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## TRANSFERENCE, RESONANCE AND INTERFERENCE

by David Boadella

### BONDING

If the emotional needs of the child are met by a contradictory emotional output in the mother or the father - then you get an interference pattern. Whereas a healthy, non-neurotic upbringing is essentially a resonance pattern. Transference and counter-transference, as they present themselves, are also interference patterns; meaning that something is happening between the client and the therapist; between the helper and the helped; there is a pattern or a field of something disturbing the contact. If it is disturbed on the side of the client, it's called transference. If it's disturbed on the side of the therapist, it's called counter-transference.

Now the essence of transference is that this disturbance reflects the history of earlier interference patterns. In other words, the same interference pattern basically gets projected onto a new relationship and disturbs that one in turn. The difference with an interference pattern which occurs in therapy is that it, itself, becomes a focus of awareness and, if the therapist is working with transference, he will begin to use the interference to learn about what interferes. If he's learning about what interferes in himself, he's working with his own countertransference, in order to get beyond it. If he's learning about what interferes in the client and if the client is learning about what interferes with him, he's learning about his transference and getting beyond it. Getting beyond it leads to another resonance pattern.

Now what gets complicated is that, in the actual contact between the client and the therapist, you get both. You get patterns of interference struggling with patterns of resonance. Resonance is trying to free itself from the interference, just like tuning the radio - if you're not quite in tune you can hear half the programme you want and the other half consists of programmes you don't want. One's trying to tune it to get a clearer signal. That's getting rid of the interference.

I'd like to say that another way of translating "resonance pattern", would be to talk about bonding between people; either between the child and the parent, or between two adults working together to work out a problem, a difficulty. When we're talking about 'interference patterns', we're talking about disturbances in bonding; blocks to bonding or pseudo-bonding. Now I want to look at some of those disturbances and patterns in more detail.

Attachment and detachment

There are two extremes of the disturbance of resonance and I'd like to focus on those two

extremes, because if the extremes are clear, it helps in getting clear with some of the intermediate states. The extremes are over-attachment and over-detachment. **Over-detachment** is the classic historic situation in some of the earlier analytic therapies, where the therapist became very professional. He measured the distance between him and the client: "Well if I sit too close it's going to be much too involved so I'll get the distance right".

Freud used to sit behind people so they couldn't see him and one of the reasons that's been suggested to explain this was that he felt a bit embarrassed if he looked people directly in the eye. So psychoanalysis was talking into the ear - it was a relationship of that type and that was in a way part of the distance. So with psychiatry, and the medical tradition in particular, you get a great emphasis on keeping the distance; keeping clinical. People write whole research papers about this; how doctors use de-humanised language because of some fear of getting too human.

The other thing that comes into this is the whole area of touch that Reich took by the horns. Traditionally doctors only touch the body clinically and people who are looking into the mind and the emotions are not supposed to touch it at all. That's part of the distance. So there's a kind of touch-taboo implicit in the over-detached, over-clinical, over-professional type of interference, which actually interferes with people trusting. Nobody's going to pour their heart out into the ear of somebody who sits there like a tape-recorder.

The other extreme is **over-attachment**, where you get therapist and client somehow spinning off into a kind of symbiosis: where the therapist feels sucked into the clients needs and begins to feel threatened by them, but can't get out. You get a kind of relationship of the sucker and the sucked.

You can look at these two extremes of the detached and the over attached, as the schizoid and the hysterical swing that Frank Lake<sup>1</sup> talks about. One is acting into the schizoid position of 'keep-your-distance'; the other is acting into the hysterical position of 'let's-keep-close'. So we're talking about over-closeness, lack of boundary-formation. I'm going to suggest later - or, if I don't suggest it, it's certainly there to be suggested - that different types of character will be prone to each of those two extremes. Some people will gravitate towards one, some will gravitate towards another. Both those, please remember, I'm suggesting are interferences to real bonding.

Now somewhere else - it's not really in the middle, because it's not a kind of compromise between those two -but somewhere else, somewhere not coming from an interference, is a relationship between the helper and the helped which is not afraid of deep contact. It doesn't get hung up in the over-clinical, over-detached role of hanging out one's ear on a line and keeping that emotional distance. So it can provide deep contact, but it can also keep a clear boundary so that the therapist doesn't get flooded out by the clients needs. Frank Lake talks a lot about how hysterical people, because of their need to cling, can, with certain types of therapists, eat up the therapist. They eat them up emotionally. The kind of therapist, who gets in the situation where he's got someone ringing him up eight times in one evening, feels that his role as a helper requires him to indulge the needs of the client: and there 's some place along the line, where compassion turns into confusion. It actually ends up not being helpful.

So what I'm suggesting is, then, that you've got over-detachment and over-attachment as two extremes of something fouled-up in the transference/counter-transference area. The therapist needs the ability to make contact and also to withdraw back to one-self. Perls talks a lot about

the rhythm of contact and withdrawal, which is really Reich's "pulsation"; out into the world, back into the self. That ability to be oneself and also come out and be with other people in a real way, and then still to go back and reach one's own life, is, I would say, essential to help that process of resonance out of the interferences.

## THE MASK, THE SHADOW AND THE SELF

Now another way to look at transference and counter-transference is in terms of Reich's Three Existential Layers, which I'll just remind you about. Reich is talking about this not in terms of transference at all: he's just talking about them basically as the three layers of character. The top layer is the mask, the character-defence; the secondary layer equals the destructive, mixed-up middle layer full of confusion, tension, anxiety, stress (it is related to Jung's concept of the Shadow); and the primary layer, a core layer which expresses the true Self. You're probably familiar with the basic idea that the core-needs are suppressed in infancy. There is a rebellion against that; they're trying to break through in spite of that. The rebellion is repressed in turn, and you finish up with some form of character-pattern which somehow sits on both those other layers.

