Historical and Contemporary Psychoanalytic and Bioenergetic Perspectives of Sexuality: Lets Bring it Back into the Therapy Room

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Keywords: sexuality, psychoanalysis, Reich, Bioenergetic Analysis sexual abuse, shame, pornography, gender identification.

Abstract

In the late 60s and 70s sexuality occupied center stage in psychoanalysis and then retreated as a focus of inquiry. The increase of claims against therapists for sexual violations, as well as the emergence of more relational analytic therapies, contributed to the avoidance of addressing sexuality in the therapy room. During this time, the psychoanalytic definition of "normal" sexuality was evolving, as well as our notions of gender. Reichian psychotherapy, and its branch Bioenergetic Analysis have consistently considered sexuality to be essential to the sound working of the person. This paper translates current psychoanalytic concepts of healthy sexuality into its somatic counterparts in bioenergetic theory. Exploring sexual fantasies and clients' preferences for certain types of pornography is viewed as helpful for understanding the dynamics of parenting, and for clarifying transferential and countertransferential issues.

INTRODUCTION

Wilhelm Reich is the only person whose books were burned by the FDA. And as one psychoanalyst asked me when I was presenting Bioenergetics to an analytic group: Do you really believe that orgone energy was that threatening?" Freud believed that sex and aggression were the two most threatening drives, and the culture's role was to manage and control them. "It was Freud who first bravely placed sex at the heart of psychic development and highlighted its destabilizing power in our psyche and hence the defenses brought into play to manage it. As one contemporary psychoanalyst has stated: "His corpus of work might even be described as the result of an internal need for regulation of the sex drive. (Lemma and Lynch, p.2)

Reich also saw the danger of the sex drive. However, he believed that the problem was repression of sexuality, rather than it needing to be more controlled. Following Reich,bioenergetic analysts view that how we organize ourselves sexually plays a key role in our feelings of aliveness and in our somatopsychic Two factors have the greatest impact on our attitudes regarding sexuality: cultural organization. In Fear of Life (1980), Lowen states: "Sex is the most intense manifestation of the living process. By controlling sexone controls life." (p.122) attitudes and our attachment histories. In this talk I trace what has happened in the field of psychotherapy regarding sexuality from the 60s, when sexual attitudes began to be more open, to the present. Focus is on the necessity to be alert to feelings of shame, the importance of grounding especially in relation to the pelvis, and the role of sexual fantasies in revealing attachment histories.

The following concepts are key when discussing sexuality from a Bioenergetic perspective.

1. Reich's' concept of orgastic potency is a yardstick for health in that it describes the capacity for aliveness and pleasure in life.

2. Lowen's (1980) addition of the concept of grounding enables a person to take a stand to feel his bodily separateness.

3. Bodily boundaries enable the client to merge and recover his separate bodily integrity.

4. Opening the blocks in the body in the presence of a highly skilled Bioenergetic therapist reveals to the person his needs and emotions that he has cast out, enabling him to be in as much contact with his deepest self and to experience as much as he can of his partner's emotions.Bioenergetics therapists are skilled in knowing how to support the diaphragm through the terror of the heart and pelvis opening and flowing together, enabling feelings of passionate love, which is sometimes a roaring train and other times a sweet melting.

HISTORY

Let's go through a little history about how Bioenergetics, with its emphasis on emotional expression and sexuality came to be popular and then retreated from a prime position on the therapy stage. By the mid 1960s the Kinsey Report had been published and its findings disseminated. Birth control was widely available, as well as mind altering drugs, great music, economic prosperity, and feminism. Without the fear of pregnancy or HIV, cultural attitudes regarding sexual expression loosened. Reich's ideas were attractive because they promised freedom to discover our real selves, separate from the culture's restraints.

