

**B I O E N E R G E T I C  
A N A L Y S I S**

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## NOTES ON INTIMATE CONNECTIONS

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Intimacy is an **Art of Creation**—an enactment and a celebration of **aliveness**. It is a relationship to others within which we risk exposure in order to feel understood, safe, physically strong and capable, able to empathize and help our fellow human beings. Through intimacy our fears can be tamed. Intimacy as a way of harmony may be our best chance of finding our way home on levels ranging from the cellular to the soul, personally and interpersonally, perhaps even nationally and internationally.

Many of us have histories of **broken connections**, often beginning in infancy when “Mom and Dad” were not there the way we needed. Our lives then became a search for finding close connections within ourselves, to others, to life as a whole. Often we did so without guiding principles to help us find connection and attunement to the various environments in which we lived and functioned. Our search occasionally led to increased desperateness, with despair or death lurking in the background. However, as Au and Canon point out, “When intimacy is accompanied by love, it can become a crucible for our wholeness, stirring up what needs to be integrated and holding us in love as we meet those parts of ourselves which we have feared or hated.” Depending on our personal “condition,” then we can only offer what we have; but we can create much more if we open our hearts and souls. Through imaginative skill and risk taking we can bring about new courses of action and ameliorate past wounds.

How do we do that? As a beginning it is simply **IN-TO-ME-SEE**—the **ultimate in self-disclosure and openness**. The baring of self and spirit has another dimension as Paul Tillich describes: “We can discover our souls only through the mirror of those who look at us.” If this is so, the plea is: Give me the gift of your kind empathetic eyes so that I, too, can see and open to myself. The assertive mode of visual function is **looking** sending energy out through the eyes. The receptive mode is **seeing** taking energy in. Eye blocks are usually there for a reason as I know in my myopia. Charles Kelley talked years ago about myopia and hyperopia as being parts of a person blocking fear, anger or pain. But if you see me, then by the same privilege perhaps I can see you and myself as well. We can meet for we both have this **basic and passionate human need of intimacy**. And if we meet, perhaps, we can engage. If we engage, perhaps we can connect from deeper

places within ourselves. It is not enmeshment, for the self must be retained. Only by being separate can one truly be with another.

In that connection we will have created something different than each of us—a much larger state of being. In that synthesis or synergy lies a new and expanded life form. If we nurture it, care and tend and give to it, there could be an engagement with life forces. They might encourage similar processes elsewhere perhaps even expanding geometrically and with possibilities of quantum leaps into a sense of partnership, communion and community. Yes, not only between us but others as well.

But dare I let you see into me? **Dare** we **create** something between us that **heals** our broken connections and allows our souls to vibrate and resonate, to touch and engage? That would be intimate and I assume so desirable!

The miracle of this process of intimacy is no secret, no hidden truth that only some privileged or enlightened few attain. We can see it plainly most days, if we observe, if we are receptive to looking and seeing. For example, it is in the healthy bond between mother and infant, the absolute miracle of conception, birth and growth. It is in the germinating seed of life—the little “wiggler” that scores a bull’s eye and begins the process of conception, a growth process that can last forever until death and perhaps beyond. In that **energetic embrace of life** lies the truth of intimate connection. As adults, how much do we live or love or fear that embracement? This is a crucial question. A question most of us deal with difficulty or, in fact don’t deal with at all. Sometimes I don’t know how fast I actually run from what I profess to believe in.

From the rather encyclopedic work on intimacy by Karen Prager, it is evident that we are dealing with a rather “fuzzy” concept. Yet certain consequences, both positive and negative, are associated with intimacy. For example: (1) intimate interactions are associated with health benefits including the physiological; (2) intimate contact is rewarding, it enhances satisfaction in relationships and fosters a sense of well being; and, (3) it facilitates people’s needs such as being attended to, being accepted, understood, valued, belonging, positive self acceptance and opportunity for catharsis. People who lack intimate connections are at greater risk for a variety of ills. Non-disclosure is associated with illness and other symptoms of distress. I watched my sister die of a heart attack at age 51 and it was largely hypertension and an inability to express.

Prager divides intimacy into (1) an experience and (2) into relationships. This has a certain theoretical basis but I am not making such a distinction.

I agree with Erik Erikson that intimacy ultimately involves the capacity for commitment to “concrete affiliations.” It is just not “affiliation” for that is such an abstract concept. What I really mean is the capacity for relating to or from love around the essence of our being. At its best intimacy is a state where defensive ego boundaries are let loose and a spiritual connection is joined as something sacred or as a state of grace. Then there is ease and suppleness with all of life’s movements.

On a personal note, if I could have loved to the full intensity of my being, I would not be writing this essay, trying to decipher things for myself. That is hard to admit. What held me back? My guess is the rigidity in my family of origin. My mother, for example, believed that children should be punished for their “own good.” Thus it is hard to be open when you grew up with that attitude and behavior. That is not an excuse, simply an explanation. Yes, we were punished for not behaving according to her or my father’s expectations. Work was their motto and not closeness, sharing, fun or pleasure. Yet these existed for we had our secrets and ways of being as children. Of course we went through various rebellions!