In terms of transference, I'm going to suggest that the top two layers are implicated in transference and that the third layer has to be contacted to establish the resonance pattern; to get beyond the transference into the real relating. One can look on the whole therapeutic process (and the process before it) in terms of relating; this to me makes a great deal of sense. It's actually taking Reich's model of the Three Layers and applying it relationally, so you have two people instead of one.

You can think about two people, and which layer in each person is relating. For instance, if you have the core part of the client relating to the mask of the therapist, you're not going to get very far with trust. If you have the core part of the client relating to the secondary part of the therapist, he's going to get torn to pieces. So the core of the client can only in fact grow when the core of the therapist can meet it. Alternatively, if the core of the therapist only meets the mask of the client, he's going to go away without any deep change. If the core of the therapist hits and can't get beyond the secondary layer of the client, he's going to make that classic statement that some therapists make: "Why do I get drained by my clients? Why is it so exhausting that I go home feeling I've got no energy at the end of the day?" That is a direct result of the resonance, the love, the warmth going out, and colliding with the secondary layer in a client, and not being able to get beyond it. If you have mask-to-mask-top layer to top layer - then you just have a social chit-chat. Secondary layer to secondary layer, you'll have a fouled-up encounter group. (There's an article about that in Energy, Character2 talking about bad transference relationships in group-form.)

So if the top two layers in either person are expressing transference, the bottom layer expresses resonance. We can go one step further and say that the top layer expresses positive transference and the second layer expresses negative transference. Each statement has its mirror opposite, so each time I say transference it applies to counter-transference too. It's a dyadic model with two people. We are going to try and look at the nature of those three layers in each person, therapist and client, first of all in general terms, then looking at one or two key issues, and then trying to take it a bit further.

## TRANSACTION

Now the positive transference in the client is a reaction which Reich says it's essential to get beyond; if you stick in it you're sticking at the surface. It is built round what W.R. Bion calls a Messianic ideal. Bion is a psychologist who wrote a lot about group transference.<sup>3</sup> He says that there are three basic types of group pathology: one he calls a Messianic ideal; one he calls a fight-and-flight group; and one he calls the dependency group. All of these can go on in one group by the way.

If you apply those to two people, the dependency is built into the therapy relationship at the beginning, but the therapy is designed to help independence to grow. The fight/flight response I'll leave till we get to the second layer. The Messianic ideal is the situation where somehow therapy is going to solve your problems, magically, rather than by hard work. "Now I'm going to this great therapist who trained with Reich: he really must have the answers. I just hang along there and he'll take my armour away. I'll get better and I'll have great orgasms as well". That's the Messianic ideal. But life is not quite as simple as that.

Lowen says some very nice things about psychopathy. He states the essence of psychopathy is that you make a promise that you may not be able to fulfil. He says at the end of his article 4: "Bioenergetics doesn't make promises. It tries sincerely to help you, and work with you, to solve problems", and then he says "I hope that is true about bioenergetics", like his statement. He doesn't say we don't promise anything; he says we try not to promise anything. He's also saying that making promises that you're never going to fulfil has something to do with one-upmanship.

'I'm better than you I've got it, can give it to you. You haven't got it, you take it from me'.

Now the client tends to put the therapist in that role. If the therapist puts himself in that role, then you've got a double creation of the gap. Sooner or later it's going to be a disappointment. The number of magical people who can solve problems like that is very small. They may be in single figures. It may be that even the people in the single figures can't actually do it, but people have the illusion that they can.

In the end Reich says there are two animals in a room: that's what therapy is. There are two animals in the room. You've got two energy systems. You don't have a big-shot here and a little weak, helpless thing here. That's not the reality. Jan Foudraire says at the end of his book, 'Not Made of Wood',<sup>5</sup> that a psychotic patient said to him: "Look doctor, the best way you can help someone who's as mixed-up as me, is: leave most of it to me, and keep your distance and don't get too close." The whole emphasis in Gerda's work, is part of that 'leave it to me'. At the same time one of the Laingians said: "Two heads are better than one", and sometimes two bodies are better than one, in terms of getting therapy moving. So we're back to two animals in the room.

The essence of the **positive transference** situation is glueing I've got a new article I've written on groups, called 'Psychic Cement'<sup>6</sup>. It's a kind of psychic cement built into that positive transference, which is actually addictive.

Now let's look at the positive transference from the therapist's side: the counter-transference side is; "You are someone I need, to satisfy my urge to help. I need you to work out my role as therapist. I also need to do it for you, to exercise my skill as therapist". The whole process of whether the therapist comes in too much and does too much - whether he develops his skill and therefore saps the client so he doesn't trust his own response - is also part of the counter-transference side.

Behind the positive transference lies the **negative transference**, which says “I don’t trust you, you haven’t got it after all. Maybe I should do better with another therapist. I criticise you. I don’t like the way you talk. You’re too cold. How come you don’t ask me more questions? How come you ask me too many questions?” Just a load of feedback and criticism which says, ‘You’re not right. You interfered. You either interfered by doing too much, or you interfered passively by doing too little’.

Well of course the therapist can criticise too. He can criticise by putting the client down. He can criticise by smashing the character-armour by being too assertive. Reich discovered a very powerful tool, in doing character work. This was mimicking; and mimicking is a sword with two edges. Mimicking can be used very helpfully as a mirror to let somebody see how they seem from the outside, because they only know themselves from the inside. It can also be used as one of the most powerful put-downs there is. Sometimes I use something which is pretty close to teasing, and it’s also a two-edged sword. Teasing can be a way of getting people to take themselves a bit less seriously; to begin to make a bit of space between them and their self-image; to loosen it a bit. But if you’ve got somebody who was teased as a child then it can backfire. In other words it’s a process that’s got to be used delicately, otherwise it becomes felt as - even if it’s not intended as - a destructive criticism, a put-down.

