

Getting the Head to Really Sit on One's Shoulders

A First Step In Grounding The False Self

Dr. Robert Lewis, M.D.

Copyright 1985 by Robert Lewis, M.D.

*For convenience, I will use the masculine pronoun in this paper.

I. INTRODUCTION

A. In a recent paper (Lewis, 1984), as part of a description of cephalic shock in the adult patient, I briefly mention a subtle movement between the head and the rest of the body:

To further explore this posited unnatural fight against gravity, I have the patient lie on his* back, so that there is very little real need to fight with gravity. I gently support his neck with my hand and observe **the degree to which a subtle movement with each breath in and out is transmitted through the neck, physically unifying 'the head with the rest of the body.** More or Less cephalic shock will allow less or more movement (p. 109).

I have neither heard this movement discussed in my 20 years in the Bioenergetic community, nor have I seen it in our Bioenergetic Literature. I believe this movement to be of such fundamental importance to the mind-body split (with which Bioenergetics is so essentially concerned), that I will devote this paper to it.

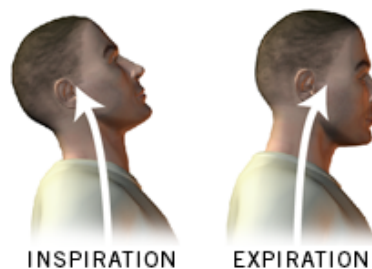
I believe there are major theoretical implications to explicitly including such a movement in our basic models. But, as I will later detail, the movement is implicit in the basic Reichian and Bioenergetic models we already use. In this sense, I am elaborating the unstated obvious. I emphasize the theoretical continuity of my contribution, in the hope that it will be part of the ongoing evolution (versus revolution) of Bioenergetics. I also hope this contribution will prove a practical and useful aid in diagnosing and working with mind-body dissociations in our patients.

In the paper, and my previous work, I make a basic assumption: The approach which tries to get many patients who are in Bioenergetic therapy **out of their physical heads, only furthers their dissociation**, i.e., the underlying terror of insanity, and the compulsive thinking (ego or mind as False Self) with which such patients hold onto a false sanity, can only be dealt with where it is in the head), not where it isn't i.e. in the abdomen or the pelvis.

B. A brief personal sketch, the formal elaboration of which will constitute the substance of this paper:

I first sensed the wave of excitation (just described in section A of the Introduction) move my head in conjunction with my breathing (gently back on inspiration and forward on expiration) when I was relaxed, during quiet moments. This was about ten years ago. I realized that it had never been part of my own

Bioenergetic therapy, that I'd never been taught it or heard it spoken of, or seen it described in print. Meanwhile my personal and professional interest in early developmental issues led me increasingly to focus on the physical and energetic details of the head end of the organism.



I was troubled by Reich's work in this area i.e., the one place where he mentions how the head should move during respiration is in his description of the orgasm reflex (W. Reich, 1960):

The bending forward of the torso, while the head falls back, immediately expresses giving, surrender (p.175).

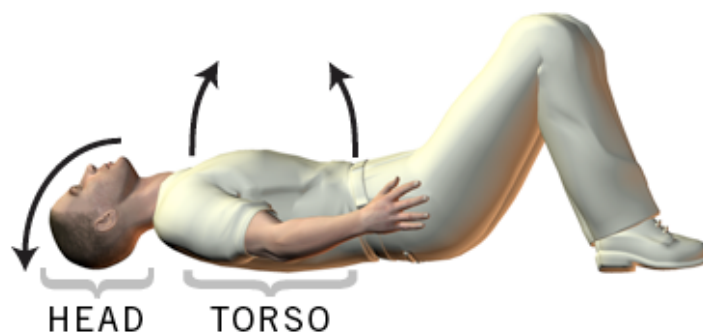


Figure 2

According to Reich, this occurs during expiration, or breathing out, and Figure 2 diagrams the movement schematically. One is hard put to find explicit mention of the head by Reich among innumerable descriptions of the orgasm reflex. I believe this is because Reich was too focused on the basic worm-like movement, the upper end of which occurred at the throat. In any event, I was troubled by Reich's description, because it was pretty much the opposite of the movement I was observing and describing.

Being modest by nature, I first assumed Reich was correct; and that I had my head on backwards.

Upon more reflection, I reasoned that I might be comparing two very different things: A) a head movement associated with respiration while the body is in the vertical plane, occurring at a relatively low level of excitation, and B) the orgasm reflex described as occurring with the body in the horizontal plane and, presumably, at a much higher level or different quality of energy.

Nonetheless, I asked myself, why shouldn't the former movement (wave) be studied, described and debated by body-oriented therapists- especially since most of us are vertical for a good deal of time while we are awake? Furthermore, it is while we are vertical, either when alone or with others, that many of our

neurotic problems show themselves i.e. the very problems Dr. Lowen found we must at least partially resolve if the promise of the orgasm reflex is to be realized in the face of the stress of daily living. In any event, how much more tempting to study a spontaneous respiratory wave occurring approximately twenty-five thousand times every 24 hours (depending on one's respiratory rate). Finally, more important than finding a correct pattern, is **the fact of the wave of motility** that involves the head with every breath, even in the absence of orgasm reflexes.

