

强烈的情感 深度的身体工作 精神和人际动力彼此之间的关系

——现代躯体动力分析（BA）：心理治疗一门整合的学问

主作者：Scott Baum 博士，ABPP 美国职业心理学委员会成员

联合作者：Vivian Guze; Danita Hall, LCSW; Anita Madden, MSN; Ron Panvini, Ph.D.;
Emma Rhoads, LCSW; Jodi Schneider, LP, LMHC; Judy Silberstein, LCSW; Elaine Tuccillo, Ph.D.

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翻译：杨莉

无论今天的实践，还是过去 100 多年的历史，心理学都是一个转化的介体（medium of transformation）。个人来做心理治疗，是寻求能够管理——当然如果可能的话——疗愈痛苦，希望获得对自己内心苦恼、难过、困惑、冲突的明白和解脱。心理治疗的革命性核心，在于它的根本技术和目标——觉知自己（self-awareness）。最好情况发生的话，心理治疗可以把改变放于来访者手中，并发生于身体。通过明白自己，自然发展出相信自己、确认自己和自主选择的可能性，来访者于是被赋能采取那些使得生活更富意义、更真、更享受的措施。躯体动力分析（Bioenergetic Analysis）建立于这一革命性传统的 1950 年代早期。扎根地觉知自己，那时及现在，都是转化和疗愈的根本方法。这是躯体动力分析核心以及辐散的重点。随着躯体动力分析不断进化，“帮助正在发展中的来访者在他/她自己生活中成为改变媒介”这一信念已经通过整合现代概念和技术更为深刻地融合进来。

躯体动力分析看待每个人是具有一套底层的人格和动力结构的，这结构是这个人从小从一种独特而复杂的影响因素模型中发展而来，这些影响因素包含天生气质和早期环境影响。与父母和重要他人的早期关系，以及在这些早期关系中发生的认同、内化的机制和其它依恋模型，对自我和身份认同的发展至关重要。躯体动力分析跟其它精神动力学流派一样分享这个视角。躯体动力分析也从其作为一种治疗流派创立之初，即持有这个原则——身体结构、精神结构和之间发生的历程，是同一底层一体化能量运作的不同部分。情绪反应的模式、信念和理解，都以特定的结构形成了人们的人格，也进入了身体，而这些结构形成过程可以被仔细研究，用来帮助我们自己和他人以建设性和富有产出的方式进行改变。

再次看得出，这与精神动力学人格组织方面的复杂理论所持的总体观点相一致。不同在于，比起其它理论方法和临床方法，在躯体动力分析里，对身体历程的研究和描述远远更为细节、具体、核心。从两个角度可以看得出来：理解人格的形成，躯体动力分析里会对伴随着精神和认知发展同时发生的身体发展进行复杂分析。例如，一个体验过活下来所需的愛和情感、滋养和支持被严重剥夺的人，躯体动力分析术语称为“口欲功能”，呈现出的就是这样一个人——总体上活力很低、在维持自己的能量方面有困难。身体上和精神上的能量补充（滋养）被削弱，在摄入和耗尽之间大幅摆动。身体层面，看得到呼吸减弱，因为吸入、维持呼吸所需的身体系统普遍塌陷，能量状态也如此。典型的身体组织起来的方式包括：塌陷的胸，带向前的肩膀，吸气和呼气都难以充分。这个人的头和脸靠前，偏离脖子中心轴，就好像这个人总是在寻找食物，不是物质的、就是情绪的。

这种低能量系统遍布整个身体，无论感官上还是精神上与现实的联结都很弱。这个人会以这种组织结构所特有的方式无法扎根，这一点也能从这个人的身体功能和精神功能上看出来：虚弱的双腿，艰难的感受，固执己见，靠上别人，却对环境中、食物中、跟他人的接触中、思想中提供的能量消化吸收的能力非常有限，等等。在躯体动力分析里，我们会仔细研究习惯性神经肌肉组织模式、发展性历程、精神和人际性格特点——这些关系的微妙。这些性格特点不会告诉我们对面这个人，作为一个人，是谁。它们会引领我们作为咨询师，形成对这个人所认同的自己身份——其独特性的理解。我们作为咨询师工作的一部分，就是努力理解这个人，以及这个人如何成为今天的样子。正是在这种理解的框架中，我们努力尽自己最大所能更深更充分地认识这个人。

这种研究在躯体动力分析中运用的第二种方式，是干预方法的精巧形成。在这种心理治疗历程的模型中，身体层面的干预方法——呼吸、移动、发出声音、通过伸展、击打、尖叫、低语、改变姿态等表达情绪，等等类似的方法，不是聚焦于结果或效果，而是增进觉知自己的一种手段，为体验到自己创造更多空间。投入于这种方式，就允许了这个人扩展对自己强烈而深沉感受到的体验的容忍度；也允许了这个人调节自己投入于内在现实的程度，以及投入于自己内在现实与身外世界交界处的程度。这些干预方法只能在咨询师本身对尝试其提议的历程会出现的可能性都熟悉的情况下才能引导使用。一旦被提供了动作、声音或表达如何进行的框架，来访者就可以去体验自己想要去到的远度和深度。

威廉·赖克对精神分析的种子性贡献，是他对强烈体验到的、深深感受到的、公开拥有的情绪体验及其表达作为人类生命的一个基本成分的重要性的承认。他观察到，一个人支持自己持

续的、深深感受到并表达出的情绪生活的能力，如果在发展的过程中发生变形，是能够从这个人的身体姿态、呼吸、慢性紧缩、肌肉群虚弱等生理组织的慢性模式上观察到的，而这些身体组织模式是与心理组织模式相对应的。他从病人身上观察到的这些持久、一贯的身体结构和功能的组织模式，跟他们的态度、行为和某些精神结构、性格特性的成分中一贯存在的模式是相互关联的。所有这些成分，或促进、或阻碍一个人完整、成熟、深深感受并表达情绪的能力，而这些成分是被这个人早期生活的关系状况深深影响、落地生根的，包括家庭集体和社会集体。

在令人兴奋的 1960 年代和 1970 年代，赖克的理论思想和技术被许多心理治疗师采用，成为了诸多对心理领域有价值贡献的基础，比如，弗里兹·皮尔斯和格式塔治疗。赖克的思想成分被纳入所有精神动力取向的心理治疗方法的实践当中。亚历山大·勒温是对这些思想最为忠实的治疗师之一，他对早期赖克治疗理论和实践进行了扩展和添加，开始与其它流派理论和技术进行整合，比如人际理论（Interpersonal Theory）。这种整合的实践持续至今，是本文聚焦的一部分。

1. 情绪历程是身体在体验着、表达着的

相信身体体验着的、强烈感受到并且表达着的情绪历程极具价值——一直是躯体动力分析的核心原则，这一点跟赖克的早期工作保持着相通。然而，看待这一原则的方式，今日与那时却已大不相同。当这个原则最早传播开的时候，世界那时很不一样。弗洛伊德及其早期追随者形成精神分析心理治疗模型的社会现实，是一种父权的、高度结构化的社会，在那样的社会环境下情感压抑似乎是人们心理和情绪结构最为核心的方面。从这个角度看，就能理解他们会努力发展一种方法，能够探究并且减轻人们的痛苦——大多源自人们孩童时被施加于身上的不符合自然发展、不健康的约束和侵入。这些约束和侵入导致了生长成熟中的生物体生长被抑制、走样，无法出现自主、自我拥有感、跟自己 and 他人健康的爱的关系。

赖克，在他作为精神分析师的工作中，假设对成熟的性的抑制和压抑是他观察到的周围人痛苦根儿上的。这是一个早期精神分析理论中许多治疗师所共有的观点。随着对当时传统科学现象的机械性理解，许多人都相信，打破“压抑”这一约束性、人为的镣铐、解放每个人的性和独特的存在，就会出现一个自然、健康、自我调节的人。这些是当时许多精神和政治思潮中盛行的观点。

赖克和其他人，比如安娜·弗洛伊德，后来观察到人们发展出性格化的、持久的、大量无意识的态度和行为模式，隐藏下他们困扰、恐惧的感受和记忆，然而却以不直接的、转换的方式表达着这些感受中的许多。从而这些模式又构成了这个人心理系统中复杂结构的一些部分。精神分析理论力图提供一个理解性模型——我们人类所做的，是如何功能的，结合动机、结构和人性的组成部分，对这个非常复杂的心理系统进行精细阐释。心理治疗则提供一个方法——将那些感受、态度和记忆系统性地带到意识中来。心理治疗为那些感受的探索和表达在控制好的咨询室环境中提供了一个安全、不评判的空间（因为这个原因，所有精神分析心理治疗都被认为是“表达性”治疗）。

2. 创伤性被对待的经历不可消除地印刻进身体结构

想要突破大量无意识、深层印刻在自己身上的对感受和记忆的限制和否认模式，实际上比起看上去更为艰难和复杂。人们出于许多原因，会把感受、想法、记忆、幻想、欲望、各种内部和外部真相隐藏起来不让自己知道。同时，人们隐藏和误导、错引自己和他人的方式非常复杂，如果没有咨询师和来访者一起大量的工作，是相当不容易被理解到的。通常这些限制（即防御），已被从小创伤性的对待塑形到了自己身上。现在，我们对于权威或他人施加于身上的创伤性被对待的经历，是如何不可消除地印刻进身体结构、精神结构、人际间模式的，知道了更多。在精神分析理论和治疗实践发展的早期，这些防御结构（大多被看成浓厚的、过度发展的抑制和压抑结构）可以被冲破、拆除，从而允许隐藏和阻止的无意识内容浮现出来——当时这一观点十分盛行。

这一观点里许多都很有价值。我们当中年纪足够大的人会记得，在1960年代发生改变之前，未中和的情绪和表达，勇敢、不加限制地冲破而出——能带来自由、真相、诚实、以及提升意识和促进跟自己以及彼此间的联结的人类潜能——这种观点依旧具有浪漫的吸引力。而精神分析当时已经以某些方式陷入了传统和循规蹈矩的麻木状态。对精神的、情绪的、甚至社会的真相不加限制地进行探索是多么令人激动的尝试，聚焦于调整 and 适应，看上去也不那么革命性和自由导向。对许多治疗师而言，看见自己和病人被迫得与一个拒绝独特性和个体身份的系统保持一致的苦恼，正呼应了当时支持这股思潮的新型治疗方式的确立（在例如“飞越疯人院”中可以看见）。

躯体动力分析那时作为一种治疗方法，提供的立即、体验性驱动的直接通向情绪和能量流动这种方法非常有吸引力。运用呼吸作为一种基本的透镜，去理解身体是如何象对“身体活

动”发展、蓄存能量一样也对“情绪体验”发展、蓄存能量，就为跟随情绪和心理历程提供了一个工具，也为治疗性干预提供了有价值的洞见。无论干预是否主动，对呼吸的关注、在运用呼吸加强体验、或聚焦体验、或理解体验方面足够的知识与能力的掌握，在躯体动力分析里是核心。这与几个世纪以来关于呼吸以及进行呼吸对理解、加强人类体验的广度与深度的重要性——这一认识相契合。除此之外，勒温关于扎根重要性的概念，关于身体和存在与重力、现实关系在心理重要性方面的概念，给了躯体动力分析治疗师一种非常直接的、非语言的方式跟精神、身体、情绪结构和历程进行工作的方法。在勒温看来，在逐渐接触到自我-原真性、自己生命主人的体验这一发展过程中，扎根是必不可少的。

