likely to spontaneously bring forth aspects of his inner world, sometimes feelings or memories to which he would not otherwise have access. The movement from and between spoken revelations of the inner world and somatic-energetic process can be seamless. At other times, various defensive functions, adaptations, and inner states are usefully addressed and sorted out through talking, allowing the client to move more freely into a somatic-energetic process.

I believe that one source of confusion in understanding the inner world from the somatic-energetic point of view is that psychoanalytic theory is thought of as depicting a model of the mind, and the conception of mind in these theories is not functional. Even when the self is considered as a body-self, as in the very scholarly writings of Meissner (1997), the material dealt with is verbal and has to do with the mind. The mind is indeed reified as a kind of entity or set of processes, distinct from biological ones. Research on the brain is supposed to reveal the real nature of the mind, in this point of view, but the relationship is mechanical and actually unknown. This creates an artificial problem as to how the mind and body are related.

The mind must be considered functionally. The phenomena that are considered to arise from the mind – say a report of a dream, or the description of an experience – must be seen as functional expressions of the organism just as much as the vibrations induced by bioenergetic exercises.

There is a significant developmental issue as well. As the inner world develops, differentiates, and unfolds, there is an identical development, differentiation, and unfolding of the somatic-energetic processes of the organism. The somatic-energetic process underlies the psychological development, and the latter depends on the former. However, as growth continues, the inner world of the child, adolescent, and then young adult becomes highly complex and an energized system in its own right. The somatic-energetic system is not separate and distinct from the psychological inner world, nor vice versa. It is necessary to seek access and to influence each one through and with the other.

WILHELM REICH AND THE BODY-MIND PROBLEM

Wilhelm Reich’s analysis of functional relationships and the identity and antithesis of biological functions does not solve traditional philosophical problems conceptualized as having to do with the relationship between the body and the mind. There is no “Cartesian error” addressed, and there is no overcoming of “Cartesian duality.” The traditional philosophical questions are utterly irrelevant. From an epistemological point of view, what Reich did is perfectly clear and, in fact, empirical. He introduced into the psychotherapeutic arena a whole new and different category of observable phenomena. He beautifully demonstrated – empirically again in the clinical situation, and also theoretically – the relevance of these phenomena to human functioning. His description of this realm of human functioning also addressed a series of (functional) relationships amongst various sets of the phenomena he described. This adds enormously to the power and usefulness of his formulations. Finally, he courageously developed a systematic approach to therapeutic intervention based on knowledge and understanding of these phenomena and their relationships.

In the course of these developments he also developed a vocabulary for communicating and discussing the relevant issues. It does not take away from these remarkable achievements to acknowledge that most of his colleagues at the time, and almost universally to this day, were, at best dismissive and more generally out-and-out abusively contemptuous. Much of the abusive rejection had more to do with the vocabulary of his theory than the substance of his clinical contributions. In fact, even Reich’s worst enemies confirmed some of his most important observations. Prime examples are Chasseguet-Smirgel and Bela Grunberger (1986, p.178). Peculiarly enough, I find little reference to Reich’s work in the writings of my bioenergetic colleagues. We need not look very far for possible motivations of this avoidance.

In this context, we should be perfectly aware that the events, behaviors, and “phenomena” that Reich observed and made central in his therapeutic approach are not strange or unusual phenomena. He did not make them up, and they are readily observed by anyone. Unusual forms of energy are not involved, such as energies claimed to be manipulated by “healers” even to this day. In fact, the phenomena that Reich observed are still observed today in psychoanalysis. Meissner (1998) describes many of them. He points out that, while these events or behaviors are interesting and expressive of the self, they are not part of

the “observational base” of psychoanalysis, and therefore “take a back seat” to verbal communications. In other words, a whole world of expressions of the individual are not considered as part of the therapeutic field. Between the two positions – Reich’s or the conventional psychoanalytic – which is stranger?

CHARACTER AND ENERGY

When Wilhelm Reich (1933/1972) wrote *Character Analysis*, he was writing from the viewpoint of drive theory as understood at that time. His formulation of character culminates in the statement:

At the core of the armor’s *definitive* formation, we regularly find ... the conflict between genital incest desires and the actual frustration of their gratification. (Reich, 1933/1972, p. 156)

This is a classical drive theory formulation: the core oedipal conflict between drive and defense is the crucial nucleus for character development. At the same time, Reich’s formulation makes two revolutionary shifts. It changes the locus of the oedipal conflict from a family drama to one within the person, and in the references to desire and actual frustration, it places the conflict, not in the mind, but into the body (Cf. Helfaer, 1998, pp. 100-101). This, in itself, is a movement beyond drive theory and away from the “psychological” altogether.

