Reichian Therapy

The Technique, for Home Use

By

Jack Willis

PART ONE

Jack Willis has a private practice in Los Angeles, California.
He may be reached at 310-215-1776.
His email is jack@ReichianTherapy.net.
Email must contain “REICHIAN THERAPY” as the subject to receive a response.
Frequent or extended conversation may require a charge.

Suggestions for changes, improvements, additions, etc. to the text of the book or the indexes are welcome.

CHAPTER 1

AN INTRODUCTION TO THE WORK

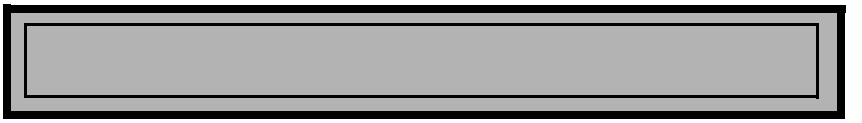
GENERAL DISCUSSION OF THE WORK

Part One of the book consists of a general discussion, the exercises to do each day and an explanation of proper breathing to go with the work. Part Two of the book covers each of the areas of the body from the forehead to the legs.

HOW TO READ THIS BOOK

Each issue covered will be set out in a box. The box will appear before the detailed discussion. You can quickly get a general idea or the material by just reading what is in the boxes or you can use the boxes as a way to review.

There will be two types of boxes. A major box is shown as



Major boxes will cover an area of information.
A minor box is shown as:

Minor boxes will provide a preview summary of the material discussed subsequently in detail.

Occasionally I have a point that I want to emphasize. That does not mean the point is more important, it means that if you keep it in mind it will help a great deal with your work. An emphasis point will be shown as:

In learning all these exercises (in doing this work) I would suggest that you first just read through both parts of the book to get an overall idea of the possible extent of the work. This read will be rather daunting in that it will seem to present so much material that it will be impossible for you ever to learn it all. Don't worry about that. Just read through to get an overall idea of where you are going. Then start again with Chapter two and just learn the daily exercises. Spend a week or two just with the daily exercises until they are learned and practiced. Then re-read Chapters three and four. Now spend as long as it takes you to do a half reasonable job with the normal breathing as discussed in Chapters three and four. Even though there is then a lot to do with the breathing, still once you have at least partially mastered Chapters three and four, skip in your work to Chapter 11 and start work on your forehead and eyes.

Here is the first special note. After substantially mastering Chapters three and four, skip to Chapter 11 and start to clear up your forehead and eyes. This is important.

You've been breathing all your life. You know how to breathe. What's the big deal? Wait till you try to breathe properly, you'll see what the big deal is. In any event, get this down as well as you think you can and then start with the

material in Chapter five. Practice each of the breathing exercises there, one at a time in order, until you have learned each of them. Many, I can assure you ahead of time, you will not be able to do. Don't let that throw you. The idea at this time — at the beginning of the Reichian work that will occupy you for years to come — is just to make all these exercises a part of your fund of knowledge. In time, as the work progresses, because you have spent some time with each of the breathing exercises and made them part of your knowledge base, you will be able to use each as it seems appropriate in the course of your work.

WHAT IS THIS WORK

It is to be appreciated that Reichian therapy is psychotherapy. It is not mysticism, it is not meditation, it is not occult. It is not chakras or auras or meridians. It is psychotherapy. The major difference in Reichian therapy is that it approaches the psychotherapeutic process by working on the body.

The methods here were first developed by Wilhelm Reich and then added to by various practitioners including the author. Since Reich did not leave any detailed description of his technique, it is not possible to say with confidence which of the exercises presented are directly those used by Reich and which were added by other practitioners. The author was taught the therapy by Francis Regardie who practiced this therapy for over three decades. The author has been practicing the therapy for three and one half decades and thus this presentation bears the signature of over sixty five years of experience.[1]

This book will not present the theory of body-based psychotherapy. That will be the task of a separate book designed for the practicing psychotherapist. It is clear that the theory of the therapy put forth by Reich is totally mistaken. It is ignored in this presentation. For those people who need, for personal reasons, to re-introduce Reich's sexual and/or energy theories into the practice, they may do so as they read and perhaps mark up their copy of this book.

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1. The author is 4th generation trained. From Reich to Dr. A; from Dr. A to Dr. B; from Dr. B to Dr. C; from Dr. C to Dr. Willis

Reichian therapy is a particularly powerful technique of therapy. Reichian therapy, by itself, can accomplish things that normal verbal therapy can not do. But body-based psychotherapy does not supplant or obviate normal verbal therapy. It is still the case that insight, self-understanding, is essential to any psychotherapeutic process.

It is by no means required that you be in some form of verbal therapy in order to make effective use of these procedures. Reichian therapy will do its job whether you are or are not also in verbal psychotherapy. But, as I will emphasize repeatedly, this is a powerful form of therapy and its power must be respected. I had one patient who took what little he had learned as a patient and then stopped therapy to do the work on his own at home. When he returned, he had done so much harm to himself that I refused to take him back into therapy. That story is not meant to scare you, it is meant to underscore the power of this approach and thus the need to proceed slowly.

A MINOR NOTE ON REPETITION

There is, in this book, a non-trivial amount of repetition. Obviously, since I even mention it here, it is deliberate. There are some issues which are, in my view, so important that I would rather my reader be annoyed by the repetition than the point be lost in an otherwise reasonably lengthy book.

Repetition is annoying, not being aware of an issue can be dangerous.

A NOTE ON CHAPTER 23

As you see, this is not a short book. There is a lot to cover and I have attempted to supply as much of the technique and theory as might be needed for the personal use of this therapy. Chapter 23 alone is over 100 pages long. By the time you get to Chapter 23, where I deal with the cognitive work you should do along with the body work, there may be a tendency to just skip that chapter and stop at the body work. I want to caution against that tendency. The cognitive work is essential for the body work to have its desired result. I urge you, at least once, to take the time

to read Chapter 23. You may or may not be willing to undertake the more arduous work of observing yourself and using the exercises and techniques I provide in Chapter 23, but reading it at least once is a worthwhile investment of your time.

WHAT IS THE PURPOSE OF THIS WORK?

In two words, it is **character change**. Ok, so what is character? Simply, it is the basic way any given person approaches life.

Here we must look at three words: behavior, personality and character. As will become apparent, behavior is an expression of personality and personality is an expression of character.

Behavior is what is observable about a person.

If you were to see me right now some things would be obvious (and unimportant). Obviously I am sitting at my computer and typing. Occasionally I stop to consult the manual on this particular word processing program. Those are all behaviors, but not relevant behaviors. They are all required by the fact that I am writing this book.

But there are also important observable behaviors. I am bent over rather than sitting up straight. My head is near the computer screen rather than being back the usual distance. It is a Sunday but instead of playing, watching television or puttering about the house, I am writing this book. Classical music is playing in the background.

None of these observable behaviors is required. They all are expressions of who I am as a person, they are all behaviors that are psychologically relevant. Psychologically relevant behavior is an expression of and grows out of the personality.

Personality is the same or similar behavior seen in different situations.

There is a simple example of this. If you are about to give a speech or make a presentation before a group and are nervous,

that is a behavior. You have, to a greater or lesser degree, "stage fright."

If, however, in many situations you display nervousness, that is a part of your personality. You are a nervous person. To use a term from math, we get to personality by summing up like or similar behaviors over many situations.

Character is never seen. Character is inferred[2].

Character is the basic statement a person makes (unrecognized) about himself, the world, and the relationship between the two. Here are two examples, first a short one — just the bare bones — then an extended example.

A short example:

As a result of various childhood experiences, Jim regards the world of people as unpredictable. His implicit statement about the world is that you can never really predict what anyone will do. His implicit statement about himself is that he is not capable of understanding people's motivations. His character trait is that he is rational while other people are irrational; his personality is that he is a guarded person; his behavior is that he does not readily make friends and even with people he calls his friends, he does not tend to call on them to come to his aid in a time of need.

Now for an extended example.

It is difficult to fully grasp these concepts without the aid of an illustration. For that reason, I have created a patient biography to illustrate and explain these concepts. To help pick out the behaviors, personality and character I have **bolded (B)** the

2. Character is an ambiguous word in English. In one instance we speak of character rather like integrity as in "he is a man of good character." In another context we speak of character rather like different or inconsistent as in "what a character he is." As the word is used here it has no ethical implication. Everyone alive has a character. To live is to have a character. Character in this context is neither good nor bad, it simply is. It can be analogized to height. Everyone is some height. In general tall is better than short, but better only because being tall is more rewarded in the culture than is being short.

behaviors, ***bolded and italicized (P)*** the personality, and **<u>bolded and underlined (C)</u>** the character.

Betty's mother regards proper behavior as the hallmark of a properly raised child. From an early age, well before Betty has any real memory of it — though she knows of it from her mother's proud stories — Betty was trained to say "bye bye", "thank you" and "may I." Betty was required to eat all the food put before her and was not allowed to leave the table before requesting and receiving permission. Between meal snacks were permitted only if they "would not spoil her appetite." Dessert was permitted only if she ate all her food with the proper speed and used the right eating utensils. Posture was important and Betty was constantly told to "not slouch." Clothes had to be clean, had to be picked up at night, and had to be placed in the hamper for washing. In the morning, Betty's mother would pick out what she was to wear for the day. No disagreement was permitted. One of Betty's earliest memories was when she was taken to the park. She sees herself (in her memory) as being on the "jungle jim" when her dress rips. She remembers thinking that she must hide it from her mother and feeling fear, excitement, and that if she could just always turn her back to her mother then her mother would not see the rip. Betty soon recognized that what was important was ***how you acted (P)***. Her father provided a solution.

Betty's father was a policeman and often had to put in overtime. When he did come home, something that could never be planned, he was usually tired and non-communicative. Father usually stopped at the local policeman's bar after work — to take the edge off as he would say later — and the smell of alcohol on his breath was something that Betty took as natural. Given his occupation, he was particularly concerned, perhaps even more than Betty's mother, that Betty be well behaved so that she would not reflect badly on him. His major and offstated view was that good parents had good children and he "would see that she was dealt with severely" if she ever got into trouble.

