

Modern Bioenergetics: An Integrative Approach to Psychotherapy

*Strong Affect, Deep Bodywork – Psychic and Interpersonal
Dynamics*

This monograph was prepared by the organizing committee
of the New York Society for Bioenergetic Analysis:

Scott Baum, Ph.D. ABPP, Vivian Guze, Danita Hall, LCSW,
Anita Madden, MSN, Ron Panvini, Ph.D., Emma Rhoads,
LCSW, Jodi Schneider, LP, Judy Silberstein, LCSW, Elaine
Tuccillo, Ph.D.

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Psychotherapy, as it is practiced today and for the last 100 years, is a medium of transformation. Individuals come to psychotherapy seeking to manage and, if possible, to heal their pain and suffering, hoping to find understanding of and refuge from inner torment, grief, confusion and conflict. The revolutionary core of psychotherapy is in its fundamental technique and goal of self-awareness. Psychotherapy, at its best, places change in the hands and body of the person. Through self-knowledge, leading to self-confidence, self-assertiveness and the possibility for autonomous choice, the person is empowered to take those steps that will make life more meaningful, more truthful, and more pleasurable. Bioenergetic Analysis was founded in the early 1950's in this revolutionary tradition. Grounded self-awareness was then, and is now, the fundamental method of transformation and healing. This is its central and radical emphasis. As Bioenergetics has evolved, the belief in helping the developing person to become the change agent in his or her own life has become more profoundly embraced through an integration of modern concepts and technique.

Bioenergetic Analysis recognizes each individual as possessing an underlying structure of personality and motivation, which has evolved from a unique and complex pattern of factors, including genetic disposition and early environmental influences. Early relationships with parents and significant other adults, and the mechanisms of identification, internalization and other patterns of attachment that take place within these early relationships, are understood to be central to the development of self and identity. It shares this view with all schools of psychodynamic theory. It has also, from its inception as a therapeutic modality maintained the principle that somatic and psychic structures and processes are different aspects of the same underlying unified energetic functioning. Patterns of emotional response, belief, and understanding are structured into people's personalities, and into our bodies, in ways that can be studied and used to help ourselves and others change in constructive and productive ways.

Again here, this accords with the general view held by sophisticated theories of psychodynamic personality organization. However, the difference is that in Bioenergetic Analysis the study and delineation of the somatic process is

much more detailed, specific, and central than in other theoretical and clinical models. This is seen in two ways. In understanding personality formation there is complex analysis of somatic development along with psychic and cognitive development. So, for example, someone who has experienced profound deprivation of love and affection, nurturance and support for sustained living, 'oral functions' in the bioenergetic nomenclature, will present themselves as someone with a generally low vital energy and with difficulty sustaining their energy. Recruitment of energy (nourishment), physical and psychic, will be impaired, with wide swings between ingestion and depletion. On a body level this will be seen in diminished breathing caused by general collapse of the systems needed to take in and sustain breath, and thus, energy. Among typical organizational features include a sunken chest, shoulders brought forward, difficulties with both full inspiration and exhalation. The person's head and face are held forward, well off the central axis of the neck, as if the person is always seeking food, either material, or emotional.

This low-energy system is carried throughout the body in diminished contact with reality, both sensory and psychic.

This person will be ungrounded in ways specific to this general organization, and that will also be seen in both physical and psychic functioning. Weak legs, difficulty feeling, and standing one's ground, clinging to others, and yet a very limited capacity for metabolizing the energy available from the environment, from food, from contact with others, from ideas, and so on. In Bioenergetics we study carefully the subtleties of the relationships between the habitual patterns of neuromuscular organization, developmental processes, and psychic and interpersonal characteristics. These characteristics do not tell us who the particular person we are with is, as a person. They guide us as therapists in formulating an understanding of that person in the uniqueness of her or his identity. It is part of our job as therapists to make the effort to understand the person and how she or he came to be as they are today. It is within that matrix of understanding that we strive to know the person as deeply and fully as we are capable.

The second way this study is used in Bioenergetic Analysis is in the crafting of interventions. In this model of psychotherapeutic process, interventions at the somatic level—breathing, movement, making sound, expression of

emotion through reaching, hitting, screaming, whispering, changing postures, and the like—are not result or outcome focused. These interventions are a means of increasing awareness, creating more space for experience of self. Engaging this way allows the person to expand her or his tolerance for strong and deeply felt experience. It allows the person to modulate the degree of engagement with inner reality, and with the interface of that inner reality with the world outside oneself. These interventions are only directive to the extent that the therapist is familiar with the possibilities this way of experimenting with process presents. Once offered the structure of the experiment in movement, sound, or expression, the patient can take the experience as far or as deep as she or he wishes to go.

Wilhelm Reich's seminal contribution to psychoanalysis was his recognition of the importance of strongly experienced, deeply felt, and openly embraced emotional experience and expression as a basic constituent of human life. He observed that the deformations that occur in the development of a person's ability to support an ongoing, deeply felt and expressed emotional life could be observed in chronic patterns in physiological organization of posture, breathing,

chronic constrictions and weaknesses of muscle groups, and that these patterns of organization correspond to patterns of psychological organization. These durable and consistent organized patterns of somatic structure and functioning that he observed in his patients, correlated well with consistent patterns of attitude, behavior and certain elements of psychic structure and of characterological organization. All of these elements either facilitated or impinged on the capacity for full, mature, deeply felt and expressed emotionality, and they are profoundly influenced by and grounded in the relationship matrix of a person's early life, including familial and social groups.

Reich's theoretical ideas and techniques were taken up by many psychotherapists in the heady days of the 1960's and 1970's, and became foundational to many valuable contributions to the field, including, for example, those of Fritz Perls and Gestalt Therapy. Elements of his ideas were incorporated into the practice of all methods of psychodynamically oriented psychotherapy. Among the most faithful to those ideas was Alexander Lowen, who extended and added to theory and technique of early Reichian therapy, and began integration with theory and technique of

other schools, Interpersonal Theory, for example. That practice of integration continues today, and is part of the focus of this monograph.

SOMATICALLY EXPERIENCED AND EXPRESSED EMOTIONAL PROCESS

The belief in the value of the somatically experienced, intensely felt and expressed emotional process remains a central principle of Bioenergetic Analysis, maintaining an unbroken tie to the early work of Reich. However, the way that principle is viewed is substantially different today than it was then. When this principle was first promulgated, the world looked very different. The social reality on which Freud and his early followers modeled psychoanalytic psychotherapy, was a patriarchal, highly structured one, in which repression of affect seemed the most central aspect of psychological and emotional organization. From this perspective it made sense to those developing a method for investigating and ameliorating human suffering that much of it stemmed from unnatural and unhealthy constraints and impingements imposed on children. These constraints and impingements caused stunting and deformation of the

maturing organism, preventing the emergence of autonomy, self-possession, and healthy loving relationships with oneself and others.