This formulation illuminates what we discussed above: the interrelationship between the development of a complex, differentiated inner world and the modifications of the somatic-energetic processes that underlie and are intertwined with it. Here is a basic example of functional identity and antithesis (inner world/core somatic-energetic conflict), and this, generally, is what character is about. Further, as we make use of the “psychologies” of psychoanalysis in this context, they are transformed. They are no longer part of a model of the mind, but an expression of the somatic-energetic processes themselves. Our approach in bioenergetics represents a big shift from the approach in psychoanalysis. We are not merely investigating the psychological; we are contacting the energetic.

Character is complex and multifaceted. Understanding and working with it requires the viewpoints of the four psychologies as they are transformed in the somatic-energetic context. The modifications of the somatic-energetic processes forming the intrinsic core of character are themselves multifaceted, requiring for their description all the various categories of energetic process mentioned earlier. The phenomena of character are nonetheless real, and can be identified in a clear, functional way in therapeutic work with the individual. There is potential for a lot of exciting development here.

SEXUAL IDENTITY

The conflict between genital incest desires and their actual frustration found, as Reich said (above), at the core of the formation of the armor, can also be said to be generally at the core of the formation of character. This conflict can also be said to be at the core of the formation of sexual identity, one aspect of sexual development and of the individual’s sexuality. Sexual identity, at the core of who the person is, has implications for the inner world of the individual and represents a shaping of energetic processes and sexual energy and expression. I want to describe three phases of its development which I believe have not been identified in this way. Each phase has implications for sexual identity specifically as well as for the individual’s overall development.

i.) Of the species.

The first phase begins with the earliest days and months of life. The idea here is that the early contact with the mother, nursing, eye contact, and holding establish in the person the sense that might be expressed with the words, "I am the same kind as you." This sense gives the person the feeling of *being of the same species*, belonging by virtue of *being the same-as*. This sense is not usually in conscious awareness. There are times for some people when they lose that sense and are in fact aware of feeling that they no longer belong to the species (Cf. Helfaer, 1998, the case of “Henry,” pp. 126-27).

ii.) Identification with the genital.

The next phase, traditionally named the Oedipus phase, is more appropriately called the phase of the *identification with the genital*, (discussed extensively in Helfaer, 1998). In this phase occurs the conflict as defined by Reich which we have been discussing. The nature and outcome of such conflicts determine the security or insecurity with which the identification with the genital is established.

iii.) Adolescent phase: maturation and choosing and being chosen.

The maturing body of the adolescent brings the individual into an evolving understanding of him or herself as an adult sexual being. It also faces both sexes with an evolutionary imperative: choosing and being chosen. This almost inevitably creates intense excitements, conflicts, and preoccupations tending even to turmoil. Underlying all the turmoil, tumult, and conflict lies a basic developmental conflict or task, the *polarity between a feeling of sexual ruination and sexual desirability*.

These three developmental phases, I want to point out, are congruent with the natural, ordinary way of perceiving another person and reflect how we are perceived by them. When we look at another person, the first thing we register is that we are of the same kind, the same species. I am one like her, she is one like me. That this is the case, is indicated by the instances when this is not our feeling. Such is the case, for example, if I feel less than human in another person’s presence.

Such is the case when the other is seen as less than human, a process that occurs in genocides. Our odd feeling when observing chimpanzees or gorillas who are almost human also hints at this phenomenon.

The second thing we register when we look at another is whether they are male or female. Again, anomalous experiences may prove the rule. Finally, inevitably, when we look at another, just how desirable they are as a man or woman enters into our perception.

The core of identity is sexual identity. And the core of sexual identity are the somatic experiences that occur in these developmental phases: maturation and choosing and being chosen with its conflict between sexual ruination and sexual desirability, identification with the genital and the conflict between the genital incest desires and their actual frustration, and the sense of being of the species or the sense of falling out of that category.

