UN MOMENT THÉRAPEUTIQUE PRIVILIGIÉ[1]

Jacques Berliner

There are in everyone's life certain moments which are especially fruitful, clear, and productive, and which bring a new sense of direction. One person may embark on a new love relationship, another may totally review his professional beliefs and take steps to improve his sense of fulfillment in his working life. It often happens that such precious moments occur when a crisis in the personal development of a person coincides with a fortuitous event, a chance meeting. What follows is the story of one such "intersection" in my professional life.

It is 1975. Ten days have passed since my first experience in a bioenergetic therapy group, in all, just four days with Denis Royer, assisted by Paul Draime. I am still bowled over by what has happened there. Intense feelings of sadness and fear have started to overwhelm me, old memories of feeling abandoned as a child are surfacing. My body, usually peaceful and without pain, is aching. I wake up every morning in tears. Not knowing why, I weep. On one occasion, I felt that the tears were springing up from the small of my back. More positively, I am experiencing something described by mystics as a "state of grace!" For me, the distance between human beings has almost disappeared one to another and in relation to me. My contact is more fluid, as if I can understand each one without difficulty or hurt.

One sunny morning the telephone rings. A man with a young voice and Italian accent asks for an early appointment, saying his case is urgent. Lady Luck is smiling on us both. I can see him, in fact, within three or four days.

He has typical mediterranean looks, handsome, well dressed, with what could be described as the appearance of a "good boy!' He walks in a purposeful way, rather stiff, and crushes my fingers when he shakes my hand. It doesn't take long to discover the reason why he has come. He is impotent.

It hasn't always been so. During the years before his marriage, he had several "experimental" normal sexual relationships. But since his marriage eighteen months ago to a charming, inexperienced Italian woman - nothing.

The wedding night was rather dramatic - she was full of fear, he of impatience. He hurt her, she cried out and bled a little, and he instantly lost his erection. Since then, despite numerous attempts, he

[1] The full title given to his article by Dr. Berliner is, "Un moment thérapeutique priviligié, ou comment devenir analyste bioenergeticien," roughly translated: "A privileged therapeutic moment, or how to become a bioenergetic analyst!" - Ed.

cannot enter her; either his erection is insufficient or he ejaculates prematurely. They try as best they can to satisfy each other in other ways, but this is only a substitute, and ultimately, they both feel unsatisfied. Quarrels begin and multiply, and after the last one, he receives an ultimatum from his wife: either he does his husbandly duty or she will annul the marriage and return to Italy - what shame that would bring!

He has found me after numerous and long consultations with some of my esteemed colleagues and diverse specialists. He has taken a lot of medications—all the vitamins in the alphabet, tranquilizers, anti-depressants, neuroleptics, stimulants of the amphetamine family, and even male hormones; all these for someone only 36 years old and in good physical condition.

As he has led me straight to the heart of the problem, I try, on my part, to explore the periphery, the roots. I establish a classic psychiatric case history of his childhood, his early relationships with his mother, father, and twin sister, his schooldays, his dreams, manifestations of sexuality, and so on.

I don't want to go deeply here into the content of the replies he gave (some appear in the account of the therapy), but rather to outline the form, which revealed itself during the first three consultations. The patient is a "well brought up" young man. He only replies to the questions as posed. Spontaneous associations, thoughts, fantasies, feelings, emotional expression - all this is unknown. In psychiatric jargon one would say that the patient "presents operational thinking with an absence of any possibility of fantasizing!" In my patient's words that becomes, "You are the doctor who asks the questions, and I am the patient who answers them. You make your diagnosis from my answers and then you cure me … only don't imagine dramas which don't exist. Why should it mean anything special if my parents sleep in the room above the one where my wife and I try in vain to make love?"

In general, the therapy of a patient with "operational thinking" is short-lived. After two or three consultations, I have exhausted all my questions and the patient has answered as best he can. As there is no possibility of any spontaneous associations, a heavy silence ensues - heavy for the patient, whose unconscious anxiety increases, and for the therapist, who does not know what to do. Most often, the patient terminates the treatment after the third or fourth consultation, and the therapist isn't, in fact, too disappointed by the loss of his Client, as it enables him to avoid facing his own therapeutic impotency.

