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Subject: Bio-Energetic Analysis - The Systematic Inclusion of Work on Chronic Muscular Tensions into The Psychanalytic Process, Harold S. Streitfeld, Ph.D.--The Institute for Bio-Energetic Analysis

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Harold S. Streitfeld:

I want to present Bio-Energetic Analysis by giving first a brief historical survey of its origin and development; then I would like to tell you a little of what it is, what are some of the principles involved and its rationale; finally "Bill" here has offered himself as a guinea pig in demonstrating our method. I admire his courage in doing this. In any case I am grateful to him. One indispensable feature of our work you see before you. This is a four-legged two and a half foot stool on which there is a rolled up blanket. I shall demonstrate how we use this a little later.

Let me arbitrarily start with Freud. If you will remember, among his original followers that were included in the inner circle was a Hungarian physician by the name of Sandor Ferenczi. Ferenczi, in contrast to Freud, was an active therapy experimenter. He wrote several papers on a form of active psychoanalysis which contrasted sharply with the passive kind that Freud preferred, where the patient would simply lie prone on a couch and not be physically touched. In his writings Ferenczi describes a number of these active techniques. For example, he had a patient actually sing like her sister or imagine she was conducting an orchestra in front of him. He was not above making physical contact. One patient he wrote about had fainting attacks; Ferenczi shook him to bring him out of these spells. Later on he engaged in even more physical contact with patients.

Wilhelm Reich was an analysand of Ferenczi's. The history of Reich's development and growth is yet to be written but it may be that the active physical techniques that Ferenczi employed rubbed off on Reich and he began to involve the body of the patient much more systematically into the therapeutic process. This, of course, is a definite minority trend in the field of analysis which has by and large followed the passive, verbal technique by Freud.

Reich was a keen observer. While Freud observed acutely the mental productions of his patients, Reich sensitively recorded physical changes and movements of his patients on the couch. You will find in his classic work The Function of the Orgasm a beautiful description of the breakthrough of spontaneous, involuntary body movements. His splitting off from the main body of analysis occurred over the question as to whether a patient could be really neurotic and at the same time have an orgasm. Reich insisted that it was impossible but the majority of the analysts felt it was possible, and could point to any number of their patients who did. In this controversy, of course, the issue revolves around how the orgasm is defined. But it is on the nature, function and description of the orgasm that Reich developed his theory and techniques.

One of the chief discoveries of Reich was that there is in the body something called "an orgasm reflex." This reflex is as much a part of the body as the patella reflex of the knee, or the wink, or some other basic reflex of the body. However, it is not a part reflex of the body; it is a total reflex. What it means is that if someone is completely free of tensions and lies down on a couch and exhales completely - all the way down - at the end of the exhalation, the pelvis should move out or forward by its own accord, the shoulders should drop and the head should fall backwards. To most people such a reflex is unheard of or unthinkable but this is because there are so many tensions in people. But this reflex became the cornerstone of Reichian therapy and the goal was to retrieve it or achieve it.

And yet Reichian therapy in spite of the introduction of physical contact into the analytic process remained essentially a passive approach. The patient continued to simply lie prone on the couch but talking and associating was dispensed with more and more and the concentration was mainly on breathing; and there was no question that this technique would sometimes bring about extraordinary emotional breakthroughs. The Reichian movement reached its flower in the 1940's and there were quite a few therapists involved - and even a sect - because the Reichian movement was not simply a therapeutic movement but also a social reform movement. Since the death of Reich in 1957, the Reichian movement has dwindled and while there are still some Reichian therapists actively doing therapy, they are not doing any research or writing.