而且，认出——对所有人而言努力获得愉悦和活力的体验，不仅仅是从令人不悦的紧张中放松下来，而是为了这体验本身的饱满意义，在躯体动力分析里是核心操作原则。并非其他精神动力学理论没有这一概念，而是这一驱动力常常被包裹在某种外表之下，致使它只从属于其他精神和情绪功能。但是对于躯体动力分析治疗师来说，不是这样的。活力，拥有能量和充电，联结到“好”与“善意”的可能性，联结到“爱”与“愉悦”的可能性，是我们工作的中心。当然，这一驱动力也存在于其他心理治疗理论学家的工作中，比如埃里克·弗洛姆。不同之处可能在于重点不同，也在于躯体动力分析师们发展出技术性技能，容忍、激活并工作在一个强烈、深度体验到的情绪状态和表达的环境中。

现代躯体动力分析继续强调呼吸在人类功能中作为一种核心的组织活动。但躯体动力分析心理治疗实际的实践，则包括了非常宽广范围的技术方法。心理治疗中主动技术是指，这些技术中，治疗师将自己注入来访者的历程中。当不这么做时，治疗师是在接收模式——吸收、代谢、分析、回应来访者和所有她/他在沟通的（有意识的和无意识的、语言的和非语言的）。事实上，所有形式的心理治疗都在以在某种方式允许治疗师采取主动，通过诠释、说明因果关系、自发反应、或规范指导。有一种误解——躯体动力分析技术是导引性的，因为它告诉来访者做什么、会发生什么。但我们许多实践多年的躯体动力分析师从不赞成这个观点。对于我们而言，技术是体验的实验，可以去到来访者和治疗师能允许多广、多不可预见就多广、多不可预见。如前文指出，“发展出释放紧张、恢复体内平衡的自由的一种心理治疗模式”是完全不能定义我们的工作的。不是仅仅要“真实”这种自由，而是以原真的方式存在于关系中、是自己主人地活着的可能性、加深活力感甚至是愉悦的潜能——这些一直在引领着我们的治疗使命。

3. 早期发展方面理解的一个变化

对许多开始践行躯体动力分析的治疗师而言，他们反对只是恰当运用躯体动力分析的新技术方法，他们越来越清楚如果一个治疗体系只是基于对人们打破自己固结的结构后即会变好的预测话，是有重大局限的。这是因为这样一个事实：来到治疗中的人比比皆是——自己的结构中已发展好的部分实在太少了。也有其他人观察到这一领域的这种现实，于是出现了一股热潮——将与受到早期发展性阻滞的人们进行的治疗工作做出理论化和报告，这方面的先驱者包括瑟勒斯(Harold Searles)和克恩伯格 (Otto Kernberg)。

这一领域的工作，部分建立于已经开始努力去系统理解——人们在生长发展过程中所受的早期创伤及相应引发的人格组织结构变迁的其他精神分析理论学家的工作之上，温尼科特 (Donald Winnicott)、比昂 (Wilfred Bion) 和克莱因 (Melanie Klein)，都对我们理解这些早期状态贡献了必要的元素。同时，其他人开始就早期关系通过多种认同机制具身化进入人格组织结构的方式进行研究形成理论，比如费尔贝恩 (Ronald Fairbairn)、冈特瑞普 (Harry Guntrip) 和那些仍在发展中的关于内化的客体关系及其对人格发展的影响方面的理论。与此同时，由玛格丽特·马勒 (Margaret Mahler) 和鲍比 (John Bowlby) 带领的另一群理论学家开始仔细检视、梳理早期依恋体验方面的数据资料——主要是母亲和婴儿之间，形成对人们彼此之间逐渐显露出的纽带和联结方面能力的系统性理解。莱恩 (R.D. Laing) 当时勇敢指出了每天日常关系中的破坏性成分，既有社会的，也有家庭的。伯恩 (Eric Berne) 阐释了家庭互动的多层动力，给那些历程创造了一种新的语言。家庭系统学家警示治疗师们注意到这份重要性——看到来访者避无可避地卷入与影响、控制他们同时也被他们控制的系统性的缠绕。卡尔·罗杰斯 (Carl Rogers) 坚定地指出对每一个个体自身和真相的正向治疗认知以及尊重的重要性。这些观点、理论和新方法在精神动力取向治疗师群体中不断发酵的过程中，那些受赖克及相关观点影响的治疗师们一直在探索——基于对身体-精神结构和历程深入理解基础之上的满含情绪强度的治疗工作其使用和价值。

所有这些新观点都在躯体动力分析中被吸收着，并得到展开。罗伯特·李维斯 (Robert Lewis) 一直工作在将依恋和早期创伤与身体-精神结构结合起来；斯坦利·克莱曼 (Stanley Keleman) 一直在创造更为复杂的形态-生理-精神-情绪历程的综合作用体；罗伯特·希尔顿 (Robert Hilton) 开始研究关系中什么样的动力能够支持聚焦于治疗关系在疗愈历程中的核心地位；其他躯体动力理论学家，包括斯科特·鲍姆 (Scott Baum)、奥迪拉·维甘德 (Odila Weigand)、尤尔根·克劳尔 (Jürg Clauer)，在研发一个理解慢性恶性创伤所带来影响的复杂的身体-精神模型，这样我们就能为与那些人格结构让许多治疗师都不得不回避强烈干预的来访者进行治疗工作时，提供运

用强烈干预技术有据可依的原理和实用指导。还有许许多多躯体动力分析实践者们，都开始将这些理论及其应用整合进自己的临床工作中。这方面，斯蒂芬·约翰逊（Stephen Johnson）的工作十分耀眼——他将多个理论、临床视角与一个躯体动力分析关于发展阶段及治疗历程的模型进行了广泛的啮合。在这一躯体动力分析理论蓬勃发展时期，移情-反移情历程也考虑进躯体动力分析身体导向技术这种独特方面，得到了广泛的探索。

深深感受到并表达出的情绪更完整充分地展开——这一价值一直是我们工作的中心原则。主动干预指的是躯体动力分析治疗师可用的技术装备。躯体动力分析治疗师基于自己对躯体动力分析各原则的理解，和感知跟随呼吸、动作和能量流动等身体历程的能力以及对强烈的情绪体验和表达的容忍能力，形成了这些技术。躯体动力分析这一模式中可用的干预，从以十足怒吼和安全维护下的击打表达的深刻暴怒，到为唤醒对拒绝或解离的身体状态的联结而进行的精微触碰，到在深沉的痛苦、难过或哀伤过程中或坚定或温柔的环抱。成熟的躯体动力分析治疗师会在接收位置和主动干预位置无缝地流动，在与来访者的状态、需要和容忍度充分调谐的舞蹈中从身体、人际、情绪和认知各维度交织进行干预。

与此同时，治疗关系的动力总会在躯体动力分析治疗师的觉察中。无可否认的是，这些动力会被躯体动力分析这种特别的实践方式的本质所改变——长久以来心理治疗中对触碰的恐惧和偏见某种程度上被减少了。那些不去研究在心理治疗关系中触碰（touch）的重要意义以及如何正确地运用触碰的人们，很难理解到触碰发挥的功用。特别是在像我们这样的社会中，对于触碰有许多焦虑、幻想、排斥和态度并未加以探索，触碰其真正的意义没有得到认可。躯体动力分析治疗师接受了大量关于审慎地、小心地出于来访者及其治疗历程的利益出发而运用触碰方面的培训，能够即使在进入另外一个人的个人、物理空间时依然保有观察移情、反移情动力流动的能力。在心理治疗关于触碰的讨论中，有一个有趣的令人注意的异常现象超出了本文进一步探讨的范围——关于身体上触碰来访者方面的伦理有大量讨论，而很少有讨论是关于这种可能性：在任何给定临床情况中，触碰可能是最好的技术干预，那么符合伦理的实践会要求以恰当的方式使用触碰。触碰能够发挥许多重要功能。多年前，哈利·哈洛（Harry Harlow）关于“触摸抚慰”重要性的研究就已证实了这个。触碰能够安慰，能够激活，能够挑战，能够支持……触碰怕是能够让一个人确定在这个宇宙中还有其他人存在的唯一方式…

4.什么对于躯体动力分析而言是处于中心位置的？

对于 1970 年代就已开始躯体动力分析治疗工作的这篇文章许多合作者而言，躯体动力分析

技术的目标早已吸收了上述干预原则。目标是加深体验，增强觉察（对自己以及他人），增强与现实的接触。跟一项技术会引发强有力的体验一样强而有力的是，总是要心怀整合的重要性以及来访者主观体验的中心位置。主动干预的这种观点——根据这个人以及她/他的需要、能力和容忍度而量身订制，可以追溯到薇薇安·古兹（Vivian Guze）和罗伯特·李维斯（Robert Lewis）以及其他躯体动力分析治疗师早已率先应用，这越来越能代表现代躯体动力分析的总体方法。随着精神动力领域的其它进展，躯体动力分析视角也已经包括对依恋历程更深的理解、分离个体化的展开、适应每个人独一无二的人格状态而调整技术的需要。

但导泻体验的价值仍被保留下来。正如安吉拉·克劳普斯奇（Angela Klopstech）——一位著作广泛而敏锐、推动躯体动力分析理论拓展加深的躯体动力分析治疗师，提醒我们的那样，导泻的定义本身就涉及强烈情绪事件之后体验的新的整合。强烈情绪的体验需要被“容纳”这一观点并非新出现，而是一个存在某种程度混淆的课题。“容纳”实际上能意味着两种非常不同的东西。第一种是指为了自我调节和恰当而压下表达或体验。第二种是指治疗师共情地接收、容忍来访者难以容忍或者甚至压根儿根本不能容忍的情绪这种治疗历程。治疗师作为一个辅助的代谢系统，这样这些感受就能开始被整合。因为这些感受往往是很原始、未辨识的状态，有不需言语言化而能调节这一历程的能力是非常有帮助的。

最初的生命体自身内稳态模型作为人们功能的指引，以及恢复生命体自身内稳态是人们行为的主要动机——这源于弗洛伊德、贯彻于赖克和勒温理论，已经被一个更复杂多因素的动机模型取代了一段时间。在这个模型中，除了恢复自身平衡的需要之外，还有许多驱动行为的其它因素在运行着。实际上，威廉·赖克（Wilhelm Reich）对心理治疗和社会学理论的重要贡献之一就是他对人类体验中愉悦（pleasure）的强调，以及对愉悦开放这本身就能创造出的许多可能性的看重。想要愉悦，在其最深的意义层面，作为与宇宙间“良善”（goodness）和“慈佑”（benevolence）的联结，就在促进着活力、加深着关系，形成着一股跟人类社会如此盛行的绝望与疏离相反的力量。