From Betty's child's world view, ***her preferences***, likes and dislikes, choices, and desires all ***were either of no consequence or were wrong (P)***. She hated the clothes her mother laid out for her, but in time concluded that she must be wrong and ***had poor***

taste in clothes* (P)**. Since her food preferences were ignored and since dinner was a distasteful command performance of proper behavior and proper eating, she came to ***dread dinner and to regard ***food as a form of punishment (P)***. Sleep, too, was a contest. She had to be in bed at a certain time with the lights out. Believing that her night-time fears would not be acceptable, she never told her parents about her fear that some bad man that daddy was after would come and hurt her at night to get back at daddy. She was ***fascinated by and at the same time terrified of the gun (P)*** her daddy wore and once she learned from the television that policemen killed people, she **formed the fear that if she were bad that daddy would kill her as he killed other people (C)**. Since both her parents were only concerned with her behavior and considered Betty's own ideas to be of no importance, **she never told them about any of her fears (B)**. As Betty sought to separate her inner life from her actions, her father became her guide and protector. **She decided that if she had a policeman inside herself then she could not do anything wrong because policemen punished people who did things wrong (C)**. Thereafter **Betty created an imaginary policeman inside herself** and had constant **inner dialogues with the policeman, checking with the policeman at all times before she allowed herself to act (C)**.

Betty soon stopped trying to form her own judgements (P) since they were either wrong or would make her desire things that she could not have. In time ***she grew to ignore any desires of her own (P)*** and simply ***incorporated all her parent's injunctions of the right way to behave (P)***. **She was the model child of decorum (B)** and for this she was praised effusively by her mother and by her father, when she saw him. She resented that she could not spend time with her father but also was glad that he was never around because he was just as controlling as mother. The first time that she told a schoolmate that her father was a policeman, the schoolmate immediately told everyone else. Her girl playmates started mildly to shun her because they did not want to get in trouble with the policeman and her boy playmates started shooting her with their fingers. She decided never to tell anyone again what her father did and thereafter **learned to lie about it (B)**. She made up for the loss by **expanding the**

policeman inside herself to a whole police station (C). Initially it only had men policeman like her father. Later she saw on the television that there could also be women policemen, so she added women officers to her mental police station. Mainly the policemen and women only punished bad people. Sometimes Betty would imagine that the policemen were helping good little children who were lost. But she could never expand on those fantasies — they always just ended when the policeman told the good child how to get home — and thus her good-child fantasies ended soon and **she only focused on the bad people that the policeman captured (C)**. A few times she imagined that the policeman would kill the bad person; but she found that these fantasies were too emotionally arousing and were thus unpleasant, so she stopped them. To stop her "bad" (that is, unpleasant or unsatisfying) fantasies **she created a police sergeant who controlled what fantasies she was allowed to have with the police officers (C)**. Effectively, she had created a (mental) policeman to control her other (mental) policemen.

Betty's religious instruction started when she was three. She was required each night to say her prayers before bed, a ritual her mother supervised. When her unexpressed terror at night developed, Betty responded by **extending her praying (B)**, a method of putting off the time when the lights were turned off and a method of seeking a protector against the man who would come in and kill her. Her mother viewed this behavior initially as indicating that Betty was growing up and becoming more committed to her Savior but later came to be annoyed by the extended time for this ritual and limited Betty to saying her prayer three times and no more. Betty complied by deciding that ***three was a magic number and any more or less would be dangerous (P)***.

Psychosexually, Betty was breast fed on a demand schedule as current proper motherly behavior demanded. But Betty was moved to scheduled feeding and then to the bottle as rapidly as Betty would permit. Toilet training was started at 18 months, as was socially proper. The method employed was to put Betty on the training toilet for as long as necessary to achieve elimination. Betty was not allowed to leave the training toilet until she eliminated. When she "did the right thing" she was praised

effusively. Subsequent soiling was met with disapproval and disdain. Nudity was not allowed in the house. Later, when Betty had developed her mental police station, she assigned **a special policeman** — he was called Mr. Dodo Right (a play on words from a television show she saw that had a Dudley Doright character) — and this **policeman's duty was to see that little girls did not make "dodo" in their pants (C)**.

Betty had plenty of playmates with whom she always **played "the right way (B)**." For **all her toys there was a right way to use it and a wrong way (B)**. Betty's mother, and on rare occasions her father, always made sure that she was shown the right way to play with her toys and playing in the wrong way was stopped with "no, Betty, here is how we play with this toy." Betty soon ***found that her fantasy life was only acceptable when it resulted in appropriate behavior (P)***. She also discovered that she could "**day dream (B)**" as her mother derisively called it ***as long as she hid the activity (P)*** from prying adult eyes, which is to say that the day dream did not result in any action. To her mother's and father's delight and praise, **Betty then took to spending a lot of time reading (B)**. That she did not seem to know what she read (because the book was merely something to occupy her hands while she lived out her rich fantasy life) was soon accepted by her parents as "just the way she is." Her fantasy life became much more satisfying then her play with friends since in her fantasy life the policemen and policewomen were her friends and they did not withdraw or shoot her with their fingers and she did not have to **lie to them (B)** ***She was deeply conflicted about lying since telling the truth was right but telling the truth to her young friends was emotionally painful and thus truth led to pain and lying lead to internal punishment which was painful (P)***.

As she grew up, she found by watching television and hearing her parents speak that sometimes policeman beat up the bad people. After that her **fantasies** about the mental police force **grew more elaborate and took on a decidedly violent character (C)**. She also started to include herself as one of the bad people who were beaten by the policemen. For reasons she never could understand, these fantasies were somehow very satisfying even though they involved her being beaten.

At age 13, **Betty became more committed to her school studies, withdrawing almost entirely from social contact (B)**. While her parents were initially pleased with this devotion to school, they soon started to urge her to find "good schoolmates" to play with. In time the conflict in the house grew between the opposing demands that Betty do well in school and that Betty not spend so much time at home alone, that she have more friends. By the age of 16, **Betty started to cut herself (self-mutilation) (B)** and to **eat less and less (B)** in order to avoid the dinner table. Betty shortly came to the attention of the school psychologist who recommended that Betty get counseling. The intake diagnosis was "adjustment reaction of childhood with incipient anorexia and depression."

At 18, Betty graduated from high school and started attending the local junior college. When **she failed all her classes the first semester (B)**, her parents took her to a therapist who diagnosed Betty as a **borderline character with depressive features (C)**.

It is not critical that you follow all of the above portrait, it is only important that you recognize and keep in mind that your behavior — what you observe about yourself — grows out of your personality — the way you describe yourself and/or the way others describe you — and that both grow out of the character.

Because character is the deepest layer of the person and because no one can describe his or her own character, character changes slowly. Even though Reichian therapy works directly on the character, it does it — and must do it — slowly. You are not going to do the work for a month or even a year and see instant results. It is slow and careful work designed for the serious student of self-development.

Also, as you change you will probably not be aware of it. When I say that character is the basic way you are in the world; that is what I mean. When your basic nature changes, you will generally not be aware of the change because it is simply the 'you' that is different. People around you will be aware of the change. And you will often see the change when you do something and then afterwards realize that you didn't do it that way before. This is the secret magic of this work.

Perhaps you are the type of person who has trouble standing up for yourself. Then one day you effortlessly refuse to do something that you really did not want to do. Afterwards, it occurs to you that 'gee, that was weird, that was so natural to say no and yet I would never have been able to do that before.' This is the essence of how things work.

The power of this Reichian work is that it will change you as a person. Your very being will be different. Don't concern yourself with emotions during the body work. If they arise, that is fine. If they do not arise, that is also fine. The beauty of the Reichian work is that done properly it will do its job, not because of you but despite you. This is something to keep upper most in your mind: do the Reichian work and give yourself permission to change. This is not the world of instant reward.

That brings up our next point. The great majority of the effects of the work occur in your dreams.

There is an easy analogy. Suppose you go into a gym for a weight strength-training workout. At the end of the workout will your muscles be bigger? Of course not. What you do see is that over time, as the weight training continues, your muscle bulk and strength changes. If it does not change during the workout, when does it change? While you sleep.

So it is with this work of self-improvement. The work itself can produce all sorts of body shaking, feelings of electric currents or tingling, feelings of lightness or heaviness, feelings of a part of your body being relaxed or tense, feelings of your chest being open or closed, strange tastes or smells, feelings of parts of your body being dead or ultra sensitive; all these things can and likely will happen and all are acceptable and correct. But like muscle tiredness at the end of strength training, ***the real growth, the real change will happen while you sleep***.

Irrespective of what you experience during sessions or memories that you recover, the real work, the process of change, will occur by way of your dreams. At the end of the book, in Chapter 23, I will discuss the cognitive work that should accompany your body work.

There are two other major changes that will also occur as a result of the work. One is that you will, if you allow it, become far more emotionally sensitive. I don't mean by that that you will be more emotional, I mean more emotionally sensitive. Before I explain the difference I want to mention the second major change. Because this work will make you much more aware of your body, it will also have a profound effect on your sexual experience. That simply makes sense. People who are more in touch with their body have better sex. No mystery there. The mystery is in reaching that state of heightened body sensitivity.

Now I can talk about that difference between emotional and emotionally sensitive. To put the point easily, it is the difference between a big meal and a fine meal. The emotional person is like the person who eats big meals. He becomes emotionally fat. The emotionally sensitive person is like the gourmet. He may have only a few courses or dishes, but each dish is small so that he can savor the delicate flavors. Think about becoming a gourmet of the emotions.

There is another way to understand what will happen with this work. Consider a young child. He has fallen and scraped his knee. He is crying. Now someone comes along and says "stop crying!" The question is: how does one do that, how does one go about 'stopping crying?'