Alexander Lowen was a Reichian therapist and he was in therapy with Reich for several years. He became aware of what was happening in the Reichian movement, its sectarian quality and he split with this group in the early 50's but continued his research clinically with the body. With two colleagues - Dr. John Pierrakos and Dr. William Walling - here in New York City he has extended, modified and deepened the original Reichian discoveries. This research has been going on for some thirteen years now. Lowen has written several papers and two books. The first one was an extension and modification of Reichian concepts about character analysis. This book is entitled <u>The Physical Dynamics of Character Structure</u> and was published in 1957 by Grune and Stratton. In October of 1965 a second book was published by Macmillan entitled <u>Love and Orgasm</u>. This is the first full scale book on Reich's orgasm theory which is broadened and deepened by new insights. A third book has been finished and is to be published by Macmillan in the fall of '66. It is on the dynamics and treatment of the schizoid or borderline personality. It is tentatively entitled <u>The Betrayal of the Body; The Dilemma of the Modern Personality</u>.

How did I get involved in this approach? I was in analysis myself for several years in Chicago and Topeka but it did not take very deeply. I got involved in Gestalt Therapy in 1954 for about four years, when I moved to Ohio. While this therapy was more effective, it still was incomplete. But it was through this therapy that I first learned about Reichian techniques. Lowen's first book came out in '58 and I was so impressed with it I got in contact with him and started coming to New York for seminars, workshops and therapeutic sessions. After about three years of this I decided to move to New York and opened an office here in July of 1965. I am practicing bioenergetic analysis as a private practitioner and am active in the Institute for Bioenergetic Analysis.

The word "bioenergetic" simply means that we are not working only with psychic energies as Freud described it; we are working with biological energy that is in the body. I must point out a distinction between Reichian therapy and ours; and that is that we are not working simply with the body. Reich became more and more enamored with the body and the energy processes of the organism; he went into physics and into astrophysics and left behind character analysis. He reached a point where he did not even want to hear his patients talk; he only wanted to work on the body. We are definitely trying to avoid such a one-sided approach. Lowen has especially tried to work back and forth between the character and the body formation and movement. His first book deals with such questions as: What does the body of a rigid compulsive person usually look like? What is a typical body structure of a masochistic person? What are the typical features of a schizoid character?

Body forms and movements are not wholly accidental. It is possible to make some fairly typical links that have dynamic meaning. For example, in a schizoid character you frequently get a split occurring in the face between the expression in the jaw and the expression in the eyes. While the jaw expresses a kind of defiance, the eyes have either a blank or a frightened expression. Many years of research have gone into working up correlations between character traits and body movements and energy flow.

Let me emphasize a couple of things that frequently get misunderstood. We work with exercises and I am going to show you some of these exercises, but they are not the kind of exercises that you are familiar with. If they are considered nothing but a set of mechanical exercises such as one does in calisthenics nothing will happen. These are exercises designed to get at, to extend and to deepen feelings in the body. Furthermore, the very manner in which the exercise is engaged in by the patient is highly relevant.

Another thing which must be emphasized is that we are trying to add something to the psychoanalytic process and this does not mean that we are taking away what already has been found to be very valuable and useful. This is to say that we are adding work and understanding of body dynamics but we still are interested in the psychotherapeutic relationship - the transference and resistances; we still find dreams very valuable and want to get them from our patients. We still include all of these aspects of analysis but we do try to cut out or avoid the endless verbiage that can occur and stalemate things.

So the basic thesis of this work is that there is a parallel or correlation between character traits amd body movement as well as formation. Now the thing that will tie up the body is tensions. Another way of putting it is that various character traits are tied up with certain patterns of tension blocks. Several things must be said about tensions immediately so that we are perfectly clear. When I mention tensions I am not talking about transitory tensions that we live with daily. By this I mean I am not interested in the kinds of tensions in which you flex an arm or leg and then let it go. These are normal, everyday tensions and are not pathological. I am talking about the chronic, pathological tensions in the body. By chronic I mean that the musculature in certain areas is permanently contracted and cannot be released voluntarily. Because it cannot be released voluntarily, we have to use special techniques to make it become voluntary again. But one of the first things that has to be done is simply to make a person aware that he has such tensions.