Reich, in his work as a psychoanalyst, hypothesized that the repression and suppression of mature sexuality was at the root of the human suffering he observed around him. This was a view shared by many in the early days of psychoanalytic theory. Following the mechanistic understanding of scientific phenomena conventional at the time, it was believed that breaking the constraining and artificial bonds of repression, liberating the sexual, and unique being, of each person would lead to the emergence of a natural, healthy, self-regulating person. These were ideas that were prevalent in many of the intellectual and political trends of the day.

Reich and others, Anna Freud, for example, observed that people developed characteristic, durable, and largely unconscious patterns of attitude and behavior that concealed disturbing and frightening feelings and memories, and yet expressed many of those feelings in indirect and covert ways. These patterns were in turn part of complex structures

in the person's psychological organization. Psychoanalytic theory attempts to provide a comprehensive model of how we human beings function as we do, combining motivation, structure, and the constituents of humanness, to elaborate explanations for this very complex system. Psychotherapy provided a method for the systematic bringing to consciousness of those feelings, attitudes and memories. It provided a safe, non-judgmental space for the exploration and expression of those feelings under the controlled circumstances of the consulting room (all psychoanalytic psychotherapies are considered 'expressive therapies' for this reason).

TRAUMATIC MISTREATMENT BECOMES INDELIBLY INGRAINED IN SOMATIC STRUCTURES

Breaking out of the largely unconscious, and deeply ingrained patterns of constriction and denial of feeling and memory, turned out to be much more difficult and more complicated than it appeared. People hide feelings, thoughts, memories, fantasies, desires, and all manner of inner and outer truths from themselves for many reasons. And the ways people hide and mislead and misdirect

themselves and others are complex, not easily understood without considerable work on the part of the therapist and the patient. Often the constraints, that is, the defenses, are hardened into position by traumatic treatment imposed on the individual in childhood. Now we know more about how traumatic mistreatment, inflicted by authorities or others, becomes indelibly ingrained in somatic structures, in psychic structures and in interpersonal patterns. The idea took hold in the early decades of the development of psychoanalytic theory, and therapy practice, that these structures of defense, mostly seen as dense, overdeveloped repressive and oppressive constructions could be broken down, dismantled, allowing the unconscious contents that were hidden and choked off to emerge.

There is much to value in this view. For those of us old enough to remember the time before the changes wrought during the '60s, the idea of a daring, unconstrained breakthrough of unneutralized emotion and expression still has the romantic charge of liberation, of truth, of honesty, and a humanizing potential for raising consciousness and connecting people to ourselves and to each other. In certain ways psychoanalysis itself had fallen into the torpor of

conventionality and conformity. What had been a breathtaking foray into unrestricted exploration of psychic, emotional, and even social, truth had become focused on adjustment and adaptation; a less revolutionary and freedom oriented outlook. For many therapists, the anguish of observing themselves and their patients forced into conformity with a system that denied uniqueness and individual identity was compounded by a therapeutic establishment that supported that thrust (see, for example, “One Flew Over the Cuckoo’s Nest”).

A therapeutic approach that offered, as Bioenergetic Analysis did then, a method for immediate, experientially driven, direct access to emotional and energetic flow was very attractive. Using breathing as a basic lens to understand how the body develops and sustains energy for emotional experience as much as it does for physical activity provided a tool for following emotional and psychological processes, and a valuable insight into therapeutic interventions. Whether the interventions were very active or not, the attention to breath, the knowledge sufficient to use breath to enhance, or focus, or understand experience is central to Bioenergetic Analysis. And it connects that

discipline to centuries of knowledge about the importance of breath and breathing to understanding and enhancing the breadth and depth of human experience. Adding to this Lowen's concept of the importance of grounding, of the psychological significance of the relationship of the body and being to gravity, and to reality, gives Bioenergetic therapists a very direct nonverbal way to work with structure and process of psyche, body, and emotion. Grounding is essential, in Lowen's view, in the development of the emerging connection to an experience of self-authenticity and autonomy.

Furthermore, the recognition that all people strive for the experience of pleasure and aliveness not just for the release from unpleasant tension, but for the meaningfulness of the experience itself, is a central operating principle in Bioenergetic Analysis. It is not that this concept is absent in other psychodynamic theory. It is rather that this motivating force is often cocooned inside an outlook that makes it subsidiary to other psychic and emotional functions. But for Bioenergetic therapists this is not so. Aliveness, the embrace of energy and charge, and the possibility for the connection to goodness and benevolence, to love and joy, are at the

center of our work. Certainly this thrust exists in the work of other theorists of psychotherapy, Erich Fromm comes to mind, for example. The difference may be in emphasis, it is also in the technical skills that bioenergetic therapists develop, and the tolerance, to activate and work in an environment of strong, deeply experienced emotional states and expressions.

Modern Bioenergetics continues the emphasis on breathing as a central organizing activity in human functioning. But the actual practice of bioenergetic psychotherapy includes a very broad range of technical method. Active techniques in psychotherapy refer to techniques in which the therapist intervenes to suggest, propose or enact somatic or somatopsychic experiments to enhance self-awareness, or to follow a particular process of emotional discovery. These are active because the therapist or patient, or both, can be more actively – somatically-- engaged in a discovery process. Other techniques include various degrees of therapist participation but tend to be generally more receptive, these are still analytically investigative, and they may be primarily supportive, confrontational, or neutral, depending on what is happening in the therapeutic process.

When not making active interventions, a therapist is in a receptive mode, taking in and metabolizing, and analyzing, and responding to the person, and all her or his communications, conscious and unconscious, verbal and non-verbal. All forms of psychotherapy allow for the therapist to become active in some way, through interpretation, explanation, spontaneous reaction, or prescriptive instruction.

There is a misconception that bioenergetic technique is directive in the sense that it tells the patient what to do, and what is supposed to happen. But many of us who have practiced as bioenergetic therapists for a long time, never subscribed to this view. For us, techniques are experiments in experience, and can be as expansive and unpredictable, and as creatively expressive as the patient and therapist can allow. As noted above, the model of psychotherapy as developing a freedom to discharge tension and restore homeostasis has not informed our work or theory. Rather the freedom to be real, to be in relationship in an authentic way, and the possibility of autonomous living, with the potential for enhanced aliveness and even pleasure, have guided our therapeutic engagements and theoretical evolution.