THE FLOW OF LIFE

Lowen has discussed the concept of flow as "a movement within the organism;" for example, that of charged fluids like blood, but also the movement of excitation through the fluid medium of the body (Lowen, 1975, pp. 51-53). Some years ago I discovered another dimension to the flow of life and found that, without having been conscious of it, that dimension had been serving as an important tool in my understanding. It has to do with our flow of life through time, and the flow of life through us over time.

Once, I was asked for a title for the final workshop of a particular training group. Without hesitation, I wrote what had spontaneously come to mind: "In the flow of life, how do we say good-bye? How do we move on? What do we want?" The sense of being in the flow of life stayed with me from that time on.

There is a constant flow through our bodies – as energetic flow, emotion, and sexuality – and there is an energetic interaction with our environment. As whole organisms and beings, we are immersed in this energetic flow of life, as life is lived through us. We are, as well, immersed in another aspect of that flow, and that is the flow of time. Our body and beings metamorphose through time, in the flow of life in which we participate.

Sometimes, we address issues of "adult development." However this phrase, to my mind, does not capture the functional implications of the flow of life. To know another, I must find out where he or she is in the flow of life and what has been his or her fate at various stages in the flow of life. I need not address this in more specific terms at this point, except to say that, as I see it, this is an aspect of the basic perception of the individual from the energetic point of view.

THE THERAPY RELATIONSHIP AND THE THREE DOMAINS

In bioenergetics, the picture of the energetic presence of two embodied people interacting and affecting each other, "vibrating like two tuning forks," (Lowen, 2001), conveys the reality of a dyadic milieu quite different from that of the psychoanalytic session, as ordinarily conceived. Conceptually and experientially, there are two quite different worlds here. The energetic and emotional milieu of bioenergetic therapy reflects the focus on somatic-energetic states.

Following and amplifying on some remarks of Pine (1990), we can say that there are three great domains within which the action of therapy occurs: the intrapsychic (inner life), interpersonal relations, and the somatic-energetic processes. The relationship between therapist and client thus falls directly into two major domains within which therapeutic action can occur, the somatic-energetic and the interpersonal. Indirectly, it falls into the inner world domain. For therapeutic action to occur, the therapist has to rely on the essential biological capacity of the patient to relate, that is to bond, form an attachment, or in terms I prefer, to make use of a vital connection (Cf. Helfaer, 1998, Chapter 10).

Beyond this, I want to describe a particular process upon which the action of bioenergetic character analysis depends. Its action depends on the capacity of the therapist to experience, "metabolize," and allow into awareness his experience of the patient from the level of his own feeling and bodily experience. I believe every therapist knows what I have in mind when I refer to *metabolizing* his or her experience with a patient. Metabolizing one's experience refers not only to what I may feel at the time, but what I have to go through, what I have to possibly suffer through, what I have to ruminate about (as if digesting), what I have on many occasions awakened in the middle of the night preoccupied with. It is necessary to sit with each such "metabolic" experience over time until it delivers itself of the messages the patient is really conveying as to who he or she is and how he or she really feels, or does not feel. Often what will emerge into the awareness of both therapist and patient is the hitherto unacknowledged but powerful reality of the patient's character.

The major part of my work with a patient does not by any means always occur during the therapeutic hour. It occurs within me, as my experience of the patient develops its own inner space within me and evolves, metabolizes. This is a functional process, occurring over time, in the flow of life as it is shared by me and by the patient. It is a rich, complex, multifaceted process. It occurs in all three domains for both therapist and patient. Some features of this experience have traditionally been discussed under the terms transference and countertransference. These terms are appropriate, but they may hide as much as they reveal as to the actual, functional process. In any case, the development of every therapy, if it is to be useful, depends on this process.

In this context, I want to comment on love and its place in the therapeutic process. I, as the therapist, need to keep in mind that I am metabolizing my own experience, not that of the client. The experience of the client titrates through my own

inner world, my own body, and my own energetic state. It is the therapist's task to metabolize this in such a way that the aspect brought to the therapeutic interaction is in the service of the patient's growth.

It is for this very reason that any preconception that the therapist's love is a curative agent in treatment is a misleading and potentially destructive misconception. When love arises, I do not claim my love as a healing agent. My love is one of my feelings or states, like many others. If I claim a power for it, such as to heal, to reach another, and so on, it is, in fact, no longer love; making the claim changes the very nature and quality of the feeling and state. Further, it changes the interpersonal meaning of the love by introducing the attitudinal coloring that it is an agent. In this case, it becomes associated with power. My love needs to remain my love and my experience, just as with other feelings, including interest and boredom, pleasurable engagement and annoyance, empathy and impatience, and whatever.

