

CHAPTER 2

THE SURRENDER TO THE BODY

The Surrender of the Narcissistic Ego

The idea of surrender is unpopular with the modern individual who sees life as a struggle, a fight, or at least a competitive situation. For many people, life aims at some achievement, some success. One's identity is often tied to one's activity rather than one's being. This is typical of a narcissistic culture in which the image is more important than the reality. In fact, for many people it replaces reality.¹ In a narcissistic culture success seems to confer self-esteem, but only because it inflates one's ego. Failure has the opposite effect because it deflates the ego. In this atmosphere the word "surrender" is equated with being defeated, but it is really only a defeat of the narcissistic ego.

Without a surrender of the narcissistic ego one can't surrender to love. Without such a surrender joy is impossible. Surrender doesn't mean the abandonment or sacrifice of the ego. It means that the ego recognizes its role as subservient to the self—as the

¹ See A. Lowen, *Narcissism, The Denial of the True Self*, for an in-depth analysis of the narcissistic personality.

organ of consciousness, not the master of the body. We must recognize that the body has a wisdom stemming from several billion years of evolutionary history which the conscious mind can imagine but never grasp. The mystery of love, for example, is beyond the reach of scientific knowledge. Science can make no connection between the heart as a pump to send blood through the body and the heart as the organ of love, which is a feeling. Wise men have understood this seeming paradox. Pascal's statement that "the heart has its reasons which reason will never know" is true.

It is not true that mind and body are equal, as some persons claim. Their seeming equality is the result of the limited vision of the conscious mind, which sees only the surface of things. Like our view of the proverbial iceberg, we see only a little more than ten percent of its mass. The part concealed in darkness, the unconscious part of our body, is what keeps our life flowing. We do not live by our will. The will is impotent to regulate or coordinate the complex biochemical and biophysical processes of the body. It is unable to affect the body's metabolism upon which our life depends. And that is a very reassuring concept, for if the reverse were the case, life would collapse at the first failure of the will.

Consider the development of the embryo into a human being, a process that awes the human mind. That tiny organism, the fertilized egg, "knows" what it has to do to potentiate its inherent possibility to become a human being. It is awesome. And yet we human beings have the arrogance to think that we may know more than nature. I place my faith in the power of the living body to heal itself. This is not to say that we cannot help the healing process. But we cannot substitute for it. Therapy is a process of natural healing in which the therapist supports the body's own healing function. It is not the doctor who tells the body how to repair a broken bone, and it is not the doctor who

orders the skin to regenerate itself after a tear or a cut. In many cases the healing will take place even without the support of a medical person.

I have asked myself why this doesn't happen with emotional or mental illness. If we get depressed, why don't we heal spontaneously? In fact, some people do get over a depressive reaction spontaneously. Unfortunately, in most cases the depression tends to recur because the underlying cause persists.² That cause is the inhibition of expressing one's feelings of fear, of sadness and of anger. The suppression of these feelings and the concomitant tension reduce the motility of the body, resulting in a state of reduced or depressed aliveness. Coupled with this is the illusion that one will be loved for being good, subservient, successful, and so forth. This illusion serves to maintain the spirits of the individual during the struggle to win love, but, since true love can't be earned or won by any performance, the illusion collapses sooner or later and the individual becomes depressed. The depression will lift if the individual can feel and express feeling. Getting a depressed patient to cry or become angry will lift him out of the depression—at least temporarily. Expressing feeling releases tension, allowing the body to recover its motility, thereby increasing its aliveness. This is the physical side of the therapeutic process. On the psychological side, one needs to uncover the illusion and to understand its origin in childhood and its role as a survival mechanism.

All patients suffer from some illusion to varying degrees. Some have the illusion that wealth brings happiness, or that fame insures love or that being submissive protects one from possible violence. We develop these illusions early in life as a means of

² For an analysis of the causes of depression see Lowen, Alexander, *Depression and the Body* (New York: Coward, McCann & Geoghegan, Inc., 1972; Arkana, 1993).

surviving a painful childhood situation and we are afraid as adults to surrender them. Perhaps the biggest illusion of all is the belief that the conscious mind controls the body and that if we change our thinking, we can change our feelings. I have never seen it work, although the illusion that the mind is all-powerful can buoy up one's spirits temporarily. But this illusion, like all others, will collapse as the person runs out of energy, and the result will be depression.