A CHANGE IN UNDERSTANDING EARLY DEVELOPMENT

It became clear to many who began practicing in this method, as opposed to just appropriating some of its technical innovations, that there were significant limitations to a therapeutic system predicated on breaking down calcified structure. For one thing there were all the people coming into therapy who had too little developed structure. Others were observing this reality in the field as well, and an upsurge in theorizing and reporting on therapeutic work with people with early developmental disturbances began to emerge pioneered by the work of people like Harold Searles and Otto Kernberg.

This work rested in part on the work of other psychoanalytic theorists who had already begun to try to systematically understand the impact of early trauma on development and the vicissitudes of personality organization that ensued—Donald Winnicott and Wilfred Bion, and Melanie Klein, have all contributed essential elements to our understanding of these early states. At the same time others were beginning

to theorize about the ways that early relationships become embodied in personality organizations through the various mechanisms of identification; for example, Ronald Fairbairn, Harry Guntrip and those developing theories of internalized object relationships and their effect on personality development. Meanwhile, another group of theorists led by Margaret Mahler and John Bowlby were beginning to carefully examine and organize the data of early attachment experiences—primarily between mother and infant, into a systematic understanding of the unfolding capacity for bonding and connection between people. R.D. Laing was courageously identifying the destructive elements of everyday relationships, social and familial. Eric Berne was explicating the multi-layered dynamics of family transactions and creating a new language for those processes. Family systems theorists were alerting therapists to the importance of seeing individuals as inextricably enmeshed in systems that influenced, controlled, and were controlled by them. Carl Rogers was asserting the importance of positive therapeutic regard and respect for the identity and truth of each individual. All the while, as this ferment of ideas, theories, and new technical approaches swirled through the community of psychodynamic therapists, those therapists

influenced by Reichian and related ideas were exploring the use and value of intensive emotionally charged therapeutic work informed by a deep understanding of somatopsychic structure and process.

All of these new ideas were being enfolded and expanded upon in Bioenergetic Analysis. Robert Lewis was working consistently to link ideas about attachment and early trauma to somatopsychic structures. Stanley Keleman was creating ever more complex syntheses of morphological, physiological, and psychological organizations, and of emotional process. Robert Hilton was beginning a study of the dynamics of relationship that would support the focus on the centrality of the therapeutic relationship in the healing process. Other Bioenergetic theorists, including Scott Baum, Odila Weigand, and Jörg Clauer, were developing a complex somatopsychic model to understand the effects of chronic malignant trauma, so that we could provide a grounded rationale, and practical direction in the use of strong techniques with people whose personality organization led many clinicians to eschew strong interventions. And many, many practitioners of Bioenergetic Analysis were beginning to integrate these theories and their implications into our

work as clinicians. Stephen Johnson's work is notable in this regard for his extensive meshing of multiple theoretical and clinical perspectives with a Bioenergetic model of development and therapeutic process. During this expansive period of development in Bioenergetic theory, the transference–countertransference process was explored extensively, as well, to consider its unique aspects as a body-oriented technique.

The principle of the value of an expansive view of emotion deeply felt and expressed remains at the center of our work. Active work refers to the technical armamentarium available to bioenergetic therapists. These techniques capitalize on the therapist's understanding of bioenergetic principles, on the therapist's ability to follow body processes of breathing, movement, and energy flow, and on the therapist's tolerance for intense emotional experience and expression. The interventions available in this model range from profound rage expressed in full bellow and safely contained pounding, to subtle touch evoking deep connection to denied or dissociated body states, to firm and tender holding in the midst of great pain, sorrow, or grief. The skilled bioenergetic therapist endeavors to flow seamlessly between receptive

and active positions, making interventions along somatic, interpersonal, emotional and cognitive dimensions in an attuned dance with the patient's state, need, and tolerance.

At the same time, the dynamics of the therapeutic relationship are ever present in the awareness of Bioenergetic therapists. Undeniably these dynamics are altered by the nature of Bioenergetic practice. The longstanding fear of, and prejudice against touch in psychotherapy is somewhat diminished. The role of touch is poorly understood by those who do not study its significance and the proper use of it in a psychotherapeutic relationship. This is particularly true in a society like ours that has many anxieties, fantasies, proscriptions, and attitudes about touch that are largely unexplored, and whose true meanings are not recognized. Bioenergetic therapists train extensively to use touch judiciously and carefully, in the interest of the patient and the therapeutic process, and to remain able to observe the flow of transference and countertransference dynamics even while entering the personal, physical space of another person. It is interesting to note, and beyond the scope of this paper to further investigate, one of the striking anomalies in the discussion of touch in psychotherapy.

There is considerable discussion about the ethics of touching patients physically. There is little discussion about the possibility that touch might be, in any given clinical situation, the best technical intervention, and that ethical practice would mandate the use of touch in an appropriate way. Touch can serve many important functions. Harry Harlow's research on the importance of 'contact comfort' demonstrated that many years ago. Touch can comfort, it can activate, it can challenge, it can support, it can be the only means of assuring a person that someone else exists in the universe.

WHAT IS CENTRAL TO THE PRACTICE OF BIOENERGETIC ANALYSIS

For many of the collaborators on this monograph who began our Bioenergetic therapy in the 1970's the aim of the techniques of Bioenergetics already incorporated these principles of intervention. The aim was to deepen experience, increase awareness (of self and others) and expand contact with reality. As powerful as the experience engendered by a technique was, it was always with a sense of the importance of integration and the centrality of the

subjective experience. This view of the active work—that it is titrated, made specific to the person and her or his needs, capacities, and tolerance—which was pioneered back then by Vivian Guze and Robert Lewis, John Bellis, and other Bioenergetic therapists, has increasingly informed the general approach to Modern Bioenergetic work. As with the rest of the psychodynamic field, this view has been informed by a deeper understanding of attachment processes, the unfolding of separation and individuation, and the need to adjust technique to suit the unique characteristics each person brings.

But the value of the cathartic experience remains. As Angela Klopstech, a Bioenergetic therapist who has written extensively and incisively to expand and enhance bioenergetic theory, reminds us, catharsis by definition involves a new integration of experience following the strong emotional event. The idea that the experience of strong emotion needs to be ‘contained’ is not a new one, and it is a subject with some degree of confusion. Containment can mean two quite different things. In the first it refers to a tamping down of expression or of experience in the interest of self-regulation and appropriateness. In the second it refers to

the therapeutic process by which the therapist empathically receives and tolerates feelings that the patient can barely tolerate, or even cannot tolerate. The therapist acts as an auxiliary metabolizing system so that the feelings can begin to be integrated. As these feelings are often raw, undifferentiated states, being able to do this without needing verbal language to mediate the process is very useful.

