

# A Developmental View of Bioenergetic Therapy

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*Autobiographical note: I am 34 years old, a practicing child and adult psychiatrist in New York City. My personal background and training over the past ten years has been simultaneous exposure to Bioenergetics and analytically-oriented, developmental psychiatry. This paper is, therefore, a statement of my personal attempt to integrate ego psychological developmental thinking and Bioenergetics.*

## 1. THEORETICAL

Bioenergetic analysis has always been an inherently developmental way of understanding life: the more literal and explicit this can be made the deeper the understanding and sharper our clinical focus will be.

Reich's insights have had a profound influence on the principles that underlie Bioenergetic analysis (1). Two examples of such Reichian concepts are (1) the unity and antithesis of all living processes, and (2) unity is an organismic phenomenon i.e., no matter how complicated any living organism is, it functions on the organismic level as a single cell.

Until recently, perhaps partly, in reaction to the unbalanced, dissociated preoccupation of ego psychology on psychic reality, many of us working in the Reichian tradition have seen the principle of self-regulation as referring to the core of the organism, its deepest pulsations, instincts, feelings (Fig. 1).

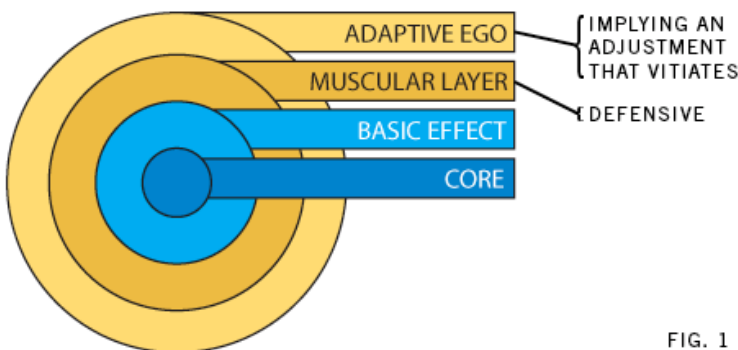


FIG. 1

From this view, the tendency is to see ego functions (motility, motor coordination, perception, self expression) negatively (i.e., in terms of their defensive, adaptive function): the word adaptive is seen as implying an adjustment to reality which diminishes the vitality of the organism.

It is true that the principle of polarity (2, 3) transcends this conflict of antithetical functions such as body and ego, feeling and thought, etc. **But somehow, in practice**, until recently, we have not explored adequately the ego functions while enable the originally helpless infant to assume a vertical position, and become a self-supporting organism whose core impulses surface with definition and clarity. This more recent emphasis on being able to interact effectively with the environment in accord with the reality principle is stated clearly by Dr. Lowen, "a strong ego depends on the ability to see clearly (conceive, imagine and conceptualize) and to express oneself adequately and appropriately in verbal and motor activity".

So we are referring not to psychosexual development, but to ego functions such as motor coordination; functions which ego psychologists call autonomous. (5) Emerging motor coordination enables a child to begin to control its movements, to execute its desire to reach for something, or move with enough predictability that it can experience itself as an effective self with continuity in time and space. The child reaches, grasps, stands, walks; like sucking and anal sphincter control, these areas of development are subject to their own stresses, vicissitudes, nuclear conflicts, and potential for growth or pathological distortion (i.e., they don't just take care of themselves automatically as long as the child is nourished and held, because they involve issues of emerging autonomy and initiative). (5) (7)

For example, the ability to stand alone - in relation to others, already assumes that one can maintain the necessary space around oneself by keeping peoples' hands off one's throat, making elbow room, getting them off your back and, if they won't keep their distance, moving away oneself.

One can imagine the wide variety of conflicts which often result from the specific kinds of self assertion described above: the conflicts reflect the unique characteristics of the child and its early environment; (6) and in a manner comparable to the way anal sphincter control is acquired in our culture, the conflicts range along a line of development of autonomy, which can be accelerated, delayed, or otherwise interfered with. The conflicts leave a story structured into holding patterns in the neck and shoulder girdle, and in degrees of falling anxiety; they result in **people who show degrees of being able to stand alone**. A simple clinical example is a thirty year-old patient; loathe to feel her legs, which she sprawled akimbo, whenever deep infantile sobbing occurred. Told to stay on her flexed legs while sobbing, she suddenly looked stunned, and sensed her terror and anger "about taking a step forward ... I'd be separated from mother ... I won't ... she would only accept me as a helpless baby."

