



# BIOENERGETIC ANALYSIS

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# What Is Bioenergetic Analysis?

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Bioenergetic analysis is properly regarded by most people as a therapy that integrates the body into the analytic process. This can be done because the body is the person. Whatever personality problems an individual has, they are manifested in the expression of his body. One can make an accurate determination of these problems from the form and motility of the body if one can read the language of the body. But one can also go further. The body contains a record of every experience a person has lived through as well as the evolutionary history of his species. We say that "ontogeny recapitulates phylogeny" which means that each organism in the course of its embryonic development goes through the evolutionary stages which led to its species. It is possible, therefore, to read the life history of a person from the dynamic structure of his body. A woodman can do this for a tree by studying its rings of growth. Theoretically every experience in a person's life becomes structured in his body as well as recorded in his mind.

On a deep level, body and mind are one. On that level the word body includes mind just as the word mind implies the existence of a body. Every living body has a mind of its own. Body and mind cannot be separated and so one can't have an experience that doesn't affect both equally. But on a superficial or conscious level, body and mind are antithetical in that each is a different and opposite aspect of the personality. On this level, mental processes affect bodily functioning while body processes influence and determine thoughts and images. The formulation of this relationship between body and mind which is the basis of bioenergetic analysis was advanced by Wilhelm Reich and is expressed as the functional identity and antithesis of psychic and somatic processes.

There is an additional aspect to bioenergetic analysis which also stems from the work of Wilhelm Reich and that is the energetic concept. This concept is implied in the name bioenergetic analysis. Reich believed that a special energy is involved in the living process which he called orgone. But whether one agrees with Reich or not about this special energy, there can be no doubt about the fact that a biological energy powers all living functions. How much energy a person has and how he uses his energy are important considerations in understanding personality and character. Every neurotic character structure represents a reduction in the individual's energy level and a restriction upon the natural flow of energy through the body. Energy is produced by the metabolism of food and the rate of metabolism is determined by the amount of available oxygen. When, through therapy, a person is helped to breathe more deeply, his energy increases. More energy produces more movement or a greater motility which leads to feelings, thoughts and actions. The latter three are the material of analysis. The sequence could be E —————→ movement —————→ feeling —————→ thoughts and images.

Reich developed the energy concept from his study of sexuality. He saw sexuality as the energy regulator of the organism. The living process runs counter to the second law of thermodynamics in that it produces excess energy; that is, more than the organism needs for its own survival. This excess energy is channeled into the sexual or reproductive process. Reich stated that the function of the orgasm was to discharge the excess energy of the organism. Theoretically, when all the excess energy is discharged, there is no energy left for anxiety or other neurotic symptoms. This translates into the proposition that neurosis is inconsistent with full and complete orgasmic responses. Unfortunately, it is the nature of neurosis to prevent such responses and so, in practice, one can't cure neurosis by focusing solely upon sexuality. But this relation between neurosis and sexuality is so direct that to the degree that neurotic attitudes are worked through, sexuality improves. The sexual orgasm is more complete and more satisfying. And by the same token to the degree that sexuality improves, neurosis diminishes. This view of the relationship between sexuality and neurosis is my inheritance from Reich.

There are, thus, four dimensions to bioenergetic analysis: (1) understanding and working with muscular tension; (2) analyzing association, behavior and transference; (3) understanding the energy dynamics; and (4) focusing on the role of sexuality. All bioenergetic therapists are cognizant of these four dimensions but their emphasis upon each varies according to their background and experience. Many focus strongly upon the psychological with some attention to the body since it is the source of feeling. Others do more body work but largely in terms of expressing feelings. I like to work with the body in an energetic sense. When I see an area of the body that is held or contracted, I interpret the contraction or holding first in energetic terms. The contraction is blocking a flow of excitation either upward into the head and eyes or downward into the pelvis, genitals and legs, depending on the location of the contraction. In either case pain is involved in the holding. On one level, the holding or the contraction is a maneuver to diminish pain, the pain of an unfulfilled longing or desire, the pain of a hurt or humiliation, the pain of loss or frustration. It diminishes the pain by reducing feeling; that is, by numbing the person to the pain. One deadens the area. Releasing the holding is first experienced, therefore, as painful. The surge of an energetic force (blood) through a constricted area is painful. But, then, after the release has occurred, it is experienced as pleasure. I don't believe one can achieve any significant characterological change without experiencing the pain of that change. Changing is painful. Normal growth is not painful but therapy deals with distorted or blocked growth and development, with removing the blocks to growth.