5. 自主、本真（自我）导向与调节的存在状态

以一种重视强烈的情绪体验方式开展治疗工作的目的，并非所谓回到原始状态，尽管有人会说勒温可能就是把这个作为他理论一个目标。实际上恰恰相反，现代躯体动力分析认为情绪是用于理解现实的一个非常复杂的系统。跟任何试图去理解复杂而多面现象的系统一样，该系统越精细、发达、敏感，理解就越精准。有力唤起、深深体验到的情绪工作——通常是运用积

极技术助成的，有些非常剧烈、有些更朝向聚焦或扎根于体验——都是一种打开自己体会到情绪体验的深度和广度的方法。这能帮助一个人发展出容忍力和技能扩展对自己、他人和环境都发生着什么的觉知。重要的并非是体验或表达的强烈程度，而是它的原真、它富含的意义、它反映出的这个人存在的真相。以这种方式，躯体动力分析与精神分析、赖克以及这一类的心理治疗一起达成共同的愿景——一个人自主、本真（自我）导向与调节、活出良善、对生而为人自然升发出的体验开放，而不是用对自己或他人的偏见、主宰、或操控来处理困难的感受或事件，抑或避免面对自己的恐惧。

当然这些技术可能会被误用也是真的。就像如果缺乏对来访者是一个整体的、独特的、自我反映的人的感知力，那么任何心理治疗方法的技术最好的情况下一定是同调失败的，最糟的情况会出现虐待。在任何方向这都是真的。如果一个人需要，同时也的确用聚焦身体的治疗方法能最好地服务到他/她，那么告诉这个人这种方法对他/她不好的治疗师就在冒险——将这个人可能已经体验过的创伤再度施加到这个人身上。这就是否认、摒弃一个人关于他自己的体验的创伤结果。这跟不考虑治疗历程和相互性而进行的不敏感的、侵入性的语言性、解释性或引导性技术一样，具有创伤性；也跟固化地坚持不进入沟通而不考虑这份剥夺给来访者带去的影响一样，具有创伤性。以上任何这些心理治疗技术的不恰当运用，都反映出治疗师以这些形式行动出自己的感受、态度或需要。这些是反移情错误。能如其所是地看见这些，需要这样的心理治疗模式——视移情、反移情历程为十分必要地重要、并将其系统性地作为对治疗性历程理解的一部分。

令人遗憾的是，在当今医疗领域我们看到了一种朝向错误方向的趋势——重点越来越被放在治疗“情况”而不是“人”上。一旦涉及人类的痛和苦时，人们似乎就会对关系和意图的重要性进行忽略。人们深信治疗干预都是技术性的，至于谁去操作不该是重要的，了解那个即将承受这些操作的人（而不仅仅当作一次简短碰面）也不是必要的。不幸的是，在身体取向心理治疗的一些实操中我们也看到这种趋势。有两种非常基础性的错误：第一个错误是假设所有创伤都属于同一种类型。这种思路下，由自然事件（如飓风）或事故（如车祸）导致的创伤，与由个人恶意意图导致的创伤在本质和后果上完全相同。而在一场争斗中另一个人要杀死你的意图，或者一位父母在身体上、或精神上、或情绪上要消灭他/她的孩子的意图（不管这位父母是否有意识觉知到了这个意图），这些就都是有动机驱动的行动。意图带有能量层面的力，会直接被受力的人体验到，而这个人的反应就结构化到了他/她的躯体心理模式中。

这种混淆继发的问题是：单个事件创伤（一场飓风、一次犯罪袭击）跟慢性、恶意意图（无

论这意图是否意识层面知道还是无意识的)的创伤是一样的。意图(关系上重要)、持续过程、长期性、以及创伤性事件和体验的情境对于理解它们的后果、以及精心设计有效的治疗是不相关的——这种认知表面上就能看出是不可能的。而临床经验也告诉我们这种认知是错误的。这就意味着很适合单个事件创伤(自然灾害及其后果)的技术并不适合慢性恶意创伤(例如孩子经历的重复性情绪、身体或性方面的虐待),后者不仅仅会导致受害者遭受极大伤害的破坏,如 Sue Grand 告诉我们的,他们还常常可能从受害者变为对他人施加同样伤害的施害者,或者至少会成为一个怀有内化了当年施害者恶意的人。

聚焦于面对自己内在的虐待施害部分,是我们作为躯体动力分析治疗师工作的核心。从破坏性模式,或错误和自我伤害性认知,解放出来并不足够。同样必要的是,看见自己现在在多大程度上已成为一个施害者对他人施加着当年自己所受的同样的伤害。要做这个工作,需要对治疗历程采取一种完全不同的定向,而要说明如何能公立地操作这种定向就需要另写一篇论文解释了。在这里我们只会谈到:直面虐待和破坏的施害者这一斗争,深深扎根在赖克——将精神分析(后来是躯体动力分析)的原则应用于他所见到周围的社会疾病的承诺里。在他那个时代的精神分析领域,许多人都持有这一政治觉知。对于我们许多人来说,心理治疗是一个革命性的活动:它提供了一种方法看清这些模式——服从与主宰、自我的丧失、自我的投降、自我被另一个人占据;它也提供了一种方法知道一个人生命中那些破坏性、剥削性模式造成的影响,并且还提供了方法调校那些模式。这调校需要对自己深入、精深的洞察,需要直面自己,以及一份决心和坚定——做自己所有能做的去改变、调校旧有模式,或者说长成新的存在状态——尽赴潜能。

第二个基本错误是一个老错误,认为治疗师的良善意图本身就足够能让技术干预成功。这种认知排除了这个人自己的心理是该人人格的核心组织部分,也否认了人格结构(习惯性的身心层面各种态度融合体)、躯体结构和心理结构、人际间信念、观点、感受和行为的意义及其深远影响。它还否认了这个人的人格结构对于其本人能持续受益于这些干预的能力方面的意义及其深远影响。这种情况下,治疗性干预越来越发展为对“有证据证明过”的技术干预的好好使用,而不考虑组成这个人的复杂且绝对独一无二的各种态度融合体、躯体结构和身体结构、人际间信念、观点、感受和行为的。更不用提未将移情、反移情感受及反应的复杂性整合进干预中,这个意义上来说就更加失联这个人自己的心理组织原则了。

任何一种在另外一个人的历程中进行的干预,包括心理治疗,都很像射入桌面弹球场的弹球。干预者对可能会发生什么有一个大概的预期,干预者越了解这个人,预期可能会越精准。

但桌面上有许多隐藏的洞，还有弹簧挡板，和其它类似机关。在心理动力治疗中，这些都是好事，因为我们心理动力取向的治疗师想要看见那些反弹，它们告诉我们移情历程是如何运作的。一个人跟自己和他人（按一定逻辑）组织好的关系其必要要素在移情中浮现出来，同时这也是理解这个人的人格和体验史的更深层组织动力的一条路径。

6. 对创伤的研究并非新出现

记得“对创伤的研究并非新出现”是很重要的。弗洛伊德、赖克和他们的后继者都使用过这个概念。我们不过是精细化了对此的理解。我们还发现没有治疗系统能够很容易地消除、甚至只是减轻创伤的影响。事实上，当今这个领域有大量讨论，比如 Michael Eigen 关于人类本性的工作和讨论，提到破坏性与良善交织在一起这一不可避免的现实。在一些理论系统中，例如自体心理学，破坏性被理解为养育孩子过程中的失败带来的人为产物，而不是人类体验先天性就有的。对心理历程的理解也一样，对那些状态的起源和本质的理解也有着很大的不同。这些不同跟理解“创伤”这一人类历程的不同极为相像。如同经济体系，治疗体系也有乌托邦的倾向，我们人类在经历着看上去无休止的循环——对最新的、确定能更迅速解决问题的系统（而无需进行要“如其复杂所是”地深入理解一样事物就必须进行这些复杂缠绕工作）的迷恋然后失望。

我们在这样的循环中希望着、也确信在最新的方法中找到了最好的疗法、技术、解决办法，一部分是因为，如 Alice Miller 挑战我们去直面的——我们不想看见每天都发生在身边的剥削和虐待，我们或作为受害者、或作为施害者、或作为旁观者都参与其中。如果我们所看见和知道的，不是关于人在伤害着人，而是因为大脑和其它身体系统出问题了，跟我们如何对待彼此极少或者说没有什么关系，那么这样对我们来说就会容易太多了。尽管非常确定的是，即使仅草草看一下这个世界，就会发现人可以是多么的疯狂和破坏。是有理由得出结论——我们所看见的人类痛苦中的许多都是我们给彼此造成的。理解我们作为人为什么会紧抓痛苦不放，具有不可估量的价值，我们这么做是出于很多原因，有些是好的，有些不是。在这方面，Scott Baum 的著述帮我们了解了边缘型人格组织的人，了解了当人不能表达痛苦——因为没有言辞能表达，也因为我们所依赖的人阻止——我们就会在身体中纪念这些痛苦。通过活出痛苦、活在痛苦中，我们就见证了我们的痛苦。实际上，见证（痛苦）本身就是心理治疗的必要功能之一。它让一个人感觉被看见、被知道，而当真正感觉到并且相信，这个人便开始重新生长。

7. 很难让一个自主的人屈从于权威

当然这并不意味着治疗历程只是痛苦占据，没有其他。赖克的天才贡献中一部分是他理解到（不管有意识还是无意识）——愉悦（pleasure）是与体验到良善（benevolence）相关的。愉悦不同于松快（relief），或满足（gratification）、满意（satisfaction）、完满（fulfillment）。它们显然彼此关联，但每一个都不同，就像爱与尊重不一样，也与欣赏、倾慕不一样。可能有一天我们会发现，每一种感受、每一种状态都有其自己的量子能量质地。在这个体系中的愉悦，指的是一种联结到宇宙中的良善的体验、对“好”的切身体验。赖克看见，其他人也看见——一旦人们跟这种良善有了他们自己个人的、自主的联结，就难以让他们相信，他们对现实的理解是不对劲儿的，或者他们应该完全臣服于权威。这是民主的真正基础，从自我决定开始，基于对自己深刻的了解，基于能深深感受情绪、对所有“真”开放的能力。如 Dick Olney 所说：“是，就是；不是，就不是。”不管是的样子符不符合我们对自己的印象。

躯体动力分析治疗师越来越将注意力放在“关系中的什么”能够促进与良善的联结。例如，Elaine Tuccillo 关于促成性的健康发展条件的研究就是这一领域趋势的一部分，探寻、理解“正向体验的关系动力”以及治疗环境中“把这些带回生命”所需的治疗干预。在这个意义上，她的工作代表着躯体动力分析中的一份推力——采取这样的定位：心理治疗能产生一种方法，研究人类体验中什么是好的、健康的、有益的。这种方法，跟其他理论家如 Martin Seligman 一起，采用心理治疗作为媒介扩展着人们在生活中体验满意、完满和愉悦的能力。

从来访者角度，心理治疗工作的正向潜能方向的方法有时根本无处可用，因此治疗师也就用不上这种方法。但即使破坏特别巨大以至于来访者的灵魂和精神几乎被摧毁（甚至事实上已经被摧毁），治疗也能够在深深的生命确认层面发生。身体扎根时体验到的、心理上能够整合的情绪体验，能让一个死气沉沉、空洞的人接触到生命在自己身体里留下的。治疗师的任务是知道什么样的干预适合什么样的来访者，而正是他所研究、了解的来访者会以各种形式告诉他这些。

