

PSYCHOSYNTHESIS SEMINARS

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1966/7 SERIES

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Fourth Meeting: December 16, 1966; Park Sheraton Hotel, N.Y.C.

Subject: Bio-synthesis as an aspect of Psychosynthesis

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Dr. Harold Streitfeld:

The notice of the meeting gave my subject as "Further Developments of Bioenergetic Analysis" but that is not strictly what I would like to speak about this evening, although my topic is related to Bioenergetic Analysis - the therapeutic approach which I am most definitely associated with, that is, Alexander Lowen's approach which is essentially a neo-Reichian approach to therapy.

I have recently been reading Assagioli's Psychosynthesis: A Manual of Principles and Techniques and I thought it would be an interesting venture if I arranged this lecture as if I were to write a companion volume to that book. Only this one would be entitled Biosynthesis.

I came originally from a psychoanalytic approach but about five years ago I really got interested in the body. For the same reason as with many patients - and some of you here have probably had the same experience - that analysis really did not take. Of course there was a lot of improvement but nevertheless the symptoms still remained. It was like the story of the well-known neurologist who went through analysis because he stuttered and after six or seven years of analysis he said that now he knew why he stuttered, but nevertheless he still stuttered. It is this kind of result which has brought so many people into other approaches besides analysis.

I personally feel that the book Psychosynthesis very much neglects the body and the various body techniques. Reich, for example, is not even mentioned once. And as you will see, there are a host of different approaches to well-being and to health via the body. Now this is a matter of emphasis. I know that Dr. Assagioli in the recent London meeting on Psychosynthesis of August 1966 mentioned that Psychosynthesis should really be called Bio-psychosynthesis, meaning that he realized the importance of the body but I still feel that this is sort of a lip service. So what I would like to do is present an outline of a companion volume to Psychosynthesis but with the emphasis on the body. Now I realize the inseparable nature of the body and the psyche. Perhaps at the end of this talk we can try to integrate them and achieve a true Bio-psychosynthesis. I assure you I am fully aware of the psychological problems and aspects but I shall put them aside while I talk almost exclusively about the body.

A more personal title that I might give this talk is "My Odyssey Through Bodyland". A lot of what I am going to describe is based on my personal experiences with the various body approaches. While chief focus of my interest has been on the teachings and work in Bioenergetic Analysis, I have kept myself open to other body approaches. At the same time I do not want to emphasize too heavily my own personal experiences and want to talk about some of these approaches in a more general way.

Assagioli considers the will one of the integral concepts of psychosynthesis and a concept that has been neglected. Just as psychosynthesis seems to be built around this core concept I would like to postulate as the core concept of a bio-synthesis the concept of the chronic holding muscular block of tension. I would like to describe this concept in somewhat detail. I use the word "chronic" because I want to differentiate it from transitory. It must be remembered that tension is a phenomenon of life. Whenever you bend an arm or flex a leg you are becoming tense. But the differentiation here is that you can just as soon relax this tension. Chronic tensions are those that cannot be volitionally released.

I use the word "holding" because it describes very aptly that things - energy, feeling, flow - are being actually held up or held back or kept out of an area in the body. It is a permanent kind of holding. And I use the word "block" because I would like to differentiate these tensions from the idea of single, individual, chronically tense muscles. This is not just a matter of a single muscle, such as adultoid being chronically contracted, but more often than not a larger functional unit of the body. There can be whole areas of the body which may be blocked off in the sense that that area is tight or dead or lacking in feeling. While it is possible to have blocks in various parts of the body it is also possible to have a key tension block such as the one at the base of the neck which would cut off feeling from the entire body. Lowen described this kind of condition - schizoid state - in considerable detail in his latest book, Betrayal of the Body.

So there are these chronically holding tension blocks and you may very well ask why is it so important to find them, to know about them and to do something about them. They are important because the person with them has less feeling, has less depth of feeling, has less scope and range to his movements and has less energy at his disposal. Each one of these tension blocks ties up a great deal of energy. Lowen pointed out in his last lecture that it is because of the various tension blocks that we are less aware of ourselves, that we are not in contact with reality, that we are less assertive. They literally tie us up and are largely responsible for allowing only ten percent of the human potential to be used.

If it is of such value to find them and to get rid of them, why, you may ask is not more being done. Well, just as with psychoanalysis, there are many resistances to work through. Most people don't want to really get into these blocks or feel threatened by tampering with them. I guess the simplest and plainest reason is there is pain and anxiety associated with this period. Unfortunately, good feelings do not immediately present themselves.

Another thing - as you will see - these blocks are extraordinarily tenacious and this is one of the reasons I have been interested in any and every approach that might be of use in reducing them or dissolving them completely. You can get stuck in a certain area or in a way of using your body so that the particular set of tensions that you have will not get dissolved. Lowen feels, somewhat pessimistically I think, that no one can ever really recover from his tension blocks, that there will always be some residual scar. At this point, I am not that pessimistic. I think that it is possible, although it is very difficult, and you have to use techniques from a lot of other approaches in addition to the ones that we use. Once these muscles start chronically holding it is a very difficult job to get them to let go. So we want to find and examine all the many approaches; and for some people there are more suitable approaches than for others.

Now as far as the causes - why somebody should develop a chronic tension block in the first place is an important question. The answer that is most obvious is the one that Lowen has described in detail. This is the emotional trauma that occurs at an early age. In the face of this stress you may start holding your breath, start clutching, holding back, holding in, especially when these traumatic states are repeated frequently. I know that he has stated that every tension block in the body is an indication of a neurotic conflict. I feel that this is somewhat extreme. I think it is possible to have a chronic set of tensions in the body which are not a result of neurotic conflict. I really became aware of this when working with Demmerle - who presented the Rolf approach to

postural integration at a recent meeting - in that I have had a couple of accidents in growing up - some not even so long ago - and I had developed some chronic tensions as a result. In such an instance the full mobility of a joint is not reattained and spasticity results.

Working with dancers made me aware too that one can get tensions as a result of poor training in gymnastics or dance or work. I recall an individual who had tensions in her legs because she had been taught ballet with improper techniques as a youngster. She moved from one part of the body instead of another part and in continually doing this kind of thing she built an imbalance. I have trouble believing that the commonly seen round shoulders and forward neck is always the result of an individual neurotic conflict. Also, as we discussed at a previous meeting, the very process of being "civilized" can create chronic tensions. The more civilized we become, the more tensions you are going to build up. We do not use our feet; we encase them in shoes, we sit down for eight hours a day, and so on - all of which can build up tensions which are not necessarily neurotic. I would imagine there is also a sex differential in the tendency for males and females to get different types of tensions. Males, for example, tend to get tensions in the shoulders or the back more than females simply because of male conflicts over aggression. The whole question of age and genetic development of tensions would be a very fascinating one but I am also sure that this has been relatively unexplored.