In this small paper I ruminate on various aspects of intimacy. I explore, what may be familiar to others, but is new in expression for me. I shall consider thoughts beyond Prager’s psycho-sociological treatise. I shall consider how body and self are intimately connected, how intimacy is related to idealized images, how love and hate are joined in a desperate path, the loaded relationship between intimacy and sexuality and the ensuing confusion, and finally, the therapeutic relationship and the limitations of the pathology model.

## I. THE BODY SELF

Part of the capacity for intimacy is based on our bodyself—the images and distortions, truth and lies, conscious or unconscious, we believe about ourselves. In coming into the world our Self was largely a body phenomena. Our emergent or primary Self was connected to mother and our movements in relationship to her. We grasped with our hands, sucked with our lips and mouth, pushed with our feet, sought to focus our eyes, all toward re-establishing contact, a new contact outside the womb. We sought to communicate through our struggling movements, to tell the significant other of our needs. Those needs grew daily and our life-breath carried us forth on a journey of Self and Other discovery. To the extent that our physical and emotional needs were met we flourished, becoming ever more demanding of our environment to satisfy our new “I” and “We.”

Being empathetically responded to was our definition of intimacy and little by little in our primary narcissism we could give back in terms of recognition, delight and comfort. "You are my mother," we seemed to say, "and I have these needs you must fulfill and I'll try my best to let you know what they are. I shall meet your love, take it in and let you see your self grow as a result. My system is totally open to you. As you respond, so also will I. Isn't it wonderful that we can have this relationship where you can give fully of yourself and I can receive it to the limits of my capacities. And I hope you'll be delighted with each movement I make in my development. We shall, of course, test each other so that our bonding will deepen and our attachment will unfold in the merry-go-round we are on. This beginning is only a moment in the memories that will fill our lives. This could be wonderful. But as we separate, as I individuate, the nature of our relationship will change but it will have been built on the solid foundation of an intimate connection. Those physical and emotional tasks of the infant are also a **lifetime task** as Daniel Stern points out. We do not out-grow basic needs; they are not simply remnants of the past.

We are a product of our socialization, the way we were raised and taught to view ourselves. We are also a product of our imagination as well as the imagination of others. I know I have constructed images of myself that are not necessarily reflected in the mirror or in the eyes of others. I was an athlete, a scholar, an actor, and occasionally the family clown, much of which is true, but part of it was illusion; it was a way of adapting while at the same time I could remain aloof. While closeness is what I wanted, I did not always know how to deal with it or accept fully that another major person might be truly there. Of course there were exceptions for which I am truly grateful.

I conclude as does Kate Dent Rennie that we need to ask ourselves (1) How do I view my body as Self, (2) How much of my emotional energy is directed toward liking/disliking my bodyself, (3) What feelings and attitudes are built into the way I bodily present myself to the world? In what postures do I see myself? What happens to these postures as I physically move? Does it change my sense of Self and if so, how? (4) If I dislike my body what does that protect me from or how does it help me? (5) How has my body failed me? How have I failed my bodyself? And (6) What steps, if any, am I willing to take to bring my "body" and "ego" selves together into unity rather than separation? Or do I plan to keep separate compartments for body and mind?

Although we may delude ourselves by separating mind and body, they work as a unity most of the time, at least at an emotional level. The intricacies

of that interaction are only partially known in the worlds of biology, psychology, medicine and philosophy. It is still an open frontier of science. And if we had total knowledge of that interaction, what would we do with it? Would it change our behavior and values? In any case, our knowledge has not produced an intimate concern with the quality of life. Our primitiveness remains intact. In my own case I know this as a recovering alcoholic. My mind told me that yes, I abuse alcohol from time to time, but my body told me clearly I was an addict. I was hiding, but the feelings were either too intense or I was dimly deadening myself from emotion, feelings and real contact. Anti-depressants often had a counter-affective result.

It also alienated me from my closest friends based on long term love. I simply was not there and could not be when under the influence. I was there in my own constricted mind. There are serious mind/body deceptions. Steven Dubovsky aptly calls it "lethal ignorance."

Dubovsky also points out that "depression is [another] clear example of a mind-body disorder, because the fundamental disruption can be programmed into the cells of the body by mental as well as physical processes. The mind can change the orientation of the body, which in turn alter the course of the mind." As someone once diagnosed with a dysthymic disorder, I can believe it! Chronic or mild depression does not lead to aliveness. I often did not recognize what was going on despite theoretical knowledge and a lot of bioenergetic therapy.