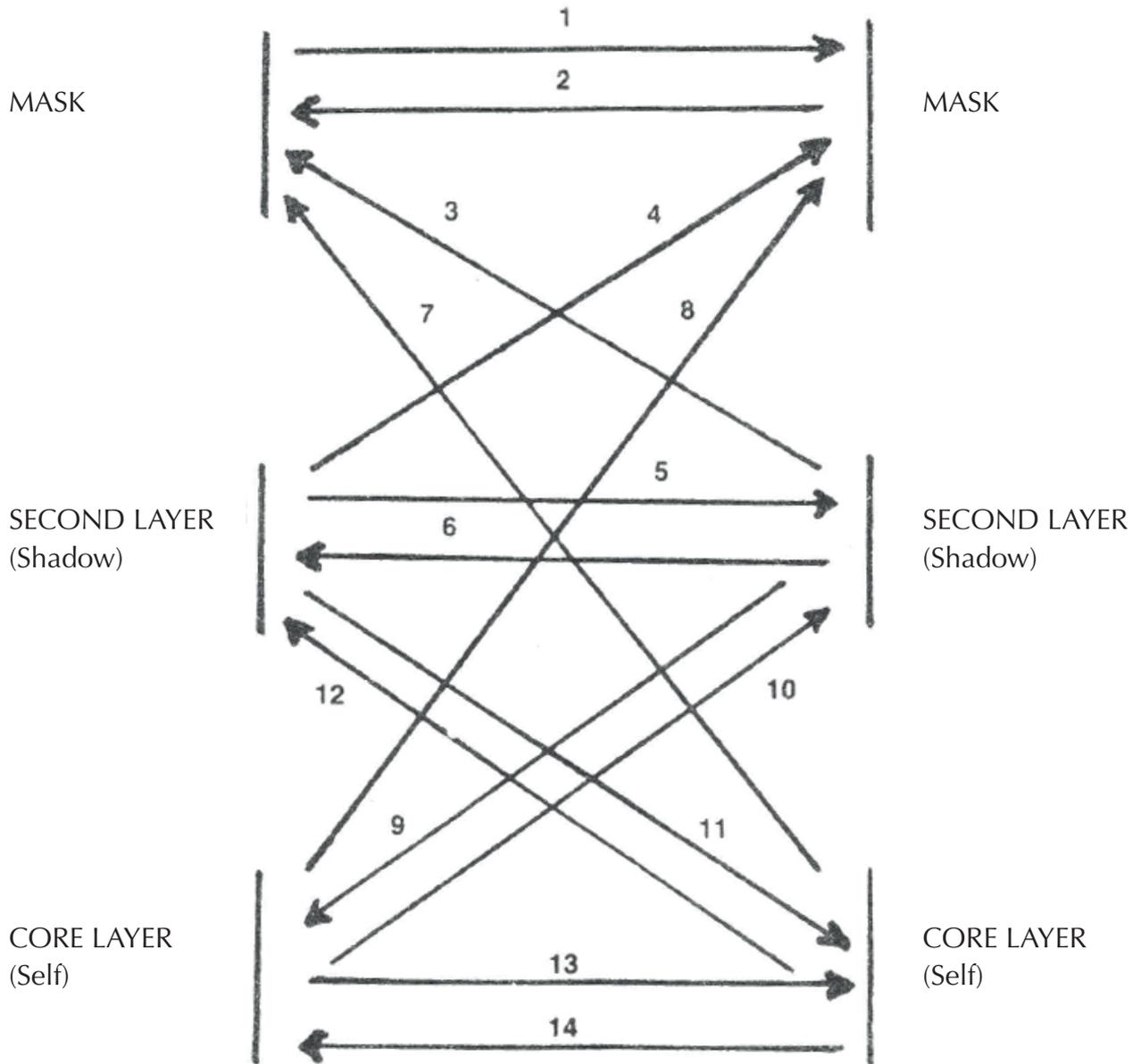
The third level is the level where you step out of the transference complications, getting into the real **relating**. Well if you read Martín Buber,<sup>7</sup> about the I-and-thou relationship, what you’re actually dealing with is love. You’re actually dealing with heart-to-heart communication between two people beginning to grow out of confusion, out of distrust. The best definition I know - certainly for the moment - of love, is one given by two psychologists called Russell and Russell, in a rather academic sounding book called “Human Behaviour”<sup>8</sup>. They come out with the statement: ‘Love is promoting somebody else’s exploration’. That’s a superb definition for therapeutic love. Love is promoting, developing. It’s recognisable where you see somebody really promoting and cultivating somebody else’s exploration. “Exploration” literally means “flowing out”, exploring. Exploration’s actually the amoeba sticking out its pseudopodium. So the whole process of moving a person from anxiety towards pleasure; from contraction to expansion; from confusion to clarity; from interference to resonance, is one of exploration.

## SEXUALITY AND TRANSFERENCE

Now we’ll look at two or three things like sexuality, aggression and fear, in terms of transference; and then try and use the schema I’ve put out, to look at some of the charged issues that come up. Let’s see if we can clarify that a bit. The essence of the positive transference in sexual terms is, ‘I win your attention by being sexual’; especially with hysterical people. “Satisfy me, so I’m not deprived. “Where it blocks off is at the source of satisfaction; for the hysteric this needs to become more internal. The essence of the hysterical pattern is: ‘I rush to you to satisfy my needs, and that solves my problems’. The real problem about the hysterical attachment process is that they need to spend more time alone, and need to spend more time doing what Ann Parks used to call ‘self-nourishment’. They need to develop a centre and not find their centre in someone else.

**THERAPIST**

**CLIENT**



Free Article

- Positive Transference: 2
- Positive Countertransference: 1
- Negative Transference: 3, 6 & 9
- Negative Countertransference: 4, 5 & 11
- Client open; Therapist closed: 7 & 12
- Therapist open; Client closed: 8 & 10
- Resonance: 13 & 14

**A diagram showing Therapist/Client relationships**

The hysterical sexual pattern is to rush into finding their centre through sexual contact with somebody else. So it's actually acting into the character-pattern.