However, the culture was still saying that sexuality was dangerous and women's role was to create boundaries. When during my Bioenergetic analysis, I first felt the sweet vibrations emanating from my pelvis, trying to work its way through the block at my shoulders, my therapist told me that this was my energy, and that it belonged to me. Of course, there lies the danger. If I felt that this was my sexual energy, how was I to control it, and to keep it from being expressed when it shouldn't? After all, the culture had told me that I am a woman and I must set boundaries.

A friend/ and teacher, Ellen Bass had just publishedThe Courage to Heal, which alerted the culture to the widespread occurrence of sexual abuse. Bass (1988) has a statement in the book, which sounds innocent enough:

If you don't remember your abuse, you are not alone. Many women don't have memories, and some never get memories. This doesn't mean they weren't abused. If you think you have been sexually abused, you probably have." (p. 81)

This became the sentence that caused a public outcry. During those subsequent years, many women and men for the first time began to tell people about their sexual abuse histories. Therapists were alerted to the sexual abuse they had been missing. Clients were reporting to me that previous therapists were telling them that they had been abused and as a somatic therapist, perhaps I could help them recover their memories. No memory of a sexual abuse incident emerged, although somatically the clients were experiencing the same bodily sensations and emotional fears of clients who had a memory of at least one specific incident of sexual abuse. Two parenting events were present. A parent was sexualizing them and also violently punishing them. Now, we know from working with the body that two things flood the pelvis: Sexuality and aggression. And as I mentioned previously, Freud believed that these were the two most difficult and potentially dangerous drives to control.

In my article: "A Feeling In Search Of A Memory", I state:

The current debate in the field of psychotherapy and child abuse is a difficult one. The question is: Can therapists know about a client's sexual abuse before the client is aware of it? Several of my clients have seen therapists who decided that they had been sexually molested. The therapists began to work toward enabling the clients to retrieve the abuse memories. One client produced memories for the therapist. Later, in therapy with me she admitted that these events could never have really happened. For the others, no memory ever emerged. All of the clients became more and more confused and ashamed of their sexual feelings.

No memory of sexual abuse ever emerged because there was no incident. These clients had all grown up in families in which boundaries weren't respected. Many of them were emotionally flooded by one of the parent's needs. The threat of violence was present, often from a parent who was also seductive. They grew up in an atmosphere of emotional and sexual abuse, but there was not a physical incident of sexual abuse to be remembered. There was no memory because there was no incident. (1995, p. 97-98)

The culture, especially the therapeutic field had become hyper-vigilant to issues of sexual abuse. Therapists were being reported to licensing boards for sexual violations and day care centers were being closed due to charges of sexual abuse. The False Memory Association was formed.

And as, Target (2105) states:

It appears that psychosexuality retreated from analytic focus at about the same time and rate that transference issues started to occupy the centre ground. Possibly sexuality was easier to focus on when the treatment was shorter, when the relationship with the therapist was not the central focus, when the patient's attachment to the analyst was most easily understood to be part of their illness, and the therapist behind the couch did not expect to get involved. (p.58)

It behooves you then as the therapist to be more aware of your own sexual energy, and to work on yourself, to be as open and conscious as possible. This is especially true, as we now know from Alan Schore's writings, that what transpires between the therapist and the client is often unconscious and non-verbal. Our comfort with our own bodies and sexuality is a pre-requisite to work with another's sexuality.

So, what do we know of as healthy sexuality? For Reich the measure of health was to achieve orgastic potency, "The Big O". One definition of healthy sexuality could be a body that has a capacity to slowly vibrate into finer and finer movements until they become like subtle electricity and the body is enveloped in streaming, "The big O". For a brief period of time the body/mind split is healed.

Although Reich believed that the charge begins in the pelvis, he was writing about more than genital arousal. He was talking about an energetic charge that is first manifest as vibrations or a tingling sensation, which travels up the spine through the shoulders freeing the arms to reach for connection and to push away to create boundaries. It travels up and down the legs, like a balloon needing a string and a hand to hold it, seeking for a way to move down and up from the ground in a wave pattern, moving our head back as the lower spine seeks contact with the ground and our legs seek a boundary to hold them. It comes up the front of the belly and chest and up to the jaw and out the eyes, freeing the eyes to be soft or hard, to push away or pull back, to show love, passion, longing, hurt, anger and sadism.