These chronic tensions, psychologically speaking, are really the unconscious superego in the person. The tension represents the repression and the inhibition of movement on a biological or body level. I am sure that you are all familiar with inhibitions when understood psychologically. Let me give you an example of this as it occurs on a body level. In Love and Orgasm Lowen describes a patient who had great difficulty in crying and in expressing any loud sounds, such as screaming and yelling. When an urge to cry rose in her, her throat became tight, her jaw became hard and set, and the urge disappeared. When this happened, her thought was, "What's the use?" A discussion of this attitude revealed that it went back to early infantile and childhood experiences. The patient was one of ten children. She always felt that she could not assert her needs in the face of the large demands upon her mother by the other children. In this situation, she learned to repress her crying and to inhibit her desire for more attention and affection. The result was a rather grim faced young lady whose

throat was constricted, whose jaw was chronically set and immobile, and who tended to hold her breath. In the course of therapy it became apparent that it was the impulse to suck that had been severely inhibited. She had considerable difficulty making sucking movements with her mouth. On one occasion when she put her knuckle into her mouth and tried to suck on it, she burst into deep sobs. This happened after much time had been spent relaxing the muscles of her jaw, throat and chest. Her grimness and her inability to express her feelings were responsible in part for her failure as an actress.

This example shows how one can release emotions by working on the tension blocks that hold them in. This is not denying the obvious approach that you are all familiar with, in which emotions can be released by psychological means; but it is not sufficiently appreciated how they can also be released physically.

Let me end with one final point. One of our main objectives is unifying the individual. By this I mean that we want to get someone to the point where they act as a unit and are not split and are not in conflict. But this is not simply a psychological split or psychological conflict. You want to be able to unify a person so that when, for example, anger is being felt, this anger is revealed on a gestural level, a voice level as well as a verbal level. In other words, that there is a consistency and integration and unity in the person. The other night I saw an individual being worked on in a group therapy situation. His ambivalence was being worked on psychologically, verbally, and he was even being asked to act out his feelings. This was not totally successful. He was brought to the point of tears and his feelings never erupted; he was brought to the point of tongue-lashing but this did not have any real effect either. As I watched him I noticed that his face was split and while his eyes were very sad, his jaw was very clenched and tight. As the tears would begin to surface, his jaw tension would increase and block the flow into the lower part of the face. As his resentment came forth, it never really appeared in his eyes, being blocked by the same tensions. A body or a physical approach would add immeasurably to healing the split in this individual, first by making him aware of what was going on in his face and second by working directly on the tension blocks that prevented a unitary expression of feeling.

Are there any questions?

Mrs. Keane: As regards tensions, what about the flabbiness that you will often find?

Streitfeld: Well, I think that underneath the flabbiness there is tension right next to the bone. The main question is, though: "How much aware are you of tensions in your body?" And I think it will come as quite a surprise to you to learn that everybody here has just plenty of them. These tensions go out of awareness and what you have to do is to bring them back into awareness. What I am going to show you with "Bill" is some techniques to bring some tensions into his awareness. What kind of tensions do you have Bill? Do you have any particular aches or pains?

"Bill": I will tell you afterwards. (laughter)

Streitfeld: You do have some?

"Bill": The first answer is "no"; that is, I am not aware of any tensions. At a point in my life when I was most unhappy I would get tension in the lower back. But that is not recent.

Streitfeld: This is the kind of tension that most people are aware of: they will get a stiff neck or a backache. Or they may have anxiety symptoms in which their chest is contracted. Everyone who has this kind of thing knows about tensions; but there are many people who don't have these kinds of aches and pains and think they are free from tension.

Wolf: Would you say that these unconscious tensions are of the same nature as voluntary tensions - such as when you contract your arm?

Streitfeld: Well, necessarily, in childhood, they started out as voluntary contractions. For instance, if you were told not to touch an object again and again, you would get a contraction. You would have to keep pulling your hand back and this would eventually limit the mobility of your arm because you are chronically pulling back. The thing sort of starts settling in after many, many experiences of that kind. It starts out voluntarily and then it goes out of awareness and becomes automatic.

Wolf: Take for instance, someone who has a tick; from an analytic point of view that originated in aggression.

Streitfeld: Yes; but the repression exists on two levels - the repression has to exist on a body level too. (Wolf: Then it is unconscious?) Yes, it is unconscious in the sense that the patient is not aware of the inhibition in the muscles or the movement.

