

FROM PSYCHOANALYSIS, TO GESTALT THERAPY, TO BIOENERGETIC ANALYSIS: A PERSONAL / PROFESSIONAL INTEGRATION

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Spanning the last forty years, in turn, I have been a patient, student, practitioner and teacher of Psychoanalytic psychotherapy, Gestalt therapy and Bioenergetic Analysis. In this article, a partial condensation of my speech at the convention, I wish to tell you of several important practical insights I gained from each theory in therapy method and process, and how I've come to view Bioenergetic therapy because of them.

In 1956, I came to New York City directly out of social work school and began to study and practice Psychoanalytic psychotherapy, which included an eight-year personal Psychoanalysis with Kenneth Fisher. He had been a Freudian analyst, and when I met him was an Existential analyst who included body awareness in his therapy.

On his couch I gained important insights about therapy process. I learned the value of a long-term relationship and having a good deal of time to introspect and explore myself and relationships, with emphasis on taking into account body sensations and feelings. I also learned to face resistance to doing this and of intra-psychic and interpersonal conflict in my life. With his existential-phenomenological approach Fisher did little interpreting but asked many questions and left choices and answers and solutions to me. So, realistic ego development was emphasized and occasionally I had mild cathartic moments and early memories. A big benefit to me was the reduction of a very severe super ego from my mother's side, which included the Catholic Church. This benefit made for easier relationships with women and bosses. And I had to face and reduce the tendency to idolize and to need prophets, popes, priests, presidents, psychoanalysts and psychiatrists - all those "p's" I had substituted for an absence of any emotionally engaged real poppa in my development.

With my needing more excitement in therapy, and because he was a reserved person and couldn't promote it, Fisher referred me to one of his former analysts, Laura Peris. Peris had once been a Freudian analyst and co-founded Gestalt therapy with her husband Fritz Peris. I was in individual and group therapy with her for three years; the group being a ground for experiential training in Gestalt therapy for professional therapists.

Laura's style was highly confrontational of what was said, gestured, moved or blocked but with a light touch in the here and now. She was constantly attuned to the other's flowing and blocking. Strong interactions and releases were encouraged. This was much more confrontational than my former therapy and it increased the intensity of my blockings, feelings and expressions.

Also, from her I learned the value of paying attention to and contacting the "obvious," which was the accessible surface of myself and others. In Gestalt therapy it is called contact at the boundary and, coupled with awareness, is applied to oneself and others or to any item of interest in the immediacy of the moment.

I left Gestalt therapy and training when I felt I was flowing enough to get married. Coincidentally, on the last day of the group a Bioenergetic therapist, named Anneliese Widman, attended to tell us about Bioenergetic therapy and exercises.

Two years later, I was divorced and depressed and needed therapy but resisted returning. I remembered those exercises of Anneliese so I joined her weekly exercise group and began to feel better. After a while he added free form dancing, with belly dance music, at the end of her sessions. I liked moving but choked when I began to let go. To remedy this, she advised individual sessions in which I stretched over the stool and kicked on the bed. When I started to breathe heavily, I choked again and she pressed strongly on my neck, releasing a spontaneous scream. With this and other body manoeuvres, I began to access and release, with great intensity, emotional material that I had only touched on in Psychoanalysis and moved a bit more deeply in Gestalt therapy. I felt it was the catharsis I had been promised fifteen years earlier when I was studying psychoanalytic texts and stories. It was very freeing.

In asking Anneliese about learning this method, she referred me to Al Lowen, and I continued in weekly sessions with her and monthly ones with him. Later I worked with Hazel Stanley weekly and still later with Al more frequently, all of this for more than ten years.

Lowen was amazing and exceptionally adept at body reading, and he helped me quickly penetrate to the depths and intensity of old and new unconscious territory to find release and new insight and more freedom. And he inspired me to continuously work on myself outside of therapy with his exercises and in ways I learned from Anneliese and Hazel or developed myself.

In 1971 I entered the first class of the formally organized training program in New York City, became a CBT and local trainer four years later, and a full trainer one year after that.

As a therapist and a teacher, Al Lowen was very good for me and I learned much of his style of therapy, partly via modeling and idealization. I admired him for what he knew of the body in personality and therapy and what he could do. As a colleague, in my opening an office in New York City, he was very generous in sending me twelve patients in the first three months.