But this time, it is fifteen days after my first experience of bioenergetics, and I am still preoccupied by what has happened to me. I have hardly opened the text books and the sum total of my knowledge is what I have seen during those four days, and all my personal experience of analytic therapy.

What then should I do? Wait for him to give up? Or tell him the truth and suggest "a new kind of therapy"? A certain boldness, an intuition, prompts me to choose the second course of action. I warn him of the certain failure of classical therapy, and tell him of my recent experience of a new therapy which I suggest we try. After all, what has he got to lose? Like a starving man being offered a crust of bread, he accepts. He is even prepared to wear swimming trunks, which after all isn't the usual dress for visiting one's psychiatrist! For my part, I have eight days in which to obtain the four pieces of equipment which I can remember using: a mattress, a stool, a towel, and a large cushion. And all this is to be used on the third floor of a traditional bourgeois house, where the atmosphere is quiet and cloistered.

Eight days later my patient is there in front of me, in his swimming trunks. Surprisingly, under the "good boy" face, with eyes which never meet mine, and tense jaws, I see the body of a well-muscled man. His neck, shoulders and arms are powerful. His back is very straight, the legs heavy and solid—without doubt rigid, but well-grounded. His pelvis is well-developed (I would say today, well charged),

and his buttocks are pushed foward a little. I can't get over the difference between his head and his body. Not sure what to do exactly, I decide first to "read" the most outstanding aspects of his body for my own clarification and in order to find a common denominator. It's not easy, as I'm not used to this kind of thing, and he is standing there waiting for my instructions. I can, however, make an association between: (1) the juvenile "good boy" aspect of his face; (2) his eyes, which are half-closed, frightened, and unable to meet mine; (3) the stubborn appearance of his face due, to a large extent, to the rigidity of his jaw muscles; (4) the "machine-gun" delivery of his speech (Italians have a general tendency to speak more quickly and excitedly than we do, but here, the fast jerky speech does not come from his cultural background); (5) his shallow respiration, mainly thoracic, and with little relaxation on expiration; (6) an immobile pelvis held slightly in retroversion; (7) a rather swarthy skin, very hairy; (8) the contrast between his overall posture, which is rigid (neck, trunk, legs), and the existence of frequent small jerky movements of the hands and feet due, according to the patient, to his " nerves"

In addition, I keep in mind his replies concerning his mother - authoritarian, tyrannical, strict, not permitting the least sign of independence. She is a great respecter of rules and regulations, especially the religious prohibitations on sexual matters.

A hypothesis comes to mind. Of course, it's no longer possible to describe it in the limited and improvised fashion in which it occurred to me at that time. I suppose that my present experience, with the inevitable fusion of past and present, has colored what must have been a rudimentary concept. Nevertheless, I give here my triple hypothesis.

(1) The tension in all the posterior muscles of his body is linked with an inhibited aggression, a result of his submission to his mother. (Today, rather than "linked with" I would say that this tension is inhibited aggression.)

(2) The inhibited aggression "blocks" the active element of the sexual instinct; that which enables a man to have a strong erection and maintain it; to desire a woman; and which impels him to penetrate her. (I would now say that these chronic muscular tensions restrain a great deal of energy, reduce its flow, and prevent this energy from reaching the genitals and charging them.) At that time, however, I knew nothing about the notions of discharge and the orgastic reflex.

(3) The tension of the posterior muscles extends to the front; holding in the chest and abdomen, inhibits the emergence of any tender feelings, any warmth, or gentleness. (In fact, he finds no pleasure in caressing his wife or in showing her any sign of tenderness.)

I decide that my work is first of all to try to "center" him and get him to "let down into his legs" thus reducing their rigidity and making them more alive, which will in turn allow his abdominal breathing to open up a little. We work like this for several minutes at the beginning of each session, followed by another exercise designed to stimulate as much as possible the movements and feelings held back by the tensions in the posterior muscles. So the treatment commences.

(1) He stretches his posterior muscles. Alternately stretching and relaxing, he works the neck, the trapezium, the back, thighs and calves. He is so stiff that when he bends over, he can only reach a point six inches above the ground. After three or four sessions, however, he makes it to the floor.