Aaronson: How does this sort of thing differ from what you expect to find in body mechanics - teaching people to get rid of tensions by exercises such as you find taught in any university in the Physical Ed. Dept. My brother-in-law taught them; he went to work teaching the college football team after they had had a bad season; and then was very proud of the fact when they began to start winning.

Streitfeld: Yes, I think that if they are localized tensions you can have tensions which are due to an occupational cramp or a tension from a sport. But I am talking about tensions which are related to personality or emotional conflicts. And these have to be worked with in terms of relationship with another person. Here you are not working just with a part of the body; you are working with the total person; and unlike the work in a Physical Education Department you are interested and concerned and bring to bear the personality or the emotional conflicts of the individual.

The key thing, though, is in the breathing. How the person breathes. It is a qualitative matter and not a quantitative one. What we are really working towards is releasing the breath so that someone can really inhale as deeply as possible and really exhale as much as possible. But this is not breathing restricted to the respiratory apparatus; this is breathing that involves the whole body. Now this is a very tricky thing because these exercises can become quite mechanical if this kind of breathing doesn't happen. It is a kind of breathing that one patient described as "breathy" breathing. It is a different quality from a deep breathing exercise, or just inhaling and exhaling - emptying and filling the lungs.

I do not know if Bill is going to get into this kind of breathing. When you do get into it, then feelings start emerging.

Breathing is the key because you cannot suppress your emotion without restricting your breathing. Obviously you cannot have a full and real orgasm if you are not panting; or you cannot be very angry unless you really breathe deeply and synchronize your breathing with your angry gestures. You cannot really cry or sob unless you can breathe deeply. So what the person does is to somehow restrict their breathing either abdominally or thoracically. By and large a schizoid person tends to restrict his breathing abdominally, and a neurotic person restricts it thoracically. The abdominal breathing is of course the more deep and basic one, and this relates to the deeper problems of the schizoid, especially with the mother.

There are very few people who can breathe deeply and fully - and when I say breathing deeply you breathe in the way a baby breathes. You breathe from the tip of your toes to the top of your head. It is the kind of breathing in which you have an internal respiration and an external respiration going on. The latter goes through the body in the form of ripples or currents. This is the energy flowing. When you throw a stone in the water, ripples go out; and with this sort of breathing ripples start going through the body and then you can get involuntary muscular movements - movements you have no control over. The orgasm is the prototype of this kind of experience because with the orgasm you start off with a deliberate movement of the body and when the charge gets greater - and this is what most people do not experience because of the tremendous anxiety involved - then the pelvis starts moving by itself, the body starts moving by itself. You are no longer in control of it and it is this that really leads to the acme of an orgastic experience.

One of the main differences between Reich and Lowen in terms of the orgasm is that Lowen discovered that there are certain kinds of pathological characters, mainly infantile people, who are capable of having an orgasm reflex lying down. But when one looks at their lives, they are leading very unhealthy lives and therefore this reflex cannot be used as a good criterion of mental health. Lowen went beyond this and instead of keeping the patient on a bed he put the patient on his feet. We work a lot with people on their feet, standing on their legs, and really try to work out the tensions in their legs first of all, which puts our approach on a more logical basis.

If you are going to start to work and try to reconstitute the body, just as you would with a house you have to start at the foundation and make sure you have strong internal supports for the structure that exists above it. In the body these are the legs and we have found that you really cannot dissolve the tensions above the diaphragm if you do not have something secure and solid beneath it. Tensions up in the face or head, for example, are much more defended; this is where the ego is contained and this is where the greatest holding frequently occurs. While the orgasm reflex is no real criterion of mental health, Lowen has realized that there is a better criterion. This is on the basis of his distinction between pleasure and satisfaction. An orgasm reflex may indicate considerable pleasure but we are not searching for pleasure in life but for satisfaction. There is a correlation between the degree of tension and the amount of release. The greater the release, the greater the satisfaction. So what he did was to put his patients on their feet and have them experience severe deliberate tension and to tolerate it.