The original model of homeostasis as the guide for human functioning and the restoration of homeostasis the main motivation for human behavior, derived from Freud and carried through in the theories of Reich and Lowen, has been superseded for some time by a more complex multi-factorial model of motivation. In this model many other factors besides the need to restore oneself to an even keel operate to motivate behavior. In fact, one of Wilhelm Reich's significant contributions to psychotherapy and to social theory is his highlighting of pleasure in human experience, and the possibilities openness to pleasure can create. Pursuing pleasure, in the deepest sense of the term, as a connection to goodness and to the benevolence in the universe, promotes aliveness, enhances relationships, and

acts as a counterforce to the despair and alienation so prevalent in so much of human society.

A VISION OF AUTONOMY, OF SELF-DIRECTION AND REGULATION

The purpose of working therapeutically in a way that emphasizes experience of various degrees of emotional intensities based on authentic self-witnessing is not some kind of return to the primitive. Quite the contrary, in Modern Bioenergetics the view of emotion is of a very sophisticated system for apprehending the feeling, sensing, and experiencing self in the context of traumatic or deforming internal and external reality or in the context of the challenges of expansive growth and relationship. As with any system that attempts to comprehend such a complex and multi-faceted phenomenon, the more refined and developed and sensitive the system is, the better the apprehension.

Powerfully evocative and deeply felt emotional work, which is often facilitated by active techniques, some very strenuous, and others more geared toward focusing, or

grounding of the experience, is a method for opening oneself to the depth and breadth of emotional experience. It enables one to develop tolerances and skills to expand one's awareness of what is happening in oneself, in others, and in the environment. It is not the magnitude of the intensity of the experience or expression that is significant, but its authenticity, its meaningfulness, its reflection as the truth of a person's being. In this way it becomes part of the fulfillment of the vision of psychoanalysis, of Reich, and of this kind of psychotherapy in general. That is a vision of autonomy, of self-direction and regulation, of existential good faith, and of openness to experience, without resorting to prejudice, domination, or manipulation of self or others to manage difficult feelings or events, or to avoid facing one's fears.

That these techniques can be misused is true. As with any psychotherapeutic approach techniques applied in the absence of a sense of the other as a whole, unique and self-reflective person will be at best misattuned, and at worst abusive. This is true in any direction. If a person needs, and will best be served by a body-focused therapeutic approach, the therapist who tells that person that such an approach

would be bad for her or him risks inflicting a trauma likely already experienced by that person. That is the traumatic effect of having one's experience of oneself denied and dismissed. This is just as traumatizing as is an insensitive, intrusive verbal, interpretive, or directive technique performed without regard for therapeutic process and mutuality. It can be as traumatizing as a rigid adherence to abstinence from communication without regard for the impact that this kind of deprivation can have on the other person. Any one of these improper uses of psychotherapeutic technique reflects a form of acting out of therapist's feelings, attitudes or needs. These are countertransference errors. To see them as such requires a model of psychotherapy in which transference and countertransference processes essentially matter, and are systematically made part of the understanding of the therapeutic process.

Regrettably in medicine today we see a trend in just the wrong direction. The emphasis is increasingly on treating conditions and not people. We seem oblivious to the significance of relationship and intentionality when it comes to human pain and suffering. It is believed that interventions

are all technical, that it should not matter who performs the procedure, that knowing the person undergoing the procedure for more than a brief encounter is not necessary. Unfortunately, we see this trend in some of the practices used in body psychotherapy. It seems that two very basic errors are being made here. The first is an assumption that all trauma is of the same type. In this thinking trauma caused by natural events, hurricanes, for example, or caused by accident, car crashes, for example, is identical in nature and effect to trauma caused by personal, malignant relational intent. For example the intention of another to kill you in combat, or the intention of a parent to physically, or psychically, or emotionally annihilate a child—whether the parent is consciously aware of that intention or not—are motivated acts. The intention has an energetic force to it, and is experienced directly by the victim of it, and the reaction is structured into somatopsychic patterns.

A secondary issue of this confusion is that single event trauma (the hurricane, a criminal assault) is the same as chronic malignantly intended trauma, whether the intention is consciously known or unconscious. This idea that the intention (relational significance), duration, chronicity, and

context of traumatizing events and experiences is irrelevant to understanding their effect, and crafting effective treatments, seems improbable on its face. Clinical experience tells us this idea is wrong. This means that techniques that may well be suited for a single event trauma (a natural disaster and its aftermath) will not be suitable for a life shaped by chronic malignant trauma (for example, the repeated emotional, physical, or sexual abuse of a child) which results, as Sue Grand tells us, not only in terrible damage to the victim of it, but also often the likely transforming of the victim into a perpetrator of the same harm to others, or at minimum, into a person who carries within her or himself the internalized malignancy of the perpetrator.

The focus on facing the perpetrator of abuse in oneself is central to our work as bioenergetic therapists. It is not enough to be liberated from destructive patterns, or from mistaken and self-harming ideas. It is also necessary to see to what extent one is now a perpetrator in the same ways as one has been perpetrated against. To do this work requires an entirely different orientation to the therapeutic process, and to do that orientation justice would require another

paper. Here we will only say that the struggle to face the perpetrator of abuse and destructiveness is rooted in Reich's commitment to take psychoanalytic (and later bioenergetic) principles and apply them to the social ills he saw all around him. Many in the psychoanalytic community of his time shared this political consciousness. For many of us, psychotherapy is a revolutionary activity. It offers a method for understanding patterns of submission and domination, of loss of self, of surrender of self, of possession of self by another. It also offers a method for knowing the effect of those destructive, exploitive patterns in one's life, and then a method for modifying those patterns. That modification requires a deep, profound investigation of self, facing of oneself, and the determination to do whatever is in one's power to alter and modify old patterns, or grow into new forms of being—to the extent one is capable.

The second basic error is a very old one, which is a belief that the therapist's benevolent intention is sufficient to invest a technical intervention with success. This view dispenses with psyche as a central organizing part of personality. It also denies the meaning and profound influence of character structure, that habitual somatopsychic amalgamation of

attitudes; somatic and psychic structures; interpersonal beliefs, perceptions, and feelings and behaviors. It also denies the meaning and the profound impact of character structure on a person's capacity for making lasting use of such interventions. Therapeutic interventions have increasingly devolved into the benevolently applied application of "evidence based" technical interventions, administered without consideration of the complex and utterly unique amalgamation of attitudes, somatic and psychic structures, interpersonal beliefs, perceptions, feelings and behaviors that constitute a human being. When, furthermore, the complexities of transference and countertransference feelings and reactions are not integrated into the practice of these interventions, the organizing principle of the psyche is made even less relevant.