In going back to Reich's basic model of man as a complex but functionally single-celled animal, I found strong confirmation of my observation that the head moves with each respiratory wave. In other words, if the amoeba model is a valid way of describing the deep human organismic functions of expansion and contraction:



...and if as Reich said, we've evolved around a longitudinal axis, with a fairly rigid vertebral column in that axis:

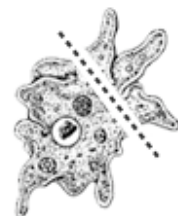


then, how is it possible for the head **not** to move and/or be moved by the longitudinal energetic wave that moves the length of the body with each respiratory expansion and contraction? The amoeba and the worm, and man all would have to have separate segments that didn't participate in the basic organismic functions - thereby violating Reich's most fundamental truth.

In Bioenergetics, the Reichian emphasis on the horizontal axis of the invertebrate worm has been shifted to man's longitudinal pulsation as he or she stands in the vertical plane.

This indeed raises a fascinating question: considering the basic invertebrate models that underlie our work, and considering the repeated Bioenergetic description of the respiratory wave as moving through the body from head to foot, and considering breathing as a total body movement, **how is it possible that nothing has been written**

AMOEBA



WORM

about how that respiratory wave operates to connect or disconnect or express the unity or disunity of the head and the rest of the body?

A brief quote (Lowen, 1969) should indicate how crucial this question is:

This longitudinal pulsation associated with breathing is the basic internal movement from which all self-expressive acts arise (p.4).

The immodest side of my nature considers that even though Reich took his amoeba model very seriously, he was perhaps unable to think about the amoebic wave of expansion moving into his or anyone else's head, if his head was armored against such movement. If his head was so armored, then my conclusion follows from Reich's first principle - the unity and duality of all living functions. The suspicion that his head was so armored, follows from my first principle i.e., that our professional and theoretical interests spring from our personal issues i.e., Reich was fascinated by the mind-body dichotomy because of his own problems with it.

Finally, if I have fallen on deductive or even more questionable logic to bolster my empirical findings, I would like my clinical contribution to lead to things simple and practical i.e., like directly involving the head in a falling exercise. Many people cannot fall (i.e., allow their body, including their head, to collapse under them): They "fall" by consciously allowing themselves down before their legs buckle or they really lose balance. If one directly involves the head by having the patient rotate his head while knees are bent, there is immediately much less cerebral control, and the stimulation to the vestibular apparatus produces sensations of loss of equilibrium and falling which are exactly what most people who are "in their heads" guard against by keeping their heads relatively immobile. I will elaborate this point later in the paper.

II DESCRIPTION OF THE MOVEMENT

The essential statement I am making is that the head moves with (is moved by) the respiratory wave, and that we have neglected this subtle but crucial expression in motility of psychosomatic unity. Please note that I am not focusing on wave movement in regard to respiration in areas of the body already described extensively by Reich and Lowen i.e., thorax, abdomen and pelvis.

The spinal column elongates on inspiration and bows on expiration. The elongation occurs when, on inspiration the force of the contraction of the intercostal muscles is transferred to the spinal column (Amtmann, 1980, p. 350-51). The head is balanced on top of this column. Many factors influence how the head will move with each elongation and bowing of the spine.

But first, why is this movement, this motility, so subtle and difficult to observe? If, for instance, the patient sits or stands in the vertical with his head balanced on the spine at the atlanto-occipital junction, one usually cannot observe much movement as he breathes. One reason for this is that the head has its center of gravity slightly forward of the support (above-mentioned atlanto-occipital junction) on which it rests. A baseline tonus in the muscles of the nape of the neck is therefore necessary to keep the head balanced, by creating a steady pull backwards. If one now tilts the head backwards, upsetting the usual dynamic balancing mechanism just described, the weight of the head is less stably balanced on the atlanto-occipital junction, and the up and down movement of the respiratory wave is more easily seen to gently rock the head on the fulcrum of the atlanto-occipital joint.

There are other reasons why this movement is both subtle and infinitely complex in its presentation. In moment-to-moment life one's head is shifting continually in and out of the vertical plane. Then there is anatomic variation in the size of the skull and the relative proportions of the individual bones of the skull. There is also the degree of protrusion or retraction of the mandible i.e., how forward or backward the jaw is held. This jaw position mechanically affects the degree of compensatory tension in the muscles of the nape of the neck - tension which is necessary to keep the head balanced; at the same time it is part of the unique holding pattern in the muscles and other structures of the head and neck in a given individual. The totality of this holding pattern affects the quantity and quality of energy and motility that moves up into and down out of the head with each respiratory wave. The overall pattern is so varied and complex because each smaller element affects and is affected by all the other elements i.e., impulses to suck and bite may be held in the fixed position and tension of the reactions to choking and strangling on food and/or feeling may be held in spastic scalenes, a spastic palate, and/or a tense upper gastrointestinal tract (inner tube). Such blocks, plus holding patterns in the head and neck against Winnicott's unthinkable anxieties (Lewis, 1984) distort and prevent the natural movement of the respiratory wave up into the head on inspiration and down again on expiration. Indeed anything that momentarily changes the interplay of any of these factors may momentarily change the quality of the respiratory wave as it moves up into the head and back down into the pelvis.