So here we have the central notion of a chronic holding in the body, the reasons why it is important to find them out and dissolve them, the resistances to doing this and finally the various causes for holding. What I am now going to do is go over about a dozen different categories of approaches to the body in addition to our Bioenergetic one. This is going to be a little like a Cook's tour - if we stop off at any spot too long we are really going to get thrown off schedule. It will be like an airplane view of a vast territory. We are going to get very quick and distant views of these approaches. If I achieve nothing else I hope to at least make you aware of the great multiplicity of avenues and roads to understanding and working with the body that there are. Some of these approaches are a few decades old, some are several thousand years old and some are current and very new. Now my interest and concern in presenting this is to ascertain what each one of these approaches might contribute to a true bio-synthesis. And again I am thinking of bio-synthesis as a group of techniques that can be correlated and fit into an integrated understanding and working with the body.

The first approach to the body I would like to mention is that of body manipulation. This would run the gamut from the superficial stroking of the body in massage to the deep manipulation of the myo-fascial structures as done in the Rolf technique of Structural Integration. Included here would be the Chiropractic approach that concentrates on spinal manipulation as well as the Osteopathic approach which focuses especially on regions of the joints. I know that besides this there are various schools of massage. I studied for a short while the Battle Creek Massage of Kellog. I have heard of a Swedish approach and I am sure that there are still others. I think that massage can be of considerable value, aside from the good body feelings it engenders, in helping someone getting acquainted with his body and its tensions, even bringing on some relief of them.

I have had personal experience with these various forms of body manipulation and by far the deepest and strongest technique I have encountered is the Rolf technique. In this you are lying prone and for the most part passive.

He works on the myo-facial structures, especially around the joints with his fingers his knuckles and even his elbows. This lengthening, freeing and positioning of these tissues re-establishes balanced movement at the joints. With freely moving joints the body is re-aligned and correct posture re-establishes itself. Ordinarily this is done in ten processes or treatments but severe body distortion would obviously require more. While it can be quite painful initially, the pain is not of the lasting type. And here I would pose the question as to how does body manipulation of this sort - as well as in massage or Chiropractic or Osteopathy - relate to understanding or relieving tension blocks?

Another approach to the body might be categorized as body shaping or sculpturing. This would include all those approaches which emphasize the cosmetic or beautifying aspect where an abdomen is to be flattened, thighs to be molded, ankles slenderized, double chins smoothed. One of the foremost examples of this approach is the Mensendieck System of Movement Schemes. Very much influenced by the work of Duchenne who in the nineteenth century stimulated various muscles with electric currents, Mensendieck reasoned that if an electric current could do that why couldn't an individual's muscles be coached into action consciously. Subjects were instructed to "think: consciously use the muscle of the shoulder tip in front - the front deltoid and with it raise the arm forward and upward." In this manner 43 movement schemes from simple to complex were created. For example her approach to flattening the abdomen would be to sit in balance, press on the balls of the feet and onto the sitting bones, slowly draw the abdomen in, bring the trunk forward in a round bend, raise the trunk and release all tensions. This exercise was to be performed three times. As you can see, this is a meticulous, slow-moving method which features individual precise control over specific muscles. The Mensendieck System had its heyday a couple of decades ago. There were some 60 institutes in Europe. How popular it is there now I do not know. It had its vogue in America but what remains is a handful of practitioners here in New York. Once again can this idea of specific and individual muscle control be of value in understanding or reducing tensions?

Still another approach to the body might be characterized as Sensory Awareness. Here the subject is given various experiments to try alone or with a partner to sharpen and awaken true sensing of experiences in contrast to the common tendency to conceptualize, think about or intellectualize an experience. Charlotte Selver introduced this work in America some thirty years ago after learning it from Elsa Gindler in Germany. Betty here was originally taught by Charlotte and is one of her foremost disciples. She can tell you more about it than I can since I am just learning it. On the West Coast B. Gunther has popularized this approach at the Esalen Institute. An example, might be the following instructions to a subject: "Close your eyes. Become aware that you are thinking and for a few moments observe your thoughts. Then move out of the realm of conceptualization into the area of sensation and become aware of how you feel right now. Allow whatever comes. Make no choices. Stay with the awareness for thirty seconds. Keep your eyes closed. Feel what your feet are resting on without looking or moving them, experience the chair you are sitting in. Try doing this not with your imagination but come into actual contact with these sensations." As you can see this is a quiet, feeling type of approach to the body. How is this related to tension blocks?

An important body approach is in the realm of movement. Into this would fall the whole dance tradition which has emphasized the many different kinds of movement the body is capable of. Out of this tradition has sprung a new

profession - dance therapy. Out of it has also come one of the few geniuses the world has seen - Rudolf Laban. He was the son of a high officer in the Imperial Hungarian Army. An architect, dancer and choreographer, he became interested in the problem of dance notation and in the 1920's in Germany devised a notation system based on the physical factors of space, force and time. This system has been called Laban-notation in the U.S.; it takes a couple of years to learn to use it; it is now internationally recognized as the best dance notation system in existence. Laban was not content to stop at this achievement. He went on to study human movement in general - work movements, fighting movements, ritual movements. In the 1950's this study crystallized into a more general type of movement analysis called Effort Shape Analysis. Whereas Laban-notation concerned itself with the quantitative aspects of movement, Effort-Shape Analysis focused on the quality of movement. The Effort really refers to the energy aspect of movement and Shape refers to the form which movement takes in space. In this form of movement analysis he was trying to describe movement in the same way that a composer might describe music in terms of piano, fast, slow, loud and soft. He more than anyone else is responsible for objectifying movement in a scientific manner or as close as it can be to science. It is a shorthand system - a way of looking and one has to be trained to learn it as though one is learning a foreign language. In terms of Effort, one can describe movements as being direct or indirect in space, light or strong in terms of weight and quick or slow in terms of time, and free or bound in terms of flow. To these four variables in terms of energy exertion are added four that have to do with spatial aspects of movement. These spatial continuities or "Shape-flow" goes in toward the body or out away from the body. Within this flow the other three dimensional shape qualities emerge: widening-narrowing; rising-sinking and advancing-retreating. This Effort-Shape Analysis, based on only 16 variables, can be used to record everyday movement. As you might imagine it can be of considerable value in doing a physical behavior analysis and right now research is being done on its use in psychiatric settings. It would appear to have limitless possibilities as a research tool. It is not something one can learn from books, although there have been some excellent ones written on "Labananalysis." It is necessary to experience the range and types of movement the body is capable of. One can do this in terms of learning how to analyze movement and develop one's kinesthetic as well as visual awareness. It is also possible to have individual or group sessions in which one learns something about one's movement repertoire - to extend it or open it up into channels that haven't been used. What can Labananalysis tell us about tension blocks?

