

BODY PROCESS

*WORKING WITH THE
BODY IN PSYCHOTHERAPY*

Jossey-Bass Publishers
San Francisco



Originally published as *Body Process: A Gestalt Approach to Working with the Body in Psychotherapy*. © 1987 by James I. Kepner.

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A Gestalt Institute of Cleveland publication

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Library of Congress Cataloging-in-Publication Data

Kepner, James I.

Body process : working with the body in psychotherapy / James

I. Kepner.

p. cm. — (The Jossey-Bass social and behavioral science series)

Originally published: New York : Gardner Press, c1987.

Includes bibliographical references and index.

ISBN 1-55542-586-0

1. Gestalt therapy. 2. Body image. 3. Mind and body. I. Title.

II. Series.

RC489.G4K47 1993

616.89'143—dc20

93-17664
CIP

FIRST EDITION

HB Printing 10 9 8 7 6 5 4 3 2 1

Code 9384

Withdrawal, Assimilation, and Body Process

Psychologically, the passage from aware contact to unaware assimilation has a deep pathos. For the figure of contact filled the world, was excitement, all the excitement there was; but in the aftermath it is seen to be a small change in the field. This is the Faustian pathos, when one says, "Stay! thou art so fair!" but to effectuate this saying would be just to inhibit the orgasm, the swallowing, or the learning (Perls, et al., 1951, p. 422)

Final contact is often misconceived as the culminating point of the experience cycle. While the need that has been organizing behavior has found completion through contact (or, more accurately, through the *contacting*), the organism is not in a position to make energy available to the next emerging figure until certain tasks have been achieved to "make room" for what is to emerge. Final contact, as thrilling and "high" as it may be, must find an end, so that what has been gleaned from the contact can be assimilated, and so that something new and fresh can emerge in its own right without contamination from the previous event. In order for this "finishing" to occur, we speak of the phase of *withdrawal from contact*.

The importance of the withdrawal phase of the cycle is barely apparent in many contacts. In completing the contact of reading a book, for example, we often require little more to finish than closing the cover, orienting ourselves for a moment and getting up from our chair. In completing a light social conversation, we ritualize our finishing process down to a simple "Good to talk to you, bye now."

Our passage through withdrawal is equivalent to the intensity and nature of the contact in which we have been engaged. Where the contact has been light, brief, and with little intensity and exchange of material, the associated withdrawal phase is brief, stands out very little, and requires little digestion and assimilation of the experience. Where little of one's self has been dissolved in meeting the other, then little energy is required to re-form one's self and shift the focus back toward one's organism.

It is with more intense and demanding contacts that the need for withdrawal, and the impact of letting go of the contact, is felt more keenly. An intense conversation, for example, where much is discussed, exchanged, and learned from the other is rarely "finished" when the conversation is ended. We may spend additional time thinking about, imagining, and rehashing the conversation as we digest its impact on us and fit what we have learned into our preexisting way of understanding. Until this takes place, we are still "in the conversation," despite the fact that the actual talk has ceased, and it remains prominent in our attention.

Similarly, contacts that have developed or taken place over long periods of time, like shorter but intense contacts, may require equivalent attention to finishing and withdrawal. A major project that has culminated in its goal, such as writing a book, making a sale, or courting a lover, frequently results in a withdrawal and assimilation period, which many people interpret as depression. This is the well-known "postpartum blues" and often signals a reassessment and reorganization of one's self after being organized intensely around a major goal or figure. Even within the course of such major projects or events, the intensity of contact requires mini-withdrawal periods, natural breaks, and pauses that allow us to return to the contact refreshed.

Gestalt therapy views human process as cyclical, and as a Gestalt therapist I place value on the rhythmic punctuation that the withdrawal phase provides. This bias, however, runs somewhat counter to that common to Western culture, particularly in the United States. Zinker (1977) observes:

There is a rhythm between contact and withdrawal. One learns how to pay attention to one's needs, how to go about satisfying them, then to withdraw and rest. Being constantly mobilized is also a kind of sickness, a sickness of not having peace . . . Our culture reflects a prejudice against experiencing this natural rhythm. (pp. 109-110)

With our intense emphasis on the work ethic, and on perfection and performance, the natural phase of withdrawal is often labeled as lazy-

ness, because to outward appearances we may seem unproductive. We have, as a culture, little appreciation for the work of digesting, the work of finishing, the work of reconnecting with ourselves and clearing our internal space so that new and fresh experience can emerge. A television commercial for beer pushes this view by proclaiming, "Who says you can't have it all?"—taking advantage of our national madness in pursuit of the perfect "don't lose out on anything" life-style. This difficulty in coming to grips with one's limits in life seems to be often confused, in our culture, with the pursuit of happiness.

Contrast this attitude with that expressed by the ancient Chinese philosopher Lao-Tzu (1955):

To take all you want
Is never as good
As to stop when you should.
Scheme and be sharp
And you'll not keep it long.
One never can guard
His home when it's full
Of jade and fine gold:
Wealth, power and pride
Bequeath their own doom.
When fame and success
Come to you, then retire.
This is the ordained Way.
(p. 61)

It is perhaps because of our western bias for action and contacts that little has actually been written about the withdrawal phase of the cycle in Gestalt therapy literature, and certainly even less in the standard literature of psychotherapy. Like the culture out of which our methods of psychotherapy have evolved, we seem to have been more preoccupied with the action and contact aspects of the cycle than with the natural polarity of withdrawal. Much of the literature that does focus on withdrawal from contact tends to emphasize its negative or pathological side, such as the literature on attachment separation anxiety (Bowlby, 1960) or loss (Searles, 1981, 1985), or see it only in developmental terms (Mahler, 1972; Winnicott, 1960).

It is perhaps the particular work I do and the particular issues of many clients who are attracted to body-oriented therapy that have demanded I understand better the fundamental organismic need for withdrawal. Attending to one's body process requires slowing down and moving inwards, two tasks typical of the withdrawal phase. I have often found these tasks to be difficult for people to accomplish.

Additionally, many of my clients are hardworking, high achievers who seek body-oriented therapy because their high-pressure lives keep them tense and anxious, unable to let down and relax. I quickly discovered that relaxation or tension release alone (e.g., through physical manipulation) was not sufficient to accomplish change. Such techniques did not address clients' *resistance* to slowing down and their *resistance* to giving themselves breaks in the cycle of their lives. These clients approached relaxation or body-awareness work in the same way they approached other life tasks: as another skill to be perfected and goal to be achieved. Doing relaxation or muscular release work often became simply another demand on themselves—like climbing the career ladder, jogging, doing quality time, or doing relationships.

Most of the observations here are derived from my clinical experience and thus will need to be examined in practice by others for clinical usefulness and validity. Nevertheless, it seems important to me that we begin to explore this area in more depth, and I offer the material in this chapter to stimulate discussion about this often neglected aspect of human functioning, withdrawal from contact.

ELEMENTS OF THE WITHDRAWAL PHASE

At some point final contact ends, either by choice through satiation (we have had enough), or through extrinsic factors that cause us to move on (time is up, the other withdraws). Contact may end gradually or abruptly, and the ending may be wanted or unwanted by one or both of the parties involved. Regardless of the way in which final contact ends or the specific reasons contact becomes a bounded event, one is faced with some necessary tasks in order to complete the present cycle and allow for the next cycle to occur.

In the previous chapter, I described how, at final contact, the boundary between self and environment has been "dissolved" or rendered permeable. By this I mean that the "I" is less clearly delineated in awareness since, in final contact, the object of contact is most figural. If the "other" is a person, then at final contact you feel yourself to be connected to, or perhaps even merged with, him or her. If your contact is with an activity, such as work, then in final contact you are completely absorbed in that work, the work "fills the world," as the opening quotation of this chapter describes it. That there is also frequently a fluidity of the body boundary in these moments, as discussed in the previous chapter, illustrates the dissolving of boundary as well.

Completion of the cycle involves a reversal of the previous direction of the organism's energy and awareness toward the environment. Just as in earlier phases of the cycle, I see body process as a intrinsic part of the phenomena of the withdrawal phase. The phenomena outlined below might be thought of as a set of tasks to be accomplished rather than as a strict sequence of activities, and are derived from phenomenological observation of the contact process. Depending on the nature of the particular contact involved, certain elements will stand out as more relevant than others.

Disengagement

The ending of final contact in its broadest sense involves a shift in focus from "that which is contacted" to the "self that has been in contact." This shift in attention accomplishes the first major task of completing a given experience, that of *disengaging from contact*. In order to disengage one must let go of the intensity of contact and relinquish the peak experience. Usually this shift of focus is signaled by some inner signs of satiation—the contact has been enough, at least for the moment. "Inner signs" refers to bodily sensations, such as fatigue, dulling of one's perceptual intensity, a sense of fullness or sufficiency in one's belly, an overall bodily sense of pleasure we call satisfaction.

In addition to the bodily signals of satiation that herald the first shift of focus from the environment back to self, there may also be body movements to separate oneself physically from the other. For example, as an involving conversation ends, I find myself shifting from having been leaning forward into the conversation to settling back into my chair. This both separates me physically from the person with whom I have been conversing, and supports me experientially in settling back into myself and disengaging from the other person. Even in the course of our conversation there may be momentary points of disengagement where I break eye contact, turn my body somewhat askance, or lean back and momentarily separate myself from the other person. Similarly, in the midst of an intense writing session, I may lean back, take a breath, step away from the desk, or otherwise disengage or find temporary distance from my task.

Relinquishing contact and making some movement to separate the self from the environment/other puts one in a position to give more equal attention to the self. In contact, awareness is mostly taken up by the thing with which one is in contact; the other crowds out, for that time, one's awareness of self. To disengage and physically separate is to return to a more balanced attention to oneself. Difficulty in disengaging

results in the self being chronically crowded out by the other—a state of *confluence* or blending of self with other.

Another necessary process of disengagement is that of slowing down and quieting oneself. This is particularly noticeable when the contact has been intense, involving, or pressured. The following experiment will give you an opportunity to explore your own current responses to this aspect of disengagement.

Close your eyes and over the course of three or four minutes allow your breathing to slow down. Gradually lengthen your inhalations and exhalations, and allow a slight pause to occur after each exhalation. As you attend to your inner experience, notice the ease or difficulty with which you slow down, the amount of inner "noise" you experience, and any distractions from this quieting process.

This might be a simple process for you. Or you may find yourself raising objections to slowing down, or feeling pressured to "get going" or "stop wasting time." If this occurs, try to note these pressures or objections to withdrawing, then continue to attend to your inner process for as long as you feel comfortable.

For some people, disengaging from contact with the environment is natural and spontaneous. They can detach their attention from externals and locate it within; they can allow themselves to settle and slow down; they can allow for not always being active and doing something. For others the process of withdrawal generates anxiety and discomfort. They may feel constantly distracted by thoughts or images, and feel pressured to be active and working on something continuously. Some people report that when they detach their attention from objects or other people, they feel a void or emptiness, and have little sense of their own self. They seem to experience little sense of self outside of their relation to others or their activities. Still others find that, despite perhaps an initial difficulty in shifting their focus, the process of withdrawal forms a welcome respite in their normally hurried pace.

Re-forming the Self Boundary

Having disengaged from the other, there is a natural movement toward *re-forming* of one's boundary, or to put it another way, of rebounding the self. Having separated oneself from the contact, one can more fully differentiate one's sense of self from the contact. This is supported by the heightening of the bodily sense of self. Body space locates

and defines what "I" is as distinct from what "not I" is. In withdrawing from contact, it becomes important to reaffirm one's bodily sense of self and, as it were, relocate oneself.

Take a minute after reading this sentence to disengage yourself from the contact of reading this chapter, shift your attention to the space inside your body, and notice where you locate your sense of "I." Where do you "sit" inside after disengaging from reading? Take your time discovering this.

Where were you located? In your eyes? In the space of your head? In your body as a whole or someplace within your torso? Did you feel located by your thinking or by pictures in your head? In the surface musculature of your face? Or perhaps you found yourself outside your body space?

Is this location a comfortable one for you or uncomfortable? Do you feel "at home" there or that you just ended up there? Is this familiar to you or unfamiliar? Do you feel that you have adequate space or do you feel crowded?

Try stating the results of this experiment: "When I am not out in the world I return to my _____ (name your location) and I am _____ (comfortable/uncomfortable, familiar/unfamiliar, cramped/have space).

This sense of location is a subtle thing. Each of us has a home ground we tend to return to when not engaged in the world. For some, visual imagery or thinking is the most roomy, or at least easily accessible, place to which to return. Others find specific body spaces or areas where they reside. For some, thoughts and images might be too crowded, or their bodily space is too dense, painful, or desensitized to offer comfortable "lounging." Without clear space within which to locate oneself, withdrawal from contact can be very difficult. The only comfortable or easy place to be is outside oneself, constantly engaged, or in one's thinking, constantly cogitating and obsessed.

If you will, try another brief experiment in changing your location of awareness.

First pick out some interesting object nearby and look at it very carefully. Don't just gaze at it; examine all of the contours and shadings and textures of what you are seeing. Take a stance of interest and absorption in what you are seeing. Try this now.

Where was your "I" located in this way of seeing? To what degree did you feel your body and how you were sitting while you did this? You might have experienced yourself as being, as it were, "in" the object, or as if out in the space between your body and the thing you were seeing. If you were very absorbed in what you were seeing, it is likely that you recall little of what was happening to your bodily sense of yourself for that moment.

Now try this from a different stance. Looking at the same or a different object, keep your location of your awareness behind your eyes, looking out at what you are seeing. Look as carefully as you can while still maintaining a sense of being located inside yourself. Try this for a while.

Where did you locate yourself—in your eyes, your head, anyplace else? Were you able to summon as much visual richness of detail compared with the previous experiment? Were you more or less in touch with your bodily experience while you looked? Did you feel more involved or cooler and more distant?

Experiencing oneself as bounded within one's skin assists in detaching from the contact object and so reaffirming one's sense of self. This is the concrete physical manifestation of what has been called, in other contexts, individuation. Readers familiar with child development literature will recognize that the importance of experiencing oneself as being "inside one's own skin" has also been noted by child development theorists as an essential aspect of infant development. Winnicott (1960) and Mahler (1972, 1974), extending Freud's notion of the "body ego," describe the importance of this body sense of self for the infant's ability to break the symbiotic bond with the primary caretaker and embark on the road to a more separate and differentiated existence. Winnicott (1960) comments, "As a further development, there comes into existence what might be called a limiting membrane, which to some extent (in health) is equated with the surface of the skin and has a position between the infant's 'me' and his 'not-me'" (p. 589).

From the viewpoint of Gestalt therapy, the process of separation and individuation outlined in child development literature is not one that is accomplished (or not) only at a given point in one's childhood. Rather it is characteristic of the *ongoing* contact and withdrawal process. Reforming the "me within the body" is accomplished over and over again as we contact the environment, dissolving to some extent our sense of boundedness, and then return to a more bounded sense of self.

Most of us have had times in our lives (for some it is characteristic)

when we have been extremely busy for an extended period (that is, a period of constant action and contact). If you would, recall a recent time when this was true for you. Did you ever feel during this that you were so busy that you had “lost touch” with yourself? Did you ever find that you had skipped a meal or ignored your fatigue, then suddenly “woke up” and realized you had been out of touch with your needs? What was it that allowed you to come back into yourself?

Assimilation and Closure

If we simply discharged a need and returned to homeostasis, little would be accomplished other than mechanistic stimulus and response. The aim of contact, as described in Gestalt therapy, is that the self-boundary is now redrawn to *include* the new experience or material engendered by contact. It is the *assimilation* of this new material or experience that results in growth. Every interaction with the environment has some impact, its degree varying with the intensity and meaning of the interaction. This impact engenders in us emotional and other body responses, and it is necessary to sort through and fit this impact into our previous experience. A new gestalt (whole) emerges from this assimilation process. The effect of contact is thus to engender something new, not merely a return to a preexisting homeostasis.

Clearly assimilation often merely begins at this point in the cycle and may continue even as we enter into new experience cycles. The authors of *Gestalt Therapy* (Perls et al., 1951) felt that most of assimilation occurred outside of awareness, just as the digestion of food requires no conscious attention. I believe, however, that assimilation is a much more active process and involves much conscious sorting, and thus our awareness. As we sort through and assimilate the results of a contact episode, we work to fit the new experience into our old framework—we cogitate, compare, look at what fits and what doesn't, and so on.

Assimilation also involves an awareness of the impact of contact on oneself in terms of its completeness. We sense what is finished and what is unfinished for us in terms of the need that originally organized our behavior. With this may come an acknowledgment of what cannot be finished.

Closure marks the full turn of the organismic circle. Ideally one might hope that the need that initiated the cycle has either found completion through its satisfaction or, if unsatisfied, there is an adjustment to the lack of closure. Closure may be experienced as a sense of calm and settling. What was embarked upon has found fruition; the natural urge toward closure has been satisfied. But closure may also bring with it a sense of loss and mourning. If the event has been an unpleasant struggle,

what is it like to be without the struggle? What parts of the struggle did you relish even if other parts of it cost you dearly? Almost all endings, even endings of unpleasant situations, involve aspects of both relief and loss. Even the culmination of happy events can be paradoxically coupled with a sense of loss.

Long-hoped-for achievements bring the thrill of victory and the loss of the excitement and charge experienced in working for it. Leaving a job you hate brings relief, but you may also miss the comradery, the special friends, or even the heat of the battle. If the event has been a positive one, stimulating or exciting, then you may experience the ending of that stimulation as a loss. I recall how surprised I was to be feeling a deep sadness as my wife and I drove to our honeymoon. Eventually I realized that, although I felt great joy in our marriage, the event of marrying also marked the end of a life stage for me. I felt keenly that I was suddenly leaving my childhood behind. This entailed both relief and sadness for me—relief that I was finally leaving behind many of my insecurities of childhood, and sadness for those pleasures and hopes I could no longer have in the same way. As I stopped insisting to myself that I shouldn't feel sad on my honeymoon, I could allow for that curious bittersweet feeling that comes from appreciating the paradox of polarities in life. To recognize the loss of my childhood gave me more room, eventually, to fully appreciate my joy in marriage as well. Finishing inevitably contains ambivalent elements, although we frequently deny our mixed feelings or are talked out of them by friends and family: “It's over now, why aren't you happy?” or “You're finally rid of that jerk, so stop crying.”

RESISTANCES TO THE PROCESS OF WITHDRAWAL

When I work with clients who live past-paced, highly charged lives, who constantly work and produce without pause, or those whose lives center continuously around others, I pay careful attention to the possibility of a lack of withdrawal in their lives. As I familiarize myself with their history and life situation, I note their complaints of being overburdened and overwhelmed, constantly pressured, fatigued but unable to rest, feeling that they have never done enough and that they are never quite adequate to their task. I also note the lack of flow and rhythm in their lives as they report virtually unbroken activity followed by collapse and exhaustion, rather than rhythmic and periodic pauses and breaks.

In the here and now of the therapy hour I see in action the same processes that generate these symptomatic complaints. Some people have

difficulty knowing when they have explored a topic to their satisfaction, that is, when a contact has been "enough." They have no sense of their own satiation. Some people are unable to find a focus in sessions; everything demands their attention at once and they have no quiet background from which figures can emerge with clarity. Others may experience pauses or silences as anxious moments and will talk merely to fill the space and ease the discomfort created by such pauses. They fear that if they slow down, they will lose their momentum and become passive and lazy, or that if they stop even for a moment, a tidal wave of demands will drown them. Some people comment, when asked to slow or pause, "But if I am not *doing* something (proving myself/attached to others/working hard) what good am I?"

In the previous chapter, we saw the dilemma of moving into contact and final contact: the fear that if one allows contact to *occur*, one's self will be lost or endangered. The dilemma in withdrawal phase centers around expectations of what would happen if contact with the environment were to cease. The issues involved have to do with losses of various kinds: loss of self, loss of or abandonment by the other, and experiences engendered by loss such as mourning, grief, and anger. The particular nature of the loss experienced is related to the point in the withdrawal phase in question. I will try to describe how these issues form the "unfinished business" that can interfere with the course of normal withdrawal: disengaging from contact, re-forming of the self-boundary, and assimilation and closure.

Interruptions to Disengaging

This resistance frequently occurs as anxiety and fear that if one lets go of the contact, the self will not exist—the self only exists when engaged in activity, or when engaged with others. Most commonly these fears seem to be related to familial introjects that equate self-worth with performance of activities. The family value is on doing and producing, and the devaluation of being (unconditional worth). This becomes institutionalized as fear of inactivity, and a lack of self-worth without an activity to prove one's value. The manifest resistance will be in the form of difficulty in letting go of the active mode, slowing of one's pace, and shifting one's attention from the environment to the self.

As the experiential work earlier demonstrated, one aspect of disengaging from contact is that of slowing down. If slowing down was relatively easy during that exercise, then it may be difficult to conceive of the monumental difficulty this engenders for some people. One of my clients described himself as an "action junkie." He was very involved in athletic pursuits, lived a busy professional and social life, and came to me

because he wanted to learn more about how to release some of the tension he accumulated in the course of his busy life. Any work we did of an active nature, such as work with his posture or generating movement experiments, he took to easily and naturally. When I began to work with him on the body work table where he had to slow down and pay attention to his "insides," work that required him to disengage and withdraw from activity in the environment, a different picture emerged.

At first he found it difficult even to close his eyes and turn his attention inwards. He would become restless and talkative, distracting his attention to himself by barraging me with questions and comments. I would answer his questions enough to help him bind his anxiety, then gently and consistently use verbal instruction and touch to remind him to pay attention to his body experience. As he became more able to slow down a bit and finally shift his attention inwards, he started to shake and tremor, his muscles jumping spasmodically. At first this remained an isolated body experience, without any clear feeling. Over time, as we developed verbal experiments to owning this as "I am shaking" and "I am jumpy," he recognized that it was not just "My body is shaking," but, "I feel frightened."

On my urging him to be more specific, he was eventually able to state that he was afraid that if he slowed down and was not constantly doing something, then he would be worthless. As our work continued, we began to expose and work through his family's introjects (rules), which held that a person was valued only for producing—thus his belief that if he was not "doing," he would become "nothing," without value.

Difficulties in Re-forming the Self-Boundary

As one shifts to the task of re-forming the self-boundary, difficulties will often be seen in the form of disorientation, feelings of emptiness, and fear of being abandoned to this inner emptiness. One of the essential problems here is that such people, due to a great degree of desensitization, have little sense of their physical substance and location as they disengage and withdraw. Having no embodied place to locate themselves outside of contact with others, they maintain a state of confluence with others and are dependent on others for their sense of self.

One client, a vivacious and very socially active woman, constantly centered her life around other people. Most of her concerns in therapy were with others' responses and actions toward her, and her responses and actions toward them. Once, as she spoke of her interactions with others, she complained of having no clear sense of herself except as

others defined her. I asked her whether she had any clear sense of herself as she was speaking to me. She noted that, in fact, she was so focused on how I was responding to her story that she had no idea of herself. We spent some time experientially investigating where she experienced her "self" as she talked to me, and eventually she was able to describe that she felt herself to be existing on her body surface, particularly her eyes and face, and that she had little sense of her insides. At one point I suggested that she experiment with locating herself inside her body by closing her eyes, using the sensations of her breathing to help ground herself kinesthetically in her torso, and, staying in touch with these sensations, to look at me "from sitting inside yourself."

With what I only later realized was an act of great courage and trust on her part, she tried this out. As she tried to move into her body-self, she lost any sense of my presence with her and became overwhelmed with feelings of being abandoned and lost. She became frightened and burst into tears. To re-form her self was for her to be completely disconnected from the other. We worked gradually—shuttling back and forth between her visual contact with me and her kinesthetic contact with her body experience—to form a middle ground where she could experience herself, while also perceiving my presence as background. As this became possible, we were able to shift attention to transforming her retroflected loneliness into anger at being emotionally abandoned by her parents, and mourning the loss of a consistent parental presence in her childhood.

Interference with Assimilation and Closure

As described in this chapter, the process of assimilation and finishing involves coming to terms with the impact that interaction in the environment has on us. Some interactions do not come to fruition, others have significant elements of frustration, and still others end with a sense of loss. If we have not been able to express and come to terms with our resulting feelings of disappointment, anger, grief, and mourning, then we are left with unfinished situations that interfere with the resolution of similar instances of withdrawal and closure. We become unable to assimilate current contacts because our energy is still taken up in trying to finish previous contacts.

One of the most common difficulties in resolving such feelings is that others around us are unable to support or acknowledge the expression of these feelings: "No use crying over spilled milk," "Big boys don't cry," "What have you got to feel upset about?" and other denials of the validity of our organismic reactions to difficult endings. When our

feelings are pronounced invalid, are denied, or go unrecognized by significant others around us, we resort to various ways to manage the double bind of "feeling what I should not feel." Retroflection, turning against the self, is one way in which such situations are frequently coped with: frustration with others becomes one's own failure, anger over the quality of contact becomes self-criticism, grief for the loss of others becomes depression without apparent source, lack of fulfillment by others becomes one's own inner emptiness.

It is in the here and now experience of the processes of withdrawal and closure in the therapy hour where unfinished business with previous endings can come into focus, and the retroflected feelings can be identified and expressed toward the environment. The therapist can encourage resolution by generating experiments that heighten the client's experience of the withdrawal process, and by validating the reality of feelings of sadness, anger, or disappointment.* This allows for assimilation and closure, and frees the organismic energy that has been stuck with the unfinished situation so one can move on to new experiences.

The case that follows describes a person whose major therapeutic work centered around problems in the withdrawal phase of experience. Through it I will illustrate the use of body process in identifying difficulties, generating experiments, and working through these issues. The work with Kevin draws from the spectrum of body process intervention that has been discussed during the course of this book—sensitization, ownership of the projected body, mobilization, and emotional expression—and shows the integration of this technique into a therapeutic whole.

KEVIN'S SEARCH

Kevin came to therapy in an acute version of the depression and anxiety to which he had been subject for most of his youth and adult life. Increased responsibility at his job had been more than he could handle and he had become unable to cope. In his late 30s, he was an executive who had worked hard and achieved a good position in his company, yet felt that whatever he had achieved was not enough. He chastised himself constantly for not taking on more projects, yet felt overwhelmed and exhausted by the tasks in which he was already engaged.

Initially our work focused on helping him manage and put into

*This view is directly counter to the traditional psychoanalytic drive theory that views such feelings arise as a result of conflicts within the individual.

perspective the demands with which he had to contend, both those of his job responsibilities and those of his own perfectionism. Little of this initial work involved body-oriented work. Although this early phase of our work provided Kevin with some relief, as some of his acute distress and initial complaints dissipated, a new theme emerged. Embedded in his constant sense of misery and failure was his inability to pause, even for a moment, other than by collapsing into exhaustion and sleep. It was as if Kevin had only an "on" or "off" switch, with no modulation in between. It became quickly apparent in our work that this was not merely a simple matter of not pausing, but that he *could not* stop, this is, he experienced an active resistance to ceasing his constant work.

The Process of Disengagement

Kevin's constant engagement was represented in its most basic form when, after complaining to me that he was tremendously overworked and needed a break, he laid out a list of tasks he must accomplish in the therapy hour. I pointed out how speedy and rushed he was, and that it was my impression he needed to use therapy to experiment with doing *less*, rather than therapy becoming an extension of his list of tasks and demands on himself. He considered this and agreed.

Accordingly we began to experiment more directly with the process of pausing and slowing down. I did this initially by encouraging Kevin to pause at times during his opening story and asking if his telling of the story was rooted in his bodily needs. Eventually Kevin was able to discern that his physical sense was one of pressure and exhaustion and that, if he were to follow his bodily need rather than his "head" pressure to talk continuously, he would "allow my body to rest" (note the disownership implied by his language). With my support we experimented with ways he could find some comfort, rest, and pause in sessions, even if only for brief moments.

Over time Kevin's awareness of his bodily need for stopping and withdrawal from activity and contact made the therapy hour one of the few moments in his life when he could give himself pause. He began coming into sessions and requesting that he take the time to rest. During this period I would have him lie down to give his whole body support for withdrawal, and would use gentle touch to teach him how to slow down further. I thought of this phase as one of learning how to *disengage from contact*. Initially Kevin required much external support from me to allow himself to disengage from his busy-ness and activity. Eventually he acquired enough experience to know when he needed to disengage, even if he could not yet initiate it for himself.

Recontacting the Self

At this point a new issue evolved for Kevin: when he wasn't "in his head," thinking, talking to himself or others, imagining or working on something—he had no place else to be. He experienced his body space as either full of discomfort and so to be avoided, or as a blank void. Without discomfort he hardly felt his body-self at all, and so had no place in which to locate himself other than in his head, where the activity of thinking and verbalization gave him some sense of his being.

Accordingly our work focused on developing his bodily sense (work with desensitization) so that Kevin had *someplace to be when not engaged in activity*. I used touch to enliven his taut and sensation-deadened tissue, and worked to expand the space in his narrow torso through breathing. As Kevin came to feel his body more, he began to discover an alternative place in which he could locate himself. This place was his belly, where he now had sensory access and some degree of ownership.

As Kevin became better able to enter his bodily space, he was less inclined to complain and tell stories in therapy. Instead he became motivated to "find himself" in each session, to find his sense of inner substance and being that he would lose touch with in his externally oriented and high-pressure life. Body-focused work became the essential entry point to help Kevin slow down, breathe, disengage himself from his life activities, and give him a sense of location by shifting his awareness into his belly and torso. I marked this second stage as the process of *recontacting the self*.

Our work on the process of disengagement from contact and recontacting his sense of self formed the first essential steps in grappling with the process of withdrawal for Kevin. This initial work was certainly therapeutic in and of itself, and yet did not in any way cure the distress Kevin felt; rather it set the stage for deeper work. The therapeutic issues that eventually emerged were part of a developmental process involving the acquisition of certain organismic capabilities. Having the capacity to slow down, disengage from unceasing activity, and recontact his body-self allowed Kevin to begin to make contact with feelings often intrinsic to the process of withdrawal: feelings of emptiness, loneliness, and abandonment.

Confronting the Emptiness

A paradox appeared as Kevin gained more sensory contact with his body, particularly his torso. The more he experienced this area of himself, the more he began to perceive an inner sense of emptiness and

nothingness. When I asked him what he felt as he shifted his awareness into his belly, he would describe himself as feeling "empty" and "hollow" inside. At first I assumed that this phenomenon was due to a lack of sensation (as I have described in my earlier discussion of desensitization and numbness in one's body). It soon became apparent that Kevin's sense of emptiness and hollowness, rather than being the *result* of a lack of feeling, was simply his report of *what he felt* when he came into contact with this area. At my suggestion he experimented with I-statements to further his identification with this feeling: "I am empty inside. I am hollow and unfilled." To experience these feelings of emptiness was initially quite frightening to Kevin. For most of his life, Kevin had pushed aside any awareness of this inner void through activity and work and such distractions as sex and drugs. It was only the groundwork of our relationship and the above mentioned skills that allowed him to face and tolerate these feelings.

I explored with Kevin what specifically frightened him about feeling his emptiness. He replied, "It just confirms to me that I am really just nothing, that I'm worthless." He continued to speak of his sense of emptiness in his life, how his feelings made no sense, there was no reason for it, he had everything he needed and yet felt empty, he had no right to complain. At this point he concluded that he was basically flawed as a person, that there was something missing in him for which he had only himself to blame.

I recall that, at the time, I felt puzzled and struggled with trying to understand what to do with all of this, particularly with the bleak conclusions he had come to as a result of my encouraging him to stay with and confront his feelings of emptiness. All I had done was succeed in making Kevin more depressed and hopeless.

When he first started in therapy, Kevin had little clear memory of his childhood. He described his parents as good, kind, but unremarkable people, and his growing up as ordinary until his adolescence, when he became rebellious and troubled. He dated his troubles and dissatisfaction in life to that time. What impressed me was the lack of context for the distress and bitterness he felt so keenly as an adult. In describing his history, it was as if there were two different lives: an ordinary and normal childhood, somewhat rose-colored, then a sudden anger and rebellion in adolescence that had settled into a bitter and distressed adulthood. It was as if a tree growing in good soil had suddenly, and without apparent reason, become stunted and twisted in its growth. Consequently, having no way to attribute his anger and depression to external events in his life, Kevin naturally concluded that he was basically flawed. This, of course, added to his sense of failure and inadequacy with which he evaluated his work and his relationships.

The first shift in the pattern came when I was able to recognize that both Kevin's feeling of emptiness and his rejection of his right to feel that emptiness could be seen as forms of retroflection, that is, *as things that at one time were done to him but which he now does to himself*.^{*} I asked Kevin to test this experientially by suggesting he say, as if to his parents, "You give me so little that you make me feel empty inside." At first Kevin refused to try this out, insisting that this couldn't be true of his parents. I countered that if it wasn't true, then there would be no harm in saying it, and he could only know by trying it out. Kevin eventually summoned the courage to try the statement aloud. With each statement "as if" to his parents, Kevin's eyes began to tear. He reported feeling very sad, as if mourning. He did not understand why he felt such grief, but what he said felt accurate to him.

This initiated a new stage in our work. Each time Kevin was able to withdraw from his frenetic activity and contact in the world, he was able to get in touch with certain fundamental body experiences. We can think of this as a shift of figures: by maintaining the current environment as a powerful and engaging figure of awareness, his bodily feeling of inner emptiness would remain in the background and unaware. He worked to keep them out of awareness because, when he experienced his emptiness, he had no context for his feeling, and so to get in touch with this feeling only made him feel badly about himself.

Our work began to fill in the context in which his bodily feeling took place. As these feelings emerged into awareness, we experimented with stating them "as if" they were legitimate responses to growing up in his family (and thus had a context), instead of as symptoms that occurred to him in isolation. When Kevin withdrew and the feeling of emptiness emerged, I asked him to "try on" such statements as, "It is so empty here in this family" or "There is not enough here for me." When he withdrew and experienced internal pressure and demands on himself to do more, I asked him to try, "I can never do enough for you. I can never rest in trying to win your attention." When Kevin felt unjustified for feeling miserable, I had him try, "You always made me feel I had no right to ask anything of you." When he moved inwards and described a deep sense of loneliness, I asked him to experiment with such statements as, "You leave me alone and unsupported."

Gradually Kevin began to recollect his growing up differently than

^{*}In addition to the understanding of retroflection derived from Gestalt therapy, this insight was stimulated for me at the time by Alice Miller's (1984) conception of symptoms as enactments of what, as children, people have been subjected to. This is similar to the Gestalt notion of retroflection, but Miller emphasizes behavior as a communication of unconscious historical situations rather than, as has been typical of the traditional Gestalt notion of retroflection, the restraint of an organismic action.

he had originally described it to me. He began to see that his household was not the mildly rosy place he had imagined it to be. Although not entirely without some expressions of warmth, there was also much coolness, distance, and difficulty in giving love. In particular he began to see that his parents had very little warmth or love for each other, that he was emotionally at odds and distant from his siblings, that his father, who portrayed an image of extrovertedness outside the family, had been expressionless and withdrawn at home. Kevin began to distinguish between the appearances of warmth and the genuine article, which, it became clearer, was often lacking. Seeing this, Kevin began to mourn for his empty, lonely, and unwarmed childhood.

What, in isolation, seemed like depression, in context became more clearly a true sadness. What without context he had experienced as "his" emptiness—a personal characteristic that had no relationship to a real event—he could now acknowledge as the emptiness to which he was *subject* as a child but had no support for acknowledging. Now that it could be experienced, Kevin could begin to fully mourn what he had lost and what could never be.

Return and Renewal

With Kevin's recognition of his great sadness and sense of loss as a chronically unfinished piece of business came, eventually, our recognition of his unacknowledged and contained anger at his family. Therapeutic attention then shifted to working with his demobilized body structure and gradual physical expression and ownership of his denied power and anger. Issues relating to these forms of therapy have already been discussed in earlier chapters and I will not detail them here. I only wish to point out that the process engendered by our work on the withdrawal phase was not an end point in itself, but rather brought Kevin to the point where other figures of interest could now emerge against a new background and themselves be brought to closure.

So, too, does the finishing of any essential organismic cycle free energy and attention for some new cycle: attention to some other unfinished business, the emergence of some new figure, continued growth and development. Accomplished withdrawal and closure are the ending of one cycle, only to make room for the emergence and energizing of some other cycle. This is the rhythm of forming and completing "gestalts" (wholes), the interruption of which forms the attention point for our work as therapists, and the success of which results in growth.