With this energetic understanding, I then proceed to interpret the holding or contraction in terms of the suppressed feelings. E —————→ movement —————→ feeling. Since the feeling has been suppressed, the patient is unaware of it. However, the nature of the holding (body language) tells me what the feeling is. Generally that feeling can be brought to consciousness by activating the expressive movement.

For example, a jaw which is tightly held by tense muscles may hold back impulses to bite. Having a person bite on a towel can activate these impulses so that the suppressed desire to bite becomes conscious. A tightly contracted throat inhibits the expression of

crying or screaming but the person may not be conscious of this inhibition until he tries to cry or scream. Rigid shoulders may block impulses to strike out in anger. Often getting the person to hit the bed with his fists evokes a feeling of anger. Similarly, one can read the lack of sexual aggressivity in an individual from the immobility of the pelvis. However, the ability to read the language of the body is not easily or quickly acquired. Considerable training and experience is necessary to develop this skill to a high level of competence.

Interpreting the different patterns of holding or tension in the separate body parts (mouth, eyes, shoulders, pelvis, feet, etc.) is like reading words. Even though a person can read the words correctly, it doesn't follow that he can make sense out of the words. To make full sense, words must be interpreted in the context of a sentence, a paragraph and even a chapter. When I look at a person's body I read the expression of the parts but I reserve the interpretation until I have made sense of the totality. My main focus is upon the individual as a unity and a totality. Each body has a unique expression which reveals the individual's personality and character. The character structure can be seen as a type which facilitates understanding and communication but one can't do therapy with a type. Therapy deals with a very specific individual and it is that specificity which I try to understand from a reading of the body. The parts make sense in terms of the whole but the whole cannot be determined from the parts. Only when I understand an individual in these terms do I feel that I have a grasp of his problems and only within that frame of reference does the work on the parts or segments become fully productive. So I don't focus a technique or body maneuver on one or another specific segment. My technique has evolved so that I work with the body as a whole by integrating the different maneuvers which aim to mobilize blocked segments. Seeing the energetic disturbance, understanding the personality, sensing the individual's pain and struggle, and devising body maneuvers to release the tension is the basis for my therapeutic approach.

Having said this, let me emphasize that bioenergetic therapy is not a therapy that deals only with the body, although my primary focus is upon the body. It is a combined approach to personality problems

working with both the body and the mind. The proportion of time I spend on body work and on analysis is roughly fifty-fifty. Working with both the body and mind is like having two legs. Everyone can appreciate how much easier it is to walk with two legs instead of only one. By the same token, smooth and efficient walking requires one to place an equal importance on each leg. And just as the legs are connected to each other so are the analysis and body work. I usually establish that connection in the first session. In the initial interview I will spend the first half-hour listening to the patient's complaints and to his story, asking questions about his present situation and background. While the patient is talking I study his facial expression, his body attitude and his voice. These provide some indications about the patient's personality. Much more information can be obtained from a study of the form and motility of the body itself. How a person holds himself, stands, breathes and moves reveal his problems and conflicts. Then, with the patient looking at himself in a mirror, I point out how the complaints and difficulties he presents are reflected in the expression of his body. Almost all patients see the connection quickly.

Once the relationship between the psychological and the physical is established, the patient knows that his body will have to change if his personality is to change in a significant way. If his body is too rigid, that is, if he holds back feelings, his body will have to soften. If feelings are held in by muscular tensions which tend to compress the body and close the outlets, these tensions will have to be reduced to allow the expression of feeling. But changing the body in a significant way is a tremendous task. In almost all cases positive but superficial changes occur rather quickly with bioenergetic therapy. The initial mobilization of the body through deeper breathing and bioenergetic exercises often evokes feelings that have been long suppressed. The person may experience sadness which could lead to crying or anger which might be expressed in hitting the bed. He may sense a degree of fear which he had previously denied and he may experience vibrations which provide new sensations in his body. This initial response to bioenergetic therapy is like opening a door to a new world of feeling and being which is most exciting. It often

produces some changes in behavior that are welcome to the person. Hopefully, it will provide a foundation of understanding and trust for the more difficult task that lies ahead.