Interventions of any kind made in the living emotional psychic and somatic process of another person, including in psychotherapy, are very much like pinballs launched onto the field of play. One has a general idea of what might happen, and the better one knows the other person the more likely the predictions will be accurate. But there are plenty of

hidden holes in the tabletop, spring-driven bumpers, and the like. In a psychodynamic therapy this is all to the good, because we therapists working that way want to see those bounces, they tell us of the working of the transference process. It is in the transference that the essential elements of a person's organized relationship to themselves and others emerges, and along with that a way to understand the deeper organizing dynamics of that person's personality and experiential history.

THE STUDY OF TRAUMA IS NOT NEW

It is important to remember that the study of trauma is not new. Freud, Reich, and their followers all used the concept. We have refined our understanding of it. And we have discovered that no therapeutic system easily or swiftly undoes or even ameliorates its poisoning, deforming effect. In fact, there is a good deal of discussion in the field today, for example in Michael Eigen's work and his discussion of human nature, of the inevitable reality of destructiveness interwoven with benevolence. In some theoretical systems, self-psychological for example, destructiveness is understood as an artifact of failures in child rearing, not

intrinsic to human experience. The same is true of the understanding of psychotic processes; there are significant differences in understanding the origin and nature of those states. These differences figure strongly into the ways trauma as a human process is understood. As with economic systems, therapeutic systems tend to the utopian, and we human beings go through a seemingly endless cycle of infatuation and disappointment with the newest system sure to solve the problems more expeditiously, and without all this noodling around that seems to be necessary when people really want to understand something deeply in as much of its complexity as we possibly can.

Partly we go through this cycle, hoping, and so sure that we have found in the newest approach the best cure, technique, solution, because, as Alice Miller has been challenging us to face, we do not want to see the everyday exploitation and abuse that surrounds us, and that we participate in as victims, perpetrators, and collusive bystanders. It would be so much easier if what we saw and knew was not about people hurting people, but was rather about brain and other body systems going awry for reasons having little or nothing to do with how we treat each other. Surely though, even a

cursory examination of the state of the world tells us how seriously deranged and destructive human beings can be. It is reasonable to conclude that much of the human suffering we see we cause each other. While it has been of inestimable value to understand that we human beings cling to our suffering, we do so for many reasons, some are good, some are not. Scott Baum has written about people with borderline personality organization in this regard, describing how it is that when people cannot express suffering—because we have no words, and because those to whom we are attached preclude it—we memorialize the suffering in our bodies. We bear witness to our suffering by pathologically living it, living in it in chronic reenactments. In fact, bearing witness is one of the essential functions of psychotherapy. It allows a person to feel seen and known, and feeling and believing that, to begin to grow anew.

IT'S HARD TO TELL AN AUTONOMOUS PERSON THEY SHOULD SURRENDER TO AUTHORITY

It is a mistake to believe that this means a preoccupation with suffering in the psychotherapeutic process to the

exclusion of all else. It was part of Reich's genius that he understood, whether consciously or not, that pleasure is connected to the experience of benevolence. Pleasure is different from relief, or gratification, or satisfaction, or fulfillment. Plainly they are all related to each other. But each is different, just as love is not the same as respect, or appreciation, or adoration. Perhaps we will one day discover that each feeling, and each state has its own quantum energetic quality. Pleasure in this system refers to an experience that connects to the benevolence in the universe; a felt experience of what is good. What Reich saw, and others have seen, is that once someone has their own personal and autonomous connection to that benevolence, it is hard to tell them that their apprehension of reality is deficient, or should be surrendered to authority. This is the true basis of democracy, beginning with self-determination, based on a deep knowledge of oneself, based on the capacity for deeply felt emotion, open to whatever is real. As Dick Olney would say it: "What is, is. And what is not, is not", whether what is accords with our vision of ourselves or not.

Increasingly Bioenergetic theorists have turned their attention to what it is in relationships that facilitates that

connection to benevolence. Elaine Tuccillo's work on the conditions for engendering healthy development of sexuality, for example, is part of a trend in the field at large to examine and understand the relational dynamics of positive experience, and the interventions needed to bring it to life in the therapeutic environment. In this sense her work represents the thrust in Bioenergetic Analysis to posit that psychotherapy yields a method for studying what is good, healthy and wholesome in human experience. Along with theorists like Martin Seligman, this approach uses the medium of psychotherapy to expand people's capacity for satisfaction, fulfillment, and pleasure in life.

That approach to the positive potential of psychotherapeutic work is not always available to the patient and thus to the therapist. But even where the damage is so great that soul and psyche are nearly destroyed (or, in fact destroyed), therapeutic work can take place at a deep life-affirming level. Somatically grounded and psychologically integrated emotional experience can be a line to whatever life is left in a deadened, hollowed out person. It is the therapist's job to know for whom what intervention is suited, and to be

informed in that knowledge by the person the therapist is studying, and learning about.

THE BRAIN IS IN THE BODY

The willingness to take reality and experience as it is and see one's involvement in the construction of reality, especially in relationship, is an outgrowth of feminist theory in psychotherapy. It gave rise to a new set of understandings in analytic theory generally referred to as relational theory. In this model relationships are seen as the co-constructions by people acting together to create a unique and specific relationship. Internalizing these constructs from early on means they become part of the elemental structure of our being. The process of development is accretal and sedimentary. Every part of us is affected. We have power in every relationship for benevolent expression or destructive oppression. In this context speaking of 'stress' as a single determining shaper of experience--or tension as a singular outcome makes no sense. Every part of our bodies and psyches responds and processes information. The brain is in the body. To say that the amygdala 'processes' emotion is like saying that the switchboard operator listening in to the

CEO's conversation makes the decision on whether to sell the company.

It is important to know that the experimental research conducted today into neurophysiological mechanisms that relate to behavior affirms many of the conclusions, beliefs and convictions of clinicians. These include the essential empathic nature of human beings, the importance for healthy functioning of human contact and connection, the profound sensitivity of the human organism to stimuli from within and from the environment. However, it is equally important not to confuse cause and association. The fact that certain brain or other neurological events occur contemporaneously with certain events in consciousness, emotion, or behavior, does not tell us much about the mechanism of causation of those events, or more importantly, about the complexity of the mechanisms of causation that is certain to be characteristic of those mechanisms.

The drive and craving for simple conclusive explanations for phenomena causes us to overlook things, or worse, to act in ways that are ultimately destructive, even if the intentions for the actions are at their root benign. It is not possible to

predict where the basic research now being done on human neurology will lead us. Perhaps to Freud's hoped for understanding of the neurological basis of human experience. But if the preoccupation with that someday understanding prevents us from facing what we know now about human relations and their effect on us all—the day-to-day work of therapists—we will have done a disservice to our patients, and to future generations who could have benefited from interventions made now in the lives of individuals and of society.