Seeing these patients, I began to work out some of my idealization and to find my own way. Patients seemed to fall into two categories. One grouping wanted quick, strong, breakthrough experiences similar to ones they had with Al. The other grouping wanted and needed a slower, less intense experience at the start, and with more help at integration along the way. The first group had

people with better developed egos who had secured the oedipal level of development, and in the second group were people with more pre-oedipal problems.

As I grew more separate from my own therapy and training, my knowledge from Psychoanalysis and Gestalt therapy started flowing back, and I began a long process of trying to integrate what I considered most valuable from the three methods I knew. Today I practice and teach my combination of the three within the basic principles of Bioenergetics as laid down by Alexander Lowen in his 1970's paper "What is Bioenergetic Analysis?" He stated five fundamental concepts upon which theory and technique rest:

1. Unity and antithesis of all living processes,
2. Unity as an organismic phenomenon,
3. The energy concept,
4. Tension and character,
5. 5. Grounding.

I continue to learn from Als writings, from working on myself, from working with patients, teaching students, discussions with colleagues and all of life's experiences.

Here are some of the similarities and differences I learned between the three disciplines in certain therapy concepts and practice.

Therapist-patient relationship: Regardless of the ideas and techniques of the system, I believe there are basic ingredients in the relationship that are helpful to the patient. These are the therapist's listening, seeing, touching, understanding, respecting and caring for the patient, along with implicit hope for the future. The patient can learn to experience these from the therapist and to apply the same to himself and to others for the benefit of all.

Self-awareness or the observing ego was a quality of consciousness that was similar in Psychoanalysis, Gestalt and Bioenergetic Analysis. In Psychoanalysis and Gestalt heavy emphasis was placed on this quality from the start and it was seen as primary and necessary for change. In Bioenergetic Analysis the emphasis and value was placed on the change in self-awareness after the breakthrough into consciousness of feeling and unconscious material. I've learned to value both in concert.

Contact, in my Psychoanalysis, was used to start the flow of material, and to deal with resistances, explore conflict and to foster the transference, all for self-interpretation and resolution, or the analyst's interpretation and eventual insight and working through. In Gestalt contact was about therapist and patient making real up front emotional contact, so flow of meaningful material would start or stop and start again in the present. The therapist was very much a real participant observer, promoting awareness and flow, following and leading the natural course of interesting material, until the background came into conscious, thus closing the Gestalt. In Bioenergetics contact was used mainly for an intellectual diagnosis and beginning understanding of the person psychophysically, and then Bioenergetics emphasized the use of the body techniques to work things out.

Transference played a central part in Psychoanalysis which looked for the development and resolution of a transference neurosis. In Gestalt and Bioenergetics, bits of transference were attended to or not and interpreted and worked with rapidly before any full development in the relationship.

Countertransference was considered in Psychoanalysis when it interfered with the process and the analyst had to solve his problem outside the relationship. Today analysts have discovered there are two people in the room and slowly have modified their role as they become more aware of themselves in

the relationship and can use themselves more completely. In Gestalt there was always a dialogic relationship, with each party interacting and aware of their input into the process, but sometimes the therapist could be too much too easily. In my opinion, because of the tendency in Bioenergetics to focus heavily on body work and sometimes to encourage the patient to try to do too much, countertransference issues were not attended to enough.

The Body: Psychoanalysis, or the brand I experienced which included body awareness, started me on the road to finding myself bodily but with mild emotional expression and little catharsis. In Gestalt therapy body awareness and spontaneous movements, especially gestures, were attended to and there was an attempt at reducing bodily blockages according to the therapists spontaneous and intuitive understanding. Cathartic explosions were sought after and strong emotional expression of all kinds promoted. Bioenergetic Analysis offered the deepest, most extensive and systematic understanding and therapy of our bodily selves and emotions. With the principles of Bioenergetics stated above Lowen found the possibility of consistently and deeply working through and working out emotional problems by emphasizing grounding and breakthrough and by increasing feelings of life and pleasure.

I was well prepared for the strong work and breakthroughs in Bioenergetic therapy because of my previous therapies. In my estimation, however, for some patients in Bioenergetics more attention needs to be paid to self-awareness and ego development and to verbal and physical resistances before there is an attempt to release powerful breakthroughs. It is the slower and patient albeit sometimes unpleasant and not yet satisfying work with resistance and awareness that prepares the patient for the meaningful and extensive catharsis possible in Bioenergetic Analysis. This is especially true for the people with preoedipal problems.