My patients usually know, and sometimes indicate they know, when I care for them, or even love them. They also know that is not the goal of our work, nor does it change what they want and need to do for themselves. They still have to face themselves. Knowing someone cares may be soothing. That should not preclude our awareness that a superficially loving attitude may disguise indifference or dislike, create a kind of unreality, and, in fact, provide an impediment to the therapy. In the face of dislike, dread, or other negative emotions, the therapist should expect of him or herself to maintain a commitment and dedication to the patient's well-being and therapeutic progress, even while not suppressing negative emotion.

There are other meaningful difficulties in dealing with love and the conception that the therapist's love is an agent for change. Not the least of these is the question of just what is meant by love in this context. Whose feeling and whose idea of love? Love takes varied forms, as everyone knows, and it is not easily separated from expectations of the loved one. How free can the patient be to face him or herself in the presence of a therapist who in one way or another, consciously or unconsciously, conceives of him or herself as healing through love or even of being a "loving person"? The idea that the therapist's love is a healing agent puts a pressure on both therapist and patient. For the former, it limits authenticity, and for the latter, it creates an unreal expectation and pressure. One no more wants to fail the therapist who supposedly loves than the parent who supposedly loved.

More to the point, as I see it, sooner or later, in a therapy of any duration, I, as the therapist, have to come to terms with myself as to who I am with any particular patient; and sooner or later the patient will have to come to terms with me too. Sooner or later I have to come to terms with who the patient is, in and of him or herself, apart from who I think he or she could or should be and regardless of all my good intentions; and sooner or later the patient, too – it is to be desired – will come to terms with him or her self. All of this means, of course, that patient and therapist must come to terms – in themselves and between each other – with their full range of emotional experience. Such a coming to terms, in the final analysis, really defines the nature of the therapeutic process and the therapeutic relationship, and, given the nature of the process, it is possible, but not at all inevitable, that love will find a place in the final accounting.

THE STANCE OF THE BIOENERGETIC ANALYST

The relationship between therapist and patient is complex, rich, and multileveled, as is any serious relationship between two people. Here I want to discuss only one other aspect, usually referred to as the stance of the therapist, the therapist's way of working. For example, Pine (1990) says,

My own way of working involves quiet listening, relative anonymity, neutrality, nongratification of drive aims, and interpretation (or question asking). (p. 8)

This is a simple, unpretentious expression of the classical analytic stance. There are several reasons this stance does not apply to bioenergetic analysis. The bioenergetic analyst, for example, quickly loses a large measure of anonymity as soon as he gets up out of his chair and approaches the client, either in suggesting an exercise or to make a more direct contact, for example, to stand beside the patient. This raises a serious question. Can the bioenergetic analyst have a stance as disciplined and consistent as that of the analyst? I believe the answer is yes, if the bioenergetic analyst is willing and able to take upon him or herself the self-development necessary to acquire it.

Before attempting a description of such a stance, I need to clarify a related point that has created a degree of confusion in bioenergetic papers and discussions. This has to do with the idea of "technique." Again, Pine (1990) will be helpful:

Psychoanalytic technique proper came into being when Freud gave up forced association techniques and hypnosis and substituted open-ended listening, listening with evenly suspended attention to the content of the patient's associations. (pp. 42-43)

In other words, the issue of "technique" pertains to the stance of the therapist. In relation to bioenergetic character analysis, that means it is incorrect to refer to a use of the breathing stool, for example, or any other "exercise," as a "technique." Breathing is a functional process, not a technique. The issue here is the breathing, not the stool. The whole process is functional, which means that the bioenergetic therapist needs to be in feeling contact with the patient and his or her breathing as well as his or her own.

The stool, again as an example, is a tool. Its use provides a way of working with breathing. Its use is inherently functional, because, for example, it helps with tensions associated with respiration. It is conceivable that the stool might be employed by a contactless therapist, in a mechanical, non-contactful way, but this is another matter. It is also conceivable that listening to free associations could be performed contactlessly. In either case, of course, the therapy does not develop.