With clients who have suffered long term and more serious depressions the effects have been startling and distressing. With one client I literally broke down into my inability to help her. Her response was tearful but full of smiles. She made the comment, "at least someone finally understands what I feel." At that point we could **begin** some **psychotherapy** and to do some **body work**. I learned some very crucial things from this experience. I could see my need to control, my arrogance, my need to do traditional bioenergetics and finally my humility. She healed me more than I think I gave her. Robert Hilton once remarked that our clients will heal us. It is a hard price for them to pay.

The bodyself we hold in our hearts and minds will be reflected in our social interactions at all levels of our being. When we look at our ego images and our body images, disparity is often a measure of disturbance. Weakness of the body image may be compensated for by exaggeration of the ego image (and vice versa). Alexander Lowen states there is a functional identity between the body image and the actual body. If I feel alive, robust and healthy, more than likely my body will be just that unless I live in a world of

delusion. If, on the other hand, I conceive of myself as “ugly,” I will probably withdraw my energy into my core and my aliveness will be absent. My heart will be less available to others. In my own case I often substituted the image of “competency” to hide the real shame that I was taught, felt deeply within me and was not adequately dealt with in most of my therapy. Clearly I had not worked out my own “stuff.” I know now that it limited me as a fully “healthy therapist” including my ability “to be there” consistently and certainly limited me in relationships including those with my own children. There are so many roles and acts we can hide behind including that of being a therapist. I am so grateful to Jack McIntyre for modeling how to be “there” when neither of us knew exactly how to do it. I say that because Jack wrote me that comment.

What is necessary in health is an inner and outer **harmony** and without this we are not fully available for intimate connections. But that process must begin with openness of the Self, for herein lies the source and foundation of connectedness. To find that openness, we have to be with someone who can accept and respond to it as Robert Hilton has written about concerning his own personal therapy. “I needed someone who worked with the body...but more than that I needed a person who wanted to connect with me; not just a body, not just a problem, not just a character, not just an energetic system, but me, with all my weaknesses and needs.”

## II. IDEALIZED INTIMACY

Idealization often takes place in the notion of “romantic love.” With the blush of affection and budding sexuality everything seems perfect for we see through the passion of romance—exciting and wonderful, adventuresome and fanciful, sensuous and sexual. We see through the prisms of illusion and no matter what the age there seems to be an adolescent quality to it. But it is only a very first stage in the developing of intimacy. Sooner or later—roughly six months to a year—realities begin to emerge and then the catastrophe hits, the illusion or delusion has to be strengthened unless we begin the **working through** process to go deeper. It is then that questions of commitment arise, when tolerance and acceptance are truly joined. The achievement of intimacy is one thing, maintaining it another. We can have an experience of intimacy in a moment or moments but they do not necessarily create a durable, expansive, and creative ongoing intimate relationship. Romance can be sustained only in a mature relationship. It requires openness and hard work on both person’s parts. But first it requires us to grow up from fantasy to the development of trust, friendship and

support.

Scott Peck argues that in a mature relationship both partners have as an ultimate concern the psychological, physical, emotional and spiritual growth of the other. They must have the capacity to go beyond themselves. According to him this absolutely requires **attentive listening**, a total concentration on what the other is saying or trying to say in their expression. So often we hear or see only what we want particularly in conflict situations where listening is cut-off. We begin to formulate replies not on what is being said but on what may have previously happened (“museum pieces”). I often felt trapped by my history, my own historical reactions, needs and wants. My early narcissism was too be seen and appreciated. I don’t think this ever died.

We filter information through the lens of what we believe to be true or not true. Our projections then lead to familiar responses and have little to do with attentive listening. We become prisoners of our own making. How convenient and easy I found it to hold on to “museum pieces” and not to be fully present. My secrets or non-revelations and my resentments were part of my own self imposed punishment! I simply did not know how to be authentically open, to be there in ways others could fully relate. Was it fear, was it just a product of my upbringing, was it anger at the world, was it disappointment that life did not give me what I wanted? “She” was not there as I fully wanted or needed? Depression coming out of a home where everyone seemed depressed does not lead to joy or responsiveness. It sets a life time pattern and few therapists, unless they understand the depression era of the 30s or simply depression, adequately know the depth or experience that they must deal with. And the client might not know it either.

To heal such rifts, according to Stephen and Ondrea Levine, requires the development of a **“present heart,”** a heart that can let go of what we think we cannot accept, a letting go of obsessive “not enoughness” and the “frightened self.” Instead we must allow the other’s mind into our own hearts. To be fulfilling such action requires reciprocation and mutuality. But if I do not know my own heart, then what? My skill as a mind-reader or therapist or simply a human being ultimately fails (either reading my own mind/heart or that of another). This is where sustained empathy comes in.

**Empathy**, simply defined, is the ability to see and feel the other—not to become them, but to **resonate** with them in an attuned way and to know their subjective experience without judgment. As we resonate we also need to be open to disclosure, to accept the permeability and inter-penetrability of our being. Ego investment is the largest obstacle in this regard for that



“I” has only one side and that is “me-ness.”