HUMAN BEINGS ARE DESIGNED FOR EXQUISITE ATTUNEMENT

Research in neuroscience tells experienced psychotherapists what we already knew. Human beings are designed for exquisite attunement to each other, and the work of Daniel Siegal and Alan Schore, among others tells us how important it is to figure that physiological predisposition into our work. In Bioenergetic theory the work of Jörg Clauer and Guy Tonella also call us to this understanding of our fundamental biological organization. Perhaps it is too much for us, the reality of mortality, the

reality of loss and grief; too much to bear, even without the seemingly endless capacity of human beings to inflict all manner of pain on each other. We human beings are born prepared for contact and connection, however we are not that proficient at living out that constitutional endowment in constructive and wholesome ways. Perhaps we will get there. A student some years ago told one of us she thought that psychotherapy was called into being by an evolutionary dynamic. She saw psychotherapy as a necessary and useful process to midwife a better evolutionary adaptiveness to our considerable emotional, cognitive, (and perhaps spiritual) potential. In the meantime those of us working everyday with the human suffering presented to us by our patients have to work with what we have, both in dealing with the damage in people, and with the marvelous potential for joy and excitement in living. We cannot wait for a new form of human being to emerge, or for the day when it will be revealed that all psychic phenomena are derived from neurology.

In Modern Bioenergetics therapists attend to very subtle communications about somatic experience. For example the place in the back that many people with borderline personality organization experience that feels as if it is an

open hole—a corollary of the ‘black-hole’, which James Grotstein writes about in a feeling way from a psychoanalytic perspective—which people whose personality is organized this way describe experiencing. A hand placed over that ‘hole’ could feel like warmth touching a place with no warmth, a place of absolute zero. The hand is removed and the absolute cold returns. That same spot can also be experienced as the place where the empty, weak, disorganized experience of disintegration flows to encompass the persons being. A supportive, witnessing touch can help provide focus to organize against decompensation. Or, for example, the sense a person has that they are no longer present in their eyes, even though they continue to see out of them. They see and don’t see, as recent research tells us, in the form of “selective inattention blindness”. At their worst these patterns of disregard become dissociative states, which can, when they become structured into the personality, be extremely limiting of one’s capacity to feel emotion, or to be present in relationship, and limiting of one’s ability to apprehend reality. Additionally, Bioenergetic therapists attend to, and help their clients to attend to changes in their openness of breath, their contractions accompanying fear, pain or confusion. The

body has an intricate and eloquently complex language that bears witness to and expresses the self. We listen to it, embrace it; let it teach us about us, and others.

ACTIVE WORK WITH BODY ORGANIZATIONS AND STATES

Defenses cause reduction in proprioceptive and exteroceptive --that is, internal and external--awareness of stimuli. Defenses organized in characteristic and habitual ways cause relatively permanent reductions of sensitivity to both kinds of stimuli. Active work with body organizations and states adds a dimension to the therapeutic work, and to the therapist's complement of technical possibilities. It is difficult to convey easily how this actually looks to someone not personally experienced with this way of working in psychotherapy. It is also important to convey the way that this active approach maintains the therapeutic posture of following the patient's process, impinging as little as possible. Finally, the necessity of attention to the transference material and responding to it while entering the patient's space in as active a way as Bioenergetic therapists

do, is an important part of the clinical discipline bioenergetic therapists work at constantly.

An example of the way Bioenergetic therapists work clinically comes from work with one of Scott Baum's patients. He presents the following vignette to illustrate some of the principles and practices being discussed here.

A young man with considerable strengths and attractiveness, this man actively pursues a course of greater internal awareness. In that pursuit he discovers that when he stands he retracts his pelvis and feels a pronounced lordosis in his lower back, which I can see is related to a barely noticeable flaccidity in the muscles of his lower abdominal wall. I can offer him suggestions that enable him to feel the proprioceptive process of aligning his shoulders hips and ankles. To do this he has to compensate somewhat for the slight flaccidity I observed in his lower abdominal muscles. I know from my own study that this kind of flaccidity is part of a larger organizational structure. For people to feel their guts requires that the girdle of muscle running from abdominals to lower back be able to support and flexibly hold the guts in. This allows for continuous contact with internal organs and

perception of sensation in that part of the body. This young man has a very subtle and well-organized weakness in this somatopsychic structure, which he experiences physically, and psychologically. The psychological organization is related to his feeling that he does not know his true 'gut feelings' about women and his intentions toward them. He also does not feel that he has the intestinal fortitude to compete in the world alongside, or against men he sees as more in contact with, and less conflicted than he about their aggression. This organization exists despite an overall strength and power in his body, which is undeniable.

SOMATIC FREE ASSOCIATIVE PROCESS

My suggestions to him comes as a form of invitation to deepen his awareness of himself, to immerse himself in his experience, and to experiment with the structure he is now, and how it might be modified. Once he takes on the posture he habitually uses, he associates this functional organization of anatomy to his mother's deeply held, and as he sees her, largely unconscious, negative attitudes toward men and their sexuality. Despite an otherwise loving and warm relationship between them, this part of their relationship has caused him

great anguish that he feels she resists acknowledging. He further connects the feeling of weakness that ensues from this somatopsychic organization to his father's lack of support for his goodness as a man, for his competence in the world, and for his sexuality. As he investigates these connections he enters what I consider to be a somatic free associative process. Like the free associative process in psychoanalytic psychotherapy, the object of this way of being is for him to open himself to sensation and emotional awareness on a body level, following sensation as far as he can tolerate it. He allows the sensation and its emotional, cognitive, imagistic, and psychological elements to unfold until he can no longer tolerate what he feels, or until some other internal process takes his attention. As he carries forward with this unfolding event, more and more material comes to the surface.

Finally, he connects all these dynamics with his day-to-day experience with women, his expectation that they will view him as only interested in them as objects. He has doubts about his ability to relate to women as whole people, he believes he internalized a profound view of himself as a sexual predator, coming from his mother's unconscious

attitudes which he has begun to recognize in certain of her communications to him. He expects rejection by women. His perception of himself, and the negative attitudes he has built up about women as depriving, withholding creatures prevents him from an accurate perception of himself or others. Moving his pelvis into greater alignment with the rest of his body, contracting his abdominal muscles enough to “feel his gut”, makes him feel more integrated and more powerful, it relieves a holding pattern in his diaphragm and enables him to expand and breathe more deeply, and it generates considerable anxiety. And while he can hold that position briefly, both the anxiety of it, and the durability of the long established somatopsychic patterns force him to relinquish the new integration.