Recently I returned to reading Wilhelm Reich's Character Analysis, the first half of which I studied 40 years ago, and found this italicized quotation, "One cannot act too early in analyzing resistances and one cannot be too reserved in the interpretation of the unconscious, apart from the resistances." For Bioenergetic Analysis, as I practice it, I would paraphrase and change that statement a bit to say, "One cannot act too early and consistently in working with mental and physical resistances and be too judicious in directing and pushing impulses for breakthroughs into the unconscious." After resistance work the unconscious rises to the surface and spontaneously expresses itself verbally and physically; and the clarity and poetry of it is unique, specific, beautiful and satisfying.

I want to give some examples of what I have been alluding to: Many years ago I began looking at the directed maneuvers and exercises as I used them, observed students using them, and had experienced them myself. I realized they were not neutral much of the time -meaning done for what they were intended - but were taken by the patients into their character or into the transference. For instance, have you ever said to a patient, "Look at me," intending eye contact, and if he tried to look at you it was with eyes that didn't see or send emotion? You directed him over his resistance and he couldn't make meaningful contact. It would have been much better to say, "Can you become aware that you're looking over there and not at me as we talk," maybe adding "Perhaps, you are uncomfortable?" This brings the defense or resistance into focus, with empathy, and allows the patient a bit of ego development by awareness and by choice to comply or not. Then he might say, feeling understood and turning to look at you, "I often look away and daydream a lot. I am afraid of facing people and you."

How many times have you said to a patient, sensing he needs energy, "Lay down and kick." He tries, and ends up blocked. Perhaps he tried too quickly and too dutifully and tried too hard. You could then say, "You certainly are quick to obey and to try too hard" as a way of beginning to bring a character reaction into consciousness. Then he has a chance to begin to experience his character and to search for freer kicking and energy.

Now the Bioenergetic breathing stool: It's one of the most ingenious and useful and versatile devices we have. But I think it's been mainly used in a one-sided way. That is to produce breathing, hoping for charging or a breakthrough. Many therapists observing limited breathing say to the patient on the stool "Breathe," but if you look closely, most patients block in many areas, including their breathing, as soon as they get on the stool. The stress of being on the stool causes tension in the patient and characteristic ones at that. I've found it more fruitful and easier on the patient to ask, for instance, "How do you feel now that you are there?" He might say, "Uncomfortable," and I might say, "I see your discomfort and lack of breathing and you are very quiet." He might say, "Yes," very quietly. Observing the constriction in his throat, I would say "How's your throat?" He may say, "Tight, I can't breathe or speak easily." And I might say, "In your discomfort you lose your breathing and voice and can't speak up." Then he may remember his past saying, "I grew up that way — tense and quiet," and he will breathe spontaneously. Now he and I have a clear and experienced basis for going into his unconscious, with both knowing the psychophysical problem and partial source. We can go deeper and more extensively, and at a higher level of charge after that, with confidence about deep release and spontaneous insight and integration, to whatever level of fixation and resolution necessary. In Freud's terms "peeling the onion," so to speak, but with Bioenergetics it's the whole onion - mind and body and to the core.

When I first explored working this way with the stool I thought of renaming it The Stress Machine to focus people on that aspect of it, and later I sometimes called it the Stressing-Surrender Stool, or Stressing - Regressing Stool.

I want to say a bit more about consciousness in this very deliberate way of going from the surface to the depths and from a low charge to a higher one. Lowen pointed out in *The Language of the Body* that consciousness is a surface phenomenon; the surface of the body and the surface of the mind.³ I can best gauge the surface by what the patient tells me and by what I observe. Then both the patient and I come to an agreement about the experience as we proceed. And if we focus on working with resistances and coordinating the surfaces, verbally and physically, covering the whole person, we will always get a meaningful integratable response. And when the first layer of the onion is peeled away, so to speak, everyone's ready for the next.