Illusions are ego defenses against reality, and while they may spare one the pain of a frightening reality, they make us prisoners of unreality. Emotional health is the ability to accept reality and not run away from it. Our basic reality is our body. Our self is not an image in our brain but a real, living and pulsating organism. To know ourselves we have to feel our body. The loss of feeling in any part of the body is the loss of part of the self. Self-awareness, the first step in the therapeutic process of self-discovery, is the feeling of the body—the whole body, from head to toes. Many individuals under stress lose the feeling of the body. They dissociate from the body to escape reality, which is a schizophrenic type reaction and constitutes a serious emotional disturbance. But almost all people in our culture dissociate from parts of their body. Some have no feeling in their back. This is especially true of individuals who can be described as having no backbone. Others lack feeling in their guts. These individuals will manifest a lack of courage. Every part of the body contributes to our sense of self if we are in touch with it. And we can only be in touch with it if it is alive and mobile. When every part of the body is charged and vibrant, we feel vibrantly alive and joyful. But for that to occur we need to surrender to the body and its feelings.

Surrender means letting the body become fully alive and free. It means allowing the involuntary processes of the body, like respiration, full freedom of action and not controlling them. The

body is not a machine that one has to start or stop. It has a "mind" and knows what to do. In effect what we are surrendering is the illusion of the power of the mind.

The best place to begin is with breathing. This is the basis of the technique that Reich employed in his therapy with me. Breathing is perhaps the most important bodily function, since life depends so much upon it. It has the distinction of being a natural, involuntary activity but at the same time one that is subject to conscious control. In ordinary circumstances one is not conscious of breathing. However, when one has difficulty getting enough air, as in high altitudes, one becomes conscious of laboring to breathe. For people with emphysema breathing is a constant painful struggle to get enough air.

Emotional states directly affect one's breathing. When a person is very angry, his breathing becomes more rapid to help him mobilize more energy for aggressive action. Fear has the opposite effect, causing a person to hold his breath because action is suspended in a state of fear. If the fear becomes panic, as when a person desperately tries to escape a threatening situation, breathing becomes rapid and shallow. In terror, one hardly breathes at all because terror has a paralyzing effect upon the body. In a state of pleasure, breathing is slow and deep. However, should the pleasurable excitement mount to joy and ecstasy, as in the sexual orgasm, breathing becomes very rapid but also very deep in response to the heightened pleasurable excitement of the sexual discharge. Studying a person's breathing allows the therapist to understand his emotional state.

Though I described my therapy with Reich in an earlier book, I'll recount some of my experiences again to illustrate the concept of surrender. I lay on a bed wearing just a pair of shorts so Reich could observe my breathing. He was sitting facing the bed. His simple instruction was to breathe, which I proceeded to do as I

normally would, while he studied my body. After ten or fifteen minutes he remarked, "Lowen, you're not breathing." I replied that I was. "But," he said, "your chest isn't moving." It wasn't. He asked me to place my hand on his chest to sense its motion. I felt the rise and fall of his chest and decided to mobilize my chest with each breath. I did this for some time, breathing through my mouth, feeling quite relaxed. Reich then asked me to open my eyes wide, and as I did so I uttered a loud, sustained scream. I heard myself screaming but I had no feeling attached to it. It was coming from me but I was not connected to it. Reich asked me to stop the scream because the windows of the room were open to the street. I resumed my breathing as before as if it had not happened. I was surprised by the scream but not emotionally affected. Then Reich asked me to repeat the action of opening my eyes wide and again I screamed without any emotional connection to it.

We met three times a week, but nothing dramatic happened in the next two to three months. Reich encouraged me to let go and breathe more freely, which I tried to do. Despite my efforts, Reich told me that my breathing was not free, that I was consciously doing it as an exercise and not just letting it happen. Unconsciously I was controlling my breathing so that nothing more would happen, but I didn't know this then. I tried to let go of my control, to give in to my body and its involuntary processes, but this was difficult for me to do. Breathing more fully, though consciously done, led to symptoms of hyperventilation. Strong tingling sensations, known as paraesthesias, developed in my hands and arms. At one point my hands froze in a Parkinsonian contracture. They were ice-cold, like claws, and paralyzed. But I was not frightened. I breathed more quietly, and slowly the contracture released and the paraesthesias disappeared. My hands became warm again. After several sessions in

which the deeper breathing produced this hyperventilation syndrome, the reaction disappeared. My body had adapted to the deeper breathing and was becoming more relaxed.