One can demonstrate this on oneself, one's associates or one's patients in many ways: sucking, biting, gagging, shaking or rotating the head, changing the angle of the head, taking support for and/or contact of one's jaw or head, for example, will all affect the respiratory wave differently in different people (i.e. in someone with a lot of tension at the base of the skull or nape of the neck, breathing out forces the head backward in a direction opposite to and with a force equal to the column of air expelled). If one is then able to reduce the rigidity in the neck segment, by offering the person light support at the jaw and base of the skull, the head movement changes completely to backward on inspiration and forward on expiration.

When I contemplate how many factors in complex interaction contribute to tightening the jaw or muscles at the back of the neck, I conclude that it may not be useful to try to find one 'normal, healthy' pattern (i.e., as Reich did with the orgasm reflex). What does remain important is the relative motility or lack of it in this part of the body.

In some people the relative freedom of the pelvis to move with the respiratory wave directly influences the waveform as it reaches the head. In some people the wave is highly visible if they lie on a bed on their back, with their head hanging slightly over the bed's edge. In others tilting the head backward and looking up, with the jaw dropped, while in the vertical plane, emphasizes the wave. In some people there is very little visible external movement of the head, but a definite subjective sense, when they consciously focus on it, of the respiratory wave gently rocking or suffusing their head, or somehow becoming absorbed in their neck.

Briefly, in the relevant Bioenergetic literature, the emphasis is on the head's **activity** as a sucking organ, **not on its actually being moved** by the respiratory wave. My emphasis is on the spontaneous respiratory wave mobilizing the head as the total organism expands like a huge single cell with a longitudinal skeletal system.

This contribution is hopefully a logical extension of existing clinical theory and practice to include explicitly the relationship of the head to the rest of the body during the longitudinal, pulsing respiratory wave that is described in Bioenergetics as:

The basic internal movement from which all self-expressive acts arise. (Lowen, 1969, p.4).

To my knowledge, neither Reich nor Lowen deal with this relationship, other than as part of the orgasm reflex. To my way of thinking, this is a significant omission in a clinical approach that is so fundamentally concerned with the mind-body relationship. I wonder how confident we can be that we know what we are doing, when we try to help our patients get out of their heads, if we don't even ask the question:

What is the relationship of the head to the rest of the body (in a state of relative health) in relation to respiration (during breathing), in the vertical, horizontal positions, at rest, etc.?

We need to amplify our model of the Bioenergetic relationship of that part of a person's body called the head to the rest of his body. This will help us to avoid implicitly excluding the head when we refer to the body. The model is to be amplified, and discarded when it no longer helps us to observe, study and discuss fundamental body phenomena that I believe we have neglected. We can even learn from a person's description of what happens to his consciousness as the breath of life moves into his head.

Our work in Bioenergetics is based upon exciting models that Dr. Lowen has elaborated (i.e., models for how grounded a person is, how free, strong and coordinated his sexual movements are, how free, strong, etc. his aggressive functions are in the upper half and lower half of the body).

Why not a model for how the head is related to the rest of the body, not just in the static posture, but also by the living wave of breath, the pneuma that feeds the flame of our life?

III CONTINUITIES

A. WHAT RELEVANT BIOENERGETIC MODELS DO WE HAVE?

I believe that Bioenergetics does have an implicit model for the relationship of the head to the rest of the body as it is affected by the respiratory wave. But for some reason, this relationship has never been made explicit. We should attempt to make it explicit, even if this is difficult, because we are specialists in the mind-body relationship in therapy. As this quote of Dr. Lowen's (Lowen, 1969) indicates, our existing fundamental principles point strongly in this direction:

Since breathing is a total body movement, every action that is fully coordinated with the respiratory wave, has an emotional tone. If it is not coordinated with the respiration, it has a mechanical quality. One can say that when the breath of life infuses an action, it endows with feeling (p.4).

It then follows that as long as the respiratory wave does not move the protoplasm of our heads, our thinking will indeed be a superficial head consciousness (the mind as False Self), because it is not infused with the breath of life.

We remember with Lowen (1956-60) that one of the Reichian pillars on which Bioenergetics rests is the concept that unity is an organismic phenomenon:

This means that no matter how complicated any living organism is it functions on the organismic level as a single cell. On the deepest level the organismic functions are expansion and contraction (p.22). For instance the head, while it is at one lonely end of the metazoan, is still placed within the pulsing sphere of the protozoan by organismic thinking. Reich (1942) explicated how the metazoans, possessing a bony framework (in man, a longitudinally-oriented spinal column), could no longer assume a spherical shape in contracting. Instead, the two ends of the organism bent towards each other. The basic life pulsation was now longitudinally oriented, and Bioenergetics moved it into the vertical plane by putting homo-sapiens on his feet.