In short, what I have been saying is that whatever the therapist puts into the analytic, Bioenergetic therapy relationship - a direction, the stool, an exercise, himself - the first thing the therapist ought to observe is how the patient responds to it. Is it from the neutrality and understanding of the therapeutic alliance, or in character or in the transference? Then the therapist can respond accordingly. It's amazing to see therapists aware of what they say to the patient and his response to that, but remain relatively unaware of how they introduce the body work and of the effects of their introduction on the process. I'd like to tell you about three cases of mine that reveal and make more alive some of my theses today. The first case, which I consider a character-analytic, stool-work and block-busting one, occurred within the past year. The person was a wealthy woman, middle aged, pretty and well-shaped, with a rigid body structure, who was brought up in an aristocratic family. She came to see me and in a very straight-forward manner told me she was sampling different types of therapies because she wanted to select some to include in a growth center she was starting in her country. She had been to Paris and California, now was in New York, and had worked with six or seven people from various disciplines. She now wanted a Bioenergetic experience.

In talking about what she had learned from the different therapies, including what benefit she got for herself, she told me she had learned that she had never been able to cry in her life and only one of the therapists had been able to help her cry. That was a doctor in France who diagnosed her and used a special sound wave machine to treat her. He told her if she would listen attentively to a certain sound, which he would provide, she would eventually cry and in a matter of 10 sessions would be cured of her

inability. Indeed, in the one session she had with him, his machine produced the wave and sound and she cried quite deeply. The other therapies hadn't touched her in this regard. She said, "I hear that Bioenergetics is good at helping people cry." I replied, "Yes, but I don't know if we can do it in one session, but I'll give you a typical session and we'll see. In any event we'll discuss the outcome and see if this is what you're interested in for your center." So I put her over the stool and asked her to say what she felt or share what was happening to her, and she immediately began to seize up, her back was stiff, her throat choked, and no sound and little breath came through. I asked, "How do you feel?" and she said, "Well my back hurts a little." I asked, "And do you notice that you can hardly speak, that your throat is tight?" She said, "Yes." In order to relieve the stress and let her back and neck stretch out a bit, I had her stand up and bend over. Over the stool again, the same tension pattern returned, but as she gave in a little her jaws clamped down and I asked, "Do you notice that your jaws are tightening?" and she replied, "Yes, what does that mean?" I answered, "It means you are clamping down on some feeling." I suggested she voluntarily loosen her jaws by closing and opening them and that she might try to relax her neck by turning her head a few times. She did, and was able to relax a bit and talk more easily. I asked her to get off the stool and bend over again and then return to the stool. She did and began to seize up again in the same fashion. Her breathing, her throat, her jaw and now her shoulders began to raise up. When I began to make her aware of this new development, she began to become very interested in what was happening to her in this obvious and more significant overall pattern of blocking. I helped loosen her shoulders and she began to breathe more easily and got off the stool looking radiant and relaxed, felt well, and didn't appear to want more.

All this had taken a good portion of the session. We had about 10 minutes left, she said, "Gee, I feel good." "And look that way," I replied, "And what did you learn?" "Well, that I seize up under stress and that I can help myself by moving my jaw, neck and arms. Then I can breathe more easily and speak more easily." I agreed and said, "But you came here to see about crying and if Bioenergetics could help you with that. Do you wish to end now, feeling well, or face the crying issue in the short time we have left? I believe I know you enough to help you cry shortly." Eagerly, she said, "Yes, I really want that." I had observed that the last time on the stool she had breathed rather easily, but with her jaw clenched. I had her go back on the stool, and as she went into her holding pattern, I began to message a tight ridge I could feel in each jaw muscle. It must have been very painful, but she suffered it. Her breathing began to move involuntarily and forcefully, a good sign of an impending breakthrough. I said to her rather strongly, "You know that I am hurting you and you are clamping your jaw and suffering silently." She popped her head up and said, "Yes, it reminds me of the way I was treated and reacted as a child when I began to cry." And I asked, "What way was that?" She said, "I had a governess and if I would start to cry she would slap me in the face. So I learned not to cry and to be on my best and proper behavior and that's been one of the problems in my lifetime." I said, "Okay, that's very clear, do you want to go a bit farther?" She said, "Yes."