To get back to dance: there are two ways of teaching dance. One is what is called the impressive type and the other is the expressive type. The easiest way to describe the difference is to say the expressive is to be found in modern dance where you are being much more creative in comparison to ballet which is more along the impressive type. In the impressive type the basic principle is based on copying a teacher or an expert. You are supposed to do as well or better than your mentor but the lines of movement or direction are already put down. This is quite the opposite from that type of dance in which you are simply expressing yourself or creating something. These two aspects of dance can lead to a different body experience. Copying someone else has a value that should not be minimized in the face of the greater popularity of the creative type of movement experience. Working with a dance therapist, as I have, where copying is the primary focus, can bring on better coordination and synchronization of body movements to rhythm. At the other end of the spectrum is the creative expressive type which is best exemplified by the work of Mary Whitehouse in Los Angeles. She calls her work Movement in Depth and this includes a great variety of movement experiences to music, alone, with partners, and in a group. Her approach combines the Jungian

emphasis on visual imagery and the creative modern dance which originated in Germany with Mary Wigman, as well as the sensory awareness type of experiment that was previously cited.

A popular approach is the physical fitness way to the body. It is the one that deals with exercises, calisthenics and diet. Out of the Departments of Physical Education in various universities around the country has come research and much writing about our poor fitness and what we should do about it. One well known popularizer is Bonnie Prudden who has written several books on this subject. A leading authority is Thomas K. Cureton, Jr., Director of the Physical Fitness Center of the University of Illinois. Since 1939 he has devoted his professional life to the scientific aspects of physical fitness. He lectures extensively, has written profusely and conducts clinics throughout the country. I attended one several years ago. He takes measurements of your physique. He has been particularly concerned about middle aged men and especially with the functioning and condition of the heart. He uses a heartiometer, gives various tests, circulatory, respiratory, etc. He also tests you to see how your balance is - walking along a board, running between chairs in a certain amount of time, etc. He divides motor fitness into the components of balance, flexibility, agility, strength, power and endurance. He has tests for these factors and has developed exercises for them. One of his basic beliefs and I think it quite valid and important is that the body must be continually challenged. For this reason he does not think very highly of handball as a way of keeping fit. I always thought it was a demanding sport but he considers it "a spurt sport" and not the kind of thing that would challenge the body. He advocates running or walking where you steadily build up your tolerance and endurance by running more and more laps around a track. This is the way, he contends, to be physically fit; and he has conducted a great deal of research to support it. But what is the relationship of physical fitness to tension blocks?

I would like to bring to your attention that there are various therapists coming on to the scene who deal with special parts of the body, those parts that are frequently used and where more important senses or contact points are. I do not know if you are aware of it but there are now people called "vocal therapists". These may be people who have come in from speech therapy or dramatics who work with the voice, extend the range of the voice and get you to try different kinds of vocal exercises alone or in a group. I have not had any personal contact with them. There are also "sight specialists". They may not call themselves that but these are therapists who have specialized in eye functioning and work not only with eye exercises but also the feelings and anxieties that may be tied up with tensions around the eyes or that cause myopia.

I would not say at this point that there are "foot and hand therapists" (Mrs. Keane: There are!) but I do understand that there is a whole theory about foot functioning called Zone therapy, and with this you can supposedly treat diseases in the body through manipulation of designated areas in the foot. This is not within my personal experience either. I haven't heard about "hand therapists" but I am sure that if there is such a thing as "palmistry" there can easily develop a breed of therapists who focus on hand movements and tensions.

Then there is the whole matter of the Oriental approaches to the body. For instance, "Zen and the Art of Archery" by Eugene Herrigel is certainly an illustration of an attempt to achieve spiritual enlightenment through body experiences.

Then there is the Chinese form of gymnastic exercise - Tai Chai Chuan - which is over a thousand years old and consists of 108 postures executed in a slow continuously moving manner. It is not very dynamic but I understand it can be quite effective, but there again I have not had any personal contact with it. In a class by itself is Acupuncture, an ancient form of Chinese medicine. It consists of stimulating, usually with a fine needle, certain strategic points of the skin, united into a system of so-called meridian which are related to the main internal organs of the body. Thus a needle stuck into a certain point in the foot should improve the functioning of one's liver. As incredible as this sounds, Acupuncture is receiving serious consideration and research in Europe and Russia. The knowledge about internal energy flows and pathways in the body that form the basis of this ancient practice may be of considerable value in the creation of a Bio-synthesis. Finally in this group is Hatha Yoga. Coupled with the systematic training of the body is a metaphysical and philosophical intellectual doctrine, together they form a kind of cosmic therapeutics. It is not the doctrine as much as a series of gymnastic exercises that has become something of a vogue in this country. The Yoga positions could be referred to as postures since very often a position once assumed is held anywhere from three minutes to half an hour. Rapid or violent movements are very much against the Yoga tradition. There are one or more exercises for every part of the body. The correct and harmonious functioning of the various organs of the body is more important than physical strength or muscular power. Characteristic of the breathing in Yoga is the interest in pausing between inhaling and exhaling. A typical posture that you are all familiar with is the lotus, with the legs crossed and the soles of the feet up. It is the posture used for meditation. Another one is the posture in which one stands on one's head.

In the area of body posture one of the most seminal and insightful books, outside the field of kinesiology or physical education, has been The Body and Mature Behavior by Feldenkrais. This book was published in 1949 and consists of a series of lectures given in 1943 and 1944. Feldenkrais goes into the significance of the erect human carriage, what constitutes normal posture and the deviations from this. He is particularly concerned with the common deviation of the head too far forward, the chest flat and back, the abdomen relaxed and forward and all curves in the back extremely exaggerated. He explains this posture as being related to the inborn fear of falling. He suggests a means of directing this faulty and habitual carriage and believes in starting from the head first. He has a subject lie down with the knees drawn up and has them lifting the head off the ground for two or three minutes at a stretch. He is continuing the work he started in England in Israel but nothing in English has been published so far as I am aware.