The "big O" isn't only about sex. These vibrations or tingling sensations are important for regulating our arousal system. Reich believed that we have more energy than is needed, in case of fight/ flight. If that energy isn't discharged, it becomes anxiety, sometimes so intolerable that physical symptoms and illness occurs. We know how valuable it is to release that energy, especially in dealing with trauma. Levine (1997) and Berceli's (2008) somatic interventions for the treatment of trauma are based on Bioenergetic theory and techniques, which they both studied.

However, lying on the floor and streaming isn't sufficient for healthy sexuality. The "Big O" is an experience of a person alone, not in relationship. Healthy sex is relational, for asLowen (1975) says, "It is illogical to write about sex without discussing its relationship to love"(p.27). Our relationship to sex and love are formed in our early attachment relationships.

Target (2015) lists the following attributes as necessary for what she refers to as "normal" sexual relationships.

First the relationship must allow opening one's mind to another's projection, an experience of safe attachment interactions allow each partner to accept being both separate and fused with one another…Secondly, normal sexuality requires a reliable sense of the boundary of the physical self. This is blurred in intense sexual pleasure, in which the bodies may feel merged or interchangeable, and there must be confidence that the sense of self can be restored.Thirdly…genuine desire on both sides is essential. Fourthly, heterosexual excitement may be underpinned by an unconscious fantasy of also possessing being the gender of the partner. (p. 54)

Target mentions an experience of safe attachments as necessary. We know that to rear children with healthy sexuality, we must provide a positive mirror, beginning in infancy and throughout childhood. Children must neither be favored nor victimized by either parent, but must be the third, separate from the parental unit.

For healthy sexuality it is necessary to be separate, to feel the charge and to take possession of it. If not, the person remains in a symbiotic merger with the other. As I quoted Target previously, you can't merge and lose your boundaries with another unless you are separate.

BIOENERGETIC WORK ON SEXUALITY

One of the principles of Bioenergetics is to first help the clients find their ground, to feel stable standing on their own two feet. As Lowen states in Fear of Life (p 8): “One’s feelings of security and independence are intimately related to the function of his legs and feet. These feelings strongly influence his sexuality.” It follows then that for clients to experience separateness, they must be able to stand, feeling supported by their own legs. It is often necessary to assist them in finding where the pelvis should be held in relation to the rest of the body. The client often needs support from the therapist to be able to manage this new stance.

Not all clients enter therapy ready to stand on their own and be separate. As infants we need a caretaker to survive. If that caretaker doesn’t respond contingently to the infant’s needs or threatens abandonment when the child tries to individuate, the client will be unable to separate from the introjected mother. To do so would mean death. In this case infantile issues need to be addressed before opening the sexual charge.

Another pitfall of opening sexual feelings prematurely is the following. When sexuality is opened before the person has dealt with feelings of shame, he or she either self-attacks or attacks the other (the therapist) to protect against the “bad self”. This is especially true for issues regarding sexual abuse. Sexual abuse often opens the genital charge before the victim can contain it. The charge is over-whelming and frightening; and to make matters worse, the victim usually blames him or herself for the abuse, and experiences intense feelings of shame.

Shame is an emotion that is not readily shared.

Rather the person wants to hide and cover the feeling to

prevent further exposure of inadequacy. Because of

this reaction, the person may internally separate from

the therapist. (Resneck-Sannes, 1991, p. 11)

This is a critical moment because if the shame is not immediately addressed the client will be left feeling that he or she is bad, which may lead to a self-attack, i.e. cutting, over-eating, drugs or attack on the other (the therapist) to protect against the “bad self”. The therapist who opened these feelings must be bad. He or she is the perpetrator over-stimulating the client.