Well, if we were to see that child crying, his eyes are crunched up, his chin is quivering, the sound is coming from his throat, his chest is heaving up and down, his belly is going in and out. He is using his body all the way from his eyes to his belly. Now if he clamps his jaw so it can not quiver, he tenses his throat to stop the sound, he takes a breath and holds it, he tightens his abdominal muscles; he has then, by choice, interfered with all the body motions that permit the crying.

Over time with repeated experiences of having to stop his crying these tensions become a body habit. These areas are now tense all the time, just like an upright posture (how many parents keep saying: "don't slouch, stand up straight" or "sit up straight"). Soon the child can no longer cry, he can only leak tears. That too gets stopped as the muscles around the tear ducts

are tensed. Then we get the person who "has not cried in 20 years."

Well the same chest that this youngster tensed in order not to cry is also the same chest that relates to tenderness, love, empathy, sadness, pride, homesickness, and a host of similar feelings.

THE NATURE OF EMOTION AND ITS PLACE IN REICHIAN THERAPY

Reich, among a number of errors, took the totally unclear concept of repression and turned it, undefined, into the *sine qua non* of the therapy. At the same time he changed from a focus on the character to a focus on the emotions. The rest of the body-based psychotherapists (Lowen, Boadella, etc.) followed Reich into this labyrinth of therapy being about repressed emotions.

Despite what you may have thought, emotions are not automatic. We can stop emotions or we can create them. If we could not create emotions there would be no profession of acting. When we create emotions (other than as an actor) we are doing so in order to manipulate ourselves or others. Who of us has not seen a child create tears in order to get attention?

During the course of this work you will feel many things, some very old and some very new. Try to allow the feelings but not to cause the feelings. Also try to give physical and/or verbal expression to whatever you do feel. Judging a feeling to be inappropriate or invalid only leads to denial or to self-manipulation and works against the therapy. Just allow, do not cause, do not inhibit.

I want to emphasize that emotions are NOT the goal, the purpose or the objective of this work. If, during a session, you experience some emotion, that is neither a good thing nor a bad thing; it is not a sign of progress or a danger signal. Reichian therapy, practiced conscientiously at home, will do its work irrespective of any emotional experiences. All too many people wrongly assume that expressing emotions in therapy is appropriate and curative. It is not. Emotional experiences and/or expressions are neither appropriate nor inappropriate, they are simple brute facts. What cures is insight and the work, as you

proceed through it, will allow you to better observe yourself and understand the source of your character.

If you have read Reich or Lowen or most of the other body-based psychotherapy authors, you have been told that the goal of the therapy is "emotional expression."

THAT IS NOT CORRECT

Human beings are cognitive animals. Except for some primitive survival-related emotions, emotions are not primary, they are derivative. We start with concepts and it is from concepts that emotions arise. Problems in living — psychological problems — are not emotional problems, they are cognitive problems. Inappropriate emotions arise from inappropriate concepts.

> "The prerequisite for the experience of feeling is consciousness. Feeling is the conscious perception of an emotion.[3]
>
> It is probable that most emotions are not felt on a conscious level, and when they are – they are felt after the fact: the latter comprising actions with objects in the outer world or just imaginative acts. Interactions in reality or just imagined tend to proceed the emergence of emotions and sometimes they eventuate in conscious feelings.
>
> There has been written a lot about basic-emotions, primary emotions, secondary emotions, background emotions and moods... and various taxonomies have been spelled out. In short, human infants and animals tend to express

3. Technically we use three different words: affect, emotion, and feeling. Affect is what occurs in the brain. It may or may not have any body expression. Emotion is what occurs when affect has a body effect. Feeling is the conscious recognition of an emotion or an affect. There can be affect with emotion; there can also be feeling without emotion. That is, it is not always necessary for there to be a body response to affect for there to be feeling. This latter condition is the norm when the spine is cut (as in quadriplegia) such that the person is unable to get any sensory data from the body.

> signs of fear, joy, rage, and sorrow. There is always an action pattern associated with these affects: flight with fear, proximity with joy, fight with rage and withdrawal with sorrow. Besides these "basic emotions, there are emotions like jealousy. guilt, shame. etc. The cognitive element is probably more complex in these later and maturated affects."[4]

I will reiterate this view throughout this book but I don't know any way to make this statement more emphatic other than to bold and underline it as follows:

THE GOAL OF THIS WORK IS CHARACTER CHANGE; IT IS NOT A GOAL OF THIS WORK TO EXPRESS EMOTION!

If you undertake this work with the idea that you will "get out your emotions," you will fail in the work.

Again I am leaving out all the theory of this and just giving you the conclusion. But I can without qualification guarantee that if you try to produce emotional expression from this work, you will get, if you are fortunate, nothing from it. If you are unfortunate, you will do great damage to yourself.

If you experience an emotion, fine, allow it to your personal level of comfort. But if you do not experience any emotions, that too is fine. The work will do its job. It only requires conscientious effort on your part.

4. Tallberg, T. (2003). Transforming emotional experiences. *The Scandinavian Psychoanalytic Review. 26(2)*, 131-140

GENERAL POINTS

1. **the basic posture**
   on back, legs bent, arms slightly bent at the elbow
2. **eyes open at all times**
3. **don't overtax**
   easy does it, this is not a contest
4. **frequency**
   not more than two times per week
5. **duration**
   at most one hour
6. **post exercise sensing**
   end each session with a spoken report on your body sensations
7. **order of the exercises**
   daily exercises, session exercise starts with learning the breathing
8. **don't punish yourself**
   not causing, but allowing
   forget discipline, behaving, obeying; that is the language of submission, not the language of growth
   don't condemn yourself for not doing things perfectly
9. **don't stress beyond endurance**
   ALWAYS TOO SLOWLY
10. **exercise**
    OK, but better fast repetitions against low weights as opposed to few repetitions against heavy weights

A FEW GENERAL POINTS

THE BASIC POSTURE

The work is done lying on your back on a bed. The bed can be hard or soft, it does not matter. But lying on the floor on a very thin mattress or a futon will not work because when you get to the shoulders, the chest, or the leg exercises you will be striking the mattress with as much force as possible and that can not be done against a hard floor.

Lying on your back, the knees are bent so that the feet are flat on the bed and about 6 to 8 inches from your behind. (Figure 1 on page 19) The feet should be apart by about six or seven inches such that they are in line with your hip joints. Similarly, the legs at the knees should be about six or seven inches apart (Figure 2 on page 19).

The arms are at your side, lying on the mattress, with the palm of your hands flat on the mattress. The elbows are slightly bent (Figure 2).

Now with your palms flat, your wrist should also be flat against the bed. Many people have too much tension in their shoulders to allow their wrist to lie flat. Don't try to force it. As the work proceeds and you reduce the tension in your chest and shoulders, your wrist will come down over time to rest flat on the mattress.

Figure 3 on page 19 shows a minor but common error. In the left photograph the legs are properly spread (in line with the hip). In the right photograph, the legs have been allowed to lean outward.

Breathing ***fully and properly*** is the central issue of the training. I discuss the issue of breathing fully in Part One of this book.

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Figure 1

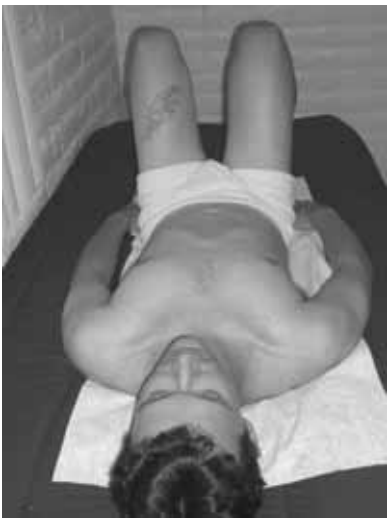

Figure 2

Figure 3

EYES OPEN AT ALL TIMES

At all times, unless a given exercises says otherwise, the eyes should be open. Some exercises in Part Two specifically call for the eyes to be closed (for example, the tonic eyes closed exercise on page 185). Reich termed this demand for the eyes to be open as "staying in contact." He was correct. It is all too easy to drop context and leave the body focus of the work when you allow your eyes to close.

DON'T OVERTAX

I want to emphasize that you should not overtax yourself in these exercises. Far better to do too little, then to do too much. This is not a race, it is not a performance, it is not a competition. In each session, do no more than seems to be appropriate to your body and to your reactions. Whatever you leave undone, will still be there the next time and ready for the work. Here is the rule:

ALWAYS TOO SLOWLY

FREQUENCY

Leave at least 48 hours between sessions. If you do a session on Monday, do not do another one before Thursday. Give your dreams time to work on the material.

On the other hand, doing the exercises only once every several weeks is too long. One time per week should be your minimum frequency

DURATION

When you are doing the exercises, continue each exercise until your performance drops off dramatically (that is, you are physically tired or you simply can no longer do the exercise properly) or until you are getting so strong a response that you think it best to stop for this session.

As before, there is no harm in stopping early; but you also do not want to use a decrease in performance as a ready excuse to not proceed. Simple common sense is your best guide.

The maximum duration of work for any one session is one hour.

POST EXERCISE SENSING AND FEELING

After each work session lie flat on the bed and sense your body. Don't stretch or move. Just extend your legs and lay quietly sensing your body. It works much better if you report the sensations out loud (talk to the ceiling). I could give you a list of all the possible reports, but that would be leading and I want you to have your own experience, not a copy of others' experiences. Take as long as you need to fully report. The sensations might weaken, they might strengthen, they might change in location or feel. Just report what you experience. Take as long as there is anything more that you can report. Keep in mind that there is a tendency to fall asleep. Don't worry if you do fall asleep; it only means that you have achieved significant relaxation.

It is crucial that the report be verbal. If you allow yourself to only think the report then almost immediately you will start to fantasize or you leave the sensations from your body and start thinking of something else. The only way to force yourself to stay with a report of your body sensations is to audibly speak the report.