Representative of the relaxation type of therapy would be the work of Edmund Jacobson. In 1908 he was working in a laboratory at Harvard University where they were studying the involuntary start. He was a student and along with this research he had some personal experiences with insomnia. These two sets of experiences got him interested in the phenomena of tension and how to resolve it. He devised a set of techniques for teaching individuals how to relax. In his procedure these subjects are asked to isolate one set of muscles or a muscle group at a time so that he can learn to locate tensions in them and then to relax those tensions. The subject is instructed as to how to "feel" a tension and then how to turn it loose or go in the opposite direction. The subject is instructed to lie on his back with his arms at his side, palms up. He is told "Relax the right upper arm. Without moving the elbow, raise the right hand and lower the arm by bending the elbow. Raise arm to forty-five degree angle. Feel where the



tension comes during the lifting. Hold the position for a few seconds so you can discover the feeling gets worse as the hand is held up against gravity. 'This sensation is the signal mark for tension.' The next step is to let go of about one-half of the "tensed up" feeling in your upper arm. Your hand and forearm will lower automatically. Let go of half the tension you still feel. The hand will sink further. Finally, let go of all the tension, dropping the hand against the floor. Do nothing. Continue to let go. Then do the same procedure from the other arm. Practice on the arms for a week once daily. Then go to the legs. And after this is mastered, go to the breathing and then finally to back tensions."

An interesting example of the use of conscious control is the so-called Alexander technique. Alexander came originally from Australia around the turn of the century where he was a professional public reciter. In Australia he began to develop a vocal hoarseness which at times ended in the loss of his voice for a moment. This affliction grew worse and threatened the loss of his career. Reasoning that the root of the matter must lie with what he did with himself while reciting, he resolved to investigate his behavior on his own - since teachers and doctors were of no help to him. He retired from the public stage and with the help of mirrors discovered his mis-use of himself. He found he pulled his head back and down, he sucked in his breath, his manner of standing, his back was tense and contracted and he gripped the soles of his shoes with his toes. He eventually overcame these errors, not singly but by discovering the over-all principle of inhibiting them. Around the turn of the century he moved to London and attracted many enthusiastic pupils, many of whom were eminent personalities, particularly in the theatrical world. Aldous Huxley was an ardent apostle. Huxley pointed out that "many undesirable mental states have their primary source not in some traumatic event of childhood or in the more recent past but in the improper use of the self" - bad postural habits, resulting in impaired physiological and psychological functioning.

In his painstaking analysis of his improper use of himself, Alexander discovered what he felt was a master reflex for the whole body which he called Primary Control - a name given to the neck, head, back relationship. He discovered that it was important to inhibit his bad habits and to give himself new directions. Among these were "let the neck be free. Let the head go forward and up. Let the back lengthen and widen. Let the shoulders spread out sidewise. In other words he inhibited his bad habits and replaced them with habits that were considered good. Out of his personal experience has grown the Alexander technique which has been described as a method of re-education and is concerned with those basic psychosomatic attitudes of lying down, sitting, standing, and walking. An Alexander practitioner would not simply show someone in an interview how to do sitting or standing but with his or her hands would prevent or show how to inhibit any attempt of the person to interfere with walking or sitting and permit instead natural and spontaneous action. The natural relationship between the head, the neck and the torso has to be reinstated and not interfered with.

Autogenic training is a specific form of auto-hypnosis which can be tailored to effect and influence for the normal in various bodily and mental functions. The first publication of a comprehensive textbook was in Germany in 1932. In Central Europe it is regarded as a standard therapy in various fields of medicine and has been integrated into the training programs in the universities. An enormous amount of research and clinical application has taken place since its origins 45 years ago. Oddly enough, autogenic training is hardly known in this country. During the period of 1890 to 1900 the famous brain physiologist Oscar

Vogt was doing research in hypnosis. Some of his subjects were able to put themselves into a state resembling the hypnotic state with auto-hypnotic mental exercises. When practiced a few times a day they reduced fatigue and tension. Twenty years later J.H. Schultz discovered that his hypnotized subjects reported almost invariably two types of sensations: a feeling of heaviness in the extremities associated with a feeling of warmth. This led to the question: Can a person induce a hypnotic state by merely thinking of the feeling of heaviness and warmth in an extremity? The pursuit of this question led to Autogenic training.

In a sitting or horizontal posture these self directed mental exercises are practiced for a few minutes two or three times a day. These exercises are first primarily physiologically oriented with a verbal content focussing on heaviness, warmth, cardiac activity, respiration, and so forth. The first standard exercise starts with passive concentration on heaviness in the limbs. The formula for a right handed person would be "My right arm is heavy." The time required for establishing the effects of the six standard exercises requires two to four months. From this basis the subject may go on to more complicated mental exercises involving visual imagination or abstractions. The psycho-physiological effects in this method are diametrically opposite to those evoked by stress. The method of autogenic training demonstrates how to use one's brain to influence certain bodily functions effectively.

At one time I really tried to go through the psychiatric and psychological literature for research studies on the body and psychotherapy and in personality theory. I was only able to find about a dozen papers or books. There are a few clinical practitioners or researchers who have really been seriously interested in working systematically. Most of them, like Deutsch, Mittelman and Mahl have been mostly concerned with posture or gestural cues as to what someone is saying with their body movements. This would get us into the whole field of non-verbal communication.

There you have a real range of principles, concepts, methods and philosophies of working with the body. Some are centuries old and some are as new as can be. But what I am particularly interested in learning is how are all these various body approaches related to our central and core problem of chronic tension blocks. Can they help us understand them better? Can they provide additional techniques for finding them or for resolving them?

As I have been alluding, there are at least three ways of looking at these tension blocks. First, there is the matter of diagnosing them. How do you really tell if someone has them or where they are located? This is looking at it from the point of view of an outside observer. In looking at someone's body how does one go about seeing them or finding them? Secondly, you have the problem of awareness. This is looking at the tension block from the point of view of the patient. How does the patient learn of their existence and become aware of them in view of the fact that so many of them go out of awareness? Finally, how does one go about reducing them or getting rid of them entirely?

Of course when I separate them out this way it is rather artificial because I can think of a technique that might be at the same time diagnostic, a means of the patient becoming aware and a method of working on the tension. So I am just artificially breaking it down into these categories and saying that some things are pure diagnosis, some things are purely those of becoming aware, and others are purely means of getting rid of them.