My image of the **negative** pattern in sexuality is that this response is repressed, and projected onto the therapist: "Oh, you're interested in me sexually are you? Well I don't trust you. There's that look in your eyes". Alternatively it is just a whole process of expecting sexuality in the therapist; projecting it; defending against it; and fouling-up the contact in terms of resistance, justified in terms of a sexual process. The hysteric needs to separate physicality and sexuality. She needs to learn that because somebody touches your body, they don't have to fuck you; because somebody puts their hand on your head, that doesn't have to be a sexual advance; because somebody looks at you warmly, it doesn't have to end up in bed. Her experience as a child has often been: "If I look alive, my father will get turned on. That's dangerous. I'll deal with it by not looking alive. I'll depress myself - that's safer". What she needs to learn, as we move out of the interference-pattern towards a clearer connection, is that whether somebody else gets turned on or not is their problem, not hers; that she doesn't have to switch off her sexuality in order to stop a sexual advance. In that sense, her sexuality's hers; it's not somebody else's. Let's put it not so specifically. She doesn't have to switch off her life-force, in order to control a sexual situation between two people.

The first situation (where the situation is being over-sexualised by the client) is one where boundaries are getting too merged. The second situation (where the client is freezing herself to prevent the possibility that anything too sexual might happen) is where the boundary is too closed.

Now, let's look at the counter-transference side of this. The positive counter-transference side is the therapist using a session for his sexual advantage, but dressing it up as the client's advantage. This can lead to extraordinarily far-out things. I'll tell you of a group example - one I just learnt about two days ago. A woman in a group is talking about fear. She says: "One of the things I'm afraid of is being raped". The group leader says: "Okay, let's set up a situation where you can confront your fear". She gets raped. Whose need is being set first? That's the kind of very harsh, forceful illustration of the kind of thing I'm talking about. Is that going to salve her fear? Or is that working out something in the group leader or for somebody in the group? So the essence of this situation is presenting something which is in fact negative, as though it's positive.

**Negative counter-transference** from the therapist's side is the mirror image of the negative on the client's side. This is a fear of sexuality from the client with the need to freeze himself into the over-professional role in case he should get seduced.

## AGGRESSION AND TRANSFERENCE

**Positive transference** doesn't show any aggression. Positive transference on a client's part says: "Why should I criticise you? I just admire you. You're great. You're really helping me". Reich used to say to people: "Describe who you see in front of you. Tell me who you see. What kind of person am I?" Very early in the therapy he'd try to get feedback from them. He'd say things like: "Well which are the parts of me you don't like?", and he'd go in looking for criticisms, looking for the latent negative transference. There's a whole chapter in "Character Analysis"<sup>9</sup> called "The Latent Negative Transference".

Of course, in body work one sees the latent negative transference. It manifests when people kick or scream their rage. It's much easier these days to get used to the fact that people feel angry.

I learnt a lot from working with a therapist who wouldn't listen to my criticisms. He put them down and said: "Look, I mean that's not true". "Forget it, that's just negative transference," I don't think I ever say to people, "That's your negative transference". I set up two possibilities, "Well, maybe I am like that, maybe I'm not. Maybe that's projection, maybe it's true. Maybe it's negative transference, maybe it's absolutely right". I probably don't see it the way they do, which doesn't mean I'm right and they're wrong. I may be right, and they may have just made a projection. They may be right, and I may be being defensive. Time will show. If you start with the assumption that there's a fifty-fifty chance, because there's two people in the room, that it's projection, and a fifty-fifty chance it's not, then time will show, if you keep the issue open. Once the process starts of "no, I'm not, that's just negative transference", then you're categorizing, or over labelling and defending; which actually blocks off the chance, if it is not negative transference, of being seen. If it is negative transference it stops the client from learning it, because you're telling it all.

I've had some very satisfying experiences of leaving it open and, two weeks later, both of us learning which one it was. Either I say, "I've just realised now, I was really in a mood that day; you were dead right", or the client comes in and says, "You know what that was all about; that was my father, I've just realised. "It becomes obvious. I had a woman who walked into a session once, with a clinical book in her hand, shouting, "I am fed up with all these categories; I'm fed up with the schizoid and the masochist and all this; I don't want to be any one of these chapters. "Then she said, "You believe in this classification and you read these books; so you must believe in this stuff, and I'm your client, and I'm not having it... " She started ranting, and she went on, and on... and I wondered what had hit me. She went on for over half an hour, in all about thirty-five minutes. Now after twenty minutes she stopped and said"... and don't tell me this is paranoid". I said, "I haven't answered yet; you're not finished. "So she went on for another quarter of an hour. At the end of the quarter of an hour she wasn't just beating the book with words; she was beating it with her fists. Then she started to cry. At that point the tide of words was over; she was a hurt child, feeling betrayed or disappointed, and, at that point, because she wasn't throwing things at me, it became possible to connect with her in a way that wasn't just either listening or defending. I went over and sat down beside her on the bed, and shared her feeling. After about five minutes she said, "Yes, a lot of that was paranoid, but some of it's true ." That is a reality assessment.

Now, the essence of paranoia is that you have actually been persecuted. Real persecution lies behind paranoia. But the feeling of hurt about it has been suppressed and you're now on the look-out to avoid any future persecution. The essence of the paranoid defence is warding people off, bombasting out, and not showing the hurt. The essence of a paranoid position (not the defence, but the position deep down inside), is that you were hurt. You were persecuted; and in between the defence and the position is the feeling of pain and hurt about that.

So when this woman got to that place eventually where she felt the hurt, she had dropped from her character defence into a much deeper layer, where in fact it was easier to relate to her. I can actually relate to that inside hurt; I can resonate with that easily. So, at that point, we resonate together as two human beings. In the other position there's an interference; she is

afraid of me interfering because I'm somehow diagnosing her, and she's interfering with me, because she's stopping my work of trying to help her. The fatal thing to have said to her would be, "This is paranoid. You're being paranoid, let me interpret what's going on." That would have been disastrous, I think; certainly in that example.