The body is constructed like a bow. The backbone is the shaft, the accessory muscles are the string and the feeling in the body is the force that tenses this bow. The pelvis is analogous to the part of the bow which you pull back, which you flex, with the one end of the bow at the feet and the other end at the head. The more tension this bow can stand, the greater the satisfaction of the release. In short, this is an orgasm which would be based on the reality principle rather than the one which Reich described, which is based on the pleasure principle. But once again I must emphasize that the orgasm is considered simply a prototype of this kind of experience because the aim is not simply to have satisfaction in sex, but in whatever you are doing you should become totally involved.

Aaronson: How do you differentiate this type of breathing from breathing in depth and Yoga?

Streitfeld: I don't know. I do not know whether you would get this type of breathing, although you may. But the difference between Yoga and Bioenergetic Analysis is - as I understand Yoga - that the ultimate goal with Yoga is control over the body.

Wolf: One of the things aimed for in Yoga is, eventually, that the breathing will be equal in length - of the inspiration and the expiration. That is the final stage that one should eventually come to but before that, as regards the relationship between the breaths, the expiration is much longer than the inspiration. Do you want the subject to breathe in any particular way?

Streitfeld: As deeply and fully as possible. Maybe when I demonstrate it will be clearer. One interesting point about breathing is that Reich emphasized, and one-sidedly, the expiration half of breathing. He concentrated on exhaling and tried to get his patients to exhale as deeply as possible, and he tended to ignore inhaling. I think this was so mainly because he worked with neurotics where they have more of a problem in letting go; and the exhaling is the letting go. However, if you work more with schizoids, you run into the opposite kind of breathing problem, where the emphasis is more on inhaling, of taking in from the environment. One of the exercises that Lowen has come around to, is getting the patient to suck the air in, really exaggerating the inhalation to the point where you involve the entire musculature of the chest and throat. But the two - inhaling and exhaling - go together and are of course inseparable. The idea is really to get the patient to breathe deeper and deeper.

Wolf: In the exhaling you simply let go. In other words there is no muscular effort in exhaling as there is in inhaling.

Streitfeld: Well I don't know about that. Ideally it is. It should be that way, but I don't think it is with hardly anybody.

Mrs. Keane: As far as the whole business of Yoga breathing is concerned there is a tendency to confusion because we say "Yoga is this kind of breathing or that kind of breathing." I think the point here is the state of "allowing", where the breathing takes over. There are different ways of getting to this but we tend to label them and so get all mixed up.

Streitfeld: But you see, this is a fairly passive way of doing it, this state of allowing; though I do not mean to be demeaning passive techniques.

Mrs. Keane: Dr. Wolf asked "Is it like Yoga breathing?" It is very difficult to define just what you mean by any kind of technique. I cannot understand it unless I actually see it.

Streitfeld: The point I would like to make is: there is a certain place and a need for very strong and active techniques, to really force somebody to breathe. And this is where the stool comes in. Some people may think there is too much emphasis in bioenergetic analysis on active techniques, but they definitely are in order because these chronic tensions are really tough and gentle means are not sufficient to get rid of them. After they have been softened up, gentle approaches may work better. One of the really important contributions here is putting people in stress positions, getting them to move and really breathe.

Wolf: In Autogenic Training one of the things that Schultz stresses is: "It breathes me."

Streitfeld: That is essentially passive again. Sensory awareness techniques are essentially passive as far as I can see. If you wish to become more sensitive about what is going on in your body, they are a logical and efficient approach. Incidentally, this use of a stool grew out of the fact that Lowen noticed that a patient might stretch his arms above and backwards over the back of a chair and from that simple beginning they got the idea of using a kitchen stool to stretch over and finally had stools made to order. What we use besides a stool is a bed instead of a couch, because we do a lot with kicking. The other thing that is very handy is a sink because we have found over the years that one of the best ways to break up anxiety patterns in the chest is to teach somebody how to gag, because it mobilizes the diaphragm. It is an expulsive experience as opposed to anxiety which is a contracting experience.