8. 头脑是在身体中的

如其所是地对待现实和体验，以及能看得见自己在现实（特别是关系）的形成中的参与，这种意愿本身是心理治疗中女权主义理论发展的产物。它使得分析理论中多了一套全新的理解，大体上被称为关系理论。这种模式中，关系被看作是互动的人们的共同建设，创造出他们之间独一无二、特定的关系。而这些建设结构从很早起就会内化，这意味着它们都成了我们作为人

的存在基本结构中的一部分了。发展的历程是不断积聚、沉淀的。我们的每个部分都受到影响。在任何一个关系里，我们都有力量，既可以用于良善地表达也可以用于破坏地压制。在这样的情境里，说“压力”是体验的单一决定性塑造者，或者说“绷紧”是单一后果，显然不对劲儿。我们的身体和精神每一部分都会对信息产生反应和加工。头脑是在身体中的。说杏仁核“处理”情绪，就像说接线员听到了打给 CEO 的电话内容，就做出决定是否要卖掉公司。

重要的是知道，当今开展的跟行为有关的神经生理机制的实验研究证实了临床工作者的许多结论、信念和确信，包括人类都有的共情特质、人们健康接触和联结的重要性、人类有机体对来自内在和环境刺激的强大敏感性。然而，同样重要的是不能混淆“原因”与“关联”。当某些觉知、情绪或行为发生的同时对应特定大脑或其他神经活动激活这一事实，并不能告诉我们那些发生的形成原因机制，或者更重要的是，不能告诉我们——肯定有其自己特点的形成原因机制——的复杂性。想要事物的简单结论性解释的驱动和渴望，导致我们会忽略很多东西，甚至更糟——采取的行为最终是破坏性的，尽管这些行为的意图在根儿上是良善的。当今开展的关于人类神经学的基础研究会把我们带到何处无法预测。可能会带到弗洛伊德所希望的——理解人类体验的神经学基础。但如果预期有一天这种理解，能够让我们不用面对我们现在已经知道的关于人类关系及其对我们的影响——治疗师每天的工作——我们将失职于我们的来访者和后代们，因为他们本可以在他们自己的生活中甚至社会层面获益于我们现在这种干预

9. 人类是被设计成能精微同调的

神经心理学的研究证实了经验丰富的咨询师已经知道的：人类是被设计成能与彼此精微同调的，这个领域的研究特别是 Daniel Siegal 和 Alan Schore 的工作，告诉我们将这种生理倾向包括进我们的工作是多么重要。躯体动力分析理论中，Jörg Clauer 和 Guy Tonella 的工作也让我们理解了人类的这一基本生理性组织。可能对我们而言，无法忍受死亡的现实、丧失与哀伤的现实；也无法承受——即使看上去都看不到尽头——人们给彼此制造出各种痛苦的能力。我们虽然生来就准备好接触和联结，但却不那么擅长以建设性、有益的方式活出这份天性的馈赠。也许我们终会到那里的。几年前一个学生说，她认为心理治疗是将一份进化的动力引入生命体，是一个历程——助产出我们对自己强大的情绪、认知、（可能还有灵魂）的潜能更好的进化性的适应。而同时，每天跟来访者呈现在我们面前的痛苦工作的我们，得跟我们“手头上有的”工作，既要处理人们受损的部分，也要与生命体中令人赞叹的欢乐与兴奋潜能工作。我们不能等待新形式的人类出现，或者等待哪一天揭示出所有精神现象都来源于神经系统。

现代躯体动力分析工作中，治疗师们会关注身体体验传递的非常精细的信息。例如，许多有边缘型人格组织体验的人后背感觉好像有一个开放的洞——James Grotstein 从精神分析视角以感受描述的“黑洞”的结果——以这种方式组织起人格结构的人描述的体验。放在“洞”上面的手，感觉好像温暖触碰到一个没有温度、空荡荡的地方。手挪开后，就会恢复绝对寒冷。或者，一个人感觉他不再存在于自己的眼中，尽管他能看见除自己以外的其他事物。他们看见，也看不见，正如最新研究告诉我们，这是一种“选择性非注意视盲”。最糟糕的情况下，这些忽视的模式变成解离状态，而当它们结构化进入人格组织后，就会极度限制个人感受情绪的能力，限制理解现实的能力。此外，躯体动力分析治疗师还会关注，当然也帮来访者关注——他们呼吸开放程度的改变、伴随恐惧、痛苦或困惑发生的紧缩。身体有着错综复杂、饱含内容的综合语言，来见证自己、表达自己。我们聆听它、拥抱它；让它教给我们关于自己、关于他人。

10. 对身体结构及状态的主动工作

防御导致人本体感受和外感受——即对内部、对外部刺激的觉察力降低。以性格和习惯的方式组织起的防御会导致对这两种刺激敏感度的相对永久性降低。对身体结构和状态的主动工作，给治疗工作以及治疗师技术可能性的补集增添了一个维度。很难对没有亲身体验过这种心理治疗工作方式的人，容易地说清楚出这到底是什么样的。同时重要的是说清楚，这种主动方法持有——跟随来访者历程、尽可能少地施加影响——这种治疗立场。最后，当以主动的方式（像躯体动力分析师这样）进入来访者空间时，关注移情状况并对其做出反应的必要性——永远都是躯体动力分析师工作的临床准则中重要的一部分。

以下案例来自 Scott Baum 与一位来访者的工作，呈现了一个躯体动力分析师的临床工作方式。借由这个案例片段的呈现，进一步说明这里所讨论的一些原则和实践。

这位很有力量和魅力的年轻男士，积极寻求着更大的内在觉察。在这寻求过程中，他发现当自己站立时，会收缩骨盆、下背部感觉到明显的脊柱前凸，我看到这与他下腹壁难以注意到的肌肉无力状态有关。我提供给他建议——感觉将肩、臀、脚踝校准时本体感受到的历程。要这么做，他就得用些办法补偿我观察到的他下腹肌肉轻微的无力。从我自己的学习经历中我知道，这种无力是更大组织结构的一部分。人要能感受到自己的直觉（肠道感觉），就需要从腹部到下背部的一圈肌肉能足够支撑并灵活地抱持住肠道。这样人才能持续地接触到自己里面的内脏，并认知到身体这一部分的知觉。而这个年轻人在这部分身心结构中有非常细微、组织微妙的虚弱部分——当然身体上和心理上他都能体会到。这种心理组织结构与他感觉不知道关于女人自

己真正的“直觉“(肠道感受)是什么,也不知道自己对她们的意图是什么。他也无法感觉到自己有底气在世界上与男人并肩战斗或彼此竞争,相较于他们的攻击性更感觉与他们的联结、而非冲突。尽管他的身体总体上是力气和力量,但上述组织结构真实存在着,无法否认。

11. 身体自由联想历程

我给他的建议,是一份邀请——加深他对自己的觉察、沉浸于自身体验中、试验一下自己现在的结构以及可以如何调整。他一采取平时习惯性的姿势,就联系到这种解剖学意义上的功能性组织结构是与他看到的——他母亲深深持有的大量无意识的对男人和他们性方面的负面态度有关。尽管他们之间有着爱和温暖的关系,但他们的关系中这个部分造成了他巨大的痛苦,而他感觉母亲从来都拒绝承认。这种身心结构继而引发的虚弱感进一步让他联系到父亲缺乏对他作为一个男人的好、在世界上的能力以及他的性方面的支持。当他探究这些联系时,他进入了我为之称为“身体自由联想历程”的过程。如同精神分析类心理治疗的自由联想历程一样,进入这种存在状态的目的是为来访者打开身体层面的知觉以及对情绪情绪的觉察,以最大忍受程度顺应跟随这些知觉。他允许这种知觉及其情绪、认知、意象和心理要素展现出来,直到他再也无法忍受他所感受到的,或者直到其他一些内在历程抓住了自己的注意力。随着这样历程的展开,越来越多的东西浮出水面。

最后,他把所有这些动力与自己日常与女人相处的体验联系起来——实际上他心里就预期着她们认为他只是把她们当作物品而感兴趣。他怀疑自己作为一个完整的人与女人相处的能力,他相信自己内化了把自己看成性狩猎者的深层视角,而这个视角是来自他最近才开始辨识出的母亲在与自己的某些沟通中传递出的潜意识态度。他就预期着遭到女人的拒绝。他对自己的这种视角以及心中累积起来的关于女人是剥夺性的、吝于给予的负面态度,致使他无法对自己或别人形成准确的看法。把骨盆移动到跟身体其他部分更在一条校准线上、收缩腹部肌肉到能够“感觉到内脏知觉”,这使得他更整合、更有力量,释放了他横膈膜里的一种抑制模式,让他能够扩展、更深地呼吸,而这样的状态同时也产生大量焦虑。因此他只能短暂地保持这个姿势,这个姿势带来的焦虑、以及他长期身心模式的持久性都迫使他不得不离开这种新的整合。

12. 姿态的校正创造出新体验的可能性

上述体验让这个男人得到了大量信息,我也一样。不仅仅从他直接接触到的抑制与紧缩的肌肉组织结构、和这姿态中印刻的那些模式(现实即如字面的那样深刻)对他的自我以及其他

认知产生的影响，也从他真实、直接地体验到以新的方式站立和存在（身体上支持自己的男人部分、成人状态和自主）对他产生的影响。在他当下所活的姿势和形态里去体验，能使那些把他带到现在状态的因素中的一些得以浮现到意识层面。而调整姿态，正如一个人习惯用一种特定态度看待一样事物而现在考虑采取新的视角看待它所带来的影响一样，就在为新的体验、新的想法、新的意象和新的解决办法制造出可能性。这种直接、即时体验自己的效果是更深地体验和了解自己当下所是的样子，同时也能即时感知到关于自己的新的体验和新的可能性。

另外，他对父亲对自己作为一个人的正直和性能量的有益性完全缺乏支持的觉察，使得他意识到男人会在性能量表达方面挣扎于其中的竞争性。可能是他对这个动力现实更多的觉察，以及他的身体、存在里快速生长的对真正的力量和效能的感觉，让他能够在一次咨询中面质我——他提出他看到我在带领他作为组员的团体时行动出我的自恋变形（*narcissistic deformation*）。他直接告诉我，他看到我说话总是一锤定音，并且要在最后把中心拉回到我自己身上。我必须有必要拥有他对我的观点中确有我自己的结构贡献的部分。然后我们也检视了他对我的体验与他跟父亲及其他男性关系中的动力之间的联系。我们也看了，并且在持续地看——从他自己健康地发展成熟角度，这一动力所有的复杂部分都对他意味着什么？

这种修通他对我的移情关系，在现代躯体动力分析里是治疗历程的一个必要部分。我为他表达出对我的愤怒留出空间，他的批评和蔑视，既是他此前跟父亲、舅舅和同龄人之间关系中未解决部分的表达，也是跟我的关系的表达。他认同的这些态度和行为，也是我自己个人生活和作为治疗师的工作中努力多年在修复的问题。他所看见的真相不可否认。但在他看待自己力量方面——虚弱的、在跟我的关系和其他人关系中是力量更小方——这个方面，他错过了现在的现实——他已经有勇气和力量来面质我，而我也收到、并且承认了他告诉我的关于我的部分是真相。我得特别指出——问问他是否看见了我们之间发生的是这些。