The conscious or unconscious investment in “me-ness” leaves little room for an-other, however “beloved” we think our attitude is, however “altruistic” or deluded our self image may be. For myself it has been a struggle to get beyond my own ego defenses (shame/anger, withholding, etc.) and often times this created chaos in all types of relationships. I was sabotaging and denying the intimacy I really thought I sought but was terrified of at the same time. The fear I felt was the conscious and largely the unconscious recognition of the past. It was also the fear of judgments. This is often true of personalities who experienced early deprivations or abuse. They seldom get beyond their “me-ness” or fear despite years of analysis or therapy; their consciousness is limited and their actions sometimes bizarre. Woody Allen marrying his stepdaughter may be an illustration of extreme self-justification of me-ness.

In the Big Book of Alcoholics Anonymous there is a passage, which essentially states the following: **Serenity is inversely proportionate to expectations and directly proportionate to acceptance.** Expectations usually lead to disappointment for so often they are based on hope such as the wish to be rescued or taken care of, to be cherished as though one were a child, or to have our neurotic strivings answered or fulfilled, etc. It is hope rather than faith because the former is illusory and the latter has some basis in reality. To be recognized as we wish and to be recognized as we are, too often has a great disjunction as therapists so often see in the consulting room. This is where Martha Stark’s models are so important—how is the therapist to react? As an interpreter? As someone who offers a corrective experience or simply gives an empathic response? As someone who is there in authentic engagement?

Acceptance, on the other hand, can lead to a peace of mind for we are no longer “director of the show.” It connotes a consenting mind and a welcoming heart. Things are what they are and perhaps what they are meant to be. That does not mean that we accept everything, for some things are just down-right unacceptable to our consciences or violate our distinguishing of right and wrong. To accept reality is not always to condone behavior. It does not, however, mean controlling although I can see my own tendency to do so.

On a more mundane level we see people fighting in traffic to get one car length ahead of another regardless of the danger they may create. There will always be perceived insults and violations and acceptance may mean not participating or getting ego involved in such games. We need to step

back and relax, not submitting to the temptation to engage as equal participants. Acceptance is also the ability to receive as well as work for positive change. There also has to be in acceptance an attitude of **forgiveness**—giving up of resentments. That is not always easy. As I grow older with the usual and unusual infirmities, it increases my expectations to be taken care of in ways I missed as a child. Frankly, that is not likely to happen.

When we operate or live without consciousness of processes of expectation or acceptance, the temptation is to join the games whatever they may be—the pursuit of money, power, status, image, “winning,” or whatever. Consciousness is tricky. To some it is awareness or finding our illusive “internal observer.” Some call it “mindfulness” (Tashira Tachi-ren reportedly observed “To gain the 95 percent of my brain that I haven’t used, why did I have to lose the five percent I already had?”). To others the task of consciousness is the healing of the soul. However conceived, what are we to be conscious of? Simply put, it is the true rather than false self. That is difficult to know but if we truly recognize who we are, warts and all, as opposed to our ego ideal or expectation of others, we are less likely to engage the madness of the games. I have seen many people who sincerely believe they have changed and to a certain extent it may be true. Often, however, they have simply made a more (or less?) functional adaptation and their level of consciousness remains unchanged. Expectations rather than acceptance remain at the core of their being.

In summary, if we want intimacy and serenity in our lives we must drop expectations and false hopes and surrender to acceptance, forgiveness, attentive listening, fair fighting, etc. This is where changing our me-ness comes in. Exactly how to get to that place has no formula including therapy. But it certainly involves a number of attitudes and behaviors. We must have a willingness to engage in honesty rather than blaming or shaming. It is responsibility including the ability to respond appropriately. We must be willing to give and to receive with gratitude, to pardon the other, to claim a repose or composure that strengthens the self and opens the way to responses from the heart rather than the head. A minister once asked me “what would it feel like to live a life of **gratitude**?” and I was stumped by the question. I suspect I may never know the answer fully and the question still haunts me. It reminded me of my father telling me “don’t go near the water until you learn how to swim.” I think I knew he was joking but at age 5 or 6 I was not sure. So I puzzled and puzzled about this for some time. Eventually I had to go in, sink or swim! Intimacy requires the same thing.