(At this point in the presentation Dr. Streitfeld enlisted the aid of the subject,"Bill," to demonstrate and illustrate some of the methods used in bioenergetic analysis. This was no longer simply a lecture but became a visual demonstration and as such is difficult to transcribe. In essence, Dr. Streitfeld asked Bill to take a number of stress positions in a certain sequence. First, Bill was asked to take a position in which he placed his feet two and a half feet apart, turned his heels outward, bent his knees, made a couple of fists, put them in the small of his back, and put his whole body into a strong arch. Comments were made and following this Bill was asked to take a position in which he bent over with feet a couple of feet apart, fingers lightly on the floor, heels turned outwards.

From this position, the demonstration moved to the use of the stool. Bill was asked to put his upper back on the rolled up blanket on the stool and to stretch backwards. He was then asked to put the fulcrum of the stool at three other points on his back. Some attempt was also made to have him put his sitting bones on the stool and lean over backwards and to kick. One final position used was one in which Bill was stretched over the back of Dr. Schutz who held on to his hands and placed his back against Bill's and lifted him off the ground. It was noted and commented upon during the demonstration how Bill looked, how he did the exercises and what happened in his body. Bill's body may be described as being over-developed muscularly with legs that were disproportionately large and heavy compared to the rest of his body. Dr.Streitfeld's character diagnosis was that of a masochistic character structure. The following is only a partial transcription of all the discussion that ensued. Ed.)

Streitfeld: We prefer to work with men in shorts or without anything on and with women dressed in leotards or, if they feel comfortable, in their underwear. What we usually start with is to have them just stand there and we can get a feel for the total expression of the body - a sort of feeling of how he stands on his feet and how he looks. Then we have them take a position (like the first one described above). This position is basic and especially diagnostic and one we often return to. Ideally, normally, in this position the body should go into fine vibration. Some may stand there for a minute or two and start vibrating; some could stand in that position for hours and nothing would happen because their legs are like steel bands. We are particularly interested in when the vibrations begin, how fine they are, how far do they spread into the body. But this is just a small part of what we are looking for. You can pick up personality clues from the way they do the exercise. (It was not only Bill's body that indicated a masochistic character but the fact that in all the positions he was placed, he simply took them and would have stood there and held them for hours.)

You can intensify the vibrations by the amount of bending that takes place in the knees. What these vibrations mean is that feeling can flow in those parts of the body where they occur. We are trying to get these vibrations going strongly and extensively so that a person will feel himself more, and when they occur in the legs enable him to really feel the ground on which he is walking or standing. This is a very crucial point. One of the major goals is simply to open up pathways in the body to unfree blocked and frozen areas so that when the person feels anger or sexual excitement or grief he can feel it more and more throughout his whole body, not just in a localized part of the body.

One thing that is extremely important is that we get the patients to breathe and I mean really breathe. Another interesting thing is that they often remain on the level of exercises unless you have the person say some words, some meaningful words like "No!" or "I won't!". For instance, we can have the patient kick out when he is lying on a bed and at the same time say, "No" and the way that he will say it shows you how he compensates or over-compensates in keeping the movement from being effective or having any feeling in it. As the movement gets stronger, the breathing will be synchronized with the movement and a lot of the negativity in the personality can be worked through. He is expressing himself in a physical way but it has to become an emotional experience.

We do a lot of work which has nothing to do with emotions and feelings but is just preparatory and helps to open up the body so that feelings can be tolerated. This particular exercise of kicking and saying "No" is very good for people with masochistic problems like Bill. By masochistic is meant someone who takes too much from others and does not really fight back enough. You try to open someone up and have these feelings expressed and felt, but it is necessary to keep at it and open up more and more or else things will close down again.

There are various exercises of loosening up tensions but one of the best ones we have is kicking. The patient lies on the bed and we teach him how to kick. There are many different ways of doing this, but the most important thing is to kick so that the whole body is involved; and there are very few people who can kick in this way. As they kick and their heel comes down on the bed, the neck should really flip and not many people are loose enough for this to happen. We have to keep working so as to unify the whole person. As you really melt these tensions and work on them it is not simply a matter of stretching muscles. This is important and necessary but there is much more to it. There is the psychological

attitude toward the body, toward the musculature that is equally important. But once again I want to emphasize that the character of a person and his musculature are intimately correlated. You cannot have a masochistic attitude without having a masochistic body structure.