So when any criticism is discovered to be a projection, then it fits in as part of negative transference, and both people see it. When it is discovered to be real, then it's part of healthy interaction between two people. "Yes, there are things about you I don't like, and let me tell you what they are, and please keep these things out of they way, because they interfere with me, and I don't like them much." Or; "This is the part of you I can't stand, but the other part I get on with well'. That is part of the dialogue of real people. So, the ability to show healthy anger within a relationship without destroying it is actually one of the things I hope to recover out of the suppressed anger or the projected anger.

On the therapist's side, the top layer or the **positive counter transference** layer is the repression of assertion. There's a picture of a man standing in his own hand, done by William Steig. I says, "Who am I to have an opinion of myself?" It's the therapist who sits down and says "Well, I'm really just here listening I m not really here to upset anything, I just let the process go on. If that client wants to lie down and be still for an hour, well, that's fine; if he wants to just talk for an hour, that's fine, I'll listen; if he wants to get up and run around, well, that's fine, you know, I'm just here to help him do what he wants to do. " There's no challenging.

The essence of the **negative counter-transference** is that you, challenge too much. You provoke. Gerda gave a nice talk to the summer school in Austria last year. She said to her people in Austria, "Don't think that because you have to encourage self-regulation that you never go out and provoke. Don't think because there are dangers in over-provoking that you have to under-provoke." So she was actually saying to people who were very receptive of their clients, "Don't be afraid of being active; don't be afraid to assert. Lowen ought to say to his therapists and to his trainees, "Don't be afraid to be receptive. Don't be afraid to sit back and listen; don't be afraid to let the other person 's process come out." This is because some of his trainees tend to be overactive.

I have an example on the continent last year, working with a man who had been to a therapist in America, I won't say more than that, but it was in some kind of Reichian tradition. In the sessions we got into some tears. some deep crying. The therapist said, "You are just like a hysterical woman. I am not going to deal with this, I'll pass you on to somebody else," - and walked out of the session. That is negative counter transference . Because the effect was humiliating, this guy had stored up a lot of pain about it and the whole subject of his work with me was whether he dared to cry without repeating that experience. The crying wasn't in fact hysterical at all, when he got into it. It wasn't anything that was going to hang him up for weeks, or hang the therapist up for weeks, and it finished quite clearly in a normal length of time.

"You threaten me, so I put you down," is the essence of the negative counter -transference. "What's going on, whatever it is, somehow makes me feel uneasy, so to stay on top, I'll just make you feel uncomfortable about it." You can make people feel uncomfortable about anything. You can make them feel uncomfortable because they're not angry enough. You can make them feel uncomfortable because they're too angry. You can make them feel uncomfortable because they don't talk. You can make them feel uncomfortable because they talk too much. It depends how it's done. You can see why this transference area is difficult: because if you can't under-

placate and you can't over-placate, what are you left with? Well you're left with mobility. You're left with trying to adapt what you're doing, to resonate with the need in the client, rather than get fixed in a pattern that's come from your own character, which says, "Always leave it to them", or "Always get up and move it".

To come back to the subject of aggression, aggression doesn't mean hurting people, it means asserting oneself. It's something to do with asserting one's own boundary. I had a client once who got in a manic spell. In the manic spell she was invading everybody's life space. She went into police stations at two o'clock in the morning and had the police out all over the place looking for something she'd lost. She rang up the vicar of Abbotsbury and told him that she was unhappy. She did a whole number of things. She wrote letters all round the world; in other words, a classic manic pattern. She was one of these people who has spells of therapy and then a year or so without. She was not actually a client of mine at the time, but we kept a connection. I was in Abbotsbury and she was in London. She was making long phone calls, talking in a manic way about her state. I was spending a lot of time listening to the phone calls, and if she wrote letters I answered them. She was not actually in therapy at the time and she did not ask for a session, but then she said she wanted to come to Abbotsbury and deliver a letter in person. I said, "Well, I'm not open to that, I'll read your letters, but I feel that's invading my space, and I feel that if you come, that you're going to use that somehow in a manipulative way."

As I was talking to her, I realised that the whole thing about manic states is they're unbounded and what I was doing was actually putting a boundary. I was saying, "This is my edge. This far I will let you expand and no further, not at my expense." She caught the train and got as far as Weymouth, then rang me up and said, "I've arrived in Weymouth with this letter." I said, "Put it in a post-box; I shan't be seeing you." I felt very hard and cruel when I said that but I felt I was fighting for my life. If I had capitulated, I'm quite sure I would have had a lousy week. I don't think her week would have been any better either.

The essence of a manic response is that, if you give in to it, it doesn't get less manic, it gets more manic. Like tires burn wood, you throw more wood on it and it just gets bigger. You have to actually start a tire-break. So

I had a good reason for what I was doing! At the same time, I was actually creating my boundary. She got very angry about it and called me a lot of names down the phone, but she's never been like that since. It actually cleared some space between us. She realised there were certain things she couldn't get me to do, which is part of being in the real world. There are certain things I was not willing to do and that was one of them. There were other things I was quite willing to do that were quite helpful to her.

## FEAR AND TRANSFERENCE

I want to talk about fear now. I want to set up a polarity in your minds between two types of fear; two extremes.

The fear of helplessness and the fear of independence; and to suggest that those two fears are pretty deep in people. Guntrip, in his book on schizoid dynamics,<sup>10</sup> suggests that fear is more basic than either sexuality or aggression. Let's look at that idea first. Reich says sexuality and aggression are expansion, two ways of expanding; and anxiety is compression. Now, if you expand, you can get out; if you contract, you get stuck. What Guntrip is saying is that a lot of

sexuality and aggression is not primary stuff at all, it is pseudo, protective. Only when the fear comes out, only when you get back down to that basic fear comes out, only when you get back down to that basic fear, can you really begin to get to the real expansion, to the real expansion, to the real love, the real sexuality and the real assertion.