DEVELOPMENTAL CHARGE AND SEXUAL EXPRESSION

Another important contributing factor that Bioenergetic theory brings to the therapy process is the analysis of how developmental charge is held in the body. The belief is that the charge comes into the pelvis in a more differentiated way between 18 months to 3 years.

Reich (1971) made it a point to investigate his clients’ fantasies during masturbation. So, at some point, when the relationship is solid and I’m fairly certain that the question will be received well, I ask my clients what they fantasize about when having partnered sex or masturbating. I do this, because I want to know how they were parented during this time. As I have said, physical aggression charges the pelvis. Children who were physically punished during that time (not necessarily beaten, but swatted on the butt), or harnessed, or confined to a playpen, often have sado/masochistic fantasies during sex or masturbation.

If women are told that their sexual feelings might be over-whelming and that men might have a difficult time containing them, i.e. leading to rape, they report fantasies of being irresistible and captured, so that they aren’t responsible for what follows and can avoid feeling ashamed for wanting sex.

There are as many variations on themes as our wonderful fantasy life will allow. I include Internet videos to be an important part of a client’s fantasy life that also need to be investigated. I have treated many men who have come to therapy suffering from secondary impotence. Each of them experienced harsh rejection and criticism from their partners during sex. As Murray (1986) says in her article: The necessary therapeutic intervention was when she helped her client see “his impotence as an expressive act by his body, through which he told his wife how he felt about her behavior.” (p. 249).

Some of these men turned to Internet sexual videos, which the culture has labeled as pornographic. When questioned about what they were watching, the story line was clear. The women in these videos were all enjoying receiving and giving sexual pleasure. Fantasies are a rich resource of material and I encourage them not to be overlooked when working on attachment issues.

CULTURE AND SEXUALITY

Along with our early relational experiences with our caretakers, cultural attitudes impact how sex is experienced in the body/mind. The definition of normal sexuality has gone through many changes. In the last few years homosexuality and transgender identification are no longer considered sexual perversions. In fact, transsexuals have shown us that gender and sexual attraction are fluid. A woman may be attracted to women and find that the lesbian community provides a safe mirror for connection to herself. When her partner decides to become a man: Is she still a lesbian or is she now heterosexual? Does she have to give up her lesbian community, in which so much of herself is identified? In this context the labels lose their meaning. Gender is no longer a two-option choice. It also means that the ideal couple doesn’t necessarily need to be represented as a heterosexual unit. But then again, how many of us hold our parents’ unions as ideal standards of relatedness?

Homosexuality is no longer considered perverse. It does bring some problems of its own in terms of marginalization by the culture, homophobia and shame. In fact, homophobia impedes the ability to have normal sex, as it interferes with the capacity for imagination during sex of being the gender of the other. Normal sexuality is about being grounded and separate enough in your own body and sense of self that merging and losing body/mind boundaries is pleasurable. For healthy sexuality, we must be able to move from passive surrender (reception) to assertive aggression (thrusting). We need to take on both roles in our imagination. As we receive the penetration in our body/minds we also hold the role of the penetrator, feeling welcomed inside, imagining being touched while touching the other and reveling in the sensation.

CONCLUSION

De-sexualizing our clients is often shaming to them, encouraging them to turn away and negate the very part of them that provides the life force, a sense of joy and power in the world. Therapists who are unaware of how sexuality functions in their own psyches are unable to effectively mirror their clients’ sexuality and are in danger of acting out in the therapy room. However, working with such an integral vulnerable part of the self has its dangers. Virginia Hilton (1987) has

written:

How can we, who haven't resolved our own conflicts, offer those who come to us an ideal relationship for working through their Oedipal/sexual problems? We can't. Hopefully, we can be aware enough of our own issues and how they may impinge on the relationships, so as to keep them out of the way, and clear enough about the nature of the task so as not to simply recapitulate the initial trauma. We can acknowledge our limitations, and seek help for ourselves through therapy and supervision, accepting the fact that we never outgrow the need for such help. (p. 216).

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