另一个不同的来访者呈现出了躯体动力分析工作中的另外一种。Baum 在下文叙述了与一个以反映出受到家庭中终身持续的剥夺和诋毁而产生的深刻而持久的影响的方式组织起来的人进行的工作，这些动力是在家庭成员的互动本质层面呈现出来的。从外面看，以及透过这个家庭中存在的“否认透镜”看，根本看不出这个来访者怎么就成了现在这样、如现在这样感觉和体验。

这个女人和我一起工作了许多年。最近几年，她越来越允许我对她说出她向我揭示的画面中她父母的破坏性。她深深地挚爱献身于父母，很擅长呈现给他们“仿佛”面孔，以及面对世

界的“仿佛”面孔。但她呈现在我面前的的是一个被虐待和委屈蹂躏的身体、精神和灵魂。尽管被诽谤、被批评、被剥削，但她一直都害怕公开活出这个样子，她怕承认跟我分享的这些真相将带来幻想破灭和与他们分开——这个她无法忍受。尽管咨询中一节又一节，我们在共同空间的私密性里，打开自己体验到跟他们一起的生活给她带来的恐怖、苦闷和巨大的痛。当已内化了的他们不屑一顾的声音太强大时，她失去了跟自己内在现实的接触，开始变得组织不起来、关闭，她请求对她的肩膀和背部肌肉深入地工作。这么做能够为她提供一个身体-心理空间，使得她能感受到并且用动作和声音表达出一个被母亲憎恨和有毒地嫉妒、被父亲使用和湮灭的孩子所受的苦难和痛。这么做使得她能够在一段时间里拥有被分离出去的自己——在痛苦、暴怒和哀伤中尖叫着的自己。

我的任务是——当她挣扎着去感受那些既无法忍受也不被允许的感受时——去容忍那已解构和正在解构中的情感旋风，以及由此引发的解离和代偿失调。如此，她可以在物质存在和情绪两个层面运用我来保护她自己，能接上只要她稍微面质父母他们对她或其他家庭成员的破坏性时就能体验到的关系的破裂。她运用我的身体这一物质存在作为遮挡和避难所。她通过将身体绕靠在我周围得以从她腹腔神经丛裂开的大洞痛苦中得到些缓解，这大洞是——她在脐部对父母的连结在情感上被扯掉以及他们说她邪恶或怎能去想父母有糟糕之处的谴责对她中心/核心的打击所致的毁灭性影响——这些综合影响所留下的。

13. 躯体动力分析提供了一条在身体层面和意识层面打开空间的路径

我尽了所有能做的来管理好她的解离在我身上的压倒性影响，这可不是个小的挣扎。我们一次又一次地做这些。随之而来的是，她获得了对自己越来越多的拥有。关于她对自己的家庭能看见什么、知道什么以及表达什么、隐藏什么——这些决定变得越来越意识化和真正表达自己的意志。我也被允许更是真正自己地去对我所看见、听见的她和她告诉我的进行反应。她进入、容忍人类存在噩梦之一的难以忍受体验的意愿，使我见证了她的痛苦的真实真相、她的挣扎的荣耀价值。躯体动力分析技术提供给我们一条路径在她的身体层面和意识层面打开了空间。作为躯体动力分析师对“真实感受到的体验”的承诺（使命），支持着我对她的知觉和感受如其艰难所是地保持着坚定的开放。我们两人对她自己所处的无法解决的困境——她爱、渴望并奉献于打碎她、碾压她的人、她无法想象没有与他们现在这种连结的生活、她很害怕她挑战他们会带来的拒绝、谴责这些结果——这困境中升起的任何解决办法，就去如自己所是地感受这一联合决定，让我们一直持续下来。

躯体动力分析的众多技术给了我们一套直接与知觉、感受、状态、结构和历程进行工作的启发式方法。这种工作是在这样的一种关系情境下发生的——治疗师视自己某种程度上是疗愈历程的一个组成部分，有责任作为这一疗愈发生空间的联合建设者忠诚地尽职履责。哈里·斯塔克·沙利文（Harry Stack Sullivan）的教导中提到“咨访关系中出现的扭曲会出现在来访者所有的关系中”。海因茨·科胡特（Heinz Kohut）对这一观点进行了大量添加——扩展为“移情”这一概念，识别出移情状态是自我的表现物，必需被咨询师接收到并且相应处理。发生在咨询师和来访者之间的错过（误解、误沟通、误看法等）是理解来访者内在现实及其在外在世界的表达的一个机会。衔接不上和共情失败在人们彼此之间是不可避免的。知道这一事实真相是埃德·特罗尼克（Ed Tronick）和斯坦利·格林斯潘（Stanley Greenspan）以及其他学者在早期母婴关系方面开展的大量研究所获成果中的一部分。这是一个研究直接导致临床理解的领域，证实并扩展了对临床咨询师已经在就其工作的关系及发展历程的理解。

作为罗伯特·斯托洛（Robert Stolorow）主体间性理论源头的关系历程的分析，其基本层面对权力（power）的分析。它秉持女权主义的原则——平等、共创的关系是想要的，认为这种有益的关系应该被模型化进心理治疗关系。这种治疗关系的观点持续在许多理论学家的工作中进化着。理论学家像杰西卡·本杰明（Jessica Benjamin）和穆里尔·戴蒙（Muriel Dimen）呼吁我们拓展对性别能量、角色和权力影响“自我”和“关系中的自我”发展的理解。这很清楚是一个与勒温（Alexander Lowen 躯体动力分析创始人之一）所赞成及秉持的治疗关系传统精神分析模型完全不同的治疗关系模型。尽管他已开始在他的理论里添加人际观点，但他仍然是保持着那种基本理解——病人被慈善、渊博的治疗师疗愈和引领。而当今的大部分躯体动力分析治疗师已经从这种模式进展到更为精微、复杂的治疗性关系模式——依恋理论、创造出一个抱持环境的需要、有恢复作用的情绪性体验的重要性、在治疗历程里治疗师得在那儿担起让来访者实施出移情动力的需要、治疗师得认出共情失败、同调失败以及行动出了反移情并且要为这些负起责任的必要性，所有这些都影响了躯体动力分析治疗中对治疗性关系的基本理解。

躯体动力分析的一些治疗师也融合了关系学家提出的模式，像麦克·艾根（Michael Eigen）、玛丽-贝丝·弗劳利（Mary-Beth Frawley）、乔迪·梅斯勒-戴维斯（Jodie Messler-Davies）和杰夫瑞·桑菲尔德（Jeffrey Seinfeld），他们将治疗关系视为共同创造的、流动性动力场所、总在变化和进化的。这是一种很有挑战的态度方法，要求治疗师本身对自己不断展开的内在历程保持极大的开放。人们在加深治疗关系以及对关系总体理解方面的工作始终笃行不怠。这不仅仅对心理治疗是重要的，对于提供一些可能性来理解什么驱动着我们人类能到自己的破坏性这一边缘而言，也是重要的。赖克和许多早期精神分析师致力于将他们从自己的临床工作中获得的认识

和知识贡献给世界。躯体动力分析许多人也一样，致力于将我们带到治疗性相遇的诸多原则在我们作为配偶、父母、同事和集体中一员的生活中活出来。

14. 一份投入和相信——“跟随历程”

对于躯体动力分析治疗师而言，在深深感受的情感发生的时候还能感到安全，是出自对身体的、情绪的和心理的现实的觉知。到达这种状态，需要一份对“跟随历程”的投入和相信，在来访者这一方——是对他/她自己的历程的投入和相信，在治疗师这一方——是对来访者的历程和治疗师自己的历程两者都有的投入和相信。以这种方式看待的话，身体历程本身就在提供一套了解人自己的自带含义的信息，和一个深而且永远能更深的路径。事实上有许多使用这套信息的技术方法，我们现在看到了运用这套信息的大量方法论，都在希望能减轻人类痛苦。其中有彼得·莱文（Peter Levine）发展的“体感疗法”（Somatic Experiencing），帕特·奥格登（Pat Ogden）等开展的对朗·克兹（Ron Kurtz）创立的“哈科米方法”（Hakomi method）（正念躯体疗法）的研究，等等。所有这些致力于理解身体、心理、情绪、人际和社会动力彼此的复杂交织的系统，都将他们自己独特的观点和技术专长带到了心理治疗的历程中。

我们作为躯体动力分析师治疗性存在的一个基本组成要素，是对“跟随历程”的熟练擅长——即使当我们工作的来访者进入深深感受的、深沉的、颇具挑战的情绪状态（无论好还是坏）时。当被召唤创造出一个抱持性环境能安全地支持、促成这种体验以及可能伴随而来的任何表达时，作为治疗师我们理所应当能够这样做，或者至少在我们未能这么做时知道我们自己的局限。躯体动力分析不是去要求治疗师采取某种具体的技术方法。无论治疗师对移情-反移情历程的定向是什么，技术干预的选择都是一种瞬间的艺术——蕴含着一整套知识、经验以及对来访者福祉的契约性承诺。

遭受创伤的人们（此处指从小暴露于慢性人际间伤害性对待）不可避免已经体验过伤害——某种破坏性的权力方以权力进行虐待而导致。这不一定是以对宣布有更大权力的权威方服从的明显方式。如同杰·海利（Jay Haley 策略派家庭治疗的代表人物）尖锐的分析中揭示的，人们可以用虚弱和受害者状态来主宰，由此对那些依赖于他们或以其它方式跟他们连接的人进行虐待。这是一项复杂的“生意”，从这种施虐受虐连接的奴隶纽带/枷锁中解放出来，无疑是一部《出埃及记》（记得，犹太人引领在旷野中走了 40 年，上帝在等待知道奴隶制的那一代人死光）。成为成熟的、自主的、以自发性和扎根的方式自我调节的人，某种意义上是生命最主要的命题。

造成创伤的对待不是简单地给一个更自由、完整、基于现实的功能运作带去一个伤或阻碍而已。它影响的是一个人人格的生成。在这样的被对待过程中，这个人依恋的动力被权力的虐待所施毒；这个人调节正向自我认知的能力被破坏甚至被摧毁；这个人能运用自己的“媒介”感被接收到的、施加于身上的虐待毒性所污染；这个人被占据、然后留下“空”和“孤独”，很可能也就会不断从别人身上寻找相同的“空洞的营养”。具身化是需要创造出一个空间——有个人化的、充满意义的、扎根的、吸入的身为人的体验。要去改变、调整自己的体验越来越难，因为创伤的影响渐渐愈发弥漫。自我与他人的融合、发展历程的截断、惊恐和恐怖造成的发育障碍、未满足的基本需要、被人格上攻击等等，生成了人的整个组织——其中毒素和养分通过同一个循环系统流动，自我和他人不同程度上无法区分、在某个时点后施害者和受害融合在了一起。