Now, the **fear of helplessness** goes with the fear of being overwhelmed by too much feeling; the fear of being taken over by the flood; the fear of getting sucked away; of becoming dependent; of losing one's feet; of drowning; of getting disembodied; of losing the ego.

I worked in Austria with two three-day groups. In the second group, there were about eight people out of twenty who had that fear strongly. We had to run the whole group in a different way. We had to run the whole group round how to taste that fear without getting flooded by so much anxiety that people closed up. The example I'll give of that was of somebody who had worked with two other leaders there, and each time she had got into material that flooded her; and this fear came up. So this woman was afraid to work in case the same thing happened. We discussed for twenty minutes whether she would work or not and, eventually, we set up a contract that we would work on ways of not getting flooded, which seemed the right thing to work on. She came and lay down on the floor and in one or two minutes she started to get flooded. Because we had a contract, that the nature of the work was not to produce experiences but to build a boundary round what was happening, we started to work with the ego, not the id.

Gerda has stressed the importance of always working closest to the ego; and I think I understood what she meant for the first time that day. Working close to the ego means keeping things within a boundary which people can handle. They are thus not flooded by so much strong feeling that they're blown apart by it. Some people in San Francisco said, "We know how to fall apart; how do we get back together again?" It's the Humpty Dumpty's song, "How do we get Humpty Dumpty together again?" Maybe Humpty Dumpty doesn't have to fall apart. Maybe he can grow without having to split up into lots of pieces. This woman's experience was that, when she started to get into body work, she started to fall into lots of pieces; a flying-apart feeling. Do you know that a lot of people get hospitalized from groups? I don't think it happens here (at the Boyesen Centre), because groups here are reasonably responsibly run, but, in the world as a whole, a lot of people get hospitalized from going to groups. They fly apart and can't handle it and end up in hospital. This is because they get overprovoked by people who are not aware of what we're talking about at all, and who think the whole idea is just to feel more. With this woman I said, "If you open your eyes, do you get more or less flooded?" She said, "Less flooded." I said "OK, that's one bit of help. You can do something about it." From there I found out whether she felt more anxiety, lying face down or on her back. "Oh", she said, "when I lie face down I'm not so frightened. I can still feel these currents, but I can handle them better." Then we found out whether, if she made some kind of hand-contact with me, she was more flooded or less flooded. "Less flooded." So we built a series of things, which enabled her to work with her inner sensations and feelings.

without getting blown into bits.

Now, I knew something about her history; which was that she'd had a sadistic father. I realized, as I was working with her, that she was treating her own streamings as though they were persecuting her; "That blows me to bits. That's uncomfortable. That's nightmarish. Her response had been to shut down the feelings: "Well, I can't allow myself to feel that, That's not

a very nice feeling. I'll shut that off". So she was caught between persecuting her streamings and being persecuted by them. The situation we created that day was one where she had enough boundary around the sensations she was feeling not to feel threatened by them. She was then actually in the experience where the sadistic streamings weren't persecuting her. She could actually begin to relate to her own body and feel: "It's not going to end up in a disaster; as long as I take it step by step." That night she had a dream. She was crossing a bridge across a river in flood. She was frightened. She thought; "I'm going to drown". Then she thought, "No I'm not going to drown, I've got some choices here. I could swim but that's dangerous; or I could keep on over the bridge and hold onto the railing". So she went across the bridge and held onto the railing.

The other fear is the **fear of independence**: "I don't want to grow up. I don't want to stand up. I want you to look after me for the rest of my life. I want to stay in bed. I don't want to leave the group. I've had ten years of therapy, but I think I need eleven." I hope you realize here we're talking about birth. These fears are two responses to birth or death. The first fear is really a fear of dying.

Reich says orgasm anxiety is the fear of falling apart; the fear of surrender. He says it's a basic fear behind every neurosis. In that sense Reich also says what I am saying about fear. Reich calls it orgasm anxiety. Guntrip would call it something like existential anxiety. David Smith has brought the two together in an article where he talks about birth-anxiety in relationship to orgasm-anxiety. <sup>11</sup> It's really just two different ways of looking at the same process. You can look down one end of the telescope from the present-day, downwards, you can call it orgasm-anxiety, because we're looking through the sexual channel at the lite process. If you go down the other end of the telescope, it's birth-anxiety. It just depends which way you look. Orgasm anxiety is about the melting of the melt boundaries, getting back into the ocean. "I don't want to let go I don't want to melt the boundaries." The other fear is a fear of coming out of the ocean, onto the land. "I want to stay in the ocean. I want to stay unborn. I want to have a uterine orgasm all the time. I want to go back to that oceanic period." It is a regression. I distinguish here between two types of regression; **tactical regression**, which is going back in order to undo something so you can go forward, like going back to a signpost when you've taken a wrong turning, so you can take the right turning; and **strategic regression**, going back where you came from because it was so nice in there. Stanley Keleman calls this the 'Myth of the Garden of Eden'.<sup>12</sup>

So, the fear of helplessness is a fear of melting or of becoming unbounded, which is a fear of losing your adult support and a fear of losing the ground. David Smith talks in terms of vertical grounding and horizontal grounding. Vertical grounding is standing up and being adult. Horizontal grounding is lying down and being supported. The fear of independence is a fear of leaving the horizontal ground. "I don't want to give up the safety and the support." All those fears of the child as he moves from support to independence. The fear of helplessness is also a fear of dependency. "I much prefer standing up. I don't want to lie down. You might tread on me. I might not be able to get up again. I'll hang onto what I've got." The vertical ground can be a defence against falling back into the horizontal ground.