Back on the stool I pressed a bit harder on the tense jaw muscle. She began to regress and her face looked younger and younger. She shook her head and whimpered, "No" in protest. I let go and she began to cry. She stood up, cried some more, but when she looked at me her eyes were glazed over. I had expected differently. So we sat and talked a while about it, I'm sorry to say, the glazed eyes were never cleared enough for me but she maintained she was fine. We were overtime so she left with a referral to a Bioenergetic therapist in her country. I felt displeased because I had gone beyond where I normally would to produce this breakthrough experience, and had left her somewhat unintegrated. It turns out she left her heart shaped locket in my office, and called me the next day to say, "I left my locket in your office, and I'm so happy that you gave me that wonderful session. I'm going to have Bioenergetics in my center." She sounded like a child, not the woman who had walked into my office. Anyway, we made arrangements for her to pick up her locket from the doorman. So you see much more happened than was integratable, due to my forcing below her surface. When you do that you often get

a strong transference reaction and it takes time to work it out. As Freud wrote in 1914, “The theory of psychoanalysis is an attempt to account for two striking and unexpected facts of observation which emerge whenever an attempt is made to trace (lie symptoms of a neurotic back to their sources in his past life: The facts of transference and resistance.”

The second case, which illustrates more of a Gestalt approach with body work, is that of a young woman, in about her tenth session of group therapy, in which there was group interactive work and individual work with me in front of the group. She had mainly been participating by sitting and observing and saying very little about herself. One day, when this was brought out in the group, she shared that she had trouble coming forward, as others had been doing, but now was ready to step to the center for a session. I noticed she was making strong eye contact with me as she came up and spoke quietly. She said all her life she’d been unable to reach out and wanted to work on that issue.

She was a person with a somewhat orally deprived upper body, held very lightly, and a much fuller lower body, hips and legs. When she had said she couldn’t reach, I noticed her hands had spontaneously reached limit the wrists out. I said, “You walked up here and did reach with your hands, so you’ve started.” She was surprised and when I modelled that for her she got the idea. As we talked some more, she spontaneously reached with her hands and forearms, always watching me intently. I said, “You have included your forearms, but are held from your upper arms and across your chest. Why don’t you do something to loosen them up?” She did, by swinging her arms, still watching me, and in a minute or two began to breathe and raised her arms toward me with feeling in them.

Her respiration was still very limited and I was tempted to use the stool to continue, but I thought the whole picture wasn’t complete. Her lower body was very still and uninvolved, so I pointed this out to her. She asked, “What can I do about that?” I said, “Well, you walked up here and are standing here. Perhaps you can find a way to awaken your hips, swing them or shake them a bit, like this, (model)” And she did, and she began to breathe and looked full of energy and her eyes and demeanor began to look like an excited little oedipal girl ready to hug her father. I said this to her and she agreed, but couldn’t move toward me although she watched me intently. I asked, “Is there anything you would like? She said there was no touching allowed in her family. I said, “It’s allowed here. Here’s your chance to move closer if you can.” She said, “I can’t now, but I’ve made progress.” And I agreed. She told me it was enough for now and I said, “Then it’s okay to end the session.” But as soon as I turned to go, she jumped across the gap between us and hugged me. We all laughed good naturedly, and I ended again by saying we’d have to see what that was all about next time. After that she was much more animated in the group and interactive with others. Yes, we made a good beginning by staying on the total surface and we will need to work deeper on her oedipal and oral reaching issues in the future.

The third case illustrates a more strictly psychoanalytical, Bioenergetic approach, with the development of a full-blown, fullbodied transference neurosis. It relates to a man I’ve seen for ten years and continue to see. He came to me after several years of Jungian analysis. His history: When he started with me he was 40 years old, a common laborer, a recovered alcoholic, from a family of alcoholics. He had a strong Irish-Catholic background, was a member of MENSA (a high I.Q. society) and said he wanted to get more in touch with his feelings and strengthen himself against the temptation to drink. He had knowledge of Bioenergetics from A1 Lowen’s books. In appearance he was a rather handsome but rough-hewn construction worker, dirty work clothes, unshaven, tough talking, and charming in a friendly Irish way, with a good bit of blarney, as they say. He was fairly ruggedly built and when I looked at his body, the strongest Bioenergetic signs were a flat lower back (spanking?) and tight ass (anal masochism?), right shoulder held down and back, and left shoulder up like the sword-and-shield posture (protection-striking?), but with both shoulders also raised a bit (fear?), and dark and beady eyes

(rage?). I saw a mixed picture of some psychopathic and some masochistic features, but I couldn't make any overall sense of the problems I saw.