What might be said about the stance of the bioenergetic analyst that could be the basis for a disciplined, consistent, helpful way of working? As I examine my own work, I arrive at four categories that I felt could characterize a disciplined, consistent stance: *observation, being with, getting it, and therapeutic movement*.

i.) *Observation.*

I believe the ability to observe the other is fundamental. Observation must be understood as a functional process. As a capacity, it is based in the total development of the person of the therapist. It requires that the therapist be able to approach the patient openly – open minded, and open emotionally, and energetically – again and again. It requires the capacity to wait, look, listen, feel, and not let therapeutic zeal or anxiety move one too quickly to intervention, or too quickly to a formulation. It requires that the therapist allow the work to unfold from the person of the patient without preconception on the part of the therapist. Observation is informed by the therapist's development as a person, his or her own therapy, readings, teachers, and theoretical conceptions, and at the same time, the therapist needs to be open enough to allow for the unfolding of what is new, what does not fit any preconceptions.

ii.) *Being-with.*

The kind of observation I just described has been called *participant observation*.³ Indeed, the therapist is participant at the same time as observer. I consider one of the most important qualities, maybe the most important quality, of the therapist's participation is the *capacity to be with* the other. I believe most people will have an intuitive sense of what this means as a feeling, an experience, and a way of being. It is a capacity of the therapist that conveys to the other that the therapist is with the patient in his or her feeling, in his or her journey, sorrows, and joys. Empathy and compassion may be aspects of this quality, but I do not believe they make up all of this capacity. I believe it is unwise if I assume too quickly that my "empathy" necessarily creates in the other the feeling I am with him or her. In fact, it is not always so easy to be with another, and I cannot be with another any more than I have been able to be with myself, say, in my own despair, or, for that matter, in facing the anxiety of overcoming my fears of excitement, joy, and life in a real way.

When I use the phrase, 'being-with,' I have in mind the loneliness I and most of my patients experienced as children. When the child is left alone with his or her own experiences, his or her own fantasy elaborations and terror, when there is no holding relationship for discharge, the experiences become traumatic, etched in the body and limbic memory. *Being-with* thus requires that the therapist has faced the fear and reality of his or her own sense of being alone with overwhelming experience.

Sometimes being-with also means to me, being with an awareness of the character attitudes of the patient. In this case, it is often allowing myself to be with the traits and behaviors of the patient that keep him or her isolated, traits that no one else has been willing to take on and he or she has not yet taken on for him or herself.

iii.) *Getting it.*

This phrase catches the quality of a functional process (Cf. Boris, 1994, "Getting the Idea," p. 31). "Oh, I get it." This happens, after a while, if I can be attentive and open in my energetic observation. I feel what is happening in me, then in my patient, energetically and in terms of what my patient is talking about to me. I get the message. It can't be forced. If I get it, maybe I will have something useful to offer. Often what I get has to do with the unspoken, "ego syntonic" elements of character and their pervasive presence and influence.

iv.) *Therapeutic movement.*

I chose this term to cover whatever it is I might do in the service of "offering something useful." It covers a variety of actions. Some of these actions I see as falling into such categories as:

- a.) Use of myself in an engagement with the patient; soothing; offering contact.
- b.) Eliciting, as in eliciting a developing feeling, perception.
- c.) Holding, specifically, not just the holding environment, but holding for the patient something they have not been able to hold for themselves, such as an early loss in childhood, a failure, a shame, a trauma, an anxiety, an excitement.
- d.) Confronting, bringing back into the foreground a theme which tends to slip away, such as an unwelcome reality, such as the childishness of a behavior, an unreality, a hidden hostility, a "forgotten" trauma.
- e.) Interpreting, offering a new meaning for a pattern, a dream.
- f.) Guiding movement and the energetic process, as in working with breathing, kicking, screaming, grounding.

I see myself doing all of these various things, and at the same time, I am observing, being with, waiting to get it. I find myself in all of these actions, so I cannot make the kind of neat differentiations regarding therapeutic action that, for example, Stark (1999) makes, as in a one, one and one-half, and two person model.