This task is the work on the character structure which, in my opinion, is the true task of therapy. As Reich pointed out, the person does not experience his character as alien to his ego. It is, in fact, ego syntonic in that one's identity is often based on one's character. Nevertheless, character structure, as we see it in bioenergetic analysis, is a neurotic development. Whatever the character structure, it constitutes a set and fixed pattern of behavior and amounts to a rigidification of the personality. It represents a limitation upon one's being and acts as a restriction upon one's life. Despite this negative aspect of the character structure, the person defends himself against any attack upon this structure as if the attack were a threat to his life. In most cases the defense is largely unconscious and operates as a resistance to the therapy. It is a most powerful resistance. When I use the word "attack" with reference to the character structure, I do not mean that one makes an actual physical or psychological assault upon the character. Actually one confronts the person with the negative aspects of his character or behavior. This confrontation is seen by the patient as an attack, since the challenge is directed against a defense. Confrontation, in itself, is rarely effective in producing a change in the character structure, for, even if the patient can see how self-destructive his behavior is, he is unable to change it by an act of volition. In other words, the will is relatively impotent to alter character since the will created the character and is intimately bound to it. To use one's will to change one's characterological attitude is like lifting one's self off the ground by his boot straps. We need a deeper understanding of character structure if therapy is to be more effective.

I have repeatedly said that the character structure develops as a means of survival. Over the years I have come to realize that this is very literal. The character structure is like the shell of a crustacean in that it is experienced as an integral part of the organism and seems to serve the same life-protective function. Confronting the character is asking the person to give it up, which is like asking him to put

his survival on the line. The issue is one of life and death although he may not be consciously aware that a fear of death underlies his resistance. I sense it and I believe that this knowledge on my part is of real help to a patient when he faces his fear of change. The character structure keeps a person within those limits of behavior that insure his survival. By the same token it limits the possibilities of fulfillment and joy.

Character structure also serves to define one's identity and to maintain one's integrity. It does the latter by providing limits to feeling. In the preceding paragraph I talked about limits to behavior. Here the issue is the need to keep feelings at a level that doesn't threaten the psychological integrity of the individual. Control must be maintained lest the ego become overwhelmed by a destructive rage which could result in murder. In effect the person would go mad, mad enough to kill but also mad enough to be incarcerated. There is in almost all patients a fear of insanity just as there is a fear of death. These fears stem from childhood and were realistic at the time they arose. The only realistic defense at that time was to develop a character structure which could protect the individual from these dangers.

How realistic are these fears now? If the person allowed his character structure to break down, that is, if he gave up his defenses, would he die or go crazy? The answer must be *no*. Neither would happen. Occasionally persons in and out of therapy do experience a spontaneous breakthrough of feeling which transforms them in that they are free of all neurotic attitudes and anxieties and know for a short time the joy of being open and unneurotic. Unfortunately such transcendent experiences do not produce a lasting change. They fade away because the person cannot adopt his new way of being to his old life style and life situation. These, too, have to change as part of the therapeutic process. But those experiences confirm that the surrender of one's neurotic character does not threaten one's life or sanity. Such a surrender is fortuitous and leads to transformation whereas the changes produced by therapy are preconceived and lead to growth. The former experience is like a dream whereas the latter is daytime reality. Patients do get overwhelmed by excitations and feelings with the result that they may become disoriented and lose their

sense of integrity. This happens because the breakthrough occurs against the ego or without its participation. It is a split reaction and so splits the integrity of the organism. It is possible, however, to avoid this reaction if the character analysis is properly carried out, but since no therapist is perfect, there is always some risk in aiming for character change. In my opinion the risk is minimal in most cases since the disorientation is temporary and integrity can quickly be restored.