I would really like to emphasize this business of becoming aware of tensions. It depends on the individual and the amount of chronic tensions one has but I think you might be surprised at what a never ending business this can be. It would seem that the more aware you become of the tension phenomenon, the more you find in your body. I myself, for example, became aware of certain tensions in working from a bio-energetic point of view. And I thought this was all there was to it, but when I branched out into dance therapy, I discovered, in moving my body in different ways in other kinds of movements, I became aware of still other tensions. Finally when I experienced deep body manipulation with the Rolf technique I became aware of still other tensions which had not been approached or touched on. This should suggest to you that becoming aware of tensions is an ever deepening process.

Now let me say a few words about diagnosis. A diagnosis has implicitly a norm or a concept of what normal should be. If you use the norm of one approach, it may cover that approach, but then there may be a norm from some other body approach that can get at other tensions. There is the whole question of norms, what the body should look like or how it should be aligned. The bio-energetic norm, for example, has to do mostly with the vibratory phenomenon. We use vibrations as an indicator of the state of the body. We put the body on the stretch and ask someone to hold this position and assume a normal person should get vibrations going through the entire body and if this particular patient doesn't, then you know that there are tensions in certain areas. You can also be more refined in your evaluation and in addition to testing for presence or absence of vibrations you can test for the quality of vibrations. If they are very gross then you can be sure there are tension areas which throw the vibrations off because the vibrations should have a kind of "purr" like a well-tuned motor car.

So this is one way of evaluating a body. Bio-energetic analysis is probably the only approach I know that uses vibrations in this way. In contrast, Dr. Rolf would use a different set of norms. Hers would be more in terms of whether, when someone is lying prone, <sup>he</sup> can toss his arm back over his head and let it come back to rest or can his knees be brought up fully on his chest. This would tell her whether there is freedom at certain joints. Or she might also compare the body to an ideal concept of good postural alignment where the body parts are stacked one on top of another in a specific way. Or you can build up another set of norms which have to do with coordination and grace as tested by certain dance steps. Still another set of norms might grow out of Laban analysis.

So according to your approach you can set up criteria which determine deviation. These criteria may all fit together but nevertheless they are not exactly alike and an individual may pretty well learn to fill certain criteria in one approach but fail the criterion of another approach.

Besides the diagnosis and awareness, there is the final aspect of reducing or resolving chronic tension blocks. Here is where the various body approaches I have cited can bring in additional techniques to get at these tensions. I have a list of some fourteen such techniques which would have to be the subject of another lecture. But let me quickly finish my outline along the lines of Psychosynthesis. What I have been describing in this talk constitutes arriving at a "personal biosynthesis". This would be getting a body that is coordinated, with feeling flowing completely through all parts, an absence of any tension blocks so that you have a unitary functioning individual.

Concurrent with such a personal bio-synthesis there would be going on an inter-personal bio-synthesis. This would concern itself with inter-personal relations. There is an intimate connection between a personal and an inter-personal bio-synthesis. There are connections between individual tension blocks and particular inter-personal patterns of relationships that need to be spelled out. Any number of new techniques are being developed that are outside the realm of the usual verbal psychotherapy. Among these are experiments in non-verbal contact on a dance level or a movement level. This too is a tremendously big topic. Let me just finish in this area by emphasizing that you can't work on body tensions in a vacuum. There has to be a relationship going on, a feeling between the therapist and the patient. If a patient brings his body in to have his tensions worked on and he leaves his mind outside the door, nothing much will happen. You have got to have the person in the body there. So when you work with tensions you have to be aware of the relationship or the atmosphere. A wrong attitude or a negative one or a skeptical one may also prevent anything from really happening.

Now just as there is a spiritual psycho-synthesis, I think you could say that there is an equivalent spiritual bio-synthesis. This would be the third or highest level. You can use the body for personal development or for inter-personal relations but I would like to remind you that you can use the body as a means to obtain spiritual enlightenment. As was mentioned before, Herrigel in Japan used the art of archery to achieve a Zen state. The Yogis, as is well known, go up the body through various 'chakras' to achieve supreme consciousness. And as Sachs in his World History of the Dance pointed out, both convulsive types of dance and expanded types of dance and the whirl type of dance have as their aim a loss of self and a union with God.

So I hope I have succeeded in making you aware of the many interesting and varied approaches to the body that might constitute bio-synthesis that would equal your Psychosynthesis. Perhaps we can now have some dialogue and get the beginning of a real Bio-psychosynthesis.

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## DISCUSSION

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Swartley: I would like to start by telling anyone who doesn't know that Roberto Assagioli seriously considered titling his book "Biopsychosynthesis".

Streitfeld: I don't think he should do that yet, because he does not know all the techniques that can be used with the body. (Swartley: That's right and that's why he left it out.) It is a recognition, but I don't think he realizes the depth and extent of it.

Swartley: I too have gone through Psychological Abstracts looking for any significant use of the body in psychotherapy and have not found it. It is almost totally ignored.

Haronian: You spoke quite a lot about the pathology of tension. Is there a pathology in the opposite direction - an inability to mobilize sufficient tension, a kind of flaccidity of musculature? (Streitfeld: Yes) Do you work with this in patients? How is this different from what you have been talking about?

Streitfeld: I am not too familiar with that. It is hard for me to imagine someone who is completely flaccid. If they are flaccid in one area then they must be tense in another area. I just can't imagine someone just being completely flaccid.

Cooper: Were you thinking of neurological lesions?

Haronian: No; I was just thinking of the times when you find yourself concerned with excessive flaccidity of musculature and was wondering why this was so. I wasn't thinking of it in a neurological or an organic sense. (Streitfeld: Why would somebody come to a therapist in that condition?)

Mrs. Keane: It may be that when you have tensions at a certain level - especially when a person is very young - his inner condition is so tense that it is the opposite that comes up, so that there is a kind of listlessness, lack of use and lack of consciousness of the musculature, and this often results in this kind of condition.

Cooper: Cureton reports observing very fat girls playing volley ball; and the actual amount of time they are standing stock still in a thirty minute game may be as much as 29 minutes! This is a type of flaccidity.

Wolf: One little question, which I thought of at your last meeting and again at this: What is the significance of this particular posture? (arching back with legs braced, legs well apart with arms extended back over the head - a spread eagle! Ed.)

Streitfeld: Well, Lowen gave a whole lecture on this and his belief and theory is that the body is analogous to a bow. When you put the body on a stretch like this and shape it like a bow, you are anchored in the head and in the feet. This stretch indicates whether the vibration can go right through you and if the channels are open in you, as it were; that there is no break in the energy flow. There is a concept that starts with Reich and is continued with Lowen, which is based on energy flow and energy poles in the body, and if you stretch out these poles, as it were, the energy should be able to flow back and forth, and if you have

tensions, if someone stands like this and you can see a holding, so that it is like a bow that is kinked, the energy just doesn't flow through that part of the body. It should, when you stretch out the muscles. It is a little like when you take a rubber band, where it is anchored at both ends, and you flick it; it is going to vibrate. I think that the muscles have this elastic condition to them - or should; if they don't, then they are hard and contracted. A healthy muscle should have this same quality as the elastic. (Wolf: I was wondering why that particular position would do that. I have tried it and it works; but I am just wondering why.) I don't know why and I don't know how Reich came across it.