Lawen talks about rigid characters. The rigid character is hanging on against the fear of falling apart. So it's not healthy grounding, it's a rigid over-grounding. He's hanging on to verticality. He's hanging on to uprightness and his standing in the world. He's hanging onto

status, as a way of warding off a sense of weakness. The other person hangs on to a state of weakness, because in a state of weakness you get support. When you are strong, support is withdrawn. So it's a life-style choice between: "strength because I'm afraid of weakness" or "weakness because I'm afraid of strength". What I am saying is actually even deeper. The choice is between, on the one hand, "If I give up my strength I might die. I might lose. I might get lost", which are all the statements of dying; and on the other hand: "If I take on my strength, I'll be born. But then I won't have the support. I've got to make it on my own. Dying and being born are really two ends of the same circle, just going round the same circle two ways. You've got melting and unboundedness at both ends; and the surrender to that. The issue of surrender is the key theme in religious movements and also a key theme in therapy. It's a word that unites the religious pathways and the therapeutic pathways. What people are saying is: "Let go of yourself Trust. Give in to your feelings. Let down your armour. Don't think too much. Give up. Go with the flow. Jump in the river..." and so on, you see. It's fine as a counter-actant to what we've had before, but it's only desirable in that in the end there is the realisation: "Before I jump in a sea, either I'll learn to swim or have a life-line. I'm not going to collaborate with anyone throwing me in the sea unless I can either swim or I've got a life-line." What is happening to some people in some groups is that they're being thrown into a sea, experiencing the terror of drowning. Some may actually drown. Some are pulled out, pretty exhausted, without having gained anything very valuable by being thrown into a turbulent sea. What I'm trying to do is put the pendulum back a bit the other way, so that we're looking not just at surrender, but also looking at how to form a boundary. A lot of Stanley Kelemen's work is around the opposite: "How do I hold my fear in?; not "How do I repress it?, but "how do I hold it? How do I shape it? How do I form it – on the way to letting it go, later, when I choose.

## PROJECTION AND INTROJECTION

When we look at the question of the core relationship and the possibility of transference on that level - a sort of projection, in that very often the client projects the possibility of his potentiality to heal himself or to grow outside, onto the therapist - I don't think that there would be a transference in this core-to-core relationship; I think it approaches much more the finding of a resonance. I think he's looking for something, some echoing response to his potentiality. If he finds an echoing response, that helps his potentiality to grow. So that's actually throwing out a line across a space: building a bridge. The bridge is real; so it's a bridge of relationship you can actually walk over. He's only **projecting** his potentiality if the therapist **can't** respond to that, and therefore he's thrown into a disappointment reaction, because the part of himself that's needing to grow isn't recognised by the therapist. Then you've got core relating to second or top layer. He's then in a difficult therapeutic situation where the therapist can't handle his reality. But if the therapist is able to perceive his core needs, they have a mutual recognition going on and one person's potentiality then helps the other. It's like two flames. Alternatively, if you get one pendulum going, the other one gets going, as long as you get the right beat. One is helping the other. It's also what Winnicott says about the "potential space".<sup>13</sup> Potential space is a space in which two people play creatively.

**Projection** is essentially to do with not recognising something in yourself, which you do see in somebody else, who may not even have it! **Introjection** is a feeling something in yourself which you haven't got which you've taken in from somebody else. They're mirror opposites.

We need another word as well. There must be one somewhere. Well, I think you have it in Perls. Perls uses those words a lot in Gestalt. You have projection - throwing out; introjection -- throwing in; and retrojection - throwing back. He's then got another set of words far clearer relationships. He talks a lot about contact. Consonance. I think comes into it. He also has the word, "congruence". Some kind of word is needed when people are interacting in a dialogue fashion. David Smith puts it that there are two key forms of broken dialogue. One is invasion; when the other person pushes his message into you and over-rides yours. The other one is deprivation; when yours comes out and doesn't meet an answer. **Dialogue** is a space which is neither invasive nor depriving; and there's a relationship between these terms and projection and introjection.

In Projection you're throwing out what's invaded you. That's how the essence of projection is related to paranoia. In Introjection you're taking in what you've been deprived of. But in dialogue you're opening your boundary and letting some of yourself out. You're mingling with the other person, but you're still enhancing yourself while you're giving yourself.

## CORE CONTACT OR STASIS

Resonance creates a lumination in the energy fields. There's a process of tuning going on, which means that the interaction that's happening is promoting more life. It won't just promote more life in the client, it'll actually promote more life in me - it's not one way. And when it's not going on, one or the other person, or both, will be feeling uncomfortable. And their secondary layer will be swirling around. And you can see very dramatic shifts from the one to the other, as you go down into that core layer or come back out of it. And that is very valuable information if you pay attention to your own body-signals. As soon as you start to get bored with the client, it's either something about his energy-system which is stale or confused or clouded, or something about yours, or both. If you're the therapist obviously it's your responsibility first of all to check into your own state. Is there something about you, and nothing to do with him, which is making you feel bored? Did you go to bed late last night? Is there something in your own process causing that? If there isn't, and you've checked that out faithfully, then it's some kind of response to what's going on in the client. What is the client doing that's so boring? What is it about the energy in the interaction? So you're actually using, then, your boredom

- which is a bit of counter-transference, if it's a response to him - using it to get information about what's going on in the room. He might be telling you a very interesting story, but he might be doing it with a voice with no variation - so that makes you realize his voice is monotonous. Then perhaps you focus attention on the tone of voice rather than the content. Then the tone of voice gets more alive, or more feeling comes, or his eyes start to water - and you realise that you're now getting into the feeling. Then you're not bored anymore, you're interested - and **your** eyes become more alive. If you think of it in terms of energy it's very clear: it's either moving up towards more interaction, or in some way, it's getting down into some kind of stasis.