### III. INTIMACY, LOVE AND HATE

Intimacy and love are often used synonymously. To be in love, to be with our beloved, to open one's heart to another is considered intimate. This is the most common, positive and acceptable definition of intimacy. However, one can be intimately engaged with another out of feelings that are just the opposite. "Intimate enemies" has not been an uncommon term because of the ultimate concern or obsessive focus about the "other." It is a kind of counterfeit and perverse intimacy corresponding in some ways to the behavior of the Marquis de Sade. As an example, when the Cheka, the Tsarist secret police, followed Leon Trotsky in Paris, police documents held by the Hoover Institute at Stanford University indicate minute by minute, hour by day by month, all of Trotsky's movements, associates, living space, down to the public urinals he used. Super-sleuth spying—an intimate connection—left nothing private in one's life and privacy, too, is something we associate with intimacy. The intimate connection between enemies in the cold war even had unwritten rules of conduct, particularly in "wet cases" (assassinations) where tit equaled tat. There were few rules in trying for advantage over the other. **Trust**, another characteristic of intimacy, had meaning only in the sense of the prevailing unwritten rules. If one side could infiltrate the most closed sectors of the other's decision-machine apparatus, it was fair game and to the victor went the spoils. Love and hate become blurred by ideas that you must **do unto them as you believe they are doing unto you**. The "passionate pursuit" of truth has as many psychopaths as it has men of God, both justifying their actions as "caring, loving and in the public interest."

In personal relationships we also find the difference between love and hate, loving connection and violation, a razor's edge almost as though borderline personalities were engaged with each other. In DSM IV the borderline is described as a person who makes a frantic effort to avoid abandonment and characteristically engages in inappropriate anger. All relationships are intense and unstable. They idealize and then devalue, feeling the other person does not care enough, is not "there" enough, particularly when it comes to meeting their own needs. They are alternately beneficent and cruelly punitive. They may display extreme sarcasm, enduring bitterness, or simply verbal outbursts. I certainly found it easier to blame the "other" than to see my part in whatever happened and here is the defensive ego rising again, most often unrecognized or not admitted. My love, or what I thought was love, was shattered at my own cost.

In abusive relationships, the beginnings may be “good” but there is a cycle of violence that is progressive. In marriages they are often based on desperation, dependency and a fear of loneliness. Unless stopped by a re-learning process by both parties it leads to disaster, pain or ultimately physical injury. Remorse is only a temporary condition. At least one person has to “drop” and not give into or engage in greater or malicious conflict. A “drop” is like a time-out, a removal from the scene, and unwillingness to play the familiar pattern over and over.

Participants in re-learning programs may be asked to re-enact the scenes of violence in slow motion—like a movie—to discover where their decision points were, to recognize where they lost control, and to discover what other alternatives might have been possible in the situation. It takes considerable repetition for new patterns to emerge. Men often begin such programs with the assumption that they were “provoked” and women with the assumption that they are “innocent” of any wrong doings. Both may be correct but yet, in the end, they are false. In any case, why buy into provocation? Is not innocence the avoidance of responsibility? Self esteem is always a central question and perhaps the crux of the issue? Who really suffers in this playing out of love and hate? Both of course, but in the case of families it is the children who later in life often repeat the same patterns.

Abuse may be the extreme in love/hate confusion but it is more common that one would like to think. It is estimated that two out of five women in the United States at one time or another have been victims of physical abuse. Child abuse is also a correlate. In New Zealand, for example, it is estimated that three out of five persons have been victims of child abuse. We need to ask parents how much do they expect of the child? What do they project on to them?

To correct the sharp line between love and hate there has to be a program of “fair fighting” where rules do exist and the inevitable conflicts arising from just relating are managed in a constructive and healthy way. There have to be rules of conduct in a relationship such as “no hitting below the belt,” no “gunny sacking” of grievances, no “museums” brought into current conflicts, and no deuterio fighting (fighting about fighting). It requires specificity of demands, clarity of response, and no losers in conflicts. Without such minimal conditions, love and intimacy do not exist and we get the conditions approximating those of intimate enemies.

Intimate enemies always suffer from terminal uniqueness in their “me-ness.” In healthy intimacy couples (or nations) know how to be close and still let the winds of heaven blow and dance between them without warfare.

#### IV. INTIMACY AND SEXUALITY

Why do we call the sexual act of intercourse intimate? Most of the reasons professed are reflections of traditional values, often prudish and irrelevant, hedonistic and superficial. Certainly the act of creation could be considered intimate by definition. But why is sex otherwise intimate? Perhaps because it has been associated with sin, secrecy, desire, lust and guilt in the interpretations of “religionists,” whether Christian, Jew or Moslem? A corollary of this is a devaluing of the body—one speaks to the “higher nature” of man, and sexuality to his base instincts. Such “religionists” have portrayed mans sins as carnal while Freud saw the ego and superego as functioning to control the id and its libidinal strivings. Freud’s reality principle is a check on the pleasure principle. Without controls according to the “religionists” and Freud man might run amuck! Arguments from “religion” and “science” join.

The intimacy of sex in traditional notions connotes something **private**, sacred only to **legitimate** relations (i.e., marriage), and intensely **personal**. The sexual revolution of the 60’s made a mockery of traditional sexual values, upsetting to the point of violence for those considering themselves the protectors of morality and the family. Homosexuality or bi-sexuality could not be intimate relationships because they were “unnatural.” Abortion was a blow to the confinement of sexuality to the role of procreation.