Integrity is less quickly restored if the patient panics. This happened in one of my recent cases. This patient, a young man, broke through with strong feelings of anger against his father which, he said, made him feel real and a person. Unfortunately, he couldn't handle these feelings and he began to depersonalize which necessitated his admission to a hospital. He got no support in the hospital for his feelings which frightened him further. With medication he was able to leave the hospital in three weeks but he was in a state of panic about allowing any feelings to surface. At this point he stopped bioenergetic therapy. Another patient, an older man whom I treated many years ago, also reacted negatively to my attempt to get him to confront his anger towards his father. As a boy he had been abused by his father of whom he was very frightened. After several months of therapy I remarked that for him to get well he would need to feel his anger at his father. I never saw that patient again. The following weekend it was discovered he had cancer and sometime later I heard that he had died. I believe that he panicked at the idea of facing his father and on an unconscious level he gave up. He had hinted at a fear of death earlier in therapy but I couldn't respond to it. At that time I lacked the understanding and technical ability to treat such a difficult problem.

If we recognize that there are some risks in the therapeutic process, we must also recognize that non-intervention does not guaranty safety. The first patient referred to above had had a previous hospitalization of longer duration for the same condition. In the second case the cancer had probably started to develop before he commenced therapy. I believe that mental and physical breakdowns occur in people because the underlying issues of their character structure are not confronted and resolved. It is my strong conviction

based on my personal experience that when this is done, the person's mental and physical health are greatly improved.

If character structure is seen as a protection against the fear of breakdown, we can understand why it is such a powerful defense. How do we therapists handle it? At this point I can only speak for myself.

Let me start by saying that I don't expect the patient to change his character. That's an impossibility. What I hope he would do is to see it, that is, to understand his character in terms of (1) how it developed, (2) the role it plays in his personal life, and (3) the underlying fears and conflicts which maintain it. As long as a patient is identified with his character it cannot change. In effect, then, the patient must dissociate himself from his character structure so that it is no longer second nature. He must start to see it objectively, and to recognize that it is not an essential part of his true self.

In my view that last statement is the key to the therapy of character structure. But how can a person see his own character objectively when he has made it a part of his being? Like seeing through colored glasses, one sees the world as the color of the glass. Since every patient wears colored glasses it is a real dilemma. The answer to this dilemma is that the patient can see himself truly only through the eyes of someone else, in this case the therapist. But the vision of the patient is necessarily limited by the blinders of the therapist. Does the therapist see his patient clearly? Does he understand all the subtle nuances of the patient's character structure? In my opinion that is the major problem of the therapeutic process. Since I believe that character structure is manifested in the individual's pattern of muscular tension, it is a matter of being able to read the expression of the person's body.

To facilitate our understanding of character structure we have classified these structures into five types. This does not mean that persons can be so classified. No individual is a pure type. Each personality reflects aspects of the different types according to the degree of disturbance represented by that type. Therapists who have completed the formal four-year training program of the Institute for Bioenergetic Analysis have gained some ability to recognize these disturbances in the form and motility of the body. But even this basic

skill is not mastered at the completion of the four-year course of study. Many more years of experience are needed before one can make these judgments with a fair degree of accuracy. But this is only the beginning. For while a knowledge of character types provides a framework for understanding personality, it leaves out so many details of the picture that we do not see the person.

As I pointed out earlier, the therapeutic need is to see the person, that is, the whole person in the totality of his being, in the uniqueness of his individuality. Without that understanding by the therapist the patient cannot gain that objectivity about himself to dissociate from his character structure. But this understanding does not come quickly nor all at once. There are always subtle aspects that are only revealed slowly: a fantasy that the patient has kept secret, a special look that appears momentarily, an unexpected tone of voice, an event in the transference relationship. I like to compare this aspect of therapy to working out a jigsaw puzzle. One starts by constructing the border; that is, the framework for the picture. Analysis in terms of character types provides that framework. Then, slowly, one begins to fit the pieces in. When almost all the pieces are in the right places, the picture emerges with an unexpected clarity. One sees the individual in terms of personal behavior and past development. At this point the character begins to dissolve, slowly freeing the individual from the cocoon of his past.

Actually the change is not so radical. In the course of working out the character problem there are breaks in the shell or cocoon which allow some light to penetrate to the interior of the personality and offer a vision of freedom. Unfortunately, the person is still held and the shell or cocoon closes again, imprisoning the spirit. There comes a time, however, when the grip of the character structure is broken and a genuine growth begins. That is what I aim for in working with my patients.