同时，在一个远远更为慈善的环境中生长的生命，带着足够多的丧失、冲击、不恰当对待、环境未能满足需要、还有存在性挑战，使得发展的历程和成熟地生活也是艰难的。即便只是在这些地方，心理治疗也能够提供许多，以助力人们联结到自我、良善、现实和意义。没有所谓的“没病找病”。人们理解自己的需要、让我们的生活更有意义、更完满——一句话“更好”的需要，都极为普遍地被贬损了。当然也有人们说他们想要这些，然后却不做那些艰难的工作去面对他们自己、他们自身的人格模式、对自己和他人必要的脆弱以创造出改变的空间——从而达成史蒂芬·约翰逊（Stephen Johnson）適切描述的《人格改变——艰难工作铸奇迹》（the hard work miracle of characterological change）。治疗师只能提供一个进行那些艰难工作的空间，一套助成其发生的技术，和在那个旅程中陪伴一个人所需的个人特质，并在需要时提供恰当的引领。

提供给人们一个地方和一个历程，去面对他们生命的现实（内在和外），去更充分地拥有自己、去提升自己的觉知，提供给人们一条路径实现个体化和分离从而真正成为自主的人——这是一份伟大的礼物。但它是不会那么容易被使用的。正如 M. 斯科特·派克（M. Scott Peck）所说的《少有人走的路》，我们不该欺骗自己——它的确是艰难和不确定的。对于治疗师而言，担当从贝恩哈德·布兰德斯凯奇（Bernhard Brandstatter）称为病理性调整（pathological accommodations）状态解脱出来的解放者代表是一份艰巨的事业。这些调整是我们对那些糟糕对待我们的人无意识中所做的，是对那些伤害我们、我们却又绝对需要的人压抑又必需的安排。在这些局限性和自我设限的安排中，成为促进发生改变的因素责任重大，尽管是来访者邀请我们这么做。而当——是时候对压迫挥舞起拳头，是时候以暴怒或愤怒或正向自我认知武装自己，是时候哀伤令我们心碎的丧失和被我们所爱的人背叛，或者是时候向由脆弱、爱、愉悦带来的

可能性开放，与一个能够听懂身体语言、会用身体语言说与沟通的治疗师在一起，则是一份意外获得的幸运。

（全文结束）

原文：

Modern Bioenergetics: An Integrative Approach to Psychotherapy

The relationship between strong affect, deep bodywork, and psychic and interpersonal dynamics.

Principal author:

Scott Baum, Ph.D. ABPP

In collaboration with

Vivian Guze; Danita Hall, LCSW; Anita Madden, MSN;

Ron Panvini, Ph.D.; Emma Rhoads, LCSW; Jodi Schneider, LP, LMHC;

Judy Silberstein, LCSW; Elaine Tuccillo, Ph.D.

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

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

Again here, this accords with the general view held by sophisticated theories of psychodynamic personality organization. However, the difference is that in Bioenergetic Analysis the study and delineation of the somatic process is much more detailed, specific, and central than in other theoretical

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

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

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

Wilhelm Reich's seminal contribution to psychoanalysis was his recognition of the importance of strongly experienced, deeply felt, and openly embraced emotional experience and expression as a basic constituent of human life. He observed that the deformations that occur in the development of

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

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

SOMATICALLY EXPERIENCED AND EXPRESSED EMOTIONAL PROCESS

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

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

of the intellectual and political trends of the day.

Reich and others, Anna Freud, for example, observed that people developed characteristic, durable, and largely unconscious patterns of attitude and behavior that concealed disturbing and frightening feelings and memories, and yet expressed many of those feelings in indirect and covert ways. These patterns were in turn part of complex structures in the person's psychological organization. Psychoanalytic theory attempts to provide a comprehensive model of how we human beings function as we do, combining motivation, structure, and the constituents of humanness, to elaborate explanations for this very complex system. Psychotherapy provided a method for the systematic bringing to consciousness of those feelings, attitudes and memories. It provided a safe, non-judgmental space for the exploration and expression of those feelings under the controlled circumstances of the consulting room (all psychoanalytic psychotherapies are considered 'expressive therapies' for this reason).

TRAUMATIC MISTREATMENT BECOMES INDELIBLY INGRAINED IN SOMATIC STRUCTURES

Breaking out of the largely unconscious, and deeply ingrained patterns of constriction and denial of feeling and memory, turned out to be much more difficult and more complicated than it appeared. People hide feelings, thoughts, memories, fantasies, desires, and all manner of inner and outer truths from themselves for many reasons. And the ways people hide and mislead and misdirect themselves and others are complex, not easily understood without considerable work on the part of the therapist and the patient. Often the constraints, that is, the defenses, are hardened into position by traumatic treatment imposed on the individual in childhood. Now we know more about how traumatic mistreatment, inflicted by authorities or others, becomes indelibly ingrained in somatic structures, in psychic structures and in interpersonal patterns. The idea took hold in the early decades of the development of psychoanalytic theory, and therapy practice, that these structures of defense, mostly seen as dense, overdeveloped repressive and oppressive constructions could be broken down, dismantled, allowing the unconscious contents that were hidden and choked off to emerge.

There is much to value in this view. For those of us old enough to remember the time before the changes wrought during the '60s, the idea of a daring, unconstrained breakthrough of unneutralized emotion and expression still has the romantic charge of liberation, of truth, of honesty, and a humanizing potential for raising consciousness and connecting people to ourselves and to each other. In certain ways psychoanalysis itself had fallen into the torpor of conventionality and conformity. What had been a breathtaking foray into unrestricted exploration of psychic, emotional, and even social, truth had become focused on adjustment and adaptation; a less revolutionary and freedom oriented outlook. For many therapists the anguish of observing themselves and their patients forced into conformity with a system that denied uniqueness and individual identity was compounded by a therapeutic establishment that supported that thrust (see, for example, "One Flew Over the Cuckoo's Nest").

A therapeutic approach that offered, as Bioenergetic Analysis did then, a method for immediate,

experientially driven, direct access to emotional and energetic flow was very attractive. Using breathing as a basic lens to understand how the body develops and sustains energy for emotional experience as much as it does for physical activity, provided a tool for following emotional and psychological processes, and a valuable insight into therapeutic interventions. Whether the interventions were very active or not, the attention to breath, the knowledge sufficient to use breath to enhance, or focus, or understand experience is central to Bioenergetic Analysis. And it connects that discipline to centuries of knowledge about the importance of breath and breathing to understanding and enhancing the breadth and depth of human experience. Adding to this Lowen's concept of the importance of grounding, of the psychological significance of the relationship of the body and being to gravity, and to reality, gives Bioenergetic therapists a very direct nonverbal way to work with structure and process of psyche, body, and emotion. Grounding is essential, in Lowen's view, in the development of the emerging connection to an experience of self-authenticity and autonomy.

Furthermore, the recognition that all people strive for the experience of pleasure and aliveness not just for the release from unpleasant tension, but for the meaningfulness of the experience itself is a central operating principle in Bioenergetic Analysis. It is not that this concept is absent in other psychodynamic theory. It is rather that this motivating force is often cocooned inside an outlook that makes it subsidiary to other psychic and emotional functions. But for bioenergetic therapists this is not so. Aliveness, the embrace of energy and charge, and the possibility for the connection to goodness and benevolence, to love and joy, are at the center of our work. Certainly this thrust exists in the work of other theorists of psychotherapy, Erich Fromm comes to mind, for example. The difference may be in emphasis, it is also in the technical skills that bioenergetic therapists develop, and the tolerance, to activate and work in an environment of strong, deeply experienced emotional states and expressions.

Modern Bioenergetics continues the emphasis on breathing as a central organizing activity in human functioning. But the actual practice of bioenergetic psychotherapy includes a very broad range of technical method. Active techniques in psychotherapy refer to techniques in which the therapist injects herself or himself into the patient's process. When not doing this, a therapist is in a receptive mode, taking in and metabolizing, and analyzing, and responding to the person, and all her or his communications, conscious and unconscious, verbal and non-verbal. All forms of psychotherapy allow for the therapist to become active in some way, through interpretation, explanation, spontaneous reaction, or prescriptive instruction. There is a misconception that bioenergetic technique is directive in the sense that it tells the patient what to do, and what is supposed to happen. But many of us who have practiced as bioenergetic therapists for a long time, never subscribed to this view. For us, techniques are experiments in experience, and can be as expansive and unpredictable as the patient and therapist can allow. As noted above, the model of psychotherapy as developing a freedom to discharge tension and restore homeostasis has not informed our work. Rather the freedom to be real, to be in relationship in an authentic way, and the possibility of autonomous living, with the potential for enhanced aliveness and even pleasure, have guided our therapeutic engagements.

A CHANGE IN UNDERSTANDING EARLY DEVELOPMENT

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

This work rested in part on the work of other psychoanalytic theorists who had already begun to try to systematically understand the impact of early trauma on development and the vicissitudes personality organization that ensued—Donald Winnicott and Wilfred Bion, and Melanie Klein, have all contributed essential elements to our understanding of these early states. At the same time others were beginning to theorize about the ways that early relationships become embodied in personality organizations through the various mechanisms of identification; for example, Ronald Fairbairn, Harry Guntrip and those developing theories of internalized object relationships and their effect on personality development. Meanwhile, another group of theorists led by Margaret Mahler and John Bowlby were beginning to carefully examine and organize the data of early attachment experiences—primarily between mother and infant, into a systematic understanding of the unfolding capacity for bonding and connection between people. R.D. Laing was courageously identifying the destructive elements of everyday relationships, social and familial. Eric Berne was explicating the multi-layered dynamics of family transactions and creating a new language for those processes. Family systems theorists were alerting therapists to the importance of seeing individuals as inextricably enmeshed in systems that influenced, controlled, and were controlled by them. Carl Rogers was asserting the importance of positive therapeutic regard and respect for the identity and truth of each individual. All the while, as this ferment of ideas, theories, and new technical approaches swirled through the community of psychodynamic therapists, those therapists influenced by Reichian and related ideas were exploring the use and value of intensive emotionally charged therapeutic work informed by a deep understanding of somatopsychic structure and process.

All of these new ideas were being enfolded and expanded upon in Bioenergetic Analysis. Robert Lewis was working consistently to link ideas about attachment and early trauma to somatopsychic structures. Stanley Keleman was creating ever more complex syntheses of morphological, physiological, and psychological organizations, and of emotional process. Robert Hilton was beginning a study of the dynamics of relationship that would support the focus on the centrality of the therapeutic relationship in the healing process. Other Bioenergetic theorists, including Scott Baum, Odila Weigand, and Jürg Clauer, were developing a complex somatopsychic model to understand the effects of chronic malignant trauma, so that we could provide a grounded rationale, and practical direction in the use of strong techniques with people whose personality organization led many clinicians to eschew strong interventions. And many, many practitioners of Bioenergetic Analysis were beginning to integrate these theories and their implications into our work as clinicians. Stephen Johnson's work is notable in this regard for his extensive meshing of multiple theoretical and clinical perspectives with a Bioenergetic model of development and therapeutic process. During this expansive period of development in Bioenergetic theory, the transference-countertransference process was explored extensively, as well, to consider its unique aspects as a body-oriented technique.