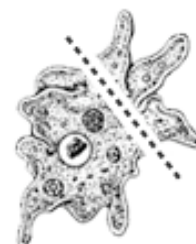
Further, breathing is the basic pulsation (expansion and contraction) of the whole body (Lowen, 1970, p.43» and the respiratory waves associated with the movements of breathing are the basic pulsatory waves of the body (Lowen, 1970, p.43).

Finally, if there is still doubt that we must study the details of the participation of the head in the respiratory wave, consider the following:

This longitudinal pulsation associated with breathing (the upward flow of excitation during inspiration and the downward flow during expiration) is the basic internal movement from which all self-expressive acts arise (Lowen, 1969,p.4).

It follows from all of the above that this internal movement or pulsation must move up into and down out of the head with each breath. Anything less would be the amoeba leaving part of itself out of its organismic expansion and contraction (see diagram).

AMOEBA



Dr. Lowen (1969) is very explicit about some aspects of the movement I am describing: We try to get a patient to breathe thoracically, diaphragmatically and abdominally, so that the respiratory wave moves through the body from head to foot (p.3) ... There is an upward flow of excitation to the head and an active sucking in of air which involves the mouth, pharynx and larynx (p.4).

Here, as in the next quote, the emphasis is on the head as an active doer, the sucking organ, rather than its **being moved by** the respiratory wave: the head is also actively involved in the breathing process. Together with the throat it forms a great sucking organ that brings air into the lungs (Lowen, 1970, p. 41).

I believe that this emphasis on the activity of the head, as opposed to its **passivity as it is moved** by the respiratory wave, dooms the head in Bioenergetics to be something to be gotten out of or to be put back out of the way, as in the orgasm reflex. Dr. Lowen (1963) states this point of view clearly:

The movement in orgasm differs from the normal movements in a significant way. Normal movements are ego-directed, that is they are produced by the flow of excitation from head end to tail end. In orgasm, something takes possession of the body... (p.28).

The problem with the perspective is that it traps us on the horns of a dilemma from which we have already been rescued by our basic Reichian and Bioenergetic principles. This is not about an irreducible paradox or polarity. It is about explicitly applying a model, a way of understanding, by which we already swear. Let us look once more at what it means to think organismically:

This means that no matter how complicated any living organism is, it functions on the organismic level as a single cell... (Lowen, 1956-60, p.22)

Bioenergetics emphasizes the depth of a person's breathing, specifically how far down the wave moves into the abdomen and pelvis. Our literature is rich in descriptions of melting sensations deep within the belly and pelvis.

Since our energetic longitudinal wave is pendular in nature, why is our literature so poor in descriptions of the wave of excitation as it moves up and **deeply into the head**? How does the head feel as all of its muscles suck in its life's breath? Where in our literature are the descriptions of the actual feeling of charge, etc. as the respiratory wave moves into the head? I would like to believe that we have neglected recognition of the head as a warm, pulsating physical part of our bodies, because we are so taken by our pelvic streaming and melting. But I know there is more to it than that.

What are some historical factors that have contributed to the head's motility not being described, other than during orgasm, orgasm reflex and sucking? Even in the above three experiences, as I've noted, the description has been minimal i.e., in orgasm it is almost as if we can finally stop talking about the head (let alone describing the nuances of its motility), because it has finally started moving and stopped thinking.

First, and probably foremost among the historical factors, is the influence of the orgasm reflex on Bioenergetic thinking. The orgasm reflex in turn, of course, is based on the fundamental view of man as worm derived from man as protozoan (amoeba). Simply stated, over the years we have gone back again and again to seeing the human being as having some fundamental identity with the single-celled amoeba. As with most ventures in this life, we have both gained and lost perspective. The gains have been enormous, and richly detailed in Reich's and Lowen's work. Grasping the simultaneous unity and duality of living functions gives us tremendous power. The risk is that we think we really can grasp the infinitely complex and ungraspable mystery of life within any construct, even that of a genius like Reich, without oversimplifying it. Take the orgasm reflex, for example:

The expressive movements in the orgasm reflex are functionally identical with those of a living and swimming jellyfish... **In either case, the ends of the body, that is the torso**, move towards each other, as if they tended to couch each other (Reich, 1960, p.184-185).

The oversimplification that may have occurred is about the fact that **the body is not identical with the torso**, and that the actual ends of the body, the head and feet, may have been neglected here and subsequently. Dr. Lowen enriched this perspective by studying man in the (vertical) plane in which he exists much of the time, emphasizing the quality of his contact with his feet and the ground. I am continuing the tradition, but working on the quality of man's contact with his head on the other end of the torso. When, in orgasm, the upper end of the body is defined as somewhere around the neck, as it is by Reich (ibid), an unfortunate dichotomy is created. The head falls back in an attitude of "surrender" (Reich, 1969, p. 175) in expiration; it moves not in synchrony with the pelvis, but in an opposite direction. We then have a split, something that **is** (a rhythmically convulsing torso) and something that surrenders to it (a head). The problem is not so much the absolute truth of this description, but that the **lack of synchrony between head and body in the quintessentially deepest of experiences (orgasm) then permeates our vision of man at work and play, and when just sitting quietly and breathing.**

Contrary to what I am proposing, and internally contradicting the longitudinal respiratory pulsation that moves up and down the length of the body, all too often the head in Bioenergetics becomes an entity which ultimately either surrenders to or dominates the spontaneous life of the body.