(2) I help him to express his "hidden" hostility in an active, physical way, by clenching his fist, showing his teeth while biting on a towel, by stamping, kicking, and moving his pelvis aggressively. In less than no time this well-brought-up and polite young man spontaneously shouts, "Shit!" as he moves his pelvis backwards and, "I'll fuck you!" as he moves it forwards.

(3) I emphasize the prime importance of using his voice throughout the work. Every aggressive movement liberates his voice, and the growing intensity of his verbalizations develops, in its turn,

progressively uninhibited expressions of aggression. Pent-up hostility (at first denied, that is to say, inhibited by his body) towards his mother begins to pour out of him. “I’ve had enough of you, of obeying you. Get out of my life!’ And he shouts insults such as “bitch!” I learn a lot from these outbursts, of the relationship, past and present, with his mother. “She treats me like a little boy. I once broke up with a girl I really loved, because she didn’t like her … Anyway, none of them pleased her, not my wife either. She never stops criticizing her. Before I was married, I used to go out on Saturday evenings with a girlfriend; I would always stop the taxi taking us home three or four hundred yards from my front door. I would explain to the girl that I wanted to walk and get a little fresh air before going into the house. In fact, I knew that even if it was two o’clock in the morning, SHE would be there, at the window; waiting to see what I was doing and with whom. It’s the same farce every evening at home. After dinner, my wife likes to rest and smoke one or two cigarettes. My mother, who is ‘of the old school’ and therefore strongly disapproves of a woman smoking, makes a scene if she lights a cigarette before washing the dishes and tidying the kitchen. My wife reproaches me for never supporting her in these quarrels; and I tell myself she’s right to do so but I just can’t bring myself to say anything; to go against my mother. We even have to go to bed at nine o ’clock in the evening, just like kids.

I also learn, in the same way, how he relates to his sexuality. “As soon as I have ejaculated, I wash my genitals. I wash myself after I have kissed a woman’s body. . . it’s cleaner. I’m terrified of germs. I stil masturbate, frequently, and in secret.”

(4) I stimulate his ability to “answer back;’ to make aggressive replies, and not to let things pass. To achieve this, I press down painfully on his trapezii, his buttocks, and sometimes I hammer with my fists on the muscles on either side of his spine. At first, he stiffens his muscles in self-defense and bows his head, curling up to protect himself. But progressively, he lets himself cry out, hit the mattress in front of him, and finally to turn around and grab my arms, threatening to hit me if I continue.

(5) I insist on a connection between his breathing and movement. Many people, in effect, hold their breath when they move, thereby losing the natural “charging” of the body on inspiration and the power which expiration gives to physical expression. Gradually, the “body charge’’ increases (at that time I didn’t know the term, and I called it the “mounting of unconscious contents”). It being so soon after my own experiences, I can understand and identify with what is happening to him, notably: Paraesthesia appears, first in the hands and feet, then in the face, and finally in the thorax, the abdomen, and the genitals. His legs begin to tremble and shake, and these vibrations gradually spread up his legs into his pelvis and abdomen. Only his thorax is hardly affected. (I will understand this two years later.) His body becomes less contradictory in the expression of emotions. So, the ever-present anger in his body is now seen in his eyes, his jutting jaw, his clenched fist, and his legs tensed, ready to kick out. For the first time in his life he begins to experience “sensations” in his body, and to say where they are and even identify them (he will go on to describe nausea, disgust, anxiety, sadness, and even “rage in his teeth’’). The only sensations missing will be those of profound sadness. He begins to dream, showing that the physical expression of his emotions has stirred his unconscious psyche. As you can easily imagine, someone with “operational thinking” doesn’t dream, or at least, if he does, he doesn’t remember any of his dreams. So, I am astonished when, after the first “bio’’ session, he announces that he has had a dream. “I was in Italy with my mother, ‘someone’ shot at her, ‘someone’ wounded her ...” And, after the second session of “bio” “I was in the family home in Italy, and there was a revolution going on. . . I was arrested for taking part and I had to leave my father and mother. I wept and they wept. …”

At the beginning of the fifth “bio” session my patient, with typical Italian spontaneous joy declares, “It’s happened, I’ve succeeded in making love normally to my wife!” Normal isn’t exactly the correct word, as his current sexual appetite pushes him to make love several times a day, just like a newly married man, (but eighteen months later).