Swartley: My reaction to it when Harold worked on me was that this is just an awkward position to which the body should react; and what you are doing is putting the body under a stress (Streitfeld: Awkward, only if you are tense!) I disagree. Who, in normal life, would ever stand that way? As I experienced it, it was an awkward position to which the body should react eventually, and then you can observe the flow of the reaction. (Streitfeld: The vibration.) In my case I could tell where the flow stopped and became more aware of the block in my body. A related question Harold: it is interesting to hear a lecture on Bioenergetic Analysis and not hear one mention of orgasm! This 'bow' position certainly leaves one with the genitals in the middle, so I should think that historically it came from Reich's interest in the orgasm reflex.

Streitfeld: Yes, but you can set up different kinds of norms for the body. I don't think that this is as much an orgasmic position as you are making it out to be. You are open, it is true, but as you know, Reich started with patients lying down, trying to get the "orgasm reflex"- and incidentally, for those who do not know, this is not a sexual feeling, it is just a reflex in the body that should occur under a sufficient charge or tension in which the pelvis moves back and forth by itself. Here is another norm; theoretically, if you are free of tension - and I think that Demmerle has the same kind of norm - if you breathe out you should be able to feel it going down to the sacrum; and that is more complete breathing. Most people cannot breathe down that far; they cut their breathing off so that they don't get this kind of movement with each breath. But there is a movement out of the African dance which is much more complete; it is not just a pelvic response because it takes in both aspects; you are not only moving the pelvis back - in the Ballet Africaan they do this beautifully - it's a movement this way; you are reaching out with the arms at the same time as the pelvis goes out. Now you should be able to do this; I have had one patient who could do it spontaneously. That is, he could stand and the pelvis would move by itself and then the arms would move by themselves, so that it becomes a spontaneous flow. I've only seen it once in a patient; it is a beautiful thing to behold - to see this happening without you doing anything about it. But there are very few people who are not free of tension. But I would use this as a movement criterion of a body free of tension.

Haronian: What was that patient seeking - if a guy has already got everything you are wanting to give him, yet still has a problem?

Streitfeld: But I did not say that he was perfect; he could not let go with his head; he still had tensions. I have seen the African dancers with extraordinary flexibility in the neck but rarely can you see it in a white person in our culture; and if you are that free of tension in the neck then your head will start going too, and all this will be happening on a spontaneous level and you are not doing it.

Mrs. Keane: But how is it that low breathing starts easily with Zen sitting; you feel breathing in the sacrum rather quickly.

Streitfeld: Breathing is tricky (Mrs. Keane: It happens automatically.) Well I don't know; it happens with some people, but you can get someone to breathe deeply in Zen - and I have had patients breathe deeply - but it does not connect up with the body somehow; and that is the thing. Somehow, in working with tensions, there is an attitude one also has to have, of allowing something to happen. (Haronian: Yes, a person can breathe deeply and yet be afraid of the connection with the body.) Yes, they are afraid; it is as though you have an electric cord that isn't plugged in so that the current doesn't begin flowing.

Mrs. Keane: There has to be some kind of acceptance, some kind of consciousness or perceiving sensation, which I should imagine will get off to a different level. Then one must incorporate it and integrate it....

Streitfeld: I want to say something more about these vibrations. You can get vibration going through the entire body but still have tensions. I have had that experience with Demmerle; I thought "sure, I can vibrate!" but I found more tensions, and then found I could vibrate even better, and more and more; so that you can really work towards ever finer vibrations. And another thing: under certain circumstances, this patient of mine was able to experience a spontaneous orgasm reflex; the problem then is "how often can you experience it; can you do it on a regular basis?" Anyone can suddenly break through the tensions and they will have the most extraordinary orgasm reflex under certain conditions; but the real issue - and Lowen points this out - is "how often can you do it?"

Hilton: A question occurs to me: you seem to be gunning-or Lowen does - for this perfect physical release or coordination. This you have in animals; but we are human, and tensions are inevitable in the human being, and I wondered if there isn't a danger of over-emphasis on the physical - almost a turning back of the clock; by trying to get back the animal nature and coordination that you have climbed above.

Streitfeld: But you want to get back to your animal nature and then go up.  
(Hilton: I don't think you can do it that way; you are turning back the evolutionary clock.)

Swartley: All the most enlightened people I have met were also the most animal-like; they walked like cats; they exhibited both animal and super-normal characteristics.

Streitfeld: Yes, the ideal person should be able to go up and down, to go from one level to the other. (Hilton: Yes, I agree, but in working toward that perfection I was wondering if there isn't a danger of an over-absorption with the body.) I warned you about that! All I have done tonight is to have abstracted out a part, and certainly you cannot work with the body alone. All that I am doing is emphasizing this side of the coin because it is so neglected. I am trying to bring back some sort of balance. You have got to work with attitudes, and psychologically, and everything else.

Cooper: The deprivation studies are interesting in that when you put a person in a medium where he has no sensory input or movement of any kind, he develops delusions and hallucinations; and all types of interesting phenomena occur. Apparently those who are more introspective and trained in meditation can last longer in this setting than more outgoing types of individual.

Streitfeld: The body serves as a kind of anchor; it grounds you to the earth, and

if you lose this anchor then you go flying up. You want to be able to fly up, but you also want to be able to come down; to go up and down.

Cooper: Does anyone know anything of the work being done by the woman in California? The one who puts her patients in a warm swimming pool. She has them assume more or less a foetal position; the swimming pool is warm and they assume these positions and then describe their feelings; and she helps them to deal with them. They are back in the amniotic fluid, so to speak. There must be some rationale to it, because of the work they are doing with children; for instance, with brain injured, they take them back to the crawling stage; they exercise them, pattern and repattern, then retrain them; so may be there is something to it.

Mrs. Keane: That woman in California has a very motherly quality from what I have read about her and I think that has a great deal to do with her specific type of therapy.

Cooper: Any more questions or comments?