I suspect and propose that close to the heart of the problem is the fact that we do not really believe that the head participates in the respiratory wave, other than when it surrenders to or is otherwise overwhelmed by orgasmic pulsations. While this seems to contradict our basic Bioenergetic credo that breathing is a total body movement, it does explain why our Bioenergetic literature is so lacking in descriptions of the energetic wave moving into the head i.e., if the head is not moved, at least internally, then there are no sensations to describe.

The same disbelief in the head's fundamental respiratory motility may help explain the following (referred to earlier in the paper):

The movement in orgasm differs from the normal movements in a significant way. Normal movements are ego-directed, that is they are produced by the flow of excitation from head end to tail end. In orgasm, something takes possession of the body. The excitation flows from tail end to the head. It is as if the normal pattern of dog wags-tail is reversed, so that now the tail wags the dog. (Lowen, 1963, p. 28).

It is from this point of view that the head becomes something to be gotten out of; it is never moved; at best it is the active doer, and, so to speak, the brains behind the dichotomy which Bioenergetics is perpetually trying to resolve i.e., doing versus being. One resolution occurs in the orgasm reflex, in which: The head is back, to get it out of the way, so to speak (Lowen, 1975, p. 247).

I am concerned that the person whose head "surrenders" during orgasm reflex, can actually more properly be said to be getting his head out of the way, as Dr. Lowen suggests. He is forced to dissociate in this way from his orgasmic experience because, even at, much lower levels of sexual charge i.e., in his non-orgasmic experience, he has failed to achieve (or has lost) unitary wave movement of his total body (including his head).

One last historical factor contributing to the view of the head as rather dead, was the importance of Freud's drive theory with its quantitative factors: Reich and Lowen elaborated this model into the question of how much energy a person had and how it was used by the body. Although Lowen describes a pendular Bioenergetic swing between head end and tail end (Lowen, 1958, p. 59), he understandably concludes that there are much greater possibilities for discharge at the tail end via sexuality and grounding, than there are through the head end.

What I would like to add is that while the subtle, rhythmic pendular wave movement of the head on the rest of the body certainly doesn't compare in intensity with a full genital discharge, its potential occurrence approximately 24 thousand times every 24 hours is enough to contribute significantly to the energy balance of any organism. Furthermore, regardless of the absolute quantities of energy discharged, the **quality** of unity and balance with the rest of the body that the respiratory wave imparts to the head is of overriding importance.

B. ARTICULATE WHAT IS IMPLICIT TO IMPROVE THE MODEL AND OUR WORK I.E., TO FILL IN OUR UNDERSTANDING OF THE BODY'S EXPRESSION DURING THOSE EXTENDED MOMENTS BETWEEN NORMAL EGO-DIRECTED MOVEMENTS AND ORGASM

I believe that there is no more basic Reichian Bioenergetic principle than the energetic unity of the total organism as it expands and contracts with each breath, fluctuating between the unity and duality of mind and body. In describing how the longitudinal energetic wave associated with breathing resolves the ego-body antithesis, Lowen (1970) says:

Like a cork floating on the surface of the ocean, consciousness rises and falls with each wave of feeling that passes through the body (p.235).

Now while Dr. Lowen seems to be speaking metaphorically, he does not often use abstract words without a body referent. **I am proposing that the subtle movement I describe in section II of this paper is the literary physical basis of the changes in consciousness Dr. Lowen describes. His quote is a very good description of what actually happens with each respiratory wave i.e., a mini-orgasm: this time, however, and with each and every mini-orgasm, the head is in the way (i.e., ego orgasm).**

Let us look once again at our basic model (Lowen, 1968):

There is an upward flow of excitation to the head and an active sucking in of air that involves the mouth, pharynx and larynx (p.4). It is hard to imagine such active sucking not moving the head. Bioenergetics describes immediate physical events. Therefore, if chronic muscular tensions at the base of the skull and in the head are not blocking the movement of the wave, the patient will be able to feel the excitation flow into his head as he sucks in air; if he is not very armored cephalically, he may even notice the gentle rocking with each respiratory wave.

IV REFLECTIONS

The movements I am describing may present a special problem for the very therapists and patients who are drawn to a body-oriented therapy:

i.e., they often experience the head (i.e., the mind as the locus of the False Self (Winnicott, 1949, Lewis 1983) as something to get out of in order to get down into deeper body levels. In part, this is caused precisely by the cerebral armoring (Cephalic Shock, Lewis, 1976) that prevents the same rhythmic head movements described in this article. Stated simply, if one can get a little movement up into one's head, one doesn't need to get out of it. The problem is that people are frightened of and doubt movements against which they are armored. Reich made similar comments about armored man's fear of becoming aware of his vegetative sensations (Reich, 1942). In this sense, I might note my work is in the illustrious but unscientific tradition of Freud and Reich, in that resistance to its truth only further verifies it.