I can barely conceal (in fact why try?) my intense pleasure at our rapid success. I say "our" as the patient has just left behind certain inhibitions preventing him from being a man. I on my part have just caught a glimpse of another way to exercise my profession of psychotherapist. On my medical notes I write the word "Eureka!"

The moment of shared joy passes and I am overcome by misgivings. What if it were just a temporary success, lasting a few days? A flash in the pan? Can a hypothesis as simple as the one I've made be correct? How shall I help him to maintain his acquisition? To try and answer these questions we agree to continue to work in the same way for three or four more sessions at least, and then to take stock.

His erectile capacity is maintained: even better, it seems to improve. Premature ejaculation, which still happens, seems a regression to him now. At the ninth session we decide together to meet for another three months in order to stabilize the situation.

During the last eleven sessions there are no more sensational phenomena in therapy by the expression of emotions, either "deep" or "regressive!' or by the emergence of "brilliant insights!" In contrast, his daily life begins to change. I refer to his "tightrope" existence, forever balanced between his mother and his wife. First, he starts to oppose the orders which his mother gives, as if to a child, and to hold his head high at home. This makes her angry, but he holds his ground. More, he starts to defend his wife, not just in his heart of hearts, but openly. "She is in her own home here and she has the right to smoke when she wants to, and if she doesn't want to wash up, either immediately after the meal, or later, that's her business …" His mother is stupified. But that isn't all. "Anyway, my wife and I both work for our living and we have enough money to rent a house of our own and be the masters of our own lives!" The father, according to what my patient says, doesn't openly interfere; that is, he doesn't seem opposed to the growing independence of his son. Perhaps he can see some hope for his own emancipation?

His parents decide to spend several weeks on holiday in Italy. Doubtless, the atmosphere is becoming unbearable for his mother. During the four weeks they are away, my patient, alone in the home with his wife, begins to spread his wings a little, to find his place, his territory. He is nevertheless uncertain of his ability to hold his own with his mother when she returns. Nevertheless, he does, and well. He is astonished at his own vitality and strength, which his vibratory aptitude has foretold in the sessions. He resists the last assault by his mother, a final attempt to retake control of his life. She fails, and she and his father decide to leave Belgium and return permanently to Italy. During the last sessions it is these feelings of revolt and pent-up strength which are expressed. Occasionally a little sadness appears, but is never expressed intensely.

It is March 17th, 1976. My patient arrives for his twentieth and final session. He no longer crushes my fingers when he shakes my hand. He looks me straight in the eyes and walks less rigidly. His speech is now rather cairn and steady (the "machine gun" delivery has gone), and the trembling in his hands and feet has disappeared, together with his "nerves!" This session is, for him, hardly any different from the others. For me, it is two days since I exchanged my old traditional psychoanalyst's office for another where I am going to initiate myself into the practice of bioenergetic therapy. To write about the way in which we both had our own success moves me even now. The five years which followed, of my personal and professional life, have not, despite moments of doubt, pain and failure, reduced the optimism which was born from this first experience - on the contrary.

The relating of this therapeutic experience has for me, above all, an historical value. I have therefore excluded numerous elements of the therapeutic process, such as the characteristic resistance of the patient, the mode of transference, and counter-transference, the construction of a complete but

acceptable past, and so on. At that time, apart from my experience of verbal analytic therapy, I knew very little about the therapeutic process. We did nothing to bring out his deepest feelings, but despite this, he was “cured!’ I know now that his surface rigidity didn’t mask a chaotic organization of his ego, as psychic as it is physical, as one sees in borderline patients. He seemed to have traversed, to his own satisfaction, all the various stages of his personal development, without any major deficiency except that of genital independence.

It is May 2nd, 1981, and the article is finished. It is five years since I had any news of him. All must be well, as we had agreed at the end of his treatment that he would telephone me should he have any difficulties. But … what if he didn’t phone? I telephone him. Fortunately, he’s in. “Yes, everything is fine ‘on that side!” And the man who told me at our last session that, being still a child himself, he didn’t want his own child, now replies, “Yes, I have a child, and everything’s going well!”