Haronian: I was thinking about all kinds of things while you were speaking, and one of them was when you touched on speech problems. I have two patients now, both of whom have speech difficulty - one a speech blockage and the other a stutter. I was trying to hypnotize the girl with the speech blockage and one of the things I asked her to do as part of the hypnotic procedure was to let her head loll from side to side and I was really amazed at the constriction in that girl's neck; there was such slight movement, and she had no rhythm at all. She just could not let her head go from side to side - I was going to suggest each time her head goes from one side to the other she would get sleepier and sleepier, etc., but she couldn't do it; it was absolutely impossible for her to move her head in a rhythmic way. The other one, the stutterer has a very erect posture and I haven't tried any of this sort of thing with him but as you were talking I began to feel that it might be a very productive thing to do to use an approach of this sort to relieve some of their tensions. (Cooper: You could certainly use them together with other techniques.) Yes.

Wolf: As regards stutterers, Froeschels makes his patients "chew" while they are talking; he has them mouth their words; and he finds it stops their stuttering and that it is the most effective way. Of course, he does this without hypnosis.

Swartley: Do these patients lose their stuttering under hypnosis? (Haronian: I haven't tried that, so that I do not know.) I have watched demonstrations of people with speech defects, and under hypnosis they spoke perfectly normal. (Haronian: Well, neither of these patients are particularly difficult ones, they both speak pretty well and their speech blockages and stuttering seem to be pretty clearly related to the content - it comes and goes. We are working on that at this point. The other thing that I was interested in was your mention of "sensory awareness" as an approach. I have a note here which says "it is a quiet gentle approach of sensing what is going on inside."

Streitfeld: Mrs. Keane can tell you more about that, but I just want to point out the contrast. Our bioenergetic approach has sometimes been described as violent. Patients are pounding and kicking and screaming in contrast to what Betty does for her patients, which is much more subtle and quiet. And I think there is a place for both.



Swartley: You mentioned Zen and of course there are various forms of Zen methods. The most violent one that I know of is the "hitting", where the teacher walks around with a big long stick. When I experienced it, we sat facing the wall so he was behind us. He walked like a cat so you could not even hear the boards creak. He would sneak up and start whacking you over the shoulders. It works incredibly well - going from tension to relaxation. It is a method, as I analyze it, of both sensory deprivation and physical and psychological exhaustion, with this constant tensing and relaxing; after a while you are semi-psychotic, you are in a kind of daze.

Zieman: Oftentimes when they start to hit a pupil across the shoulders there will come a flash of anger; and if that is done at the right time, the flash of anger can carry him through to satori.

Swartley: I felt like an animal being driven to slaughter; I felt as if I had been at this for 13 years, as if I had not done anything but work; and I can well imagine that at the right time you could blast through to something. You are definitely in an altered state, both psychologically and physiologically due to lack of sleep and all the abnormal things happening to you.

Streitfeld: This going from one extreme to another; there are always these extremes or polarities. It is little known that there are hypnotic procedures which depend on very extreme activity - moving and whirling and body stimulation. I have seen some of these African dancers in hypnotic states as a result of active movement, and yet we are so familiar with hypnosis as being quiet and passive. So, you can do one or the other, or you can alternate them.

Swartley: I feel that the key to therapy, whatever form it takes, is the number of techniques which the therapist has available and his ability to know when to apply them. I talk about my "grab bag" and knowing which one to use. I pull them out one at a time, use them to their optimum effect, and as soon as the effect seems to be waning I switch to the next one. I will go from a dream to breathing, to fantasy - all woven together. (Wallace: You keep the patient off balance?) (Streitfeld: It does sound a bit like boxing.) I don't mean to; and I don't think it does. My therapy at this point is most like what Bill Schutz gave a demonstration of in the September meeting here; his Microlab technique, in which he gave us three minutes of, say, non-verbal interplay, then we talked for three minutes, and then for five minutes we'd do something else; so you have just got started when you have to switch.

Streitfeld: It depends a little on what your goal is in therapy. We have a goal - the attempt to change the character structure of the individual, their set way of behavior. If you work with the body, this can be your goal, but if you are after satori or insight, this is a different kind of goal. We are trying to change the structure of the body.

Zieman: It has just occurred to me that this technique would work well with rigid kinds of personality structures - this working backwards and forwards.

Streitfeld: At the same time you have to work with the rigidity of body; you can break through the rigidity, but it is just going to form again. (Zieman: This type of technique might work as a preliminary towards a conscious awareness of rigidity that exists?) But then you have to know some of the various methods of working on rigidities. I have 14 types of techniques listed here, of really trying to reduce rigidity in the musculature.

Cooper: In rehabilitation techniques we try to use everyone of them; but we try to get different people to use them, in other words what we call "hyphenated therapists" - corrective therapists, art teachers, music teachers, and others. We then try to "surround" the patients with therapy 24 hours a day in the rehabilitation center. This is my idea of what we ought to do. We are trying to achieve this bridging between all the psychological, physical, emotional and spiritual parts of the individual. When I was in Los Angeles I was working with 80 therapists, and we are now building up a treatment center at the Penitentiary; and if there is a change in the law dealing with narcotic addicts we hope to get more money to get more therapists into the program. But we are certainly exposing them to everything we can, and we have shown some results. Most people say that you cannot work with the psychopath, but we feel that we can and we have demonstrated that we can.

Zieman: But in using all these active techniques we don't want the patient to feel that he is being manipulated. We want him feeling that he is an active agent, that it is up to him, and that he has a responsibility. I have another question: can you recommend some simple techniques for therapists who are not particularly trained in your method, which they could use in regular office therapy?

Streitfeld: Yes, I think there are - like some of the ones that Bill Swartley has taken from Lowen, or Bill Schutz. One is "pounding" which you can do lying on your back or standing up and hitting a tennis racket on a bed. This has a dual purpose: you can do it to express feeling - and I wouldn't advise you to try it with women who tend to be rather impulsive because you will find they will start by using the tennis racket and finish up by throwing it. They can get so angry that they will throw it against the wall!

Cooper: At the Penitentiary we use a big punching bag, and we cannot keep it tied to the wall; we have used chains and all kinds of things but we have not found a method that would stand up to the pounding. You find blood on the bag where the men have begun to pound into it. This is a very good method and we have had no broken heads out there since we put up the punching bag!

Streitfeld: There is a lot of work being done by a group in California, run by Eugene Sagan at a Creative Behavior Institute. It is a little like what you spoke of, except that you are doing it as a medical discipline and Sagan is doing it from a different angle. He has got a person from the theater, and a dancer, a creative arts person, etc. and is setting up a kind of institute with all these different professionals. And I heard that they are now even employing a boxer, to teach people how to fight without hurting each other. They also figured out where a man can be least hurt - i.e. if he is hit on the back, the upper part of the back. So I had a couple of patients hit me on the back instead of pounding on the bed and they found this to be much more satisfactory - and it didn't hurt me. So this is one technique that they have used, but this is not one that any other bioenergetic analysts have used. But besides pounding there is kicking - lying down on the back and kicking. There are many different forms of kicking, and in this they are really getting feeling out through the legs; they are working out their tensions and building up the breathing and so on.