Nevertheless there are at least three possible views of the relationship between sex and intimacy. They may be summarized as follows: (1) I establish intimacy **through** the expression of my sexuality, (2) I express my sexuality **after** the establishment of intimacy, and (3) My sexuality and intimacy develop **simultaneously** for they are intertwined and inseparable with no first principle. In the first view sexuality is viewed as “experience near” and intimacy as “experience distant.” In the second case just the opposite. The third is the logical and rational approach but perhaps, in fact, the less frequent and I shall conclude this section with a brief synopsis of “coupleship” or what some might define as “healthy.”

The first position is illustrated in the words of a 46-year-old divorcee who has been through numerous short and long-term relationships.

“A sexual relationship for me is a whole relationship [evoking the self]—it is the way my longing for connection is expressed. It is a whole body, mind, emotional and spiritual experience. It grounds me in a relationship with the other because it grounds me in being woman. Much of my child’s distrust and mind trips are resolved when the sexual connection happens,

for my child feels the woman connected to the other, and with that primal relationship in place, she feels secure.”

While these eloquent words have a certain persuasive quality, the need to ground in the other, the need to have her child's distrust resolved by the other, is indeed primal as in “primary need.” But it is also the voice of a dependent personality, a voice saying to the other “you will make me feel like a woman.” It is not the voice of mature sexuality nor of intimacy. It is the voice calling for the lover to fulfill her, to make her whole, to bring about a state of being.

The second position is illustrated by the thoughts of a 50-year-old professional man who has been married three times and despondent of finding “the woman.”

“When I was younger fucking was sport. Now I don't want to hop into bed with just anyone. After three marriages, one of which I felt was good, I want and need more. I don't just ‘perform’ any more and I have to establish at least a solid friendship before sex can be in any way fulfilling. Sex too early on confuses me because I no longer know what it expresses.”

In this statement there is caution and fear perhaps realistic given the history. But there is also withholding, a sense that “I don't want to be hurt again.” Perhaps also there is a wish for a guarantee before he can fully open and, of course, no one can give such a promise. His rigidity does not lead to openness.

In both of these first two positions the heart is withheld but for different reasons—“make me a woman” and “prove to me you love me.” Both are probably bound for disappointment in their relationships because they exist at a superficial level. The “other” becomes the **power broker** in the relationship. They will go from partner to partner alternating between “over giving” and “over taking” with predictable dissatisfaction either on their part or the part of their potential mate.

A friend and therapist presented a different a different view of these two cases. Her view has a logic that bears repeating and I quote:

“For the woman we can have our aliveness in our own womanness without a man but we are incomplete without the experience of an intimate relationship which the above woman describes. We are biologically driven in that direction. Sex is only part of that intimate connection—but it is essential to our fulfillment that the male be

attracted to us. What this woman describes can be a gateway to healing, maturing her into a new sense of wholeness which can extend beyond the relationship. But in fact, his love can, and in many cases does just that. The conjugal relationship is the vehicle for healing childhood wounds and opens us to greater intimacy with ourselves, with God, with the world.”

“Just as it is for him—it enhances and supports his sense of self as a man. The biological component cannot be minimized. And we experience it on a very primitive level—and a very vulnerable (infantile) and open level if our hearts are open.”

Closely related to these approaches to intimacy and sexuality is the relationship between independence and dependence. One result of the woman's movement was to create confusion between the two thereby seriously affecting the nature of intimate connections. In the rhetoric of the movement there seemed to be double messages—“I want to be taken care of by you; I want intimacy and also my independence.” In effect, women often wanted it both ways on their terms. They seemed to create a paradigm of paradox. Compliant as well as angry men, who now had lost their patriarchal role, did not know what to do and became weaker and weaker for without that role an identity was lost without a clear replacement.

Betty, a 35-year-old woman whose children were fast moving away from home, illustrates the woman's point of view and ensuing dilemma. She was losing her role as mother and although she was developing a solid professional life, she saw herself as a mother/wife with no identity other than that. To grow and extricate herself, she divorced in order to “find herself,” to be for the first time in her life her own person, independent of relying on Dan, her ex-husband, to “take care of things.” It was a radical solution to working out the balance between independence and dependence. While able to rely upon this assumption for a number of years, always feeling that Dan would be there when needed, she eventually re-married to a man who she could dominate as she felt she had been by her father and by Dan. But in this process she lost a certain amount of her connection to intimacy as she slipped into “me-ness.” She substituted professional achievement and security for the closeness that she wanted and for awhile seemed to shut down her heart. Slowly in her new relationship she began to re-build.

Fundamental to all of this is the meaning of **gender identity**. With the sexual revolution, the woman's movement, changes in traditional roles, etc.,

the answer beyond biology of what it means to be a “man” or “woman” became unclear. Particularly for men there is no model except what they learned often times from tradition, absent fathers, peers, and cultural stereotypes. Robert Bly and James Hillman among many others have fervently addressed these problems and sought to raise the consciousness of men. For them self-expression is part of finding a vision. Yet our cultures persist with confusing notions of gender identity often leading to profound personal confusion.