My usual experience in a workshop where I attempt to demonstrate this movement is that, in a fashion perhaps similar to the orgasm reflex or orgasm itself, this subtle rocking of the head on the spine when in or near the vertical plane, in moments of relative relaxation, is only achieved after one has worked through a fair amount of one's mind-body split, one's cerebral armoring (cephalic shock).

I myself became aware of this movement in my own body, only after many years of therapy. And work on my own process enabled me to tolerate and become aware of deep separation-individuation fears within myself.

This brings me to a deeply personal reason for disagreeing with what I often feel is a bias against that part of our bodies above our necks, known as our head. I first became stunned by the truth of Reich's unit and duality of living functions, **via a deep body experience that occurred in my head**: I became able to cry deeply, and experienced the smell and feel and memory within my sinuses of infantile tears of grief - until then I had only been aware of having sub-acute sinusitis as an adult. The implication that this experience might have been "deeper" if it had occurred closer to my feet or my pelvis, somehow violates not only my body but my soul. Perhaps achieving Hara, one is in a deeper state of contact with one's body, one's unconscious, but becoming aware of the inner recesses of one's head (i.e., the sinuses) is nothing to sneeze at. Furthermore, such head contact might soften the armor in the head of many a person (even therapist) who talks about Hara, pelvic charge, etc.

It is probably not very scientific to tell such personal stories, but even modern scientists have come to realize that the bias of the observer must influence the observations being made. In this regard, much of Bioenergetics has a personal database. Lowen (1969) details how he delineated the basic positions and energetic pathways from his own experience:

In the course of my analysis with Reich, I became aware that one could feel a movement downward along the front of the body in the process of deep and easy respiration... If one were fully relaxed, the feeling would end as a genital sensation (p. 69).

Since there is not much written about the unity between the head and the rest of the body, I wish to add that one day I realized my head bobbed or swayed gently with each respiratory wave: this was accompanied by fears of loss of symbiotic oneness i.e., letting go to aloneness and death. My explanation is that as I became less cerebrally armored against cephalic shock, the respiratory wave moved up to and included my head more strongly.

I submit that with such terms as “living in one's head” (Lowen, 1975, p. 317) and “head consciousness” (Lowen, 1975, p. 317) we are describing a pathological state in which one **both** experiences oneself as stuck in one's head, and at the same time is quite out of touch with the head as a three-dimensional, physical part of one's body (Lewis, 1976). When one's head is balanced in the vertical plane on the spine, one does not actually feel its weight. Take the head out of vertical alignment, and patients vary in their ability to actually sense the weight of their head; many are unable to sense it at all as a part of their physical body. Such awareness is a function of their basic trust, their not holding against gravity with their head musculature (Lewis, 1976).

One reason we describe the head in Bioenergetics as something distinct from the body (when we mean that **part** of the body on the other end of the neck), may be that we follow common usage in our language, a language that, in turn reflects the mind-body dichotomy in our culture. On the other hand, in Bioenergetics we describe energy, grounding and many other bodily phenomena in language that is not found in common usage.

I am in agreement with Winnicott's (1949) view that the mind is not normally experienced as in the head. We know intellectually that our brain is in our head. But, as Winnicott (1949) says, we do not experience our mind as being in our head unless:

...the psyche of the individual gets “seduced” away into his mind from the intimate relationship which the psyche originally had with the soma. (p. 247)

(i.e. unless we have a False Self located in the mind). The above distinction is at first difficult to make, partly because we are taught the anatomy early on in school. For example, being a doctor, I know that my cerebellum is computing rapid signals from fingers to brain and back, so that I can write these words smoothly. But I do not experience the nerve signals or the computing of my cerebellum any more than one experiences one's brain, let alone one's mind, being in one's head.

In fact, in closing this section of my paper, I submit that we have **mistakenly thrown out the head along with the real culprit: the mind as location of the False Self.** This is the key to the subtle and yet profound underestimation of the importance of the head in Bioenergetics.

I find myself arguing that the head far from being equated with the more superficial ego, is the part of our body which contains the structures that allow us to be oriented in space, and to maintain ourselves against gravity in such a way that the Bioenergetic concept of grounding has any meaning at all. Grounding cannot have much meaning, unless we have first acquired the postural responses i.e., righting reactions, etc., which-enable us to master gravity. Without the primitive, yet complex neurophysiologic mechanisms of the head, we would be unable to raise and/or maintain ourselves away from the ground against the force of gravity, such that grounding or falling anxiety would have any meaning. The same neurophysiologic structures and pathways in our heads enable us **not** to experience Winnicott's unthinkable anxieties (i.e., to have no orientation, to fall forever, etc.).