As with observing, being with, and getting it, therapeutic movement, if it is to be helpful, requires certain capacities on the part of the therapist. It is the time when the therapist makes his or her own commitment to the joint enterprise that is underway. The therapist, as soon as he or she makes a move, relinquishes neutrality, distance, disengagement. In any move the therapist makes, he or she is there, in it, body and soul. This requires a kind of courageous commitment, a self-respecting and other-respecting commitment to the patient's longing for a better life. Tact, timing, patience, compassion, and empathy are all necessary for useful therapeutic movement. At the same time, the moment of action, of therapeutic engagement, brings in another element: a willingness perhaps to tread where heretofore angels have feared to tread. Without this risk the therapy will remain tepid, and the patient will not confront him or herself on a deep level.

³ Cf. Helfaer (2007). I believe this term was first used by Harry Stack Sullivan.

Unfortunately, on the other hand, there are many subtle and not so subtle ways that the therapist's movement can become an expression of his or her own inner drama and takes over the patient's stage. The term 'countertransference' does adequately cover these all too common occurrences. In these moments, the relationship has become, for the therapist, another instance of his or her own early traumatic experiences, and the patient is used in the service of his or her particular drama. This may take on all kinds of coloring, from the therapist's "compassion," or "interactivity," to outright psychotic anxiety.

CONCLUDING REMARKS

I have described several processes and conceptions that I believe establish the foundations for a bioenergetic character analysis. Basic aspects of the therapeutic relationship of a bioenergetic character analysis are amongst these descriptions. I have delineated these conceptions in such a way as to emphasize that bioenergetic character analysis is a flexible tool that is learned in relation to the therapist's own personal development. It is an open-ended conception in the sense that it is not a fixed regimen of any kind and allows for the learning and development of its practitioners and the possibility of expanding applications.

I have not attempted a clinical description of bioenergetic character analysis, and I have not attempted a thorough development of the concept of character. I have, however, attempted to put the concept in a fresh light. Character is understood as the modification of somatic-energetic processes in the course of development, and it is interrelated with the development of the inner world which develops out of interpersonal experience. This puts the conception of character into a much broader context than the drive theory and psychosexual development theory in which Reich originally developed the concept, and allows for the perception of the whole person.

An implication of the conceptions I have described is that change in bioenergetic therapy must be based in changes in the individual's somatic-energetic functioning, including, but, not limited to, increased aliveness in the tissues and a freer experience in the flow of life. From this picture, it is also clear that the therapist, immersed in such processes, must be changing along with his or her clients. The whole process is an aspect of the flow of life for both therapist and patient, and out of that flow emerge new possibilities for both.

I have not specifically discussed "resistance" or how change occurs, although I have given several indications of the conditions under which change might occur, including conditions which relate to the nature of functional process in therapy and the bioenergetic analyst's stance.

I want to briefly mention a few other key implications. First of all, this analysis puts the energetic point of view on precisely the same conceptual grounds as the points of view of psychoanalysis. It does so by establishing the observational bedrock, the essential conceptual framework, and the existence of paradigmatic observations.

Then, if we therapists look and observe, as I have recommended, it is self-evident that we will see first of all a male or female person, that is, in the case of an adult, a sexually mature person. My own deepest knowledge tells me that for the adult person, his or her fulfillment in life rests profoundly on the fulfillment of sexual love, and his or her whole way of being in the world is grounded in his or her sexuality as a man or as a woman. This realization, as well as the exploration and understanding of sexual identity, will be one main constant guiding thread of any therapy.

Another feature I wish to emphasize is recognition of a specifically bioenergetic form of observation. We have become familiar with infant and child research based on careful and caring observation, the creative crafting of ingenious questions and observational techniques, and guided by significant conceptualizations. When a man or woman patient walks into our office, we have the option to observe him or her with the same care and caring in the service of gaining a deeper understanding of this organism and this individual. It is we therapists who will craft the proper questions, implicitly or explicitly, to elicit the essential knowledge and awareness in the patient and in ourselves. We can derive and create the significant conceptualizations for a somatic-energetic understanding of each unique individual. Our patients deserve just the same kind of careful and caring observation as the infants. Just as each patient is unique, so each patient is a field of research unto him or herself. The somatic-energetic point of view and the understanding of the functional aspects of character provide the conceptual tools to guide this observation. This field of clinical observation from the somatic-energetic point of view is wide open, and there is a great deal to be explored and learned.

In conclusion, I should mention a simple, practical matter. In gaining a working understanding of the somatic-energetic point of view, I find that the single most important necessity is working energetically with my own body, daily, year in and year out.

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Biography

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