It would seem from the above that I am describing a typical psychoanalytic program of therapy. There is a major difference, however. The pieces of the puzzle are not just bits of information which the patient provides in his free associations, his dreams, or his transference comments. These are important pieces but even more important is the information provided by the body. The character

structure forms a real shell or cocoon in the form of chronic and mostly unconscious muscular tensions that constrict and imprison the spirit. The patient cannot dissociate from his character until he experiences these tensions as alien to his nature; that is, as having been imposed from without.

I would like to illustrate these concepts with a short case study. This is about a middle-aged man named Bill who consulted me about a lack of feeling. He had spent some time previously in a residential program in which for the first time he had touched some deep feelings. The experience produced a transformation which, however, was not lasting because there was no attempt to work out the underlying character problem. He was referred to me for that purpose.

Bill was a successful business man, divorced, and the father of three grown children. He had a well-built body with a large face, the outstanding feature of which were the narrow, partly-closed eyes. The brows were not lowered in a paranoid expression. The look in his eyes was not one of suspicion but of watchfulness from a distance. His voice was flat and unemotional. His smile was mechanical and did not light up his face. Undressed he revealed a massive chest, raised shoulders, and a rounded back. He had almost no ass. His legs were very tight and rigid; his feet were contracted but not small. The main impression of his body was that it was held up and unalive indicating a great fear of letting down.

One could diagnose Bill's character structure as psychopathic with a strong masochistic element. His energy was displaced upward, he lived almost entirely in his head, and he denied feelings. Today I would use the term *narcissistic* rather than psychopathic so that our typology is more in line with current thinking. In Bill's case it was difficult to discern any fantasy of grandiosity since he presented himself as humble and inferior. It was there, of course, but it took some time for it to surface. The masochism was manifested in the "holding in;" that is, closing off the outlets, and in a strong tendency to collapse.

Bill said that he had no memories of his childhood. He was an only child and lived very much alone. His mother was rarely home, she was out playing cards with her friends. At six, Bill was given

a key so he could let himself into the house when he came home from school. He described his mother as suffering from a fear of going blind. She died of leukemia when he was an adolescent but her death evoked no feeling in him. However, his one big experience of feeling was in relation to his mother. At the residential center a woman therapist lay upon him while he called for his mother. Then, when he screamed, "You were never there," he burst into deep sobs. He described his father as a strong man with big hands who did not hesitate to hit him when he made some disturbance. He says that he had no close friends as a child or a boy. His life was pervaded by a deep sense of isolation and loneliness.

Bill tells an interesting story about our first two meetings. He was attracted to the idea of working with his body because he sensed how unalive it was. Our preliminary work with breathing or kicking produced no feelings. One could see that he carried a lot of suppressed anger for he had his back up but he had never expressed any anger. With his consent, I drummed on his back in the attempt to arouse some anger. It is a technique that often works. But despite the fact that the continued drumming became very painful, Bill could not feel any anger nor could he break down and cry as some patients do. He just took it masochistically until I stopped. Only rarely am I unable to help a patient touch some feeling in the first session; I could not with Bill.

It just happened that I had another hour free that day and since the initial encounter had been so unproductive, I asked Bill if he would like to come later for another session. At this meeting I went over the problem very carefully with Bill explaining the therapeutic process and pointing out that it would take considerable time to reduce the severe tensions that bound him. He did some more breathing over the stool and was able to induce some vibrations in his legs which encouraged him. The story Bill tells is about his reaction to the fact that I charged him for two sessions that day. He was sure that I was offering him the second session free as a "come on" by showing him how much I wanted to help him. He could not believe that I was not manipulating him.

Even after more than a year of intensive work, Bill was not able to let down and cry. He could feel the sadness from time to time as his breathing deepened but he couldn't cry. He did feel, however,

how frightened he was by the prospect of letting down. I also had him hit the bed from time to time but this was more a physical exercise than an emotional one. He worked with the stool regularly and with the grounding. On occasion he also worked out at home. It was obvious that his body needed to be softened and charged if feelings were to be expressed. Changes in his body became apparent. His shoulders dropped significantly. He was surprised and pleased that this happened spontaneously. The masking of his face diminished and a sad expression was now seen regularly. He knew he was sad but he said he didn't feel it. Given the emptiness of his life he had to be terribly sad. His legs slowly improved. There was more vibration and more sensation in them. And there were short periods when, as a result of the physical work, he actually felt good.