Consider the case of Bob, a 55 year old successful business man. Bob's persona is that of a man's man. Underneath there is another story.

“Father was not there for me and he used alcohol to cover his woundedness and I had to be there, and wanted to be there for him. I didn't have any options. The feelings in me were intense and over powering. There was a role reversal—I had to father my father in the hope that I could restore him in order to be his son. I had a strong realization of the ‘wounded boy’ in my father, and how he drank to avoid his pain. I realized how powerful and intergenerational this was on my male side as my grandfather was also a wounded person who drank.

There was an incident recently with a close friend who had several drinks one night and I remembered it all. The thoughts and feelings were that I wanted to offer my body to him to fuck. I wanted to go to his bed and somehow offer myself completely so he could be consoled and restored from his desperation. I wanted to be his ‘wife’ so that he could be whole. I was prepared to sacrifice everything so that then he could offer me a way out of my trap. I realized that by trying to restore my father to his masculinity I avoid my rage at his failure to have a strong heart and sexuality, to show me how to be a man and thereby save me from the castrating bitches. By being passive and ‘wifely’ with my sexuality I avoided the oedipal issue and avoid confronting the issue with my wife. She has my balls. By trying to restore his heart, I avoid my own broken heart and despair.”

This small vignette raises the question of how does anyone become secure in his or her gender identity when there are few norms or inadequate models by which to evaluate it. That men favor sexual intimacy and women



prefer verbal intimacy is a recurrent finding of studies but both say self-disclosure is the key. This is one of Prager's findings. Yet sometimes such roles are reversed.

The third position that sex and intimacy develop simultaneously is difficult to illustrate because it is not a condition often seen in the consulting room. People who have a "present heart" are able to clear the way in allowing their expression of self to deepen, to correspond to the other and to realize a "fulfillment," however illusive that term might seem. Their sexual relationship revolves around pleasure, in whatever exciting forms they choose or discover. They become partners in a voyage of total discovery. Sharon Wegscheider-Cruse summarizes characteristics of such "Coupleship."

- Have an outlook that is a couple's orientation toward shared experience
- Give each other full and honest information
- Trust each other
- Take responsibility for self and are responsible to each other
- Are loyally devoted to the other and have eliminated jealousy from their partnership
- Are assertive, without being obnoxious, sarcastic and aggressive
- Know how to fight fair and frequently
- Are very affectionate
- Are self and other accepting
- Know how to discern what is important and what isn't
- Have a sense of humor
- Stick together in the hard or down times
- Know how to play and laugh together
- Are sexual with each other and maintain a sexually exclusive relationship
- Know how to pray together

Certainly the relationship between intimacy and sexuality have many complicated dimensions and one need not agree with the above characterization. Yet it is suggestive that a healthy relationship is a total participation in intimate connections. It is **present oriented** rather than being trapped in, say, the tyranny of the past. These characteristics also suggest other dimensions of intimacy: **cohesiveness, sensitivity, responsiveness, validation, intensity, motivating, self-disclosure and trust.**

I think the common denominator in sexuality and intimacy is the extent to which the heart is involved. One can have sex without intimacy and intimacy without sex. When they are combined in heart feelings, the power of each is doubled and a synergy developed as a new creation—a working

together on a transcendental level. The intimacy of sex is **unique** when it is an integration of body, mind, emotions and spirit. Soul as Eros and Eros as Soul!

## V. INTIMACY AND PSYCHOTHERAPY

By its very nature psychotherapy is an intimate endeavor as two subjectivities (persons) work out a relationship in the name of helping the one called client. They create a reality between them that has all the aspects of intimacy already mentioned minus sexual contact and the therapist revealing himself as would personal friends. The therapist works within the bounds of professional ethics and responsibility. It is the therapist's responsibility to protect **boundaries** and yet to encourage the client to go into himself in a deep and thorough way, to understand his own dynamics and change them if he so desires. The therapist may guide from time to time but more often is simply a partner on the journey of self-discovery. Rather than some "behind the couch" neutrality, the therapist is there as a "real person" supporting insight rather than giving directives or making evaluations.

Nevertheless we must recognize the split among therapists regarding this approach. James Masterston argues that the therapist must be absolutely neutral whereas Carl Rogers argued for a more positive identification with the client's process. The use of counter-transference is now a large issue in psychotherapy, particularly around early developmental issues but beyond the scope of this essay.

In therapy a client literally spills his guts. This, among other things, leads to both love and hate of the therapist. Without an attuned and empathetic response from the therapist, the therapy will fail. The client's awareness and understanding may be a first time experience and thus will provoke many reactions. In seeing his own transference he will also be acutely aware of the counter-transference received from the therapist—however camouflaged the therapist may feel he is. The therapist's role is a redemptive one, benevolent, restorative and liberating. Eventually they stand as "real people" before one another. Their's is an intimate connection of soul meeting soul, the place where healing takes place.