Fortunately, however, to "lose our heads" does not literally mean to be decapitated. To "get out of one's head" means to stop mental activity that is sterile, compulsive, incessant and superficial. Dr. Lowen (1975) might say that such mental activity is in the nature of "head consciousness" (p. 317); I, following Winnicott, see it as a specifically disturbed use of mentation i.e., the mind as False Self; I see it as a defense against really losing one's mind, sense of time, space, and falling forever. Without structures in the head such as the labyrinth, we would literally fall forever each time we tried to lift up off the ground and become ungrounded enough to see more than a worm.

Consider therefore, how sterile it can be to do a falling exercise and not twist, bend or rotate the head. Such head movement directly excites the labyrinth and provides a deep experience of falling **on a body level** with much less control by the conscious (and possibly false) mind.

Summing up then, do not throw away the whole head, just because you are disillusioned with the way the mind within it thinks. Especially don't forsake the structures within this part of your body, which enable you to stand erect and be oriented in space, thereby protecting you against some of your deepest existential terrors. These same structures (midbrain righting reflex pathways, cerebellum, labyrinth, etc.) deep within your head provide a bodily way back into your confusion, dizziness and unthinkable (disorganizing) anxieties. What a pity to try to get out of that part of one's body (the head) where one is in shock, instead of trying to thaw the shock in the tissues where it exists.

One of my patients described perhaps best of all what grounding one's head on the rest of one's body feels like: When my head lets go, it's very lonely... but... it's hard to find the words for the feeling - very powerful - there is no further I can fall, so I've landed.

V DIAGNOSTIC ASPECTS

In these last two sections, I hope to make more explicit what I have already suggested or at least implied earlier in the paper. I apologize in advance for the resultant element of repetitiveness.

I propose a simple diagnostic test: **to the extent that the respiratory wave, subjectively and/or objectively, does not move up in inspiration past the chest through the neck to the head, and then down again in expiration, to that extent, the unity of mind-body, psyche and soma is split.** This is of course grossly oversimplified i.e., as I have already stated in section II, the wave of respiration can be trapped, broken, smothered or otherwise distorted by the tissues of a person's head and neck in a fashion as infinitely complex and varied as the texture of that person's being.

Nonetheless, this test gives us a basis from which to look. I apologize to those readers who already know and look for this diagnostic movement, but it is my distinct impression that said movement is not an articulated basic aspect of Bioenergetics: over the past few years, I have asked Bioenergetic faculty and therapists around the country what methods they have been taught and practice to diagnose integration or lack of it between the head and the rest of the body. I have never received anything like the simple answer: **we look at what moves through the neck into the head and back down again during respiration.** Admittedly, one may need to loosen the jaw, take the head out of its vertical alignment, etc., but it helps to know what one is looking for. At no point then, as we observe the energy charge in the eyes, the skin color, the body temperature, the Location and resonance of the voice, the quality of contact with the ground, can we fail to observe what is moving or piling up in stagnation at the interface between head and torso.

Dr. Lowen (1983) begins this task with his narcissistic patient: "The person or the self is in the head energetically speaking, rather than the body." (p. 109) His description raises the same question for me that I have been asked by students: What is a charged head? Does a person who thinks all the time have too much energy in his head?

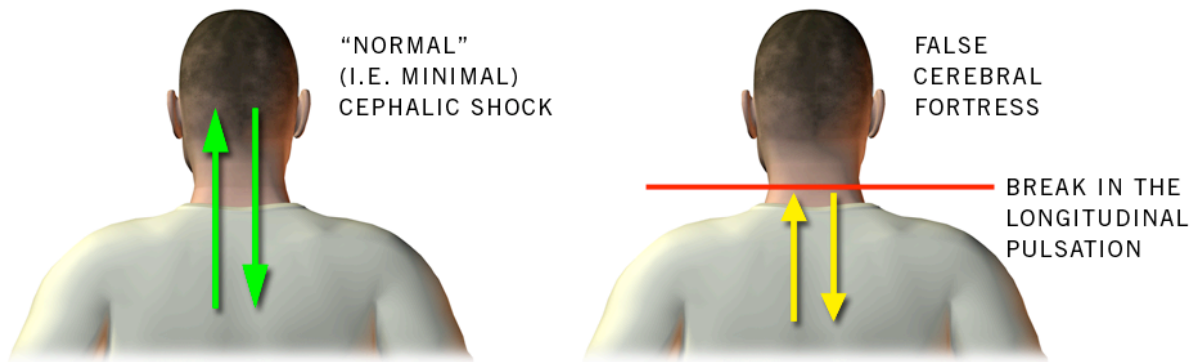


My clinical experience has been that, depending on the person's overall energy level and many other factors, there is a spectrum in which some have very overcharged heads, and some have quite undercharged heads. What is more constant than the relative amount of energy crapped in the head, is the fact that **the person is trapped in his head**, energetically, structurally and psychically; that he experiences himself as living in his head, and that instead of feeling a waxing and waning of excitation in his head on inspiration and expiration, he thinks compulsively.

Although he does not explicitly tie it to the respiratory wave, there is one place where Lowen (1983) spells out what I feel should be taught as basic Bioenergetics whenever the mind-body split is at issue:

I had the strong impression that his head was not connected to his body in an energetic sense. By this I mean that any movement or impulse that occurred in the body didn't extend to or involve the head (p.130).