Every sessions, even if it is a short one, should be followed by a sense and feel session. Extend your legs, don't move, just report out loud on any body sensations. This is an important part of the work.

ORDER OF THE EXERCISES

Start with the daily work and with the breathing. You can either mostly complete Part One of this book before you go to Part Two or when you have the breathing down fairly well (you

will see in this book that there is a lot to do – but the main thing is the belly-chest order and the sound), then you can go to Part Two in the book and work on the body. My recommendation, repeated several times, is that you get a good start on the breathing; then, while still working on the breathing in Part One of the book, start on the forehead and eyes exercises in Chapter 11.

Here is a shocker: everyone is different. You will move at your own pace. There is no harm in progressing quickly to the work in Part Two, but don't use that as a trick to short change the work to be done in Part One. In any event, do not do the work in Chapters 12 through 22, the work on the body, before you have fully worked on the forehead and eyes in Chapter 11.

DON'T PUNISH YOURSELF

What is the most important word to parents? It is "discipline." What is the most important word to teachers? It is "behave." What is the most important word to statists? It is "obey."

In our life we are pushed to control, submit, inhibit. Now you are going to try to get rid of a lot of that obey burden. But you bring with you to the work the attitude of submission, of doing things properly. That "do it right attitude" is going to cause you no end of trouble with this work. You are going to have to fight that attitude throughout this work.

Reichian work is different from any verbal therapy you are in or have been in. The goal here — and this is really important — is that you allow rather than cause. This point needs emphasis.

If there is one error that people make more than any other in doing this type of work, that is body-oriented psychotherapy, it is that they try to "get something." They try to "make something happen." If you take that attitude I guarantee you that you will fail in this work. You will not get the desirable changes; you will not get insight; your character errors will not change, they will become more set and fixed. Don't seek after any particular experience, don't seek after any particular change; just do the work and allow to happen whatever happens.

Now, you might take that to mean license to allow destructive traits to emerge. So let me make it quite clear: **the job of**

living is living. A change that gets in the way of living is not a good change. If you notice that happening, if you notice at all that you are starting to act out in self-damaging ways, then consciously step in and stop it. To allow change to occur is not license to be self-destructive.

THE JOB OF LIVING IS LIVING. It is not the job of living to do therapy. This type of work should only be done to the extent that it aids you in the job of living. There is no reason, no excuse, to use therapy for self-destructive ends

When discussing the various exercises, I often mention errors that people make in the exercises. ***Don't condemn yourself for not doing things perfectly.*** That fact that I mention the errors that I frequently see when I am working with patients is testimony that the respective error is seen often. That, in turn, means that it is a reasonable assumption that you, too, will make a lot of these errors. OK. Accept that. All too often students condemn themselves for not doing a given thing properly. That condemnation is not part of self-improvement, it is part of stuck-in-the-obey-attitude.

Can you name anything in life that you did perfectly from the start? If you can, you are a messiah. You are going to make errors, you are going to find things you can not do. Accept that fact. As you attempt each exercise, realize ahead of time that you are going to have to learn to do the exercise and you will not do it properly at the start. Yes there are some exercises that are easier to do than others but if you demand of yourself that you be able to do any given exercise only in the absolutely correct way then you are going to fail at this work.

Instead of demanding perfection of yourself and condemning yourself when you can't meet that standard, treat each exercise as a learning experience. The idea is to observe your errors with acceptance, not with condemnation.

Keep in mind that you are correcting a lifetime of character errors and that demands on your self and self-condemnation are exactly the opposite of correction. A principle and attitude to

maintain throughout this work is: I am a student, I am learning, I will not be tested, I will not be graded, the more I learn over time the better I will be at my studies but overall I will accept my limitations at any given point in the work.

DON'T STRESS BEYOND ENDURANCE

In this book I have included only a sub-set of all the exercises in Reichian therapy. The material I present here can be done alone or with a helper.

In doing these exercise the principle is: **ALWAYS TOO SLOWLY!**

If you go slowly, the worst that can happen is that your progress is less rapid than it might have been. If you go too fast you might accidentally go beyond your endurance.

HERE ARE THE RULES FOR THE INITIATE

WHEN I SAY AN EXERCISE IS POWERFUL, BELIEVE ME.

Some exercises seem very easy. Some exercises sound so simple that it is hard to understand how they might even do anything. But the author has 35 years of experience with these exercises and their effects. When I say an exercise is powerful I mean it. Trust me.

DON'T DO ANY EXERCISE FOR AN EXTENDED PERIOD OF TIME

15 minutes is the maximum time for any exercise. Twice a week is the maximum frequency (except for the daily exercises presented later). To repeat, wait at least two days between workouts. That is, if you do it on Monday, do not do it again before Thursday. One time per week is fine, twice per week may be OK, more than two times per week is too much.

Pay attention to your behavior, emotions and dreams. As you do this work your behavior will change organically and naturally. It is not like therapy where you are working on a particular

problem or behavior. It is a character change, a general change in you as a being.

During the process, particular behaviors can get out of hand. By that I mean that the behavior can become counter-productive to your life. An easy example is anger. If sex was the great taboo 100 years ago, now the great taboo is anger. But anger is the creative emotion. It is only because you do not like some condition, it is only because some condition angers you, that you are moved to change it. Anger is good – when used for production. Anger is bad – when used for destruction.

You may be too weak or too strong on the anger side. The Reichian work will free your anger as it will free everything else. But if the anger is getting out of hand it can wreck marriages, friendships, or jobs. Then it is too strong (it is destructive) and so you need to stop the exercises, perhaps even the daily ones, until things quiet down, until you get your angry behavior under control. Even if that takes a year, it is all right. However long it takes to get counter-productive behaviors under control, is the right amount of time.

If you find that emotion of any type is getting too strong, stop the exercises entirely until your emotions settle down. **I MEAN IT**.

These exercises can increase any of the over 550 emotions listed in the English language[5]. When I speak of emotion most people think only of things like anxiety, anger, and depression. **I MEAN ANY**.

You can become too elated, too needy, too suspicious. Any emotion or set of emotions can start to get out of hand. Watch your emotional tone and do not let it or them get out of hand.

These exercises work mainly through the dreams. Some bad dreams are OK. They are not unexpected. But if you find your sleep is severely disturbed or your dreams too frequently disturbing, stop the exercises for at least one week more than the time it takes for the sleep and/or the dreams to return to normal.

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5. Averill, J. (1980) A Constructivist View of Emotion. In R. Plutchik & H. Hellerman. (Eds.). *Theories of emotion* (pp. 305-339) New York: Academic Press.

On any given learning session, if your emotions become too strong stop the session at that point.

DON'T PUSH! ALWAYS TOO SLOWLY. Stopping when your emotions get too strong will not cause any damage but continuing on can cause damage. The issue will still be present and it will arise again or be fixed by the dreams.

YOUR DAILY EXERCISES ADD TO YOUR WEEKLY SESSION

The daily exercises are not meaningless. If they were, I would not give them to you as a daily routine. The daily exercises are doing a lot all by themselves. When you add more exercises to your daily exercises you are doing that much more. If you find that it is necessary to stop the weekly exercise session, it might also be prudent to stop the daily exercises until things inside you quiet down.

An exercise that may seem to do nothing at one point in your work may be too strong at another point in your work.

For this warning, I think an actual example will help. There is an exercise called "the passive session." The exercise could not appear simpler. For some people this seemingly simple exercise is too strong even the first time. Many people have so much control that they do not let the sensing of the body get beyond a low level. In such a case, and if you are one of those controlled people, it might appear that the exercise had no effect. That is not true, but it will seem that way. But then, later after lots of time has been spent in the Reichian exercises, this same exercise can be so powerful that it leaves you shaken for weeks.

Even when I give you a time for the exercise (the passive session is usually done for one full hour) if you find it is having too strong an effect, stop early. Times given are a maximum not a requirement. **DON'T EXCEED MAXIMUM TIMES EVEN IF YOU THINK YOU CAN**.

Character change is not a race. Sorry, but there are no medals for outstanding performance in changing character problems. There are, however, penalties for trying to move too fast.

I have already said that two sessions per week is the maximum. I have also said that if things start to get too strong or

too rapid then you should stop the exercises until things quiet down. There is another way to consider this.

Your body and brain are like the thermostat in your home or office. As the thermostat keeps the temperature constant, so your body and brain keep their way-of-being constant. Your subconscious fights desperately not to change. That is the way we are built. Whether by God or by evolution, that is what we are. We fight change just because we are what we are.

Now with the Reichian exercises, you are going to try to change that. But your being resists the change. Please don't pretend to yourself that you are more enlightened or a more evolved person. You are still human and you are still subject to the nature of the human being. Remember this work is psychotherapy. You have spent your life up till now developing the character you have; changing it will not happen quickly and it should not happen quickly.

This is not a race. This is not to see how much you can do in a short time compared to your fantasy of the ideal or the speed of your friend. Each and every one of us has our own personal devils. Some devils are on the surface, they are obvious. But the important devils are well hidden. When you find a hidden devil, back up. Give it time. Don't push yourself.

No system is right for everyone. The best single guide you have for doing these exercises and proceeding from one area to another is your own reaction. It is OK if you seem to have no reaction, just keep with it. Different people respond at different speeds.

But if you seem to be going in the wrong direction (that is, it is making your life less productive rather than more productive) then probably these exercises are not the right ones for you. There are other ways to self-improvement. Your obligation to yourself and to your life is to find the best path for you.

PHYSICAL EXERCISE

You may do whatever your normal exercise is at the same time you are doing the Reichian work, with one exception. If you are doing weight lifting, that is few slow repetitions against a heavy weight, then you are building tension into your body that

will fight this work. If you do many fast repetitions against a comparatively small weight, that is no problem for this work.

Few slow repetitions against heavy weights builds bulk and tension into your muscles. That is, to use the medical terms, it builds tension rather than tonus. Many fast repetitions against lighter weights build tonus (what is usually called: definition) into your muscles without building chronic tension.