MODIFYING THE STANCE CREATES THE POSSIBILITY FOR NEW EXPERIENCE

A great deal of information becomes available to this man, and to me, from this experience. Not only from his direct contact with the muscular organization of holding and constriction, and not only from the effects those patterns, embedded in his posture (in all the meanings of that word)

on his self and other perceptions. But also on his capacity to imagine, in a very real and direct way how standing and being in another way (psychically and physically supporting his manhood, his adulthood and his autonomy) would affect him. Experimenting with the posture and stance he lives in now brings into awareness some of what brought him to this point. Modifying the stance, like the effect of considering a new way of looking at something about which one has always had a particular attitude, creates the possibility for new experience, new ideas, new images, and new solutions. The effect of this direct immediate experience of himself is to more deeply feel and know himself as he is now, and also to sense in an immediate way a new experience, with new possibilities, of himself.

In addition, his awareness of his father's complete lack of support for his uprightness as a person, and the wholesomeness of his sexual energy, make this man very aware of the competitiveness that men grapple with in the expression of our sexuality. Perhaps it is his greater awareness of this dynamic reality, and the burgeoning sense of true power and potency in his body, and being, that enabled him to confront me in a session by bringing up his

perception of my enactment of my own narcissistic deformations in the group I lead in which he is a member. He tells me directly that he sees me delivering the final word on things, and needing to pull the center back to me in the end. I must necessarily own my characterological input in his perception of me. Then we could also examine his experience of me, and its relation to a dynamic of his relationship with his father and other men. We also looked at, and continue to look at, what this dynamic has meant in all its complexity for his healthy maturity.

This working through of his transference relationship to me is a necessary part of the therapeutic process in the Modern Bioenergetic approach. I make room for the expression of his anger at me, his criticism and contempt, both as expressions of heretofore unresolved aspects of his relationship with his father, and his uncle, and his peers, as well as his relationship with me. These attitudes and behaviors he has identified are also problems of mine that I have worked to repair for many years, in my personal life, and in my work as a therapist. The truth of what he sees is undeniable. But in the strength of his perception of himself as weak and the less powerful one in our, and other

relationships, he misses the present reality that he has had the courage and strength to confront me, and that I have received and acknowledged the truth in what he has told me about me. I have to make a point of asking if he saw that that is what transpired between us.

A different patient shows another kind of Bioenergetic work altogether. In this vignette Baum describes work with someone organized in a way that reflects the deep and lasting effects of life-long exploitation and denigration in a family where these dynamics were manifested in the nature of the interactions between family members. Looked at from the outside, and as seen through the lens of denial within the family it would not be at all obvious how this patient came to be as she is and feel and experience things as she does.

This woman and I have worked together for many years. Increasingly over these last few years she has allowed me to speak openly to her about the picture she reveals to me of the destructive behavior of her parents. She is deeply devoted to them both, and she is very successful in the 'as-if' face she shows them, and in the 'as-if' face she turns to the world. But she shows me a body and psyche and soul

ravaged by abuse and mistreatment. Maligned, criticized, exploited, she has been unable to tolerate the disillusionment and separation from them that acknowledging these truths she has shared with me would bring if she lived them out openly. Yet session after session, in the privacy of our common space she opens herself to the terror, anguish, and immense pain her life with them has caused her. When their internalized dismissive voices are too forceful, and she loses contact with her internal reality and becomes disorganized and shut down, she asks me to work deeply in the muscles of her shoulder and back. Doing this makes a somatopsychic space for her, allowing her to feel and express in movement and sound the anguish and pain of a child hated and poisonously envied by her mother, and used and annihilated by her father. Doing this enables her for a time to embrace the split off self who screams in pain, rage, and grief.

One of my tasks is to tolerate the whirlwind of disorganized and disorganizing affect, and the dissociation and decompensation that ensue, as she struggles to feel what is both unbearable and disallowed. She uses me physically and emotionally, to protect her, and to cover the rupture she

has experienced any time she has even slightly confronted her parents with their destructiveness toward her or other members of the family. She uses my body as a shield and a haven. She wraps her body around me so that she can get some relief from the gaping hole left in her solar plexus by the combined effect of having the umbilicus to her parents emotionally torn away by them and the devastating effect of the blow to her center, her core, by their accusations of her evilness or even considering such terrible things about them.

BIOENERGETICS OFFERS A WAY TO OPEN SPACE IN A BODY AND IN CONSCIOUSNESS

I do all I can to manage the overpowering effects of her dissociation on me, which is no small struggle. Over and over we do this. As we do, she gains greater and greater possession of her self. The decisions about what to see and what to know about her family, what to express and what to conceal, become more and more conscious and volitional. I am permitted to be more and more my true self as well, reacting to what I see and hear and feel in response to her and what she tells me. Her willingness to enter into and

tolerate the intolerable in one of the nightmares of human existence enables me to bear witness to the truth of her suffering and to the honor of her struggle. Bioenergetic technique offers us a way to open the space in her body and consciousness. The commitment of Bioenergetics to felt experience supports me in my steadfast openness to her sensations and feelings as difficult as they are. Our joint decision to feel our way to whatever resolution of the unsolvable bind she is in—that she loves and longs for and is devoted to people who have broken and crushed her, that she cannot imagine life without the connection she has to them as it is now, and that she is terrified of the consequences of their rejection and condemnation of her were she to challenge them—sustains us both.

The technical array of Bioenergetics gives us a set of heuristics for working directly with sensations, feelings, states, structures and processes. That work takes place in a relationship context in which the therapist sees herself or himself to one degree or another as an integral part of any healing process, responsible to act faithfully as co-creator of the space in which that healing will take place. Harry Stack Sullivan taught that the distortions that show up

in the patient-therapist relationship show up in all relationships. Heinz Kohut added substantially to that view by enlarging the concept of transference to recognize that transference states are representations of the self, and must be received and attuned to by the therapist. The missing (misunderstanding, miscommunication, misperceptions, etc.) that takes place between therapist and patient is an opportunity to understand the person's inner reality and its expression in the world. Misattunements and failures of empathy are inevitable between people. Knowing this truth is partly the fruit of the substantial research done by Ed Tronick, Stanley Greenspan and others on the early mother-infant relationship. This is one area in which research has led directly to clinical understanding, validating and expanding an understanding of relationship and developmental processes that clinicians were already working with.

