Beyond the Brain

Birth, Death, and Transcendence in Psychotherapy

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responding unconscious content. Thus, abreactive approaches that do not give the client unlimited freedom for the entire experiential spectrum, including the perinatal and transpersonal phenomena, cannot expect dramatic therapeutic success. In spite of all I have said in defense of abreaction, it would be a mistake to reduce the technique I am about to describe to abreaction alone, since it involves many other important elements.

A person who wants to use this nondrug technique is asked to assume a reclining position on a comfortable large couch, on a mattress, or on a floor that is padded or covered with a rug. He or she is asked to focus on breathing and on the process in the body and to turn off the intellectual analysis as far as possible. As the breathing gradually becomes deeper and faster, it is useful to imagine it as a cloud of light traveling down through the body and filling all the organs and cells. A short period of this initial hyperventilation with focused attention will usually amplify the preexisting physical sensations and emotions, or induce some new ones. Once the pattern is clearly manifested, the experiential work can begin.

The basic principle is to encourage the client to surrender fully to the emerging sensations and emotions and find appropriate ways of expressing them—by sounds, movements, postures, grimaces, or shaking— without judging or analyzing them. At an appropriate moment, the facilitator offers assistance to the client. The facilitating work can be done by one person, although the ideal situation seems to be a male-female dyad. Prior to the experience, the client is instructed to indicate all through the process with as few words as possible what the energy is doing in his or her body—the location of blockages, excessive charges of certain areas, pressures, pains, or cramps. It is also important for the client to communicate the quality of emotions and various physiological sensations, such as anxiety, guilt feelings, anger, suffocation, nausea, or pressure in the bladder.

The function of the facilitators is to follow the energy flow, amplify the existing processes and sensations, and encourage their full experience and expression. When the client reports pressure on the head or chest, they produce more pressure in exactly those areas by mechanically laying on their hands. Similarly, various muscular pains should be amplified by deep massage, sometimes approaching Rolfing. The facilitators provide resistance if the client

feels like pushing against something. By rhythmical pressure or massage they can encourage gagging and coughing spasms to the point of breakthrough vomiting or dischage of mucus. Feelings of suffocation and strangulation in the throat, which are very common in experiential therapy, can be worked through by asking the client to engage in forceful twisting of a towel while projecting the choking sensations into the hands and the wringing of the fabric. It is also possible to produce pressure on some hard spot near the throat, such as the mandible, the scalenus muscles, or the clavicle; for obvious reasons, the larynx is one of the places where one cannot apply direct pressure.

For working on certain areas of blockage, one can use eclectically various bioenergetic exercises and maneuvers, or elements of Rolfing and polarity massage. The basic principle is to support the existing process rather than impose an external scheme reflecting a particular theory or the ideas of the facilitators. However, within these limits there is ample opportunity for creative improvisation. This can be quite specific when the facilitators know the nature and the content of the experience that is unfolding. In that case their intervention can reflect very concrete details of the theme involved. They can enact mechanically a convincing replica of a particular birth mechanism, offer comforting physical contact during reliving of an early symbiotic situation with the mother, or enhance by localized finger pressure the pain experienced in the context of a past incarnation sequence that involves a wound inflicted by a sword, lance, or dagger.

The behavior of the assisting persons should sensitively follow the nature of the experience. Ideally, it should reflect the intrinsic trajectory of the process unfolding from within the client rather than therapeutic concepts and convictions of the facilitators. Individuals who have experienced this technique as protagonists, assistants, or participant observers frequently liken it to biological delivery. The process unfolds in an elemental fashion; it has its own trajectory and intrinsic wisdom. The role of the facilitator, like that of a good obstetrician, is to remove the obstacles, not to impose his or her own alternative pattern on the natural process unless absolutely necessary.

In congruence with this basic strategy, it is clearly communicated to the client that it is his or her own process and that the facilitators represent only "supporting cast." If assistance seems

appropriate, it is offered to the client, not imposed or enforced. In each stage of the process, the client has the option to interrupt all the external intervention by a specific agreed-upon signal. We ourselves use the word "stop"; this is considered to be an absolutely mandatory and imperative message for the facilitators to stop any activity, no matter how convinced they might be that continuation of what they are doing is indicated and would be beneficial. Any other reactions of the subject are then ignored and are considered part of the experience. Such statements as "You are killing me," "It hurts," "Don't do this to me," unless they come in connnection with the word "stop," are taken as reactions the the symbolic protagonists, whether they be parental figures, archetypal entities, or persons from a past incarnation sequence.

This work requires observance of fundamental principles of ethics and the facilitators should under all circumstances respect the physiological and psychological tolerance of the subject. It is important to use one's judgment as to what constitutes a reasonable amount of pressure or pain. Since it is applied in places of the original trauma, it is frequently experienced by the client as far more intense than it actually is. Even so, the client will typically ask the facilitators to increase the discomfort beyond the level they might feel is appropriate. This seems to reflect the fact that the original amount of pain by far surpasses that which is imposed externally, and the client senses that, in order to complete the gestalt, he or she must experience consciously the full extent of the emotions and sensations that are involved in the emerging theme.

The facilitators should follow the movement of energy and encourage full experience and expression of whatever is happening until the subject reaches a tension-free, pleasant, and clear state of mind. At this time, suportive physical contact might be appropriate, especially if the experience involved early childhood memories. Enough time should be allowed for the subject to integrate the experience and to return to everyday consciousness. An average duration of this work is between half an hour and an hour and a half. If it is not possible to reach full completion of the gestalt, the rule is to deal with the emotions and sensations that are easily available without forceful maneuvers on the part of the facilitators. The work then should continue whenever the tensions build up again to a sufficient degree; this can be a matter of hours or days.