As I was ending the interview with him standing there in his underwear, the only useful diagnostic impression I had was that there was nothing that I could ask or say to him that he didn't fend off. He did this directly or with verbiage or with laughter or charm, or he gave me an intellectual explanation, or would say that he'd dream about it, as he often did, in his Jungian therapy. I was certain that there was no way I could approach this man verbally and make any contact. I was looking puzzlingly at his body when I had a swift and clear visual premonition, which I don't often have but occasionally do, of him flailing and almost tumbling through space in an unrecognizable pattern. It was brief but telling and I said to myself, "That's what he's all about. I don't know what it is, I know I can't approach him effectively verbally, I'll just have to sit back like in psychoanalysis and let therapy take its course. I'll include body work and intervene when possible." I thought, only through his body will it all come together for him and for me.

So we began and he has not missed his weekly appointment in ten years. The first years were simply spent listening to his talk and educating him to lay over the stool, to bend over and to brace and sometimes to hit and kick. These produced no feelings of significance except in the area of being spanked. He got a sense of energy flow and blockage and more aliveness, but little emotion except anger, and that he explained away intellectually. The next significant event happened as I sat back and said, as though from an analytical distance, "Do you notice that when you lay over the stool what you tell me seems to be closer to some kind of emotional truth than when you are standing or sitting?" He laughingly and charmingly said, "Yes, you've got a hell-of-a-good-bullshit-wrecker here!" I asked, "You mean the stool?", and he answered, "Yes."

So from then on, between us, the stool got to be known as the "bullshit wrecker," as he used it. Other times he refused to use it, with humor or laughter, and to give me a hard time. But I began to notice that he started to like me when he volunteered that I must think him a pain in the ass when he refused. Some of the truths that he began to tell me about in his stints over the "wrecker," was that he yearned to be a "hit man" or a "private eye," had guns and indulged in target shooting but considered himself too much of a wimp to become either. He was a prolific reader, and it was all devoted to murder, sadistic mutilation, retaliation and horror stories from prose and biography. His sexual life with occasional women was sado-masochistic with him usually being more the sadistic one but with masochistic fantasies. He compulsively masturbated to the point of injuring his penis and wouldn't hear of using a lubricant or trying to stop. In his worrying and hurrying on the toilet he ended up compulsively cleaning himself with rolls and rolls of toilet paper.

He faithfully attended Alcoholics Anonymous and, about seven or eight years ago, stories of actual abuse of people by their parents began to crop up in meetings. So he began attending a branch of AA which was for survivors of incest. He would tell of being an incest survivor himself, as that explained his plight, but he was unconvincing to me as there was no ring of truth in his voice. Again, it was him speaking loquaciously, charmingly and intellectually. I couldn't dare say to him I didn't believe him, because he still didn't trust me enough to listen and take in my word. And this after several years of therapy by now.

One day he walked in and instead of taking his clothes off, or going over to the stool, or doing some physical maneuvers, he announced, "I am not taking my clothes off anymore." I replied, "Fine with me. What's happening?" And he said, "I'm a victim of incest and I don't trust you here in my underwear." And I said, "Well I'm glad you can protect yourself." From then on he would come in, stay as far away from me as possible, and talk or use the stool with his clothes on. He talked more about his childhood, in his usual intellectual way, with no spontaneous movement or feeling coming forth.

This went on for about two years, and after I'd heard him tell of stories of anal and oral rape by his father, he began to listen to me. We could now look closely together at some of his dreams, body sensations and fragments of information that emerged. It seemed to me he had suffered something orally and anally but I had no convincing idea of what it was or if it were of a sexual nature. He began to trust me enough so I could question whether his interpretations were accurate, and I asked him to suspend conclusions by listening to his body and his unconscious as it arose and wait for the real answers. He would fight me a little and then reluctantly agree.

One day I took a chance with a personal revelation. I had had a troubling dream the night before he came, so troubling that it was distracting me in the session. I needed some help to continue to pay attention to him. I told him that and asked if he would help me understand my dream at the end of the session. He agreed and this helped me to continue attentively. When his time was up I told him the dream and he gave me a valuable interpretation that helped me. But more importantly, he began to really trust me. He said he felt now he could feel an equal to me. But he put me down in my vulnerability before he left. Later, at times when I would show any vulnerability, he would offer help then find a way to hurt me. Eventually I pointed this out to him and he acknowledged it slightly. I said, "The same thing must have happened to you when you were vulnerable."

At this moment his body began to slowly react spontaneously. He began to take his clothes off, sit on the bed, and pay attention to his right foot shaking. Days later, his foot and leg began to shake. Several weeks later his body shook and still later guttural roars from foot to mouth emanated when he opened his mouth to speak. Frankly it looked to me as if he was reacting to someone beating him terribly. He would fall back on the bed, or run around the room, roaring as if possessed or laughing and falling down, cowering and ineffectually trying to fight back. My premonition of six years earlier was being played out before my very eyes. But his eyes were still dark and beady and uninvolved.

He now started presenting himself as a cult abuse victim and of demonic possession, in the same way he had earlier characterized himself as an incest survivor. When I tried to get him in touch with what his body was revealing at the moment, it was amazing how he was completely dissociated from it and wouldn't pay attention to it for any length of time. When I tried to get him to work on his neck and eye block, it didn't help much. I realized if he's going to get in touch, it would have to happen between him and me in the transference. So one day I planted the seed. I pointed out the attempts I had made, to no avail, for him to get in touch with what's happening. I told him that I could see his energy was working all through him except up into his eyes. They remained dark and fixed and I thought one day his falling and laughter would turn into crying. He accepted this intellectually, and so I casually said, "One day we might work it out between us." He began to have dreams about his eyes, and the dream work began to loosen them.

Several weeks later he came in quite excited, exclaiming, "I've had this breakthrough dream" and his eyes were shining. I asked, "And what was it?" He described being on all fours and being "screwed in the ass," a fantasy he had had previously, and was very ambivalent about. I said, "Then what happened?" He said, "I woke up a little excited, so I jerked off. I must be gay, that's proof of it." I felt the seeded moment had come, so I said to him, "I don't agree with your interpretation of the dream or what you did." "What do you mean?" he retorted with mounting disbelief and challenge. Standing there he began to defend himself loudly and charmingly, and I said, "And I don't go for your charm anymore." He began to intellectualize fast and furiously and I said, "I don't go for your mind anymore." He began to stare and glare at me and I said, "What's happening is that you have been, once more, abused in the dream. You jerk off to drain away your aggression and you think that's being sexual. You have never fought back in your life."

He stormed across the room and in a full fury put his face next to mine and cursed me more viciously and eloquently than I had ever been cursed, with his eyes blazing and his body red. I sat there thinking to myself, “This is working out great, just like in the old books.” Then he raced over to the stool and began to pull out the handle bar. I got a little apprehensive, but he dropped it, fell back onto the stool and began to scream and cry in terror, pain and rage, as though he was a young child or infant, literally being tortured. At the end he got up smiling, looked good, felt good and began to realize what had happened. We spent a good deal of time going over how we had recapitulated a part of his early life experience. We had joined in a fight of sorts and he had finally been able to fight back a bit and give in to his feelings. This opened up a whole chapter of his life, in which he had been physically and verbally beaten. We still don’t know whether he had been sexually abused, and the kind of material that’s coming up now suggests early hospitalizations and something being put into his mouth and anus before he was very aware of what was happening.

The changing in him is quite remarkable. When he walks in now he is genuinely friendly, can stand near me and has bright sparkling blue eyes. For nine years, if you had asked me the color of his eyes, I would have said, “Dark, probably black.” I know I’ve heard Al speak of black rage, but fixed for years, amazing.

He’s now retired from his laboring job, living poorly off a pension, and beginning to try to write. He doesn’t have a fantasy of being a hitman or private-eye anymore, or of having sado-masochistic sex. His toileting and masturbation are often normal. His body looks more like that of a slightly chubby child, since he has softened so and doesn’t work so hard. He seldom speaks of demonic possession and, more enlighteningly, the guttural sound of the demon has changed to direct and understandable voicing of anger as his head and body have been more unified at the eye level.

In therapy he jocularly defends himself occasionally in the old ways, but with or without my prompting, goes over the “bullshit wrecker” and immediately and spontaneously screams and cries and screams and cries more and more and more and then gets up feeling more and more freedom and joy.

I find it all very moving. Enough said.

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1996 (7)

This article was published in the first issue of the clinical journal (Volume 7 • Number 1 • Fall • 1996) of the International Institute for Bioenergetic Analysis. [More information ...](#)

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