Shortly thereafter the therapy was interrupted for Reich's summer vacation. When we resumed in the fall, it was back to giving in and breathing spontaneously. In the course of this next year of therapy several important events occurred. In one of them I relived an infantile experience which explained the screams of my first session. As I lay on the bed breathing, I had an impression that I would see an image on the ceiling. Over several sessions the impression became stronger. Then the image appeared. I saw my mother's face. She was looking down at me with very angry eyes. I felt that I was a baby about nine months old lying in a carriage outside the door of my house and crying for my mother. She must have been involved in some important activity, for when she came out, she looked at me with such anger that I froze in terror. The screams I couldn't utter then burst forth in my first therapy session, thirty-two years later.

On another occasion I had the unusual experience of feeling myself moved by some inner force. My body began to rock and, from my lying-down position, I sat up, then stood up. Facing the bed, I began to hit it with both fists. As I did so I saw the face of my father and I knew that I was hitting him because he had spanked me when I was about seven or eight. When I asked him about this incident later, he confirmed it, explaining that I had stayed out late, worrying my mother, and that she had demanded the punishment. The amazing thing about this experience was that my movements were not consciously made. I did not decide to get up and hit the bed. My body acted on its own just as it did when I screamed.

During the second year of my therapy with Reich my breathing was much freer. Although I could not surrender fully to my body, its motility increased considerably. As I lay on the

bed breathing, vibrations developed in my legs as I gently moved them apart and together. These vibrations indicated that an energetic current was flowing through them which felt very pleasurable. I was also able to experience these vibrations in my hips as they became more alive. These vibrations stemmed in part from the release of tension in the muscles of these areas, but in part it is a natural phenomenon of life. Living bodies are vibratory systems, dead bodies do not move. Despite the two breakthroughs and the increasing aliveness of my body, I was not able to surrender fully to the point where the orgasm reflex would occur. At this point Reich suggested that we terminate the therapy since it seemed to have reached a dead end.

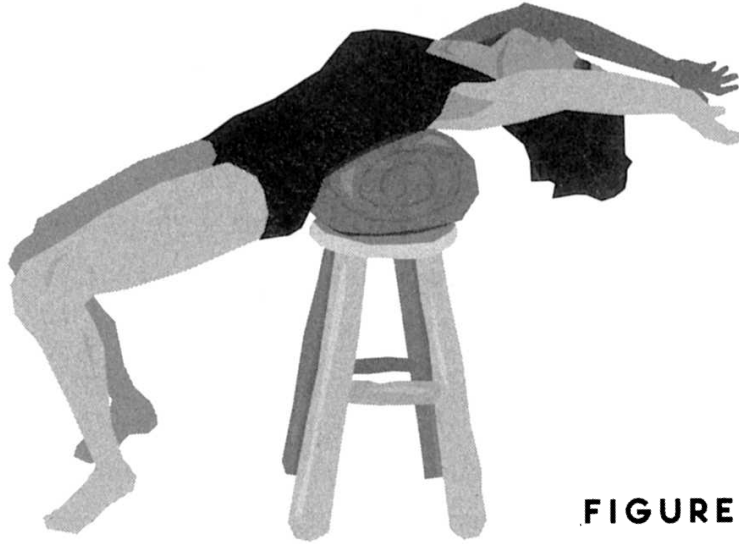
This suggestion had a powerful effect on me. I broke down and sobbed deeply. Stopping the therapy represented failure and the defeat of my dream to achieve sexual health. I expressed this feeling to Reich and also how much I wanted his help. Asking for help was also difficult for me. I believed I had to do it alone and by myself. But surrendering to the body and its feelings was something I could not do. Doing is the opposite of surrendering. Doing is an ego function whereas surrendering to the body requires an abandonment of the ego. I would not have regarded myself as an egotistic or narcissistic individual, but I have since learned that was an important aspect of my personality. I would not or could not break down and cry (unless pushed to the extreme; that is, threatened by the loss of my heart's desire), for, unconsciously, I was determined to succeed.

Recognizing the significance of my breakdown, Reich agreed to continue the therapy. Following this episode I was able to give in more fully and my breathing became freer and deeper. When it again came to Reich's summer vacation, he suggested that I take an entire year's absence from therapy and return the next fall. I welcomed the suggestion since I wanted a break from the effort to get well. The breakdown that the crying represented

allowed me to surrender more fully to my feeling of love than I had been able to do previously. I had fallen in love with a young woman about a year earlier but the relationship was not solid. At one point, when it seemed that it would end, I broke down again and cried very deeply, expressing my love for her. Following this episode I had the most intense and pleasurable sexual experience I have known, which I recognized stemmed from this surrender to my deepest feeling. During the following year I was married to this lady, and, I might add, still am.

When I resumed my therapy after the year's interruption, my ability to give in to my body's involuntary actions improved greatly and it was not long before the orgasm reflex developed. I felt excited and joyful. I felt transformed, but it didn't hold up. Transforming experiences reveal the possibility of joy and are, therefore, meaningful and precious, but rarely do they go deep enough to have a lasting effect. For that, one has to work through the conflicts stemming from the past that are deeply structured in the personality both psychologically and physically. Too many of my problems had been left unresolved in my therapy with Reich to allow me to be free and fully open to my feelings. Nevertheless, the experiences I had in my therapy convinced me that the way to joy could be reached only by surrendering to the body.

After several years of study which led to receiving my medical license, I returned to my practice, using the technique which I had learned from Reich. The patient would lie on a bed, relaxed and breathing, while I encouraged him to give in to his breathing and surrender to his body. We also talked about his life and his problems. But nothing much happened. Sitting in a chair watching him, I felt a need to stretch over the back of my chair to get a deeper breath. It occurred to me that this is what my patients needed to do. In the kitchen of the office there was a three-step kitchen ladder stool. I rolled up a blanket and tied it to the stool.

**FIGURE 1**

Then I had the patient lie on his back over the stool, his arms reaching back to a chair, as shown in Figure 1. The effect was very positive. The patient's breathing deepened appreciably because of the stretch. I could observe the respiratory wave and note where it was blocked.

Since then the use of the bioenergetic stool has become a regular part of my therapeutic approach. In the forty years since it was first introduced into bioenergetic analysis, I have learned how to increase its effectiveness by having the patient use his voice while on the stool. I will describe how I coordinate the voice with breathing in the next chapter.

Another important change I made in the Reichian technique was the use of specific body exercises designed to help a patient gain better awareness of his body, fuller self-expression and more self-possession. Prior to meeting Reich I had been an athletic director. My considerable experience with exercises showed me that they could have a strong effect upon one's feelings and state of mind. I developed the therapy-related exercises originally to

increase the motility of my own body, then began to design new ones to deal with the specific emotional problems I observed in the body of a patient. Many of these exercises involve the expression of feeling. They will be described in succeeding chapters.

The first exercise I did to increase the feeling in my legs, and thus increase my sense of security, is called the bow. It is actually a well-known position since it is also part of the Chinese exercise program called Tai Chi Chuan, but I did not know this in 1953 when I first used it. I stood with feet widely spread, knees bent and body arched slightly. To maintain the arch I placed my fists into the small of my back. This position gave me a secure feeling of being more in touch with the lower part of my body. The position also facilitated deeper breathing, which is one reason the Chinese use it. Sensing my way, I reversed the position, bending forward with my fingers touching the ground, my feet about twelve inches apart and turned slightly inward. In this position I felt close to the ground and to my legs and feet. Then, if I kept the weight of my body over my feet and slowly straightened my knees without locking them, my legs would generally begin to vibrate. Figure 2 illustrates this position.³

In the course of my therapy with Reich I had experienced vibrations in my body, particularly in my legs and hips, as I was lying on the bed breathing. They were an involuntary action which developed in response to the wave of excitation that flowed through my body. Individuals who are unable to let go because their bodies are too tight find it very difficult to allow the vibrations to occur. However, doing these exercises regularly helps the person feel the pleasure of letting the body become more alive. I found that vibrations were also induced by gentle movements

³ These exercises and others are fully described in the book, *The Way to Vibrant Health* by A. and R. L. Lowen (New York: Harper & Row, 1977; International Institute for Bioenergetic Analysis, 1992).

**FIGURE 2**

of the legs and always resulted in pleasurable sensations in these areas. But in Reich's therapy these movements were not considered deliberate exercises which one could use regularly as part of the therapeutic program. Today the above exercises and others are a regular part of the bioenergetic program to help an individual feel more grounded, more connected to his body and to reality. They did that for me and I continue to do them regularly for myself as well as using them with my patients.

Grounding and Reality

The surrender to the body is associated with the giving up of illusions and coming down to the ground and to reality. The individual who is strongly connected to reality is said to "have his feet on the ground," meaning he feels the connection between his feet and the ground he stands on. Individuals who are hung up or uptight do not feel this contact with the ground because their feet are relatively numb—they may know their feet touch

but they have no sensation of the contact. They have withdrawn this energy-as-excitation from the lower part of the body as a reaction to fear. Where the fear is very great the person may actually withdraw all feeling from his body, limiting his consciousness to his head. He will then live in a fantasy world, which is common in autistic or schizoid children and adults. Many persons live in their heads more than in their bodies to avoid sensing the frightening and painful feelings in the body. Some actually split off and dissociate from the body in situations of extreme fear. Their consciousness moves out of the body and they experience themselves as looking at the body from above. This is a schizophrenic-type reaction and represents a break with reality. One of my patients reported feeling himself up at the ceiling looking down at his body as it lay on the bed. He was, of course, a very disturbed individual.

Contact with reality is not an all-or-nothing condition. Some of us are more in contact with reality than others, who are more split off. Since contact with reality is the condition of sanity, it is also the condition for emotional and physical health. Many people, however, are confused about what reality is since they equate reality with the cultural norm rather than with what they feel within their body. Of course, when feeling is absent or reduced, one looks beyond the self for the meaning of life. Individuals whose bodies are alive and vibrant can feel the reality of their being, and can be said to be a feeling person. How alive one is and how much feeling one has is a measure of one's contact with reality. Feeling individuals are "down-to-earth" people. We describe such individuals as being "grounded."

To be grounded means to feel one's feet on the ground. To feel the ground, one's legs and feet have to be energetically charged. They must be alive and mobile, that is, showing some spontaneous and involuntary movement such as vibration. The vibration doesn't have to be intense; it can be quiet—just a hum

like the purr of a high-powered car. But when there is no hum in a car, we know that the motor is dead. When a person's feet look lifeless and when his legs look still and immobile, we know that he has no feeling-contact with the ground. When a person's legs and feet are fully alive, he can sense a current of excitation flowing through them, exciting them, warming them and vibrating them. I was consulted by a schizophrenic young woman who had walked to my office through snow-covered streets wearing only light sneakers. Her feet were cold and blue but she had no feeling of pain and no awareness of their condition. They were numb and almost lifeless. She was, obviously, ungrounded and completely out of touch with her body.

Grounding is an energetic process in which there is a flow of excitation through the body from head to feet. When that flow is strong and full, the person feels his body, his sexuality and the ground on which he stands. He is in contact with reality. This flow of excitation is associated with the respiratory waves, so that when breathing is free and deep, the excitation flows similarly. If the breathing or the flow is blocked, the person does not feel his body below the block. If the flow is restricted, feeling is reduced. Because the flow of excitation pulses—flowing downward into the feet, then upward into the head, like the swings of a pendulum—it excites the segments of the body, head, heart, genitals and legs. Since the wave of excitation traverses the pelvic area as it flows downward, any major sexual disturbance will block the flow to the legs and feet. When an individual is ungrounded, his sexual behavior is likewise ungrounded, that is, dissociated from feeling in the rest of the body.

Since to be grounded means to stand on one's own feet, it also denotes the state of independence and maturity. By the same token the standing position represents a more adult position than one lying on a bed, which has a more infantile quality. Thus, it is easier for a patient to regress to an infantile position when

lying down than when standing. This explains why experiences such as the orgasm reflex, which a patient could have during a therapy session lying on a bed, does not necessarily translate into changes in adult behavior. The orgasm reflex is a valid but not necessarily an absolute criterion of health. The individual must also be fully grounded. We must recognize that the feelings of a child, while similar to those of an adult, are not identical. A child's anger is not the same as that of an adult, nor is its sadness. Adult love differs from that of a child, not in its essential quality, since that is a function of the heart, but in its breadth and extension, which are determined by the total body. This does not mean that babies and young children are not grounded. They are grounded through their connection with their mother as a representation of the earth, but they are not directly connected to the ground until they become fully able to stand on their own feet.

This analysis helps one understand the appeal of a cult which demands of its members the surrender of their egos to the cult leader. The surrender to a leader amounts to a regression to childhood, and involves an abdication of power and responsibility. Protected by the leader and unhindered by the need to choose between right and wrong, the cult member has a feeling of freedom and innocence. As a result, he experiences a sense of joyfulness which strengthens his commitment to the cult. The question arises as to whether his feeling of joy is an illusion or reality. Illusions can produce real feelings but they do not hold up when the illusion collapses, as all illusions inevitably do. In the case of the cult, the illusion is that the leader is the all-loving, all-powerful father who will take care of the cult members as a good father would take care of his children. The reality is the contrary since cult leaders are narcissistic individuals who need a following to support their grandiose self-images. They also need

power over others to compensate for their impotence. Of course cult leaders only attract those who are unconsciously looking for a powerful father/leader.

Some elements of the relationship between the cult leader and his followers were present in my relationship with Reich, although I never became a follower. At the time I broke down and cried at the prospect of my therapy with him ending in failure, I was aware of how much I wanted his protection and looked upon him as the good and powerful father. The threatened failure of the therapy represented the loss of that hope. My crying was partly for the loss of that hope, but it was also an expression of my sadness at not having had the kind of father who could have provided the support I needed to feel free and joyful. My defense against the pain and sadness of this lack was to adopt the attitude that I didn't need help and that I could do it myself. This is the way I operated in the world and to all appearances it seemed true. But on a deeper level, it didn't work.

A cult did develop around Reich in the years after my therapy with him ended. I never became part of the group which surrounded Reich from 1947 to 1956 and who looked upon him as all-knowing and all-powerful. In part this was because I left for Europe in 1947 to study medicine at the University of Geneva, which took me out of his circle. More important was my wife's influence. She had a very strong distrust of any closeness based on submission or on uncritical acceptance of another human being as superior, all-knowing or all-good. She saw too many people close to Reich at that time who had surrendered their independence and mature judgment to gain some intimacy with the great man. I could see it, too. Having said this I would add that, in my view, then and now, Reich was a great man in many respects. His understanding of the emotional problems of human beings, his perception of the underlying unity in all of nature

and the clarity of his thinking set him above all others in his field. But he was not all-knowing and he had many personal problems which handicapped his work and his life.⁴

The therapeutic situation necessarily fosters an attachment to the therapist, who can be legitimately regarded as a substitute father- or mother-figure. One goes to a therapist because one needs help in the form of acceptance, understanding and support. If the therapist takes a personal interest in the patient, the latter can become easily attached, dependent and in love with the therapist. This attachment to the therapist, positive as it is in many respects, weakens the patient's awareness of his need for independence and leads to his being "hung up" on his therapist and in an ungrounded state. It is also recognized that the patient will transfer to the therapist all the feelings he had about his or her own parent, both positive and negative. Positive feelings encourage submission and allow a patient to regress to a more infantile or childlike position, which facilitates the expression of feelings that had been denied and suppressed in childhood—namely, feelings of love. The expression of these feelings can lead to a sense of freedom and feelings of joy but, unless the negative feelings such as distrust and anger are also expressed, the good feelings do not hold up. They become undermined by the underlying negativity and despair which has not been resolved. These negative feelings, if not fully worked through in the therapy, undermine the initial surrender and leave the patient bitter and frustrated. The same thing happens in love relationships, where the joy of the initial surrender to the loved partner is undermined by unresolved hostilities stemming from childhood. As we shall see in the next chapters, these negative feelings include a deep

⁴ See Myron Sharaf's excellent biography, *Fury on Earth* (New York: Da Capo Press, 1994), which documents Reich's achievement but also portrays his personal conflicts and problems.

despair and a murderous rage which must be experienced and lived-through in the therapy situation if the patient is to become free. The patient's fear of these feelings constitutes the backbone of this resistance to the surrender to the body, the self and life.

Every analytic therapist is aware of the need to bring these negative feelings to consciousness so that they can be worked through. Reich had made it a practice, when I was his patient, of asking me at each session if I had any negative thoughts or feelings about him. I recall denying that I did, which was the truth as far as my conscious awareness was concerned. Having become a "follower," I gave up my critical attitude, making possible my surrender to him and, through him, to my body. It was only after I separated from the Reichian movement because it had failed to give me what I needed that I became critical of Reich. What it had failed to give me was an in-depth understanding of my character. Reich's failure could be attributed to the fact that this therapeutic work with the body was not as deep and thorough as it should have been. One should remember that my therapy with Reich took place fifty years ago, at a time when an understanding of the energy dynamics of the body and personality were not as developed as they are today in Bioenergetic Analysis.

This development stemmed from a change in the position of the patient during the therapy from a supine or sitting one to a standing one. In classical psychoanalysis the patient lies on a couch and the focus is on the words he utters. Thoughts are the main material of the analytic process, while the quietness and passivity of the analytic situation eliminates or diminishes all other forms of self-expression. In my work with Reich I was also in a lying position, which, because it was passive, allowed me to regress to infantile or childhood states, thus facilitating the recovery of early memories. But words were not the main avenue of expression. Reich's attention was focused on how I breathed

and what was happening on the body level. I was seen as well as heard, which greatly enlarged the therapeutic screen. Lying on the bed, I had my knees bent so I could sense my feet in contact with the bed, but the position was one of helplessness. On the other hand, when a patient stands, he takes an adult position that allows the focus to shift to the present, where his problems now are. The therapist can see from the patient's stance how he holds and presents himself to the world.

The most common stance that I have seen is an expression of passivity. The individual stands with his knees locked and his weight on the heels of his feet as if he is waiting to be told what to do. He is so unbalanced in this position that a slight push will topple him backwards. One senses from this stance that the person was trained to be good and obedient as a child. Having the person bend his knees slightly and move his weight forward to the balls of his feet changes the expression of his stance so that he now looks more aggressive, that is, prepared to move forward or into action. The standing position allows the therapist to evaluate how well- or poorly grounded a patient is, physically in relationship to the floor and psychologically in relation to his body.

In bioenergetic therapy a patient does not always stand. At the beginning of a session, patient and therapist sit facing each other so that the former can talk about what is happening in his life. From there the patient can use either the standing or lying-down position to work with his feelings. Sadness, for example, is generally more easily expressed when one is lying down, while the expression of anger is more difficult in this position. Hitting the bed to feel and express anger is used by many therapists, often without a full understanding of body language. I am referring to the practice of doing the hitting from a kneeling position. The position of kneeling denotes a submissive attitude, which contradicts the intention of the hitting action. One can get

angry in a sitting position, but in that case the expression of anger is limited to words and gestures. Watching a person hit the bed from a standing position, one can observe how well the action is grounded in the reality of the feeling of anger. The patient whose hitting is unfocused and rageful rather than focused and angry has no feeling in his legs and feet to keep him connected to his body and the ground. The expression of rage does little to discharge the tension that keeps the patient hung up and out of touch with his reality.

Early in my practice I worked with a psychologist who had been severely depressed. He made such an excellent recovery that his wife consulted me about her problems. She said, "You were the only therapist who was able to get my husband on his feet again." I answered that I did it by putting him on his feet. This doesn't mean that putting a person on his feet literally will overcome the depression, but it is a move in that direction. Keeping a person just talking while sitting in a chair or lying on a couch handicaps the therapeutic process, in my opinion.

If the feeling of joy is to be an attribute of one's life, it cannot be dependent on some special experience. I am sure we have all known some moments of joy as a result of the breakthrough of a strong emotion, resulting in a feeling of liberation or freedom. It is like the sun breaking through clouds for a short time and then being covered again. Admittedly, it can't be sunny all the time, but we would like it to be sunny most of the time. Too many people live in the dark shadows of their past caused by frightening images which are not clearly seen. These images haunt the unconscious mind, producing disturbing dreams at night and vague anxieties during the day. Psychoanalysis was developed as a technique to bring these repressed memories to consciousness, so that the feelings associated with them could be expressed and discharged. I believe this is essential to every therapy. Before the sun comes up to cheer and warm us it is preceded

by the light of daybreak. In analysis this is called insight, which one gains when the light of consciousness dispels the darkness in the soul.

As an analytic therapy, Bioenergetic Analysis recognizes the importance of the doctrine Know Thyself. In this work the self is seen not only as a reflection in the mind but also as the bodily self. Since the bodily self is more evident and objective than the reflection in a person's mind, which is subjective, getting to know one's self is a matter of getting in touch with the body. Many people are not in touch with their bodies, or at most feel only limited parts. They are not grounded in the reality of their bodies. The parts that one isn't in touch with contain the frightening feelings which are the counterpart of the frightening images in the mind. For example, most people do not feel their backs despite the fact that the back plays an important role in "backing up" the individual and supporting him when he is under pressure. This function is related to "having a backbone," that is, not to be a worm or a wimp. The backbone can serve this function only when it is experienced by the individual as an alive, energetic structure. If it is too weak or too pliable, the individual will lack the ability to "back up" his position and he will be seen by others as weak. If his backbone is too rigid, he could find himself immobilized in a posture of resistance which blocks his capacity to respond to life or love. I met a man some years ago who suffered from a condition known as ankylosing spondylitis—a rheumatic disease in which the backbone becomes frozen, almost as if it were a solid bone. He could not turn his head more than a few degrees to either side. It was painful to see, but I am not sure if he felt the pain. If he did, he never cried about it. His history included a very powerful, domineering father of whom he was literally scared stiff. But how did the backbone get involved in his struggle? If he had folded before his father's aggression, he would have been a "wimp" (no backbone). As a boy,

he could not resist his father openly. He could only resist him internally by stiffening his backbone. This unconscious action preserved his internal integrity at the cost of his mobility and joy. It was sad but he wasn't sad; he had become frozen, and could not feel his body.

When a person lies over the bioenergetic stool breathing, he can sense the quality of his back. He can feel its state of tension or its weakness. Chronic tension is the physical equivalent of fear. Since fear immobilizes an individual, immobilization by chronic tension equals fear. Sensing the rigidity or the tension can help him become aware of his fear, which releases the repressed memories of his childhood. Lying over the stool, many patients expressed the fear that their back could break and then recalled that as a child they were afraid that their father would break their back if they defied him. This awareness enabled them to feel their anger, which was also blocked by the tension in the muscles of the back. Expressing the anger by then hitting the bed, for example, released the tension, restoring to the back both its flexibility and strength.

To whatever degree a person is out of touch with a part of his body, he is out of touch with the feeling related to the mobility of that part. A tight jaw and a tight throat will cut off feelings of sadness because one can't cry. If the overall body is rigid, the individual will have no feelings of tenderness. On a deeper level, many people lack feelings of love because their hearts are locked in a rigid thoracic cage which blocks both the awareness of the heart and the expression of heartfelt feelings.

The goal of therapy is self-discovery, which implies the recovery of one's soul and the liberation of one's spirit. Three steps lead to that goal. The first is self-awareness, and that means to sense every part of one's body and the feelings that can arise in it. It is surprising to me how many people are not aware of the expression on their face and in their eyes although they look at

themselves every day. Of course, the reason they don't see their expression is that they don't want to see it. They believe they can't face it and that others can't either. So they wear a mask, a fixed smile which proclaims to the world that everything is all right when it isn't. When they drop the mask one generally sees an expression of sadness, pain, depression or fear. As long as they wear the mask, they cannot feel their face since it is frozen in a fixed smile. Feeling this sadness, pain or fear is not joyful, but if these suppressed emotions are not felt, they cannot be released. One is imprisoned behind a facade which cuts off the sun from reaching one's heart. When a person steps out of his dim cell, the sun may be too blinding, but when one gets used to it, one would not want to live in that dark place again.

The second step to self-discovery is self-expression. If feelings are not expressed they become suppressed, and one loses contact with the self. When children are forbidden to express certain feelings, like anger, or are punished for expressing them, these feelings are hidden and eventually become part of the shadowy underworld of the personality. A lot of people are terrified of their feelings, which they regard as dangerous, frightening or crazy. Many individuals have an unconscious murderous rage which they feel they must keep buried out of fear of its destructive potential. In a few individuals that rage is conscious. Such rage is like an unexploded bomb which one dares not touch. But just as one can let a bomb blow up in a safe place and so render it harmless, one can release murderous feelings safely in the therapeutic setting. I help patients do this all the time. Once released, the underlying anger can be handled rationally.

The third step to liberation is self-possession. This means that the individual knows what he feels; he is in touch with himself. He also has the ability to express himself appropriately to further his best interests. He is in command of himself. Gone are the unconscious controls stemming from the fear of being himself.

Gone are the guilt and the shame about who he is and what he feels. Gone are the muscular tensions in his body that block his self-expression and limit his self-awareness. In their place is self-acceptance and the freedom to be.

In the course of this book I will explain how one arrives at this stage through the therapeutic process. That involves an analytic investigation of the individual's past so that one understands why and how the self was lost or damaged. Since the experiences of childhood that created the person's problems and difficulties are registered and structured in the body, reading the body can provide basic information about the past. This knowledge, plus what is gained from the interpretation of dreams, the analysis of behavior and the discussions with the therapist, must be connected by the patient with what he feels, and with the sense of his body. Only in that way are mind and body integrated so that the person is whole.

Therapy is a voyage in self-discovery. It is not quick, not easy and not without its fears. It may actually take a lifetime in some cases, but its reward is the feeling that one's life has not been in vain. One can find the meaning of life in the deep experience of joy.