The core is there, waiting to be contacted from the first day; and the shit-layer is there from the first day; and the mask is there from the first day. All are operative or potentially operative all the time. We could skip back into a tangled-up transference after a lot of clear work, if something happened on either side to trigger confusion. It's very important to keep aware of the core. Since that's the deepest, and it's overlaid by the other two, that's the one that's hardest to find. But it can come out in extraordinary ways, if you look for it - if you look for small signs.

Did I tell you about the last one? About the woman in a group last August? She was into very deep - black grief. Like a black hole - to do with the death of her father. Most of the work was helping her go into that, it was the emotion most ready to come out. And it looked like the whole session would be black, full of pain, a raving, grieving kind of session. And there was a certain point when I picked up that she'd pause, and she was beginning to push herself back into the pain, rather than wait for the next wave or whatever. And I just said to her: "Don't push. Wait." And then she got into a more self-regulatory place. Very slowly she in fact began to contact something deeper down, closer to her spontaneity. I think she just started to move a finger. But the finger became an arm, and the arm became a kind of dance. And it was a dance of contact.

So the whole black-space thing was the space of having no contact – "I can't make contact. There's no contact available". And she was just about to push herself back into a low-contact space. Now the low-contact space

and the blackness and the grieving and the rage - is all part of the second layer. It's all part of the death-knell. This other feeling was primal - in the real sense of primal, not in Janov's sense. The body-language of contact; the trust that is rare before it gets shattered; the sense of life which doesn't die even though there are deaths; the faith which survives the holocaust. Now her danger was that she was trapping herself in the holocaust. Holocausts are real - people had died on her, terrible things had happened. But in spite of the terrible things that happen, there is a life impulse still there, still active, still reachable, starting off maybe as just a finger-movement, which wants to come out and say: "Hey, I'm still here - I didn't die". But her mask said: "I'm dead". Her mask was very tight and withdrawn. Her black layer said: "I'm dead, but I'm raving about it or Let me scream out my hopelessness, strongly". But this other layer said "Hey I didn't die. Something didn't die". Something is still here that can come out, like the sun is there behind the black clouds. Well, that is an expression of the core. That's the only time I met that woman - that was just one hour in a group. But if I'd let her push on, we'd have missed the little finger, and we would have missed the whole sequence. And then she would have gone back into what she was more familiar with. She knew all about this pain, she'd been there many times before.

At the time she went into the pain, it seemed there was no choice, because that was where she was driven. It's as if the storm was breaking you can't turn the storm off. No point, anyway. Then there was a pause. In the pause I was looking at her very closely, trying to see what was coming next. The first thing that came was an effort in her breathing. She'd breathe in a certain way, like getting ready for the next push. I could just see her collecting herself, beginning to organise a repeat of the same feeling. The first time, I didn't have that feeling at all. The first time, it came out of her like a spontaneous cloud, a spontaneous black cloud. The second time it was as if she was trying to recreate some more of that. I didn't say to her: 'Don't have any more pain'. I said: "Wait a minute. Don't force it". She could have had some more of that pain, without forcing it. But that is not what happened. What happened was this other impulse. But she didn't know what it was to start off with. Neither did I. We just knew it was something different. You see, a lot of people have got a therapeutic super-ego which says: 'I've got to finish this'. A man in Australia said "I'm primaling every day of the week, and I've got six years to go. It's an assault course, and you go on to the bitter end."

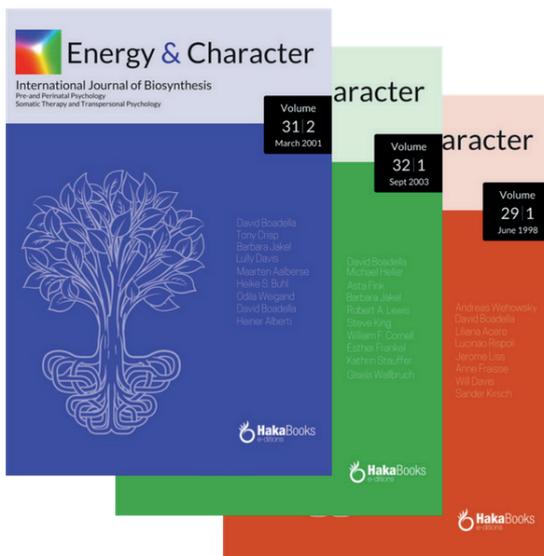
## THE RHYTHM OF PROCESS

You have to follow the rhythm of your own process. Some people need four hours sleep, some people need ten. Some people need ten, and take four - since therapeutic super-ego says: "I've got to keep working". You need to contact the biological need which is the core. And on top of that you've got the voice of the culture - or the internalized voice of the culture, which is the super-ego - which says: "Well, that's not right. You should have something different". So you get people writing books, like 'What Hour you should Feed the Baby' 'How Many Times a Week you should Make Love'. It's all kind of mapped-out, like some kind of norm. What we found out is that people have enormous variation in their bodies. Some people have a heart that beats 72 beats a minute - that's healthy. Some people have a heart that beats 60 beats a minute - that's healthy. Some people have a heart that beats 100 a minute - that's healthy. Some people have a heart almost in the middle. Some people have a heart to the left. Some people have thirteen ribs, believe it or not. So there are variations in the body. There's a man called Roger Williams - a biochemist, who wrote a book called - 'Biochemical Individuality. It's about the vast range on each side of the norm. Whatever you read in a physiology book as normal, here are very healthy people widely divergent from the norm, in purely standard things like blood-pressure or calcium /protein intake. If that's true of physiology, how much more true is it of everything else?

Now I'm going to look at rhythms and emotions. And part of the therapeutic task - to see whether two heads are better than one, is the therapist helping the client to follow the biological rhythm rather than follow the image of the biological rhythm and the cultural stereotypes of the biological rhythm. So ultimately, if you come back to one of the first sentences I gave you, the interference pattern which we see in transference between two people is ultimately an interference pattern within the person. The whole internal conflict. The whole cultural armoring and the spontaneity underneath - one interferes with the other.

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