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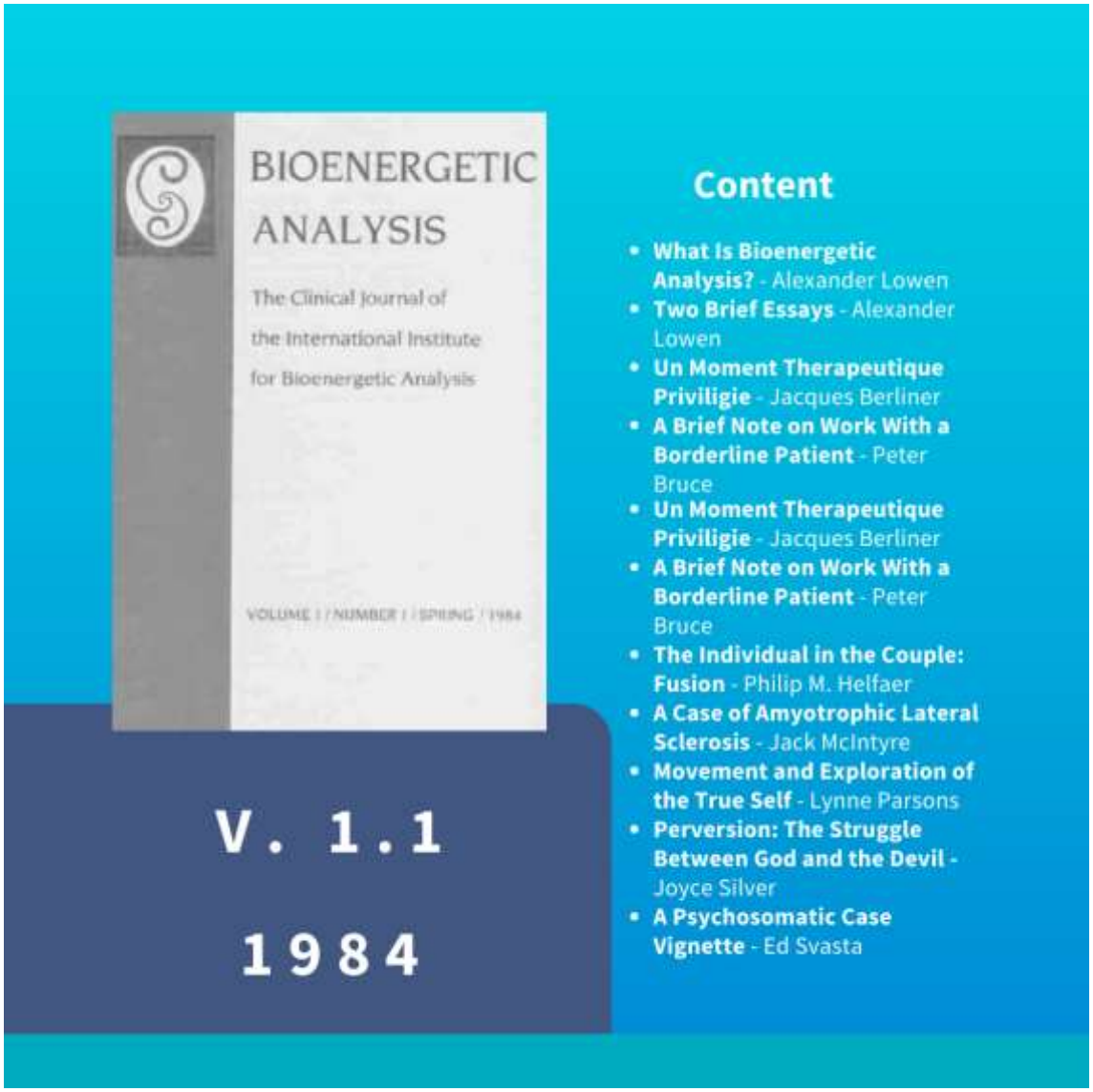

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