This paper describes an energetic wave that unifies the head with the rest of the body. This wave provides us with a basic diagnostic test (Lewis, 1984, p.12) for clinical impressions such as Dr. Lowen (1969) had with his narcissistic patient. Since “this longitudinal pulsation associated with breathing is the basic internal movement from which all self-expressive acts arise” (p.4) it follows that Dr. Lowen's patient, or any person whose head is not reached by and involved in this longitudinal pulsation, will suffer a split self-expression, specifically effecting the way he experiences his head and its contents (the brain, his thinking in relation to the rest of his organism).



VI THERAPEUTIC ASPECTS

The longitudinal pulsation is a spontaneous, natural healing force. Assuming that the respiratory wave is free enough elsewhere (i.e. the pelvis), it wants to include the head in its pendular swing. When this happens, every time one breathes, one's head rocks ever so slightly on the atlanto-occipital junction that so lovingly supports it, promoting an ongoing sense of psychosomatic unity.

Before this happens, often one must intervene to reduce the cerebral armor which blocks the respiratory wave. One must move with the patient into his cephalic shock, helping him face the unthinkable anxieties locked in the armor of his head. Initially, the same cephalic shock that prevents him from letting go to the respiratory wave will prevent him from giving the weight and/or the movement of his head over to you.

In a previous paper (Lewis, 1984, pp.XII - XV) I have described a few of the many possible interventions that are helpful. One may, for example, fatigue the muscles of the head and neck to the point where they can no longer voluntarily contract, or via head movements one may stimulate the vestibular apparatus to the point where the patient can no longer control feelings of dizziness and nausea. I use such interventions because it makes sense to me that if we are trying to work with early and deep levels of falling and other "unthinkable anxieties" (Winnicott, 1962, p.58), we must involve the mechanisms by which the body automatically (unconsciously) reacts to the sensation and experience of falling out of control. Through the vestibular apparatus, brain stem nuclei and cerebellum, the body reacts on a reflex level by increasing or decreasing tone in the antigravity (extensor) muscles to control equilibrium and prevent falling.

Involving the body on a reflex level may be so terrifying to the patient, that I support him while he lies in the horizontal plane. I do this because I have found that when, in the present, there is very little real need for the patient to hold himself erect against the force of gravity, it is easier for him to let go of whatever cephalically-anchored struggle he has been engaged in to hold himself up.

Whatever one does to help the patient to really **let down into his head**, must be informed by an understanding that under the false cerebral fortress and false sanity lies a terror of dissolution and insanity. Obviously, the intervention must occur within a relationship that can "hold" and support the development of the perhaps not very integrated islands of true self that lie within the same cerebral fortress. The gain in facing the terror of such dis- and re-organization, is that the longitudinal pulsation begins to include the head, which the patient then experiences as part of his body, infused by the breath of life.

VII CONCLUSION

For me, the exploration of how our heads participate in the basic pulsation of the whole body (i.e. breathing) is an exciting and ongoing area of fundamental Bioenergetic research. I am less interested in establishing a correct model (even if this could be done in the infinitely complex human being), than in questioning whether some of our existing Bioenergetic theory and practice (as they bear on the mind body split) need new life breathed into them.

VIII BIBLIOGRAPHY

1. Amtmann, E. Atem-Mechanismus in *Lehrbuch der Anatomie des Menschen* (Benninghoff/Goerttler): München, Wien, Baltimore, Urban and Schwarzenberg, 1980.
2. Lewis, R. A Psychosomatic Basis of Premature Ego Development. *Energy and Character*, Vol. 7, 1976.
3. Lewis, R. Cephalic Shock as a Somatic Link to the False Self Personality. *Comprehensive Psychotherapy*, Vol. 4, 1984.
4. Lowen, A. What is Bioenergetic Analysis? (1956-60) *Bioenergetic Analysis*, Vol. 1, No.1, 1984.
5. Lowen, A. *Physical Dynamics of Character Structure*, New York: Grune and Stratton, 1958.
6. Lowen, A. *Sex and Personality*, New York: Institute for Bioenergetic Analysis, 1963.
7. Lowen, A. *Self-Expression*, New York: Institute for Bioenergetic Analysis, 1969.
8. Lowen, A. *Pleasure*, New York: Coward-McCann and Geoghegan, Inc., 1970.
9. Lowen, A. *Bioenergetics*. New York; Coward-McCann and Geoghegan, Inc., 1975.
10. Lowen, A. *Narcissism*. New York: Macmillan Publishing Company, 1983.
11. Reich, W. *The Discovery of the Orgone*. New York: The Noonday Press, 1942.
12. Reich, W. *Selected Writings*. New York: The Noonday Press, 1961.
13. Winnicott, D.W. Ego Integration (1962) in *The Maturation Processes and the Facilitating Environment*. New York: Int. Univ. Press, 1965.
14. Winnicott, D.W. Mind and its Relation to the Psyche-Soma (1949 in *Through Pediatrics to Psychoanalysis*. New York: Basic Books, 1975.