The analysis of relationship processes that leads to an intersubjective approach brought up in the work of Robert Stolorow, is basically an analysis of power. It posits the feminist principle that egalitarian, co-created relationships are desirable, and wholesome and should be modeled in the

psychotherapeutic relationship. This view of the therapeutic relationship continues to evolve in the work of many theorists. Theorists like Jessica Benjamin and Muriel Dimen call to us to expand our understanding of gender of sexuality, of role and power, in the development of self and self in relationship. This is clearly a different model than the classical psychoanalytic model of the therapeutic relationship that Alexander Lowen espoused and operated from. Even as he began to add interpersonal ideas to his theory, he kept the basic understanding of the patient as being healed and directed by the benign, knowledgeable therapist. Most Bioenergetic therapists today have moved from this model to a more nuanced and complex model of the therapeutic relationship. Theories of attachment, the need to create a holding environment, the importance of restitutive emotional experiences, the need for the therapist to be available for enactment of the transference dynamics in the therapy process, the necessity that the therapist recognize and take responsibility for failures of empathy, misattunements, and counter-transference acting out, have influenced the basic understanding of the therapeutic relationship in a bioenergetic therapy.

Some of us have also embraced the model propounded by the relational theorists, people like Michael Eigen, Mary-Beth Frawley, Jodie Messler-Davies, and Jeffrey Seinfeld, who see the therapy relationship as a co-created, fluid dynamic field, constantly changing and evolving. This is a challenging approach and demands substantial openness in the therapist to her or his continuously unfolding internal process. The work of deepening the understanding of the therapeutic relationship and relationships in general continues without slowing. It is important not only for psychotherapy, but to offer some possibility of understanding of what drives us human beings to the edge of our own destruction. Reich and the early psychoanalysts were, many of them, committed to taking the ideas and knowledge derived from their clinical work out into the world. Many of us are similarly committed to living the principles we bring to the therapeutic encounter to our lives as spouses, parents, colleagues, and citizens.

A COMMITMENT TO FOLLOWING PROCESS

For Bioenergetic therapists the feeling of security in the presence of deeply felt affect comes out of an awareness of

somatic, emotional, and psychological reality. Arriving at this requires a commitment to following process, on the part of the patient—her or his own process—and on the part of the therapist—both the patient’s process and the therapist’s own. Seen this way somatic process is an intrinsically meaningful set of information, a deep, and ever deeper, way to know oneself. There are many technical ways to use this information, and we see nowadays a proliferation of methodologies for the use of this information in order to ameliorate human suffering. There is the work of Peter Levine in developing the method of Somatic Experiencing; or the work of those like Pat Ogden who carry on the study of the Hakomi method, begun by Ron Kurtz. All of these systems for understanding the complex interweaving of somatic and psychological and emotional and interpersonal and social dynamics bring their own unique point of view and technical expertise to the process of psychotherapy.

Becoming adept at following process even as the person we are working with enters areas of deeply felt, profound, challenging emotion, good or bad, is a basic constituent of our therapeutic presence as Bioenergetic therapists. When called upon to create a holding environment that can safely

support and facilitate this kind of experience and any expression that might accompany it, it behooves us therapists to be able to do so, or at the very least to know our limitations when we cannot. It is not the requirement that the therapist employ any particular technique. Whatever the therapist's orientation to the transference-countertransference process, the selection of technical intervention is a moment of art embedded in a matrix of knowledge, experience, and a covenantal commitment to the patient's welfare.

At the same time, the specific characteristics of bioenergetic work, the extensive use of movement, sound and touch, techniques that facilitate deep and powerful expression as well as feeling, require that we specifically study the unfolding transference-countertransference process as it is affected by this kind of experience and contact within the therapy structure. Among bioenergetic therapists Virginia Hilton is an example of a theorist who has examined and written about the transference process as it emerges in bioenergetic therapy with clarity and with a passionate sense of the responsibility imposed on the therapist who enters the personal space of a patient in such an immediate and

effective way as the techniques associated with our work allows.

Traumatized people (in the sense of those who have been exposed to chronic interpersonally harmful treatment) have inevitably experienced harm due to abuse of power in some kind of destructive power differential. Not necessarily in the obvious way of being subordinate to an authority with declared greater power. As Jay Haley's trenchant analysis revealed, people can dominate through weakness and victimization, and thus abuse others who are dependent or otherwise connected to them. It is a complicated business, and liberation from the enslaving bonds/binds of sado-masochistic relating is by no means a walk out of Egypt (remember, the Jews were led for 40 years to wander, while God waited for the generation that knew slavery to die off). Becoming mature, autonomous, self-regulating in an organic and grounded way is in some ways the main project of life.

Traumatizing treatment does not simply create an injury, or an impediment to freer and fuller and more reality based functioning. It influences the creation of a personality. One in which the dynamics of attachment are poisoned by the

abuse of power. One in which the capacity for regulating positive self-regard is damaged or even destroyed. One in which a sense of instrumentality is contaminated with the toxicity of abuse received and inflicted. One in which the person is possessed by and left empty and alone, and may well seek the same empty nourishment from others.

Embodiment requires creating a space for the personal, meaningful, grounded, breathed-into experience of personhood. Altering, or modifying the experience of oneself becomes more and more difficult as the effects of trauma become more pervasive. The enmeshment of self and other, the truncation of development, the stunting caused by terror and horror, unmet basic need, attacks on character, and so on, create a whole organization in which poison and nutrients flow through the same circulatory system. In which self and other are, to one degree or another, undifferentiated. In which perpetrator and perpetrated on can become merged together after a certain point in time.

At the same time, a life lived in a far more benign environment carries enough loss, impingement, mistreatment, environmental failure, and existential challenge to make the process of development and living a

mature life difficult. Even here there is much that psychotherapy has to offer in enhancing the connection to self, to goodness, to reality, to meaning. There are, of course, people who say they want that connection and then do not do the hard work to face themselves, their own characterological patterns, and the necessary vulnerability to self and others that would create space for change—to accomplish in Stephen Johnson’s felicitous phrase the hard work miracle of characterological change. Therapists can only offer a space in which that work can be done, a set of skills to facilitate it, and the personal attributes needed to accompany someone in that journey, and provide appropriate guidance when needed.

Offering people a place and a process in which to face the realities of their lives, inner and outer, a place and process in which the potential exists to take fuller possession of themselves, a place and a process to raise their consciousness, a way to individuate and separate and become autonomous is a great gift. But it is not easily used. As M. Scott Peck says, it is the road less traveled, and we should not delude ourselves about the difficulty, and the uncertainty of it. For a therapist to take on the representation

of liberator from what Bernhard Brandtschafft calls pathological accommodations is a huge undertaking. These are accommodations we make unconsciously to others who mistreat us, those oppressive but needed arrangements with those who have harmed us, but are so desperately needed. It is an immense responsibility to become a stimulus for change in these limiting and self-limiting arrangements, even when it is at the behest of our patients. But when it is time to shake a fist at oppression, to arm oneself with rage or anger, or positive self-regard, to grieve the heartbreaking loss and betrayal by those one loves or loved, or to open to the possibilities brought by vulnerability, by love, by pleasure, being with a therapist who hears and speaks and communicates in the language of the body can be a godsend.