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

At the same time, the dynamics of the therapeutic relationship are ever present in the awareness of bioenergetic therapists. Undeniably these dynamics are altered by the nature of bioenergetic practice. The longstanding fear of, and prejudice against touch in psychotherapy is somewhat diminished. The role of touch is poorly understood by those who do not study its significance and the proper use of it in a psychotherapeutic relationship. This is particularly true in a society like ours that has many anxieties, fantasies, proscriptions, and attitudes about touch that are largely unexplored, and whose true meanings are not recognized. Bioenergetic therapists train extensively to use touch judiciously and carefully, in the interest of the patient and the therapeutic process, and to remain able to observe the flow of transference and countertransference dynamics even while entering the personal, physical space of another person. It is interesting to note, and beyond the scope of this paper to further investigate, one of the striking anomalies in the discussion of touch in psychotherapy. There is considerable discussion about the ethics of touching patients physically. There is little discussion about the possibility that touch might be, in any given clinical situation, the best technical intervention, and that ethical practice would mandate the use of touch in an appropriate way. Touch can serve many important functions. Harry Harlow's research on the importance of 'contact comfort' demonstrated that many years ago. Touch can comfort, it can activate, it can challenge, it can support, it can be the only means of assuring a person that someone else exists in the universe.

WHAT IS CENTRAL TO THE PRACTICE OF BIOENERGETIC ANALYSIS

For many of the collaborators on this monograph who began our Bioenergetic therapy in the 1970's the aim of the techniques of Bioenergetics already incorporated these principles of intervention. The aim was to deepen experience, increase awareness (of self and others) and expand contact with reality. As powerful as the experience engendered by a technique was, it was always with a sense of the importance of integration and the centrality of the subjective experience. This view of the active work—that it is titrated, made specific to the person and her or his needs, capacities, and tolerance—which was pioneered back then by Vivian Guze and Robert Lewis, and other bioenergetic therapists, has increasingly informed the general approach to modern Bioenergetic work. As with the rest of the psychodynamic field, this view has been informed by a deeper understanding of attachment processes, the unfolding of separation and individuation, and the need to adjust technique to suit the unique

characteristics each person brings.

But the value of the cathartic experience remains. As Angela Klopstech, a bioenergetic therapist who has written extensively and incisively to expand and enhance bioenergetic theory, reminds us, catharsis by definition involves a new integration of experience following the strong emotional event. The idea that the experience of strong emotion needs to be 'contained' is not a new one, and it is a subject with some degree of confusion. Containment can mean two quite different things. In the first it refers to a tamping down of expression or of experience in the interest of self-regulation and appropriateness. In the second it refers to the therapeutic process by which the therapist empathically receives and tolerates feelings that the patient can barely tolerate, or even cannot tolerate. The therapist acts as an auxiliary metabolizing system so that the feelings can begin to be integrated. As these feelings are often raw, undifferentiated states, being able to do this without needing verbal language to mediate the process is very useful.

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

A VISION OF AUTONOMY, OF SELF-DIRECTION AND REGULATION

The purpose of working therapeutically in a way that emphasizes intense emotional experience is not some kind of return to the primitive, although the argument can be made that Lowen may have had that as a goal in his theory. Quite the contrary, in modern Bioenergetics the view of emotion is of a very sophisticated system for apprehending reality. As with any system that attempts to comprehend such a complex and multi-faceted phenomenon, the more refined and developed and sensitive the system is, the better the apprehension. Powerfully evocative and deeply felt emotional work, which is often facilitated by active techniques, some very strenuous, and others more geared toward focusing, or grounding of the experience, is a method for opening oneself to the depth and breadth of emotional experience. It enables one to develop tolerances and skills to expand one's awareness of what is happening in oneself, in others, and in the environment. It is not the magnitude of the experience or expression that is significant, but its authenticity, its meaningfulness, its reflection as the truth of a person's being. This way it can become part of the fulfillment of the vision of psychoanalysis, of Reich, and of this kind of psychotherapy in general. That is a vision of autonomy, of self-direction and regulation, of existential good faith, and of openness to experience, without resorting to prejudice, domination, or manipulation of self or others to manage difficult feelings or events, or to avoid facing

one's fears.

That these techniques can be misused is true. As with any psychotherapeutic approach techniques applied in the absence of a sense of the other as a whole, unique and self-reflective person will be at best misattuned, and at worst abusive. This is true in any direction. If a person needs, and will best be served by a body-focused therapeutic approach, the therapist who tells that person that such an approach would be bad for her or him risks inflicting a trauma likely already experienced by that person. That is the traumatic effect of having one's experience of oneself denied and dismissed. This is just as traumatizing as is an insensitive, intrusive verbal, interpretive, or directive technique performed without regard for therapeutic process and mutuality. It can be as traumatizing as a rigid adherence to abstinence from communication without regard for the impact that deprivation is having on the other person. Any one of these improper uses of psychotherapeutic technique reflects a form of acting out of therapist's feelings, attitudes or needs. These are countertransference errors. To see them as such requires a model of psychotherapy in which transference and countertransference processes essentially matter, and are systematically made part of the understanding of the therapeutic process.

Regrettably in medicine today we see a trend in just the wrong direction. The emphasis is increasingly on treating conditions and not people. We seem oblivious to the significance of relationship and intentionality when it comes to human pain and suffering. It is believed that interventions are all technical, that it should not matter who performs the procedure, that knowing the person undergoing the procedure for more than a brief encounter is not necessary. Unfortunately, we see this trend in some of the practices used in body psychotherapy. It seems that two very basic errors are being made here. The first is an assumption that all trauma is of the same type. In this thinking trauma caused by natural events, hurricanes, for example, or caused by accident, car crashes, for example, is identical in nature and effect to trauma caused by personal, malignant intent. For example the intention of another to kill you in combat, or the intention of a parent to physically, or psychically, or emotionally annihilate a child—whether the parent is consciously aware of that intention or not—are motivated acts. The intention has an energetic force to it, and is experienced directly by the victim of it, and the reaction is structured into somatopsychic patterns.

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

The focus on facing the perpetrator of abuse in oneself, is central to our work as bioenergetic therapists. It is not enough to be liberated from destructive patterns, or from mistaken and self-harming ideas. It is also necessary to see to what extent one is now a perpetrator in the same ways as one has been perpetrated against. To do this work requires an entirely different orientation to the therapeutic process, and to do that orientation justice would require another paper. Here we will only say that the struggle to face the perpetrator of abuse and destructiveness is rooted in Reich's commitment to take psychoanalytic (and later bioenergetic) principles and apply them to the social ills he saw all around him. Many in the psychoanalytic community of his time shared this political consciousness. For many of us, psychotherapy is a revolutionary activity. It offers a method for understanding patterns of submission and domination, of loss of self, of surrender of self, of possession of self by another. It also offers a method for knowing the effect of those destructive, exploitive patterns in one's life, and then a method for modifying those patterns. That modification requires a deep, profound investigation of self, facing of oneself, and the determination to do whatever is in one's power to alter and modify old patterns, or grow into new forms of being—to the extent one is capable.

The second basic error is a very old one, which is a belief that the therapist's benevolent intention is sufficient to invest a technical intervention with success. This view dispenses with psyche as a central organizing part of personality. It also denies the meaning and profound influence of character structure, that habitual somatopsychic amalgamation of attitudes; somatic and psychic structures; interpersonal beliefs, perceptions, and feelings and behaviors. It also denies the meaning and the profound impact of character structure on a person's capacity for making lasting use of such interventions. Therapeutic interventions have increasingly devolved into the benevolently applied application of "evidence based" technical interventions, administered without consideration of the complex and utterly unique amalgamation of attitudes, somatic and psychic structures, interpersonal beliefs, perceptions, feelings and behaviors that constitute a human being. When, furthermore, the complexities of transference and countertransference feelings and reactions are not integrated into the practice of these interventions, the organizing principle of the psyche is made even less relevant.

Interventions of any kind made in the process of another person, including in psychotherapy, are very much like pinballs launched onto the field of play. One has a general idea of what might happen, and the better one knows the other person the more likely the predictions will be accurate. But there are plenty of hidden holes in the tabletop, spring-driven bumpers, and the like. In a psychodynamic therapy this is all to the good, because we therapists working that way want to see those bounces, they tell us of the working of the transference process. It is in the transference that the essential elements of a person's organized relationship to themselves and others emerges, and along with that a way to understand the deeper organizing dynamics of that person's personality and experiential history.

THE STUDY OF TRAUMA IS NOT NEW

It is important to remember that the study of trauma is not new. Freud, Reich, and their followers all used the concept. We have refined our understanding of it. And we have discovered that no therapeutic system easily undoes or even ameliorates its effect. In fact, there is a good deal of

discussion in the field today, for example in Michael Eigen's work and discussion of human nature, of the inevitable reality of destructiveness interwoven with benevolence. In some theoretical systems, self-psychological for example, destructiveness is understood as an artifact of failures in child rearing, not intrinsic to human experience. The same is true of the understanding of psychotic processes; there are significant differences in understanding the origin and nature of those states. These differences figure strongly into the ways trauma as a human process is understood. As with economic systems, therapeutic systems tend to the utopian, and we human beings go through a seemingly endless cycle of infatuation and disappointment with the newest system sure to solve the problems more expeditiously, and without all this noodling around that seems to be necessary when people really want to understand something deeply in as much of its complexity as we possibly can.

Partly we go through this cycle, hoping, and so sure that we have found in the newest approach the best cure, technique, solution, because, as Alice Miller has been challenging us to face, we do not want to see the everyday exploitation and abuse that surrounds us, and that we participate in as victims, perpetrators, and bystanders. It would be so much easier if what we saw and knew was not about people hurting people, but was rather about brain and other body systems going awry for reasons having little or nothing to do with how we treat each other. Surely though, even a cursory examination of the state of the world tells us how seriously deranged and destructive human beings can be. It is reasonable to conclude that much of the human suffering we see we cause each other. While it has been of inestimable value to understand that we human beings cling to our suffering, we do so for many reasons, some are good, some are not. Scott Baum has written about people with borderline personality organization in this regard, describing how it is that when people cannot express suffering—because we have no words, and because those to whom we are attached preclude it—we memorialize the suffering in our bodies. We bear witness to our suffering by living it, living in it. In fact, bearing witness is one of the essential functions of psychotherapy. It allows a person to feel seen and known, and feeling and believing that, to begin to grow anew.

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

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

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

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

THE BRAIN IS IN THE BODY

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

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

explanations for things causes us to overlook things, or worse to act in ways that are ultimately destructive, even if the intentions for the actions are at their root benign. It is not possible to predict where the basic research now being done on human neurology will lead us. Perhaps to Freud's hoped for understanding of the neurological basis of human experience. But if the preoccupation with that someday understanding prevents us from facing what we know now about human relations and their effect on us all—the day-to-day work of therapists—we will have done a disservice to our patients, and to future generations who could have benefited from interventions made now in the lives of individuals and of society.