Psychotherapy has elements of the intimacy of the **confessional** but except for certain types of behavioral therapy there is no absolution. Instead there is interplay of dialectics recognizing the polarities in life. Therapy seeks to empower the individual to make choices, accept the consequences and to function as part of a larger interdependence. The soul to soul contact

with the therapist is to bring the person into the present rather than being mired in the past or futurizing. Being present also means dropping agendas represented, for example, by expectations or obsessions.

Therapy is a **reparative task** and as long as the “blocks” from the past are in full operation, neither therapist or client can succeed in their roles. To be a person one needs to resolve the issues restricting personal integrity and a zest for living in a complicated and often pessimistic world. Walking the line between pleasure and reality is not an easy task for anyone including the therapist.

Where therapy often falls short as an intimate connection is in adherence to a pathological model. The assumption of disturbance creates an atmosphere, which negates intimacy or the searching of two partners. Correcting pathology supersedes spiritual growth. The “me doctor,” “you patient,” removes an element of compassion or humanness from the scene. Assuming that the therapist is the expert on the human condition effectively puts the client in a one-down position and distorts the reality of his experience. Both the therapist and the client must enter the realms of mystery and paradox as partners. Interventions by the therapist follow the client’s lead, not the opposite. The therapist is not some wizard but if he really believes he has answers then he does come from Oz.

This is, however, a time of transition in psychotherapy. The traditional intimacy of the therapeutic relationship is in considerable jeopardy because of managed care, impositions by insurance companies, mal-practice suits, the lack of concern about public health, etc. These developments are beyond the scope of this essay but the reader can find an excellent analysis in Lawrence E. Hedges, Robert Hilton, Virginia W. Hilton and O. Brandt Caudill Jr., *Therapists At Risk: Perils Of The Intimacy Of The Therapeutic Relationship*.

## VI. CONCLUSION

Intimacy is a sacred trust, which has the quality of Grace—the incarnation of love, compassion and empathy. To be realized it demands knowing our souls and a willingness to express that in our relationships and to the world as a whole. In that case we are never alone and we have the power to create, perhaps even a sane and sensible existence.

I end this paper on a personal note. I have not yet fully realized intimacy although there have been incredible moments, some sustained and others just moments. With my children it has been intense because of the love I feel for them. But if I knew the answer to what intimacy is I would not

extend an invitation for your opinion. My wish is for dialogue on something that affects us all in one way or another. My risk of disclosure overcomes the burdens of the past. I have struggled with even minimal disclosure in this paper—so that in any way it affects you, I shall be glad to be joined in the struggle between I and thou. The crucible around intimacy is where many of us are, but it is also a crucible of life, a place where we need to join.

## BIBLIOGRAPHY

Au, Wilkie and Noreen Cannon. (1995). *Urgings of the Heart*. New York: Paulist Press.

Bly, Robert. (1981) Ed. by Lily Owens. *The Complete Brothers Grimm Fairy Tales*. Anvil.

Dubovsky, Steven L. (1997). *Mind=Body Deceptions*. New York. W.W. Norton.

Hedges, Lawrence E., Robert Hilton, Virginia W. Hilton, O. Brandt Caudill Jr., (1997). *Therapists at Risk*, Northvale, N.J.: Jason Aronson.

Hilton, Robert. (2000). "Bioenergetics and Modes of Therapeutic Action." Paper Presented at the International Conference on Bioenergetic Analysis. Montebello, Canada. May, 2000.

Kelley, Charles R. (1971). *New Techniques of Vision Improvement*. Vancouver, WA: Interscience Research Institute.

Levine, Stephen and Ondrea Levine. (1995). *Embracing the Beloved*. New York: Anchor Books.

Lowen, Alexander. (1967). *The Betrayal of the Body*. New York: Collier Books.

Masterson, James F. (1993), *The Emerging Self*. New York: Brunner/Mazel.

Peck, Scott. (1978). *The Road Less Travelled*. New York: Simon and Schuster.

Prager, Karen J. (1995). *The Psychology of Intimacy*. New York. The Guilford Press.

Rennie, Kate Dent. (1998). *Personal Communication*.

Roszak, Theodore. (1992). *The Voice of the Earth*. New York: Simon and Schuster.

Rogers, Carl R. (1961). *On Becoming a Person*. Boston. Houghton Mifflin Co.

Stark, Martha. (1999). *Modes of Therapeutic Action*. Northvale, NJ.: Jason Aronson, Inc.

Stern, Daniel. (1985). *The Interpersonal World of the Infant*. New York: Basic Books.

Tillich, Paul. (1962). *Shaking the Foundations*. London: Penguin Books.

Wegscheider-Cruse, Sharon. (1988). *Coupleship*. Deerfield Beach, Florida: Health Communications, Inc.