As the therapy progressed my understanding of Bill deepened. I could sense his deep pain and he could sense his underlying despair. He admitted that he didn't care whether he lived or died. He would be in bed at times without any desire to move or do anything. Few activities gave him any real pleasure. But he didn't give up on therapy and our relationship deepened. Despite a surface acceptance of me and the therapeutic program, he had a deep distrust. I knew it was there and we both accepted it. He couldn't trust that I was straight. He was sure I wanted something from him. He said, later, that everyone wanted something from him and that he was always on the giving end because it was his way of making contact. As an adolescent he had treated his friends so that they would accept him. He wanted to please me so I would accept him and that accounted in part for his willingness to do the painful physical work. Of course that motivation would fail as it did from time to time which I accepted. He learned to trust me somewhat when he saw that I put myself through the same painful exercises that I asked for my patients.

Bill needed to trust me for I had to lead him through a valley of death if he was to emerge into the sunlight. That valley could also be described as a deep vale of sorrow, so painful that one would rather die than go through it. And he would only trust me if he saw that I understood his struggle. He did struggle, for it took a great effort to stay in life despite a powerful wish to give it up, to close



off completely. Therapy could not be another struggle. I also had to understand his narcissistic defense. And one day I confronted him on this aspect of his character structure. He was a brain, and on that level he felt superior to me and to others. He had been a tournament bridge player. Having learned the game (any game) he could play it better than anyone else. At AREBA, the residential treatment center, he had learned a game of being open about feelings—and he could talk about feelings or their lack as well as a therapist. He had to see that this game playing was his way of avoiding real feelings. Strangely, for all the emptiness of his life, there was a smugness about Bill. For all his desire for feeling, he was above it. Once I tackled this narcissistic defense, it was possible to open more feeling. After this bit of analysis the physical work shook him up and he felt his legs as never before. He told me that he felt good after this session.

The key to the therapy with Bill, however, is the focusing on sexuality illustrated in the following interpretation. I mentioned that Bill had his back up suggesting much suppressed anger. His over-inflated chest suggested a strong defense against heart feelings. He kept his heart in a closed cage. I would relate his heart problems to suppressed feelings about his mother, specifically to his love for his mother which he did not feel, nor even remember. Every child has strong feelings about his mother, both positive and negative. When only one is expressed, the other is suppressed. We need to ask, Why did Bill suppress his love for his mother? His answer would be, She wasn't there. But Bill's body shows very few signs of oral deprivation. We know she wasn't there from the age of six onward. The idea that the loss occurred between the ages of four and six, and that it is an oedipal issue not an oral one, is supported by the severe tensions about his pelvis which also points to a high degree of castration anxiety. Bill could not express his love for his mother because it was highly charged with sexual desire. We can explain such a strong desire by postulating that there were similar feelings on his mother's side toward him. Given that Bill was an only child, a boy, and that the father was a harsh man involved in his business, the assumption of an intense emotional attachment between mother and son seems reasonable. I would guess that the attachment was abruptly

severed because it was too sexual. Before I shared these views with Bill, he told me that he knew he was the apple of his mother's eye, that she loved him. I think he knew it all along. He didn't want to admit it fearing that to do so might open a can of worms.

I kept back my sexual interpretations because there was another aspect to Bill's relationship with his mother which was more superficial. The tension in Bill's upper back suggested more than suppressed anger. He looked at times as if he were carrying a heavy burden. That burden had to be his mother's unhappiness. Her pain was almost more than he could bear. Yet because of the intimacy which existed between them as a result of her seduction, he was tied into her. He had to be there for her.

When I pointed this out to Bill, he conceded that his relationships to women were based on his need to help them, to serve them. This role allowed him to express his sexual feelings since it diminished his sexual guilt. Bill had kept this undercover. It was his secret and his secret way of getting the desired intimacy with a woman. It was also the base for his ego identity and in some sense it made him feel superior. The price for this maneuver was the loss of his manhood which, in the end, made his life meaningless. To give up this secret way of fulfilling his desire would seem to make his life even more empty. Yet there was no other way.