"Bill": Could it be a natural physiological attitude that this is the way I am built and this led to the tensions?

Streitfeld: You can only say that where there are no tensions. We are not born with tensions. Wherever we find tensions, they have been developed or trained. We have worked out what masochistic characters are like and how they work in treatment, and they are very, very difficult. There is this underlying thing in them that is like a perverse, contrary, or oppositional child. But at the same time they can be extremely cooperative.

Aaronson: But there is an overlying thing in him that he is trying to cooperate.

Streitfeld: That is the problem; he has got both.

Aaronson: Why deny what you are presented with in favor of something that is hypothetical?

Streitfeld: What do you mean? (Aaronson: This idea that he is out to dupe you.)

Streitfeld: He is doing both. This is what a masochistic character does. He is going to comply and he is not going to comply. He will give a token cooperation but he is really not doing it for himself. He is going to resist or resent at the same time as he is giving it to you. This is where these people get into a terrific bind. He is caught between his feelings of sympathy and his feelings of resentment.

Schutz: The way the subject stands is almost as if someone had said to him "Stand up in such a way that no one can push you down." There is this broad base, his knees are locked - it is as if someone tried to push him they would not be able to budge him.

Streitfeld: He has sacrificed a real flexibility in moving. He is unable to move quickly and this is rather typical of a masochistic character. Because he has built his body up so that he will not be budged. He will stand firm and this, of course, is a good thing in many situations.

Hilton: For a particular individual this may be good. You cannot have growth without tensions.

Streitfeld: But what kind of tension? I believe it is possible to have growth without chronic tension. It is possible, although it is not very common. You see Bill has developed a way of dealing with life and he cannot be called a flexible person - a person who is on his toes, someone who moves quickly.

Aaronson: . The question is why did he develop in this particular way? He has a mesamorph body structure.

Streitfeld: But he was not born as a tense mesamorph. He may have been born as a mesamorph but not a tense one.

Hilton: Maybe. It depends what he wants to do with his life. I am wondering what you are measuring this against.

Streitfeld: Just what he is, what he has shown you, what he experiences. It is hard to believe that a person could take these positions, and really get into them and feel their bodies, and not become aware of chronic tensions.

Cooper: I think in Summerhill Neill made the point in describing the girl whom he raised as his daughter; she was the same way also. He could pick her up and she would not resist; she would just float - in little puppies you see the same thing. Neill thought this was very important.

Streitfeld: One of Lowen's patients became very aware of this when she was out in the South Seas and noticed that the people were soft, but not a weak softness; their muscles were soft but they could be strong and hard if the occasion demanded it. They were not chronically tense like we are. It does not mean that if the musculature is soft that a person is defenseless. Also this soft musculature can hold feelings so that it will absorb the anger, so that you will have more of a rational choice as to whether you are going to hold that anger in a situation because it may be a disadvantage to you to show anger, or whether you are going to let it out. You can choose, but with chronic tensions you cannot choose. You have no choice because you are bound.

Cooper: This is one of the problems that Neill was faced with. Here they had raised this child so that she was just like a free animal. I don't know if he has since reported on the child, who must be in her twenties now; but it will be interesting to see if this particular girl, who had been raised freely, will adjust to the world.

Streitfeld: We are not trying to get rid of suppression, which is a conscious process, but are trying to get rid of repressions. You are not able to choose if you are repressed. One of the main differences between bioenergetic analysis and Reichian therapy is on just this issue. Reichian therapy concentrated only on the expression of the feelings and "to hell" with society - just express yourself uninhibitedly.

Cooper: The penitentiary is full of people who do it that way.

Mrs. Keane: I may be wrong here but have you not to give them some philosophical attitude?

Streitfeld: We hope that we are in sufficient contact with reality ourselves; and we are going to impart this appreciation of reality to the patients without encouraging wanton expression of feelings regardless of circumstance.

(End of discussion.)