Miss Pinder: I would like to mention the "one hundred and first" technique - that is, the work of Dr. Sweigard. She works on changing the body - with dancers and Parkinson's disease patients - through imagery, by using a prescribed set of images of the body. She will touch the person gently - and sometimes not so gently - so that the patient will really know what the area is that they have to think through.

I have watched her and worked with her and have seen her change the body structure. I use her method in school, where you really don't have much time to use it, and find it very simple.

Streitfeld: You see, in the book Psychosynthesis there are lots of imagery techniques but the idea is not mentioned at all of the combination of imagery with movement; and when you have this, you really have something powerful. The imagery alone is strong and can be quite effective but when you start adding movement to it then you are really getting something even more powerful.

Wolf: Imagery is very important: with the teachings of F. Mathias Alexander, for instance, he makes a patient imagine rising from the chair but not actually getting up, getting the posture and thereby getting control and each of the muscles becoming aware of just what is happening. The same thing with sitting down, or walking, or what have you; and the same way with this forward head posture and the balancing of the rest of the body. This is the principal part of his method - the forward head position; all the rest of his techniques are much less important, but he makes this imagery of whatever is happening in the particular movement - such as getting up etc. - most important, the being aware of it, the imagined intention of each muscle in action.

Cooper: In a psychological study of methods for stopping smoking the one that seemed to work most effectively was the imagining of situations in which they would normally smoke and then seeing themselves not smoking. And as regards the combination of methods, in my work with Assagioli he impressed upon me continually the necessity to combine the images with movement. In the technique of the Ideal Model, and in many things he talks about in the book, he again shows you the necessity of using the image, using the imagination in attaining whatever goal you set yourself. You must first get the idea and then go ahead; you have to see it in your mind's eye really.

Mrs. Keane: I find that when people image they avoid feeling - they image instead of feeling. (Cooper: You must combine the two, the therapist must help them to combine them.)

Streitfeld: You have to react to the images (Cooper: Right.) I have a kind of imagery where, for example, I can imagine throwing a ball and my arm will then start really moving into the gesture. I am curious to know if that is common among you. You can have the imagery connect up more with the feeling than with the movements.

Wallace: The Jungian approach to this is that if you get an image of yourself doing something, or an image of your unknown self doing something, that is an abstract. It is important that you are relating emotionally, and what you do about what that image is. The emotional reaction is really what ties you to it.

Cooper: That may be one of the problems today with television - that we have the feeling without any action. This "television fatigue syndrome" is based on this entirely; in addition to the fact that TV is popping your eyes at 16 cycles per second, which has a bad physical effect also.

Streitfeld: With us, as in pounding the bed, if you combine it with the image of the person you want to hit then you can more easily get the feeling. But you also have to coordinate the feeling into a synchronized physical movement.

Haronian: Miss Pinder, I am curious to know what you are doing with children in combining imagery and movement. What is it you are trying to do?

Miss Pinder: In one exercise I give them, in order to strengthen their bodies, I have them hang over a hatstand and close their eyes and ask them to feel as if air is being let out of the back of their legs, especially in the area where they feel the tension. Let them first feel the tension in the particular spot; then try to get them to give into it, or allow it to just go, or imagine that air is coming out. The idea of air coming out is Dr. Sweigard's technique of imagery; and in this way the muscles get relaxed and stretched. And I actually do very little bouncing; some physical educators have their children going through such ex-orbitant movements which is really unnecessary. (Haronian: Do you run your hand down the back of the leg where the tension is?) Yes, sometimes I touch it; but Dr. Sweigard has all kinds of imagery, and she believes that you can change the neuro-muscular pattern, the habit pattern of this type of posture, leave the old habit patterns and build up new ones. You first relax so that the muscles adjust to the new position, to the next position, then you build in the habit pattern of the new position. Dr. Sweigard teaches at Juilliard, she used to teach at N.Y.U. and various colleges as a dance instructor, but now she is quite sick and in her 70s so what is happening to her now I do not know. You could find out by inquiring at the 92nd St. and Lexington Ave. "Y". You could write to her there and get some of her material.

Streitfeld: You would be surprised at the number of people around New York who are exploring with some particular method or approach of their own in working with the body. I have really just started visiting some of them and it is amazing when you think about all the innumerable ways and approaches. I think that Lowen once said the body is infinitely complex - even more than the mind.

Zieman: Say a patient has a muscular block, and the causes of these tension blocks are a series of traumas and habitual defense reactions, can you do anything about the basic block without previous psychoanalytic insight into the cause of it on the patient's part? You can ease off the tension, but can you hope to reduce it or eliminate it completely without basic insight into the cause?

Streitfeld: In some instances, yes.

Zieman: Then what happens to the psychological defense reaction that is reflected; is that eliminated without the conscious insight?

Cooper: I am sure that often the defense mechanism has really gone many years ago and all that you have left is the body pattern. (Streitfeld: Yes, this is a very important point.) And this is something that the therapist must decide in the diagnosis - whether he is dealing with something that has really gone many years ago.

Streitfeld: Whether it has gone; but there can still be the emotional tie-up with the body, and you can even resolve the emotional tie-up and you are still going to have the tensions. (Haronian: The left-overs?)

Cooper: Yes, we see a lot of this. We call it "impotent insight" - they know all about it but still they have the pain and the difficulties. Like the story that you told about the neurologist!

Swartley: The Freudian orientation to psychotherapy, which is still the major one, has a built in bias which comes from late 18th century rationalism. Freud believed that the therapeutic thing was to analyze. My own experience is, if anything, the opposite. Several of Freud's most famous cases regressed; their insight achieved nothing permanent. I have had many cases where there was no insight and yet the problem or the trauma, whatever it was, was "cured". For instance I will hold a patient down on the couch; simply hold their arms and will hold them until they get tired of being held and want to get up. But then I won't allow them to get up so they have to fight their way up. And in the case of one specific girl I did not say a word, just held her down, and she spontaneously remembered a number of instances of her mother holding her, and of being tied down in the crib with some kind of restraining sheet. She remembered feeling this sheet on her; and finally she fought her way free of me and in the process overcame some of the blocks which went back to that period of childhood.

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