I am sure that this analysis of Bill's character structure is incomplete in many details. One can never know another person fully. I believe, however, that it does provide sufficient understanding to enable Bill to make some significant changes in his character to the extent he can see himself in this light. But just as my understanding was derived from an analysis of his body, his understanding must come from the feeling of his body. He has to feel the tension in his upper back as a burden (the burden of his suppressed anger at having to carry his mother). He has to feel the tightness of his chest as a heavy weight upon his heart, and he has to feel the pulling in of his ass as a loss of manhood. In the lower half of his body he is like a dog with its tail between his legs. These feelings would provide the motivation for the intense and painful body work necessary to reduce the severe tensions. I had started this body work with Bill in the first session for I could immediately see the major aspects of

his problem. We will continue along the same line but now Bill will have a better sense of its necessity. As he does, he will be less passive and submissive in the therapy and take more responsibility for his own changing.

Despite my heavy reliance upon body work to change character structure, I have never minimized the importance of the analytic process which aims at helping a person gain insight into his feelings and behavior. Insight tells a person why he is the way he is, that is, it enables him to see what experiences in his past produced his present attitudes. In my opinion, insight in itself is not sufficient to produce a significant change in those attitudes. Knowing why one behaves or acts in a certain way can effect a change in one's conscious attitude. It is relatively ineffective to change the unconscious character attitudes structured in the body. These bodily attitudes associated with patterns of chronic muscular tension can only be changed by intensive body work which increases the body's tolerance of excitation and feeling. Neurosis is a fear of life; the neurotic body can only tolerate a limited degree of aliveness and feeling. Reducing the muscular tensions expands one's capacity for feeling and aliveness. But body work without insight is as ineffective as insight without body work. It's like driving a car in a foreign country without a road map.

Therapeutic growth may be viewed as an increasing ability to integrate more excitation and more feeling into one's life and actions. But that integration depends upon expanding or changing the body so it can tolerate more excitation and aliveness. We realize that the body must change if personality is to change in a significant way. I do not regard any personality change as definitive unless I see that it is reflected in a corresponding change in the body. The body change is manifested in a reduction of rigidities and tensions, an increase in aliveness, and a greater openness of manner and expression. These changes may happen temporarily as a consequence of some strong and moving experience but growth is a process that requires a working with and working through of problems on both the psychological and physical levels.

For me the work with the body is a continuous process. My major emphasis is upon deeper breathing, better grounding, and freer

expression of feeling. I have worked hard on myself to deepen my breathing, to get down into the pelvic floor and to express feeling freely. I am able to do that more and more with the result that I feel better than I ever have before. Despite the fact that I introduced the concept of grounding it has been my big problem. After some work on this problem in the course of my therapy with John Pierrakos I thought that I was grounded. It proved to be an illusion as I discovered in an exercise class with my wife. Her work with the legs was so much stronger than anything I had done previously, that I experienced my legs differently. It produced the feeling that my legs wouldn't hold me up and, then, for the first time I sensed how rigid they were. Despite the improvement that has occurred, I am still working hard to reduce that rigidity further, to open up more and be let down fully.

Working hard means participating in two exercise classes a week, each of which runs for almost two hours. My wife leads three classes a week which she feels has helped her greatly. The exercises are not routine but are done within a framework of an awareness of the tensions in our bodies. The process of change is not complete but I believe we have made significant improvements that are reflected in our bodies and our feelings. There was also considerable pain involved, both physical and emotional. My wife relates that for three years after she started doing the grounding exercises very intensely and regularly, her legs hurt every night when she went to bed. She says that she almost reached the point where she thought that bioenergetic analysis was the wrong approach. Then the pain completely disappeared and her legs have felt supple and strong ever since. I have also experienced intolerable pain in my growth or changing. On two occasions when my wife worked on me the physical pain was so strong that I cried because of it. But just when it seemed that I could stand the pain no longer, it vanished and my crying turned to laughter as the energy broke through the holding and I felt the pleasure of release.

As I work with my body now there is more pleasure than pain in it. I am constantly discovering areas of tension, but I am also gaining the ability to let go of them and give in to my body. It is a gradual process and it seems endless, but also very rewarding. While

my feeling of being grounded has improved greatly, I find that I must continue to work on the problem of being rooted in the earth or more simply said, I must continue to do the grounding exercises as fully and regularly as before. It is not just a matter of maintaining my gains but of more growth. I am impressed again and again by new sensations of BEING that develop. I have actually reached the place where I can experience feelings of joyfulness.