There is, in other words, a biological urge to stand and walk, just as there is to suck. It may be developed prematurely to compensate for oral deprivation; it may be delayed and denied in the face of threatened rejection (i.e. the above patient); it may be partially immobilized by its use as a chronic survival mechanism (i.e. legs held in reserve for escape from threatened Oedipal seduction). As the child follows its innate motor urge to stand and move away, it may experience **degrees** of rejection, denial of warmth and support from parents, in relation to a function that is at first tenuous and takes **years** to fully develop. It is, therefore, clearly unrealistic to expect some patients to relate to, and integrate the feeling of standing on their feet: they have lost too much ground in the process of growing up, and should be able to (Fig. 2) rock back and forth on the ball of the foot (almost all the weight on the forward leg and foot) until they can feel their ankles and feet ... and **begin to find their footing**: the hands touch lightly to lend the balance that people don't have enough of in the lower extremities.

In this position, one can feel the ground as the source from which one springs. It can be followed the rising movement which Dr. Lowen describes, (8) but it is the developmental understanding that is more important than any specific technique.

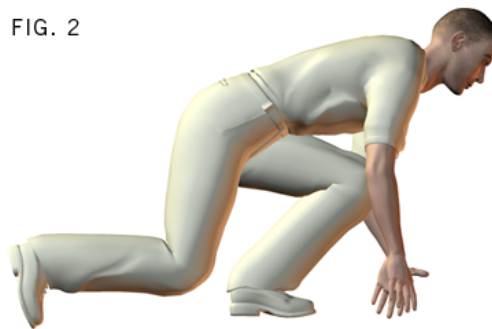
To digress briefly, and yet illustrate my emphasis on epigenetic, autonomous development with biological and phylogenetic analogies:

1. For the growth of a tree, the initial nourishment and matrix in the ground is necessary, but not sufficient: the tree needs space and light in which to flourish; similarly, the child's initial nourishment and matrix in the mother's body is also necessary, but not sufficient: it needs space - to move away - elbow room - ultimately to go its own way.
2. In primates, upper extremities, lower extremities, and tail **are each used** to grasp, to support, and for locomotion. Human infants initially grasp with their mouths, then wrap) their legs around you (hugging) while being carried on the hip. Later, while crawling and standing up, they use their arms for locomotion and support. While the functions and their organs of execution have become highly specialized in the adult human, **the older, fused function is still an underlying reality** (i.e., the quality of one's footing is related to the ability to hold or grasp the ground with one's foot, **almost as if it were a hand**). Conversely, one has no footing if one can't hold the ground, and without solid footing, one can neither support nor move one's self.

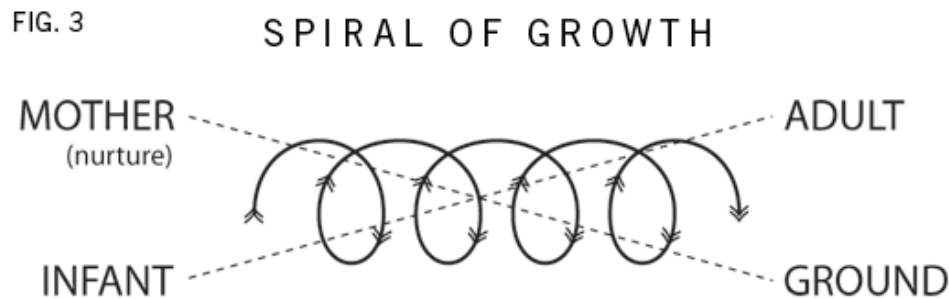
In any event, developmental thinking enables us to grasp the **literal** process of development in time and space that has gone on to enable a child to walk for instance, in the same way that Reich's functional thinking enabled us to grasp the **literal** connection between psyche and soma.

As we study the actual development of children with the insight of psychosomatic unity and duality at our disposal, the whole area of ego psychology is opened to us: and with it, a wealth of direct observations and sharp thinking by such workers as H. Hartmann, Anna Freud, Erik Erikson, Peter Wolff, and many others. As we understand the development of mobile roots in the human infant, the functions of the lower extremities become **finding** one's footing, rising from one's roots, getting on one's feet, standing alone, walking away.

FIG. 2



## II. CLINICAL



The organism pulses from its core - out into the world - moment by moment. This movement also occurs as a process (spiral, schematically) of growth in time (Fig. 3) - over months and years - during which there is a change in the organism's basic orientation in space, in relation to the earth: from totally dependent to relatively independent.

In both ontogeny and phylogeny there is a long evolutionary process from floating in a liquid-filled womb, to being held and warmed at the mother's breast and body, to crawling the earth as a quadruped, and, finally, to standing erect as homo sapiens: the dependent infant and the erect adult are extreme points on a continuum that has a whole range of **normal intermediate stages**: during the first two years of its life every infant struggles to sit up, crawls on all fours, pulls itself upright with its arms, walks with help, and finally begins to take tentative steps on its own as balance, coordination and strength evolve. A profound change occurs in its experience of itself as upright in space vis-à-vis gravity.

We will broaden our diagnostic and therapeutic effectiveness if we understand this process as we help a patient to literally regain the feeling that he can walk on the earth; that the ground is under him. It is normal in the child's development to use its upper extremities as supplemental support until its legs offer secure enough support. In this process, the infant constantly falls and rises a little higher each time.

It has been my experience that as I work back and forth with a patient, from the bed to the standing positions, sensations, needs, experiences, and expressive movements **spontaneously** arise that seem to relate to these early stages of development.

#### Clinical Example 1

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Joan is in her early twenties. There is a dominant schizoid-oral quality in her structure with a strong paranoid element. She needs to be held, warmed, to feel her legs. Her need is so overwhelming that after a while I hold her while she stands (so that she may feel some strength under her in addition to her need and my support) - I sense that she needs some distance, space between us. She desperately needs my

warmth, but her desire to fuse with me threatens her self's extinction. I encourage her to walk away and return to my arms; I glimpse the lost expression on her face as she turns away from me each time. She doesn't feel herself and she doesn't maintain a stable inner image of me when I am out of sight - the first fifteen and last ten minutes of our sessions (return and separation) are traumatic for Joan: one can feel her charge contract into the inner core.

Joan has a deep disturbance; but some of her vulnerability highlights a process which **we all go through normally**, and which she must be helped to re-experience, perhaps step-by-step, constructively this time: the process, extensively described by M. Mahler (10) and others in the analytic literature, occurs (concomitantly with the motor development I've described in the first two years of life) intensively for the first three years of life and, derivatively, for more than any of us would care to admit; it begins as a state ("symbiosis") in which the infant's gradually emerging sense of self is first fused with the nurturing figure, and continues ("separation-individuation") as the infant slowly begins to experience itself as a separate self. The infant, for instance, will crawl farther and farther from the mother, tolerating the physical separation, but turning its head and taking mother in visually and, then will crawl into another room, out of sight, but within earshot of momma's voice, now holding onto mother and taking her in only via the distance receptor - hearing.

It is true that Joan experienced profound deprivation of her oral-erotic needs, and may have been so stunned or shocked that she has very little sense of self: to the extent that she regains contact and trust in her body and life, she will, in some way, go through a process of climbing onto her feet and practicing the distancing and rapprochement with her therapist (taking in his energy and faith) until she feels enough self to be alone. A valuable dimension is gained if such a patient feels her legs (some strength) under her at the same time that she practices separating on the way towards its individuation.

This is particularly true of a patient whose underlying sense of identity is weak enough that too much regression fostered by the helpless position on the bed may be too threatening to their tentative sense of separateness: the loss of ego boundaries and fusion with the mothering figure needs to be balanced with later positions in development if the patient is to leave the session having had a constructive experience.

#### Clinical Example 2

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Mike - in his early twenties - borderline schizophrenic - comes into therapy in a state of collapse - work, pleasure function, relationships are practically non-existent Mike will not stand on his legs to do Bioenergetic work for the first few months; rather, as I gently encourage his right to be, he spontaneously twists into bizarre infantile positions on the bed, spits, emits infantile sounds. Then, tentatively, he stands on his legs - grounding begins - he extends his arms and asks me to hold his hands - I find that he has given me a good portion of his weight and is half hanging on me: his communication comes through vividly: "I'll try to stand - give me two helping hands - I never had two parental supports under me".

Mike's movements and positions on the bed and floor serve several functions: in part, they release blocked, spastic muscles, in part, they are mouthing, rocking and the exploring of extremities seen in infants in the first six months of life as the early body image coalesces, This patient may never learn to just be, to come into the world, if his getting to Know his body is not understood and accepted.

### Clinical Example 3

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Jane, a less disturbed patient, around thirty years old, standing on her legs, reached out and took my hand: she felt and said the following, "I've never felt that in my hands before; I felt my legs and back - bone for the first time - so I felt I really took your hand actively in mine": the arms have the natural functions of reaching, taking, giving; you cannot reach, take or give if you do not have (feel) the ground under you - you can only clutch, grab or shove. This patient immediately sensed and integrated the fact that when she reached out with feeling legs and backbone under her, it was a responsible act: she also sensed her usual state of reaching out (clutching) from an unfeeling base and falling on her face.

In other words, in a standing adult position (Fig, 4) the interrelationship of functions (i.e. dependence, independence) becomes apparent as they occur in life, in interpersonal situations, and heightens the dynamic understanding of and working with Bioenergetic concepts.

A person stands before you as a developmental unity: how much did he ripen on the vine? How strong are his roots now? In one moment in time, he can actively experience what was **a real developmental sequence** in his past, taking many years.



FIG. 4

This last patient reemphasizes an important point that was stated earlier; it is not only people with weak egos and low energy levels that have given up ground in the process of becoming civilized. There are a variety of issues in a child's development during the resolution of which a parent may damage a child's initiative, other than when it first reaches out for pleasure; it may be when he first starts to move away, wants elbow room, wants them off his back (i.e. whatever action a child takes such that he no longer permits the mother to relate to the child as a continuation of her narcissistic self).

To mention a few of the endless ramifications:

1. Correlations regarding a person's sense of balance, alternatives, ability to step aside or to make a stand when appropriate
2. The fact, for instance, that if a person's shoulder girdle is partially immobilized in the unnatural service of support and locomotion, they can't **really reach with joy** when leading, because the lift is coming from the shoulders instead of the spring in the legs.

3. Dr. Lowen has extended this approach by having the patient reach out to him and then pulling away so that the patient falls flat on his face (the mattress): the whole past experience around being held, abandoned has been given current expression.

An important note of caution! These are not maneuvers - **they are a developmental focus on a process of growth within a character analytic framework.** It takes sensitivity on the part of the therapist to see that these are experiences **felt in the body** - not pieces of behavior dominated by imagery; it is not so much that you do something as a therapist, but that your feeling understanding (in your own tissues) of your legs under you and the longing and reaching in your chest and arms, will create the conditions under which the patient can have the experience and integrate it; your appreciation as a therapist, of whether a conscious voluntary movement in a part of the body is based on that part of feeling warm, streaming, vibrant, or is merely that conscious movement in a cold, unfeeling limb, will prevent acting out behavior.



### III. DISCUSSION AND SUMMARY

When we read theoretical, clinical and research work in ego psychology, we are left unsatisfied by its inability to reach the level of unity in the mind-body duality, to have the wording ability to look from two points of view all the time. While it is intelligent, its view from the top causes it to miss the heart of the matter, and to become technical, mechanistic, and even shallow.

In spite of this, however, there is in ego psychology a great deal of research, clinical observation and careful thinking done by gifted people over decades, that we can use to enrich our understanding.

There is a long evolution between the infant's first reaching out to the world with its mouth, held in its mother's arms, and the adult capable of maintaining, even under the best of conditions, a grounded, pulsating state of function anchored at genital and ego levels; it takes a long time before we can stand alone. Erikson feels that standing up, per se, leaves a child, and later an adult, under stress, vulnerable to feelings of smallness and shame: smallness because it takes measure of itself in the vertical dimension, and shame because it now has a front and a back - especially a behind which "cannot be seen by the child and yet can be dominated by the will of others". (10)

Whether this last point is cultural artifact or not, it stems from the kind of developmental thinking that raises good questions. It is a well established principle in biology that later, more complex forms and functions are more vulnerable than their earlier, simpler counterparts: the later, more highly evolved function is lost first under stress. Standing erect is a function acquired relatively late in the development both of the species and of an individual possessing consciousness ... doesn't that very consciousness threaten us with the possible loss of the standing, an **inherently** vulnerable function, no matter how perfect the child-rearing, and how vital the organism comes out of the womb? In Western culture today, when the child stands vertically, doesn't the inherently comparative, and therefore, on some level, competitive nature of the parent-child relationship, become a visibly apparent theme? Even if more questions are raised than answered by such considerations, they may leave us with a healthy degree of uncertainty in working with people's problems.

We sometimes overemphasize the pathologic aspect of **positions that fall in between** the dependent infant and the more independent adult, because in our patients they are neurotic fixations or arrests in a line of development, now inappropriately structured into an adult. This does not mean, however, that these early maturational stages weren't as necessary in the normal development of the child as its oral - anal - genital evolution. The organism's grasp and exploration of the world begins with the mouth at the breast; the eyes and hands become extensions of the mouth as they grasp and explore the breast (world): later, now grasping and exploring with its feet, the individual walks the earth.

## REFERENCES

1. Lowen, Alexander, "What is Bioenergetic Analysis", *Energy and Character*, Volume 2, No. 3.
2. Lowen, Alexander, Pleasure, New York, Coward-McCann & Geoghegan, Inc., 1970.
3. Lowen, Alexander, Depression and the Body, New York, Coward-McCann & Geoghegan, Inc. 1972.
4. "Training Manual in Bioenergetic Analysis", New York, The Institute for Bioenergetic Analysis, 1973.
5. Hartmann, Heinz, "The Mutual Influences in the Development, of Ego and Id", *Psychoanalytic Study of the Child*, Volume VII. 1952.
6. Sander, Louis, "Issues in Early Mother-Child Interactions", *Journal of the American Academy of Child Psychiatry*, January, 1962.
7. Erikson, Erik, Childhood and Society, New York, W. W. Norton and Company, 1950.
8. See item 4
9. See item 7
10. Mahler, Margaret, On Human Symbiosis and the Vicissitudes of Individuation, New York, Int. Universities Press, Inc., 1963.