HUMAN BEINGS ARE DESIGNED FOR EXQUISITE ATTUNEMENT

Research in neuroscience tells experienced psychotherapists what we already knew. Human beings are designed for exquisite attunement to each other, and the work of Daniel Siegal and Alan Schore, among others tells us how important it is to figure that physiological predisposition into our work. In Bioenergetic theory the work of Jörg Clauer and Guy Tonella also call us to this understanding of our fundamental biological organization. Perhaps it is too much for us, the reality of mortality, the reality of loss and grief; too much to bear, even without the seemingly endless capacity of human beings to inflict all manner of pain on each other. We are born prepared for contact and connection, and we are not that proficient at living out that constitutional endowment in constructive and wholesome ways. Perhaps we will get there. A student some years ago told one of us she thought that psychotherapy was called into being by an evolutionary dynamic. It was a process to midwife a better evolutionary adaptiveness to our considerable emotional, cognitive, (and perhaps spiritual) potential. In the meantime those of us working everyday with the human suffering presented to us by our patients have to work with what we have, both in dealing with the damage in people, and with the marvelous potential for joy and excitement in living. We cannot wait for a new form of human being to emerge, or for the day when it will be revealed that all psychic phenomena are derived from neurology.

In modern Bioenergetic work therapists attend to very subtle communications about somatic experience. For example the place in the back that many people with borderline personality organization experience that feels as if it is an open hole—a corollary of the 'black-hole', which James Grotstein writes about in a feeling way from a psychoanalytic perspective—which people whose personality is organized this way describe experiencing. A hand placed over that 'hole' could feel like warmth touching a place with no warmth, a place of absolute zero. The hand is removed and the absolute cold returns. Or, for example, the sense a person has that they are no longer present in their eyes, even though they continue to see out of them. They see and don't see, as recent research tells us, in the form of "selective inattentive blindness". At their worst these patterns of disregard become dissociative states, which can, when they become structured into the personality, be extremely limiting of one's capacity to feel emotion, and limiting of one's ability to apprehend reality. Additionally, Bioenergetic therapists attend to, and help their clients to attend to changes in their openness of breath, their contractions accompanying fear, pain or confusion. The body has an intricate and eloquently complex language that bears witness to and expresses the self. We listen to it, embrace it; let it teach us about ourselves and others.

ACTIVE WORK WITH BODY ORGANIZATIONS AND STATES

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

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

A young man with considerable strengths and attractiveness, this man actively pursues a course of greater internal awareness. In that pursuit he discovers that when he stands he retracts his pelvis and feels a pronounced lordosis in his lower back, which I can see is related to a barely noticeable flaccidity in the muscles of his lower abdominal wall. I can offer him suggestions that enable him to feel the proprioceptive process of aligning his shoulders hips and ankles. To do this he has to compensate somewhat for the slight flaccidity I observed in his lower abdominal muscles. I know from my own study that this kind of flaccidity is part of a larger organizational structure. For people to feel their guts requires that the girdle of muscle running from abdominals to lower back be able to support and flexibly hold the guts in. This allows for continuous contact with internal organs and perception of sensation in that part of the body. This young man has a very subtle and well-organized weakness in this somatopsychic structure, which he experiences physically, and psychologically. The psychological organization is related to his feeling that he does not know his true 'gut feelings' about women and his intentions toward them. He also does not feel that he has the intestinal fortitude to compete in the world alongside, or against men he sees as more in contact with, and less conflicted than he about their aggression This organization exists despite an overall strength and power in his body, which is undeniable.

SOMATIC FREE ASSOCIATIVE PROCESS

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

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

Finally, he connects all these dynamics with his day-to-day experience with women, his expectation that they will view him as only interested in them as objects. He has doubts about his ability to relate to women as whole people, he believes he internalized a profound view of himself as a sexual predator, coming from his mother's unconscious attitudes which he has begun to recognize in certain of her communications to him. He expects rejection by women. His perception of himself, and the negative attitudes he has built up about women as depriving, withholding creatures prevents him from an accurate perception of himself or others. Moving his pelvis into greater alignment with the rest of his body, contracting his abdominal muscles enough to "feel his gut", makes him feel more integrated and more powerful, it relieves a holding pattern in his diaphragm and enables him to expand and breathe more deeply, and it generates considerable anxiety. And while he can hold that position briefly, both the anxiety of it, and the durability of the long established somatopsychic patterns force him to relinquish the new integration.

STANCE MODIFYING THE CREATES THE POSSIBILITY FOR NEW EXPERIENCE

A great deal of information becomes available to this man, and to me, from this experience. Not only from his direct contact with the muscular organization of holding and constriction, and not only from the effects those patterns, embedded in his posture (in all the meanings of that word) on his self and other perceptions. But also on his capacity to imagine, in a very real and direct way how standing and being in another way (psychically and physically supporting his manhood, his adulthood and his autonomy) would affect him. Experimenting with the posture and stance he lives in now brings into awareness some of what brought him to this point. Modifying the stance, like the effect of considering a new way of looking at something about which one has always had a particular attitude, creates the possibility for new experience, new ideas, new images, and new solutions. The effect of this direct immediate experience of himself is to more deeply feel and know himself as he is now, and also to sense in an immediate way a new experience, with new possibilities, of himself.

In addition, his awareness of his father's complete lack of support for his uprightness as a person, and the wholesomeness of his sexual energy, make this man very aware of the competitiveness that men grapple with in the expression of our sexuality. Perhaps it is his greater awareness of this dynamic

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

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

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

This woman and I have worked together for many years. Increasingly over these last few years she has allowed me to speak openly to her about the picture she reveals to me of the destructive behavior of her parents. She is deeply devoted to them both, and she is very successful in the 'as-if' face she shows them, and in the 'as-if' face she turns to the world. But she shows me a body and psyche and soul ravaged by abuse and mistreatment. Maligned, criticized, exploited, she has been unable to tolerate the disillusionment and separation from them that acknowledging these truths she has shared with me would bring if she lived them out openly. Yet session after session, in the privacy of our common space she opens herself to the terror, anguish, and immense pain her life with them has caused her. When their internalized dismissive voices are too forceful, and she loses contact with her internal reality and becomes disorganized and shut down, she asks to work deeply in the muscles of her shoulder and back. Doing this makes a somatopsychic space for her, allowing her to feel and express in movement and sound the anguish and pain of a child hated and poisonously envied by her mother, and used and annihilated by her father. Doing this enables her for a time to embrace the split off self who screams in pain, rage, and grief.

My task is to tolerate the whirlwind of disorganized and disorganizing affect, and the dissociation and

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

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

I do all I can to manage the overpowering effects of her dissociation on me, which is no small struggle. Over and over we do this. As we do, she gains greater and greater possession of her self. The decisions about what to see and what to know about her family, what to express and what to conceal, become more and more conscious and volitional. I am permitted to be more and more my true self as well, reacting to what I see and hear and feel in response to her and what she tells me. Her willingness to enter into and tolerate the intolerable in one of the nightmares of human existence enables me to bear witness to the truth of her suffering and to the honor of her struggle. Bioenergetic technique offers us a way to open the space in her body and consciousness. The commitment of Bioenergetics to felt experience supports me in my steadfast openness to her sensations and feelings as difficult as they are. Our joint decision to feel our way to whatever resolution of the unsolvable bind she is in— that she loves and longs for and is devoted to people who have broken and crushed her, that she cannot imagine life without the connection she has to them as it is now, and that she is terrified of the consequences of their rejection and condemnation of her were she to challenge them—sustains us both.

The technical array of Bioenergetics gives us a set of heuristics for working directly with sensations, feelings, states, structures and processes. That work takes place in a relationship context in which the therapist sees herself or himself to one degree or another as an integral part of any healing process, responsible to act faithfully as co-creator of the space in which that healing will take place. Harry Stack Sullivan taught that the distortions that show up in the patient-therapist relationship show up in all relationships. Heinz Kohut added substantially to that view by enlarging the concept of transference to recognize that transference states are representations of the self, and must be received and attuned to by the therapist. The missing (misunderstanding, miscommunication, misperceptions, etc.) that takes place between therapist and patient is an opportunity to understand the person's inner reality and its expression in the world. Misattunements and failures of empathy are inevitable between people. Knowing this truth is partly the fruit of the substantial research done by Ed Tronick, Stanley Greenspan and others on the early mother-infant relationship. This is one area in which research has led directly to clinical understanding, validating and expanding an understanding of relationship and developmental processes that clinicians were already working with.

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

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

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

A TO COMMITMENT FOLLOWING PROCESS

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

Becoming adept at following process even as the person we are working with enters areas of deeply

felt, profound, challenging emotion, good or bad, is a basic constituent of our therapeutic presence as Bioenergetic therapists. When called upon to create a holding environment that can safely support and facilitate this kind of experience and any expression that might accompany it, it behooves us therapists to be able to do so, or at the very least to know our limitations when we cannot. It is not the requirement that the therapist employ any particular technique. Whatever the therapist's orientation to the transference-countertransference process, the selection of technical intervention is a moment of art embedded in a matrix of knowledge, experience, and a covenantal commitment to the patient's welfare.

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

Traumatizing treatment does not simply create an injury, or an impediment to freer and fuller and more reality based functioning. It influences the creation of a personality. One in which the dynamics of attachment are poisoned by the abuse of power. One in which the capacity for regulating positive self-regard is damaged or even destroyed. One in which a sense of instrumentality is contaminated with the toxicity of abuse received and inflicted. One in which the person is possessed by and left empty and alone, and may well seek the same empty nourishment from others. Embodiment requires creating a space for the personal, meaningful, grounded, breathed-into experience of personhood. Altering, or modifying the experience of oneself becomes more and more difficult as the effects of trauma become more pervasive. The enmeshment of self and other, the truncation of development, the stunting caused by terror and horror, unmet basic need, attacks on character, and so on, create a whole organization in which poison and nutrients flow through the same circulatory system. In which self and other are, to one degree or another, undifferentiated. In which perpetrator and perpetrated on can become merged together after a certain point in time.

At the same time, a life lived in a far more benign environment carries enough loss, impingement, mistreatment, environmental failure, and existential challenge to make the process of development and living a mature life difficult. Even here there is much that psychotherapy has to offer in enhancing the connection to self, to goodness, to reality, to meaning. There are no "worried well". It is an all too common derogation of the need in people to understand ourselves and make our lives more meaningful, more fulfilling, in a word, better. There are, of course, people who say they want that and then do not do the hard work to face themselves, their own characterological patterns, and the necessary vulnerability to self and others that would create space for change—to accomplish in Stephen Johnson's felicitous phrase the hard work miracle of characterological change. Therapists can only offer a space in which that work can be done, a set of skills to facilitate it, and the personal

attributes needed to accompany someone in that journey, and provide appropriate guidance when needed.

Offering people a place and a process in which to face the realities of their lives, inner and outer, a place and process in which the potential exists to take fuller possession of themselves, a place and a process to raise their consciousness, a way to individuate and separate and become autonomous is a great gift. But it is not easily used. As M. Scott Peck says, it is the road less traveled, and we should not delude ourselves about the difficulty, and the uncertainty of it. For a therapist to take on the representation of liberator from what Bernhard Brandscahrt calls pathological accommodations is a huge undertaking. These are accommodations we make unconsciously to others who mistreat us, those oppressive but needed arrangements with those who have harmed us, but are so desperately needed. It is an immense responsibility to become a stimulus for change in these limiting and self-limiting arrangements, even when it is at the behest of our patients. But when it is time to shake a fist at oppression, to arm oneself with rage or anger, or positive self-regard, to grieve the heartbreaking loss and betrayal by those one loves or loved, or to open to the possibilities brought by vulnerability, by love, by pleasure, being with a therapist who hears and speaks and communicates in the language of the body can be a godsend.