Whole character change is a process of growth which requires a lifetime commitment; it should be understood that this commitment does not mean that the person will be in therapy all his life. My objective is to help a patient reach the point where he or she can take over the major responsibility for the continued growth process. To do that one needs to know oneself, that is, to be in touch with one's body, sensing its characterological bodily attitude, feeling the muscular tensions, and understanding their origin and function. The therapeutic process can also be described as a voyage of self-discovery. The goal of that voyage is the attainment of selfhood, which translates into self-awareness, self-expression and self-possession. In addition, the patient who undertakes to continue his growth and self-discovery alone, needs the tools for that process. Bioenergetic analysis provides these tools as a set of exercises which when done regularly help free the body from the chronic tensions that are the bodily component of the neurotic character structures. Many of my patients have made such a commitment.

Not all patients seek deep personality change. Many seek therapy to relieve an immediate distressing problem; a depressive or anxiety reaction, for example. Even in these cases the approach I use is the same as above, and patients seem to benefit greatly from it. One reason is that every symptomatic problem is rooted in a characterological disturbance and can be understood fully only in reference to the neurotic character structure. Working with the character problem, therefore, uproots the symptom. The work on the character structure should be both physical and psychological. Another reason for the improvement that results from this approach is that working with the characterological problem increases the patient's contact with and acceptance of reality. Fundamentally, that

reality is the person's body and its feelings. Every neurotic symptom stems from the person's inability to know and accept this basic reality.

This brings me to some concluding remarks about therapy and bioenergetic analysis. If therapy is a voyage of self-discovery, it should be conducted by a guide who has made this voyage for himself previously. I don't believe a therapist can help a patient advance beyond the point where he, himself, has gone. In my opinion, too many therapists have failed to confront their character structure on a bodily level. This follows from the observation that they have not made any significant changes in their own body structure. Consequently, their knowledge of character structure is more theoretical than experiential. The result of this is that they count on awareness to modify personality. It can do this to a limited degree and on a superficial level. Insight is what the word says—a view of the interior, a window through which one can see the reason for some aspect of behavior. But knowing the *why* of behavior does not strongly influence the *how* of behavior. To believe otherwise is to ignore the energetic factor.

Energetic considerations dictate that deep change involves continuous work at the breakthrough level. This is the level at which pain and fear are encountered. The fear stems from the fact that breakthrough often occurs together with some breakdown. The old structure must crack and crumble so that a freer mode of being can develop. I have experienced some of these breakdowns in my own growth process and I can attest to the pain and fear that accompanies this process. Two such experiences have been reported in other communications. But in each of these instances, the result has been a significant breakthrough to more health and pleasure. I can appreciate the reluctance of many therapists to bring patients to the breakthrough point since they are afraid of the possible breakdown that may occur. At this point the therapist often turns away from a bioenergetic approach and seeks elsewhere for some way to achieve the desired change without fear, pain, or the risk of breakdown. I have never found such a way and I have never seen one that achieved this objective. My criticism of therapists is not intended as blame, for I know how big and difficult are the personality problems we all face. However, in stating my view of where bioenergetic analysis is, I cannot avoid expressing my feelings.

In a deep sense, therapy is a sharing of life experience. The sharing of experience is an educational, not a teaching, process. One cannot teach a person the truth. The patient can be led or guided (educate: to lead) to discover the truth of his being by someone who has found his own truth. But what is the truth? Every therapist has his own version of the truth. For me, it is a body that is beautiful, graceful, and vibrantly alive. People's ideas of bodily beauty and grace often vary with the fashions. Much of what passes for a beautiful body today is not beautiful in my eyes. No body should be considered beautiful in an alive sense if the eyes are dull and lifeless and if the body lacks grace. For me, the beauty of the body is reflected in the beauty of one's thinking, the grace of the body in the graciousness of one's manner, and the aliveness of the body in the radiance and brightness of the eyes. This is my criterion of physical health and, therefore, also of emotional health. This is the state of all animals in nature. Human beings live in a state of culture, not one of nature, so for us, it is an ideal. And while it is one we cannot fully achieve, we can at least strive for it. That is my view of the direction and goal of my therapy, as it is the direction and goal of my life.