ALWAYS TOO SLOWLY

I can not emphasize this too strongly. Some of the exercises seem almost too simple, and yet they can be very powerful even though seemingly simple. If you find that you are moving very slowly, don't be troubled. That is fine. But if you find that you are becoming too upset or that the changes are happening too quickly, then stop the work for a while. Allow your subconscious time to adjust to the change.

The subconscious resides in the more primitive parts of the brain and has more contact with the body than does the conscious mind. In effect, it is the subconscious mind that maintains the rigidity of the body. If your work is too threatening to that mind/body system, your subconscious has all the resources to produce many physical and behavioral and emotional effects which stand in the way of living well. That is not the idea of the work.

It is simply not possible for me to emphasize too strongly that you should respect the power of your own subconscious and proceed slowly with the work.

MEDICAL ISSUES IN THE THERAPY

At the appropriate points in the book I will repeat parts to this section. You don’t have to attempt to memorize these issues here. I inserted these medical issues here, right at the start, because, after all, this is a book on body-based psychotherapy and that inherently means there are medical implications.

HYPERVENTILATION

Reichian therapy utilizes deep breathing. The deep breathing results in a condition called hyperventilation. I will discuss hyperventilation in Chapter three. Hyperventilation is not without some medical implications.[6]

If you have or might have epilepsy, deep breathing can bring on seizures so it is best for you to skip this type of self-improvement work[7]. There are also reports in the medical literature of hyperventilation causing heart attacks. This is very rare, but I would be remiss to not even mention it. You can read about this at: http://gateway.nlm.nih.gov/gw/Cmd, use the search terms of: hyperventilation myocardial infarction.

PUSH BREATHING

Push breathing is an exercise I will introduce in Chapter five. You can always skip this exercise, but if you use it there is a medical issue to be considered.

This exercise raises the pressure inside the brain cavity (the inter-cranial pressure). This can result in death for someone who has a silent aneurism[8] in his brain. If you have had an amphetamine habit, don't do this exercise. Also there is a genetic condition called a "berry aneurism." It is rare, but it is also silent until it ruptures. There is a medical way to test for the presence of a brain aneurism, but you are very unlikely to get any physician to prescribe it absent any present medical indication of its need.

There is also a medical issue in this exercise if you have elevated blood pressure. Many pharmacies have a free blood pressure test stand that you can use or you can purchase an automated blood pressure device at the pharmacy. If you have a doctor, then your blood pressure is in your medical records and you can call your doctor's office to get the values.

If you are on medication that is reducing your blood pressure to a normal value, then this exercise should be OK. If you are in

6. For my European readers, what is called hyperventilation in the States is called DeCosta's syndrome in Europe.
7. I have had one patient who, while I was working on her neck, had a short petit mal seizure. So it is a real problem.
8. An aneurism is a weakening in the wall of a blood vessel.

doubt, ask your treating physician. Because he might easily misunderstand what you are doing, this exercise IS NOT the same as a valsalva maneuver.

THE JAW IN EXERCISE

This exercise is discussed in Chapter 13. Any exercise with the jaw has a medical implication because of the fragility of the jaw joint.

The jaw joint that allows the mouth to open and move side to side for chewing is a very small and therefore fragile joint. You should either abort or not do at all any exercise that produces any pain or even discomfort in your jaw joint. The joint is located about 1/2 inch forward from your ear. If you place your hand on the side of your face and then open and close your mouth you will be able to feel where this joint is located. This exercise will produce pulling in the muscles of the jaw, but that is not the same as strain on the jaw joint.

I repeat, if you have even a suspicion that you are stressing the jaw joint by any of the jaw exercises, then don't do that exercise or perhaps even any of the exercises in Chapter 13 on the jaw. Let me put it this way: if you injure that joint you can have pain with every single bite of food. No Reichian work is worth that consequence.

RETURNING TO A CLEARED AREA

I'll mention this issue once more in Part Two just to remind you of it. It is a curious thing about "armor" that when it has been eliminated, it has a tendency to recur. That is, as an example, you might entirely clear up your forehead and eyes only to find that six months later they are no longer cleared up. They have "rearmored." What this means in practice, in doing this work, is that you will need to periodically return to previously fixed areas of the body to see that they have not retensed.

HOW TO USE THE AUDIO

The audio that accompanies this book, entitled The Sounds of Reichian, will aid you in producing each of the sounds that are used in Reichian. The audio lists examples of wrong sounds and the desired correct sound. As with almost everything else in this book, the desired sound is a goal, not a standard. Do your best at any given time in the work and accept that as your then present level of ability. Perfection is a nice idea for gods, it is a foolish idea for humans.

The audio is constructed from four patients in the therapy plus the sounds of the author. While a major goal of The Sounds of Reichian is to let you hear the normal 'ah' sound, it also provides one or more examples of all the other sounds used in the therapy process. As an example you will hear the 'ah' sound from the shake the shoulders loose exercise from Chapter 16 done both properly and improperly.

IMPORTANT

THE EYES SHOULD BE OPEN AT ALL TIMES IN ALL EXERCISES UNLESS THE EXERCISE DESCRIPTION SAYS OTHERWISE.

ON MIXING THIS WORK WITH OTHER BODY WORK

I already mentioned physical exercise and problems possibly associated with that work. As for Yoga, I had a patient some years ago who had trained in Yoga in India and now taught it here. For all this person's competence in Yoga, his or her (to not give out any clues as to gender) body did not show the least effect of the Yoga on any Reichian "armor." Thus doing Yoga at the same time as this work will neither aid nor hinder the work.

This also applies to Pilattes. I had a Pilattes teacher as a patient, and, moreover, one who was formally trained. For all the training and the daily doing as he or she taught the method to others, again it made no difference in the Reichian "armor." So Pilattes like Yoga neither helps nor harms this work.

I have no personal experience with the various martial arts like Judo or Karati or Tai Chi or the like. Thus I am not able to authoritatively say whether any of this type of training and practice will or will not have any impact -- beneficial or harmful -- to the therapy.

As to meditation[9], the medical literature indicates that it is medically beneficial. It is especially useful in overcoming phobias by focusing on the phobic situation until the anxiety is moderate and then moving to a peaceful and relaxing visualization or thought. The process of approaching the phobia and then leaving it is repeated on successive sessions until the prior phobia has lost its impact.

In context of the Reichian therapy, it is a benign procedure (neither helpful nor harmful) provided the focus is not on the body and body sensations. If the focus is on the body, you are in effect doing a passive session (CHAPTER 21, page 304) and if you have not progressed to that level, this is too powerful an exercise.

9. In psychology, all forms of meditation are variants of the procedure known as Jacobsonian Progressive Relaxation.

CHAPTER 2

STARTING THE WORK – DAILY EXERCISES

EXERCISES TO DO EACH DAY

The time just after arising from sleep is immensely valuable time for self-improvement. Just a few minutes are needed, but doing these exercises on a daily basis will yield a lot. They will improve the way you feel for the day and over time will yield major benefits. There is no loss if you miss days, even weeks, between doing the exercises. However, like time spent in physical exercise at a gym, the more regular you are the more benefit you will get. The exercises take under 15 minutes so there is little reason not to do them. Even when there are young children present, if you have time to shower in the morning then you have the time for these exercises.

Don't expect that you will do these exercises well when you start doing them. Like everything else in life, they require practice. Just doing them, whether well or at the beginner level, will yield benefit. And you will get better at the work over time.

However, even before introducing you to the most basic of the Reichian work, there is an issue that is of such supreme importance that I have put it here prior to even the starting the discussion. It is an issue which is never mentioned in discussions of therapy, whether verbal psychotherapy or body-based psychotherapy. That issue is: courage.

A NOTE ON COURAGE

Later I write about the big issue of control and how it is an enemy standing in the way of change. Here I want to emphasize — really as strongly as the written word can do — that there is an issue that is critical but that you have probably never heard any therapist talk about.

That issue is: **courage!** Frankly, there is almost no issue standing in the way of change which is more important than courage. Change is scary. It is unsettling.

In verbal therapy the patient or client is in control of what is happening. Even when dealing with something like a phobia, you are in charge of how much you do in overcoming the issue. But in body-based therapy, the change just happens. You have memories and emotions emerging and your character is changing, all without you planning it or working directly on it.

All of us have things buried in our character. If we did not have things buried we would not have a character (which is to say, we would be dead). But since these things are buried, we have no idea that they are there. Now behaviors, attitudes, memories, moods and feeling emerge seemingly from nowhere; that is scary.

All I can say is that if things are too strong, take a break from the work. As always remember the rule: **ALWAYS TOO SLOWLY**. But be careful. Don't let a break be the reason why you never seem to return to the work. Courage is the big issue.

You have to have the guts, the willingness, to let things emerge uncontrolled and unaccounted for and simply accept that what is emerging is just a part of you that you did not know about.

Now don't take that as license to be self-destructive. If the emerging character traits (as manifest in behavior) are getting in the way of living, then step in and deliberately control the behaviors. The **job of living is living**. Self-improvement — by any means — is good only as long as it aids the job of living. Courage is good, stupidity is bad.

The issue of courage is something I address in the first session with every patient who comes to see me. In my years as a

practicing psychotherapist, there is no single issue which has resulted in more patients dropping out than the issue of courage.

As the therapy progresses, whether verbal or Reichian or the normal combination of the two, changes start to happen. The changes are not, usually, under the volitional control of the patient. They just find that they are doing what to them are strange things. Then the fear of change arises. There is even a psychological term for it. It is called “phrenophobia,” the fear of going insane. It is not that the new behaviors and sense of the self are bizarre, it is only that the person does not know where they are coming from and where they might end.

Suddenly the person does not know “who am I?” “What’s happening to me?” “I’m not sure I like this change.” In other words, they are not controlling the change and that is where courage comes in.

Courage is the determination to push through change, to let happen what is happening and to accept; after all, that is the basic purpose of a good therapy process.

Not surprisingly, Shakespeare said it best: “But screw your courage to the sticking-place And we’ll not fail” (Macbeth, act 1 sc 7)

DAILY EXERCISES

EYES
FACE
SHOULDERS
DIAPHRAGM

THE EYES

Step 1
looking at your face as though it were someone else
Question 1: what attitudes are in the face
Question 2: what feelings are in the face
Question 3: put attitudes and feelings together
Way 1: script or scene
looking at your face as your own
Way 2: when did these attitudes or emotions start; why am I responding this way to life
Step 2
looking only at the eyes and creating emotion

This exercise needs a mirror. Either a hand mirror, a shaving mirror or a full length mirror will do. It is best if you do not have to hold the mirror.

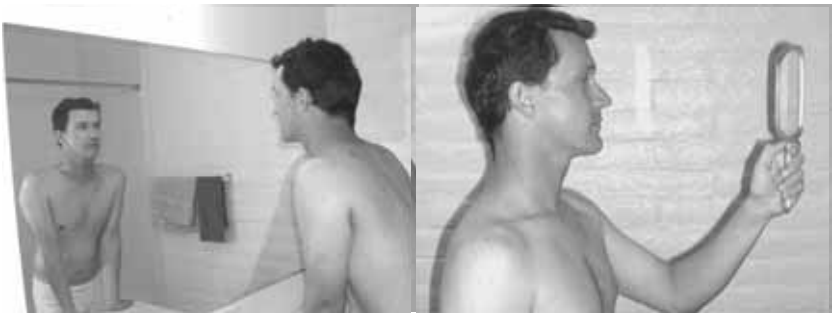


Figure 4

THE EYES, STEP 1

Simply look at your own face. Don't be so near to the mirror that you can see only part of your face at one time. Be far enough away that you can see your whole face as you would look at someone else. The idea here, at this point in the exercise, is that it is NOT your face in the mirror, it is someone else's face. You do not know this person in the mirror, you are seeing him (her) for the first time, perhaps at another table at a restaurant.

Of course this is not that easy to do. We are so accustomed to looking at our own face that it is difficult to separate our own view of ourself from that face in the mirror. But there is also another difficulty.

Sometimes we look at our reflection in a mirror as just our face, but other times we look at that face from the viewpoint of someone else seeing it. We take care to prepare our hair (and our makeup) so that it might create a particular impression in the mind of someone else looking at that face. This fact, this point of view of the face, makes this exercise even more difficult.

What you are trying to accomplish initially in this daily exercise is to separate your self completely from the face in the mirror; you are seeing a stranger (not you) and you are reading that stranger's face.

QUESTION 1

What attitude do you see displayed by that face? Suppose you saw that face at a party, what impression would you have of that person even before you met or spoke to him or her? This is important. It is not your face; it is a stranger's face. Don't judge parts of the face like the lips are too thin, the nose too big, the bags under the eyes make the person look tired.

Use a descriptive word that has some real content. For example: "that looks like a nice person" will not do. "Nice" is way too broad a word. Try to come down to something more specific. Try to come up with a word or phrase that really says something about that stranger's face. Is the person childish or mature? Is the person open or secretive? Is the person approachable or standoffish? Is the person relaxed or wound up? Is the person alert to the moment or pre-occupied? Is the person confident or unsure of himself (herself)? These are just examples of the type of question you want to ask. There are many many other possibilities.

TRY EACH DAY TO MAKE SURE YOU ARE LOOKING AT THE FACE OF THE DAY. TRY NOT TO JUST USE THE SAME WORDS DAY AFTER DAY. THIS IS SELF-EXPLORATION AND THEREFORE USING THE SAME WORDS DAY AFTER DAY IS NOT TO EXPLORE; IT IS TO EVADE.

For each of the two models below (Figure 5 on page 40), take a piece of paper for each and answer the following questions. You will have no way of knowing whether you are right or wrong so that is not the issue. The idea is to reach into your own subconscious and see what answers you get.

Question

1 is this person happy or unhappy with his life
2 is this a good day or a bad day
3 is the person looking forward to the day or wishing it were over

4 is this person married or unmarried
5 does he have any children
6 does he have a hobby and if so, what is it
7 does he take vacations, if so where does he like to go or what does he like to do
8 is he outgoing or shy
9 does he have few friends, a few close friends, or a lot of friends
10 if he has a job, what is it
11 is he a book reader and if so what types of books
12 what is his level of education
13 what are his likes and dislikes
14 now you add to this list as many other things as you can find in that face — a few examples:
is this person interested in current events
is he political and if so, where do his politics lie
what current movie would he like
what current TV shows does he like

Don't let the above questions throw you off. This is an exercise for the book (and one you can practice all day long with people sitting in a restaurant or walking down the street or in a supermarket). Your main work is to do this each day on yourself to see what your face is saying to both yourself and to others each day.

DON'T JUDGE. Whatever the face communicates is simple fact. Whether you approve or disapprove of something does not change reality. Don't substitute judgment for the straightforward recognition of isness.

QUESTION 2

Now put a feeling word or feeling phrase or several feeling words or phrases on the face in the mirror. What feeling(s) is (are) showing in that face?

Be careful not to judge, be careful not to let yourself deny a feeling because you don't approve of it. If the feeling is sadness and you don't think you should be sad, you have nothing to be

sad about, don't skip that "sadness" evaluation just because you don't approve of it.

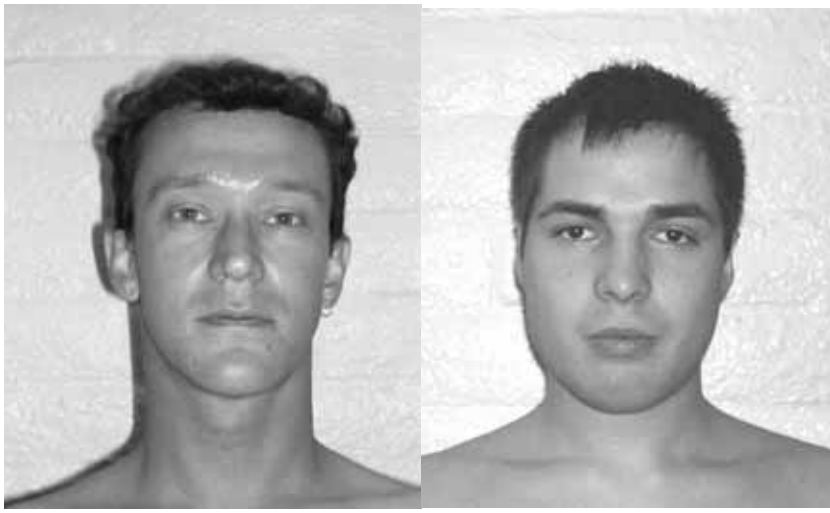


Figure 5

The same is true of the opposite. If you think you should be happy or pleased, don't read that emotion into the face because you think it should be there. Just be honest. It is, after all, a stranger's face and whatever emotion is there, it is there. It is simply a fact.

Try not to stop at one emotion and especially try not to get stuck with a single word day after day. As many people know, each day when we awaken we have a feeling tone for the day as a result of current experiences and/or as a result of our dreams. We seldom have a single feeling present at any given time. As you go more deeply into this book and as you practice you will find that it is rare at any given moment for there to be only one feeling. Even when, for example, pride is the main feeling for doing a task well; you will find that there are perhaps a half dozen other feelings that ride quietly along with the pride.

Further, don't try to match the emotion word(s) to the attitude word(s) from question 1. A person who seems open and friendly can also be angry. A person who enjoys life can also be depressed.

Treat the attitude question and the emotion question as two completely separate questions. Remember you are going to be doing this exercise each and every day so the more you can say each time the more you are growing in self-awareness; what you can see in your face and what others may be seeing in your face.

QUESTION 3 (advanced)

Now we take the question 1 attitude(s) answer and the question 2 emotion(s) answer and we put them together. This is a more advanced technique and it takes longer to do properly than the first two questions. This is because if you are good at this exercise than you have more than one attitude and more than one emotion that you read in that stranger's face. The subtlety of this question is learning how to make combinations of the attitude and the emotions you see in that stranger's face.

Here is an example. Suppose you see the attitudes of boredom and stand offishness and you see the emotions of sadness and self-pity. So we have:

1. boredom and sadness
2. boredom and self-pity
3. stand offishness and sadness
4. stand offishness and self-pity

Now boredom and sadness don't seem to go naturally together. Why would someone be sad about being bored? But reverse those two and you get something interesting; instead of boredom and sadness it is sadness and boredom. Now that is a natural combination. If someone is sad most of the time it is easy to understand why he can be bored with that and life in general.

How about boredom and self-pity? Here either way will work. That is one can be bored with their own constant self-pity. Or, reversing, one can pity himself because he is bored (with life).

But then with stand offishness and sadness, these do go together. Because someone is always rejecting others — the standoffish attitude — he can be sad at the loneliness of his situation. The same is true for stand offishness and self-pity.

Now we can try putting that all together. If someone is standoffish, he is alone, that loneliness leads to sadness, and then

he can be bored with the sadness. (Besides, appearing bored further leads to being alone since that is not an inviting attitude, it does not tend to attract others.)

So that is the type of investigation that you can do.

way 1

You continue to treat the attitude(s) and feeling(s) as belonging to a stranger. Then you try to create a scene — much like writing a script or seeing a stage play or a movie — where all those attitudes and feelings occur together.

Some people tend to think in pictures and other people tend to think in words. Either way you can create a scene (picture thinking) or a script (word thinking) of the attitudes and feelings.

Depending on your ability and your time, you can treat way 2 as an alternate or an addition to way 1. That is, you can do only way 2 or only way 1 or both.

way 2

Here you take back your reading of attitude(s) and feeling(s) and put them on yourself. Now you want to ask either (1) when in my life when I was young did I have this set of attitudes and feelings together or (2) why am I responding to events in my life with this set of attitudes and feelings?

Way 2 can be harder or easier than way 1. It depends on the circumstances and your individual makeup. As you practice more and more of the exercises in this book you will get better at both ways and thus get more out of this daily exercise.

Note, again, that all this should be done without judgment. You are exploring; you are coming to understand yourself. If you insert judgement into the process (with approval or disapproval) you cut off the process and the benefits. Whatever is, is. It does not matter whether you approve or disapprove. It simply is.

Any time you find yourself thinking something like: Oh, I don't like that; then you have that judgement switch on and you need to turn it off. The only judgment you should make is the judgment that judgment is inappropriate.

THE EYES, STEP 2

Now come closer to the mirror because you want to focus your whole attention on just your eyes.

WITH JUST YOUR EYES – IGNORE ALL THE REST OF YOUR FACE

Try to express, one by one, each of the following feelings or attitudes: anger, fear, happiness, sadness, disgust, longing, contentment, empathy, disinterest, love, and hate (you can add to this list). Note that the actual change in the eyes is very tiny and it does not matter whether you can make out any change. The goal of this exercise is to make the eyes alive.

You might know the often quoted phrase: the eyes are the window to the soul. They are. You can see in someone's eyes whether he is interested, uninterested, bored, pre-occupied, happy, fearful, angry and so much more. In general eyes can be alive or dead. People with expressive eyes are more attractive, more interesting. People with dead eyes tend to put us off, they appear as though the person were sleeping their way though life. Consciously or subconsciously we respond to the look in someone's eyes.

The goal of this daily exercise is to make your eyes alive.

To do this exercise properly you have to create the feeling in yourself and express it in your eyes. This is the kind of exercise that actors do in acting workshops that allows a great actor or actress to say so much with a close-up shot of his or her face or eyes.

This is a very powerful exercise over time. Don't be concerned if you can not seem to get anything at first.

Also don't overextend yourself (remember: don't stress yourself beyond endurance). If any given feeling is too hard on you, let it go for now. There is no rush. Come back to it days, weeks, or months later. It is better to skip something than to push yourself to perform and in the process go too far.

The issue here is the integrity of your effort, not the fact of your results. Like most things, practice makes perfect.

THE FACE

Move the face slowly from one state to another

From the eyes, we move to the face. While it seems simple, over time this exercise will pay big dividends.

The exercise is simply to contract and relax the muscles in your face. Note that there are, in most people, 22 muscles in the face. So there is a lot to move. You can wrinkle and relax the forehead muscle. You can squint or open widely your eyelids. You can wrinkle the nose (as if you are smelling a bad smell), you can even control the size of your nostrils (open and relax). In all there are 10,000 possible combinations of facial muscle patterns. That is not my number, it comes from Paul Ekman, the world's leading expert on emotion in the face.

If you get good you can raise one eyebrow and not the other. You can pull your eyebrows together (producing so-called frown lines). You can pull the inside of your eyebrows up or the outside of your eyebrows up or raise the whole eyebrow.

Of course you can smile and frown. You can tense your lips (purse) and you can extend your lips (pout). You can move your jaw back toward the ears (retract), out (extend), or to the left or right. You can open your mouth widely or clench your jaw.

There is one major requirement of this exercise and it will not do its job if you violate this requirement. The ‘must do’ rule is that all the movements must go slowly from one face to another. If, for example, you move your jaw all the way to the left and then bounce to all the way to the right, you are not doing the exercise correctly. It will not do its job.

The proper way is to, in slow motion, add new tension and then relax old tension. For example, with the jaw all the way to the left you now add squinting the left (or even the right) eye and then as you slowly move the jaw back to the center you add arching the left (or right) eyebrow.

This is only an example. The point is that you should try to make as many different faces as possible, adding new ones as you get good, but always moving slowly from one to the other.








Figure 6

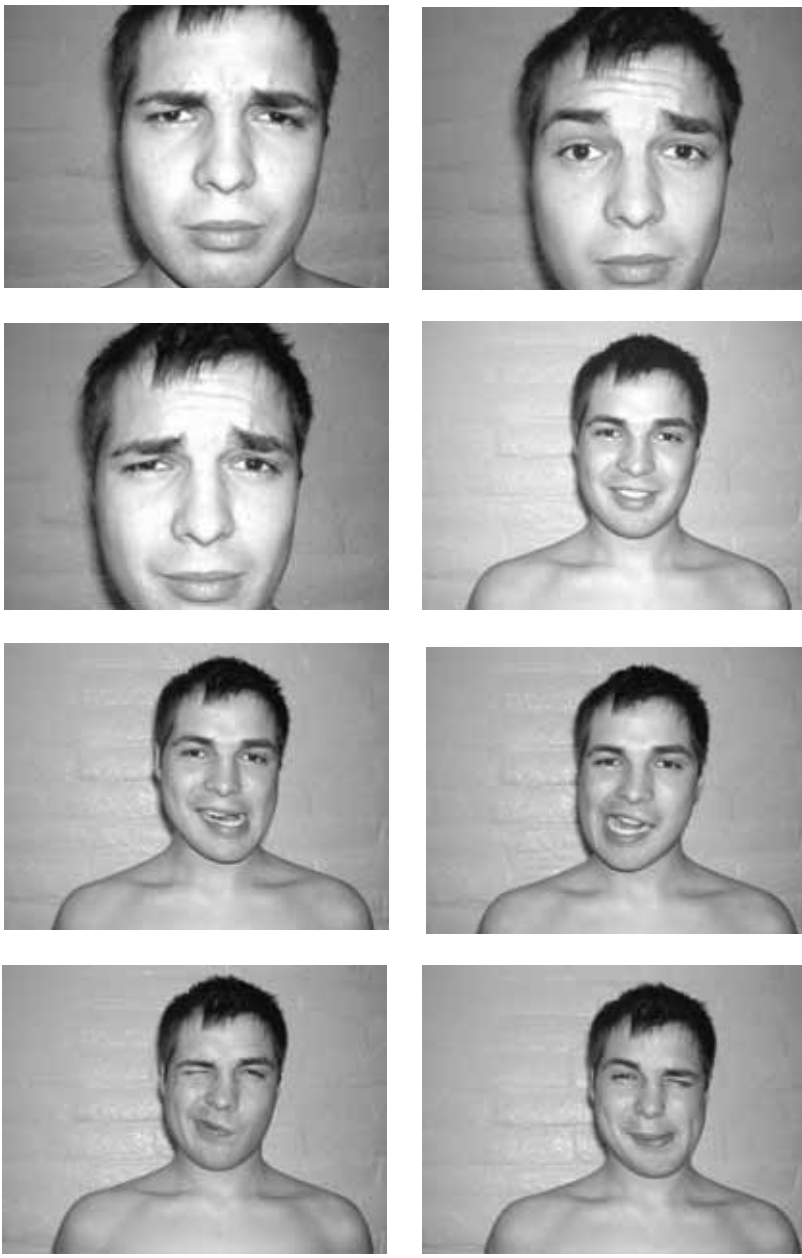


Figure 7

THE SHOULDERS

1. pull shoulders together in the back
2. pull shoulders together in the front
3. shrug the shoulders
4. reach outward

From the face, we move to the shoulders. For the daily exercises this involves only four positions. In the second part of this book where I discuss the shoulders I give you a lot more shoulder exercises, but they are not for daily use.

EXERCISE 1

Standing up, pull your shoulder blades together in back as tightly as you can. Hold for about 20 seconds. Then relax. Think about it as though you are trying to touch your two shoulders blades together.

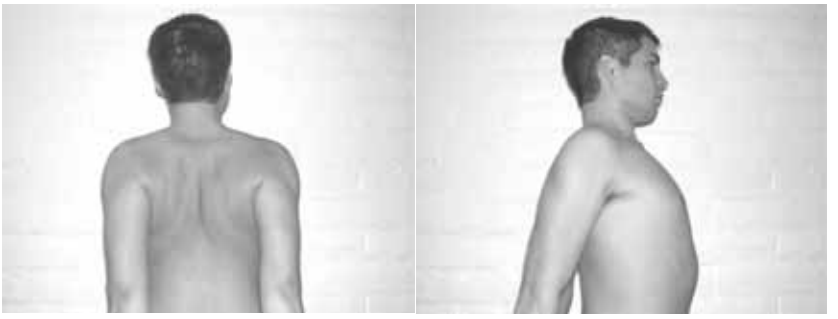


Figure 8

EXERCISE 2

Standing up, pull your shoulder blades together in front as tightly as you can. Hold for about 20 seconds. Then relax. This is a little harder than trying to touch your shoulder blades, but try.

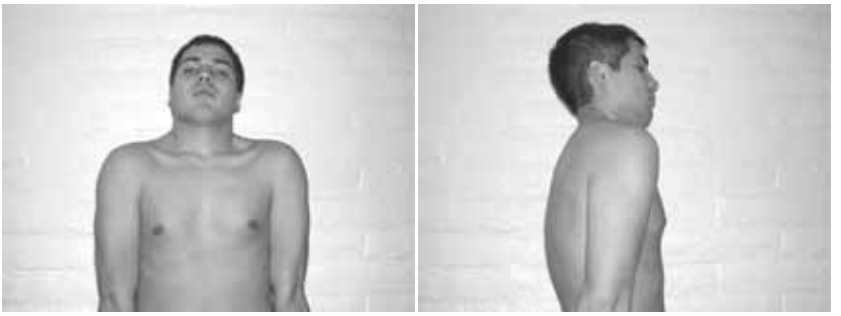
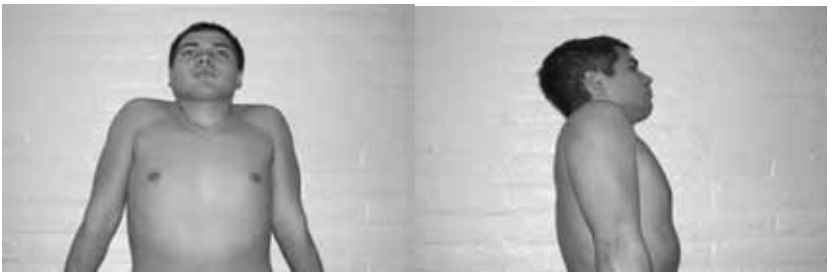


Figure 9

EXERCISE 3

Standing up, shrug your shoulders and hold as tightly as possible. Do not let them relax. Hold for about 20 seconds. Then relax. This is easy to do, we all shrug our shoulders; but here you want to shrug them as high and as tight as you possibly can.

The bottom row of picture in figure 10 (next page) shows a limitation in the model's ability to shrug. Most or all of my readers will have read Reich. Reich used a single term: "armor" to describe all muscular attitudes. The use of a single term without amplification was unfortunate. It leads one to think of "armor" as only chronic tension. In fact, "armor" takes four forms: (1) chronic tension, (2) chronic flacidity, (3) rubbery muscle tone, and (4) the inability to appropriately use a muscle or muscle group. The photographs on the next page show an inability to use the trapezius to shrug the shoulders.



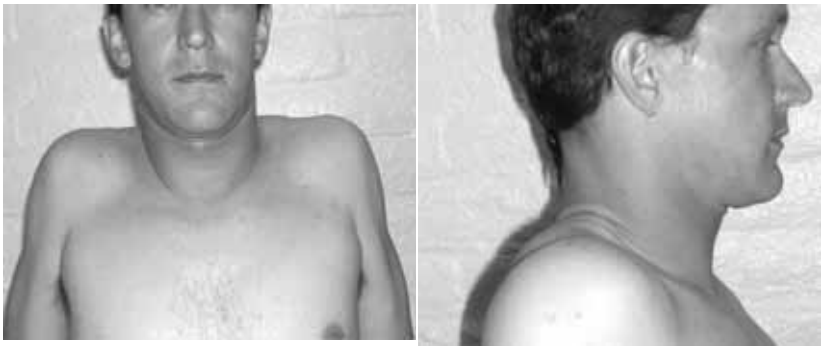


Figure 10

EXERCISE 4

Now extend your arms in front at 90 degrees to your body (that is, your hands are at shoulder level). Reach out as though you were asking for someone to help you or you were signaling that you wanted to hug someone.

Reach as far forward as you can. Strain to extend your hands further from your body. Hold for about 20 seconds.

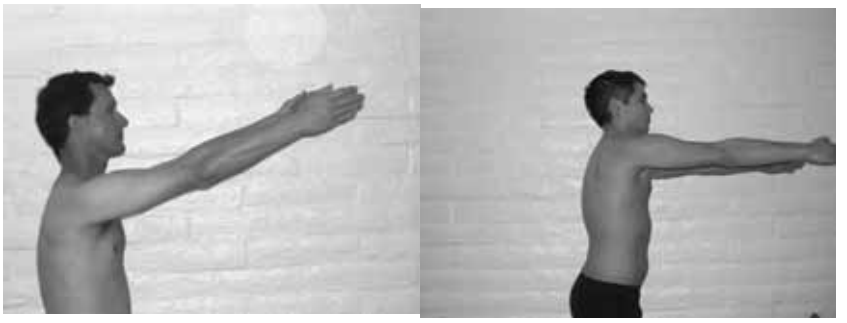


Figure 11

Here again (as with the bottom photographs in figure 10) we see an example of how the body speaks about the character. Note that on the left the reach is also upward while on the right it is straight. Neither model was given any instructions except “now reach forward as though you wanted to reach to someone.” The

model on the left is like a child reaching to be picked up while the model on the right is reaching to embrace someone.

Now, here, I have to give you another caution. **Don't control your execution on any of these exercises. Don't pretend that someone is watching and judging how well you do an exercise.** In pointing out the difference in these pictures I am only saying that the character is expressed in how we use our bodies. It is impossible to fake a character, it is there — in you — no matter what you do. If you try to do an exercise in a particular way all you will be doing is attempting to defend your character from change. You will not make this work more effective, you will defeat it.

Returning to my theme of the daily exercises for the shoulders, a more advanced form of this exercise – not recommended for students at the beginning of the daily therapy process – is to add words to the reaching out part of the exercise. With the hands straight, some examples are: "help me," "mommy," "daddy," "why." These are just examples. You should use whatever words seem to be right at the moment, even if they make no sense. You can also do this exercise with the hands bent back, as though you pushing something away. Then some words to use are: "stop," "no," "go away," and "I won't."

THE DIAPHRAGM

Gagging
- **breath is continuous**
- **gag by touching the back of the tongue, or the uvula or the back of the throat**
- **try not to make any sound with the gag**

GAGGING

The last of the daily exercises deals with the throat and diaphragm. This is done in the shower. It can be done at the sink, but it is best done in the shower.

The exercise is gagging. Before you gag at the thought of gagging, realize that in the morning there is nothing in the

stomach. The gag will not cause any food to come up from the stomach since there is no food in the stomach to come up. [note: If you have any physical pain of any nature, then do not do it.]

This is the most difficult exercise to do properly. It is easy to do it improperly. This exercise involves breathing, gagging, ***and not closing the throat***.

Some people have no problem with gagging, others regard it as so abhorrent that they can not even consider it. Courage! It won't hurt you no matter what. If it were not a very very beneficial exercise I could have just not mentioned it and no one would be the wiser. But it is both beneficial and, once you learn to do it, will start your day with an alertness and sense of presence which no other thing can even approach. Believe me or not, you will come to enjoy it greatly; the resulting sense of aliveness is powerful.

ONE: BREATHING

The breath should be continuous, inhale then exhale then inhale. Think of it like a pendulum. You know how when the pendulum reaches the end of the swing to one side it immediately starts the swing to the other side. Back and forth with no pauses. That is the way the breathing should be. The inhale causes the exhale which causes the inhale. I will discuss this at length later in Part One of this book.

This continuous inhale and exhale is not panting. The breath should be as deep (using both belly and chest breathing) as you are able to make it and it is neither rapid nor overly slow (controlled). It is simply a natural deep breath at a natural speed.

TWO: GAGGING

Gagging: the gag may be produced by any one of three things. They are: (1) pressure on the back of the tongue, (2) tickling the little bit of tissue that hangs down in the back of your mouth (the uvula), or (3) touching the back of the throat. Some people find that sticking out the tongue helps in the process.

Gagging is a reflex. Just let your body do its thing. Don't work to cause it like trying to make it happen and, of course, don't try

to stop it. Remember there is nothing in the stomach so you don't have to be concerned with bad smells or ugly liquid coming up.

The induction of the gag reflex works with the breathing. On the **exhale** try to **induce** a gag, on the **inhale** pull your fingers to the front of the mouth so there is **no induction**. So it is: exhale fingers in, inhale fingers out. This is shown below in Figure 12. In the left photograph he is exhaling so his fingers are in, on the right photograph he is inhaling so his fingers are out.

Figure 12

Many people have a strong aversion to gagging. This comes from being sick as a child and feeling helpless and dependent and not getting the mothering you needed at the time. Throwing up can be strongly connected to being helpless, being dependent, being alone, being ill, being abandoned, even with having to take care of someone else when you hated the smell.

The purpose of this work is to improve yourself and that means correcting the inappropriate residue of childhood. If you have this strong aversion to gagging from childhood, that only means that there is more work to do. It is not a reason to skip this exercise.

THREE: THE THROAT

One more point before I get to the hard part, the throat. The exercise should be done standing upright, not bent at the waist. It is fine to lean a bit forward and brace yourself with a hand against the wall, but don't do it bent over.

Now the throat. If you have the breathing part down (**rhythmic**) and you have the fingers in the mouth part worked out (back on the exhale, forward on the inhale), the next part is the throat. Here we are after one big objective: NO SOUND! Most people when they do a voluntary gag close their throat when the gag reflex occurs. They produce a strong sound such as “ugh”, or “gug” or the like. THIS IS WRONG! The gag should be allowed to proceed with an open throat. There should be no sound with the gag or rather the only allowed sound is a soft “uh” that may occur with the gag.

Again, no food is going to come up from the stomach. This exercise can cause your eyes to water, cause the production of lots of slimly saliva (that is, not watery), cause you to want to blow you nose (it is a wonderful exercise for clearing the sinuses), cause your body to tremble. Whatever happens, trust it. Allow it. It is the wisdom of the body.

Don’t overdo this exercise. Three minutes is more than enough or up to about five gag reflexes. Keep in mind the standards of the exercise (breathe, fingers, throat) and don’t push yourself. If you can do it right the first day, fine. If it takes you a year to get it and have the gag reflex with an open throat, also fine. Your body knows what is best. Trust it and just keep working to improve.

CHAPTER 3

APPROACHING THE WORK

Here, in Part One of the book, I discuss breathing. In Part Two of the book I will go over all the body areas and give you the exercises for each area.

You have to make your own choices in life and be responsible for the results; but if you want my recommendations, here is the way I think might be most beneficial. As I said in Chapter one, just plain read through the whole book. Don't expect to learn the material; in fact assume that some of it will be confusing. That is a first run through just to see the scope and the general nature of the work.

Then, when you have read all of it, come back to this chapter and read for understanding (but not memorization) this and the next chapter and start the breathing work. After a few months just with the breathing work, when you have some degree of mastery of the proper breathing cycle, then start the work in Chapter 11 on the forehead and eyes. You now have all you really need for the next, let's say, twelve months. Assuming you have now been at the work for 9 to 12 months, you can re-read Chapters 5 through to the end of the book and pick out some of the more advanced breathing techniques and some of the body exercises.

I need to say it many times for proper emphasis: every one is different. Better too slow than too fast.

This material is life changing. Your motivation to use the material I present is an important part of the process. In time and with experience and practice all this material will be a part of you; but to start with reading everything and trying to master everything at once it is easy to become confused and to forget important parts of the exercises.

Why is it, do you suppose, that every type of self-training emphasizes proper breathing? Proper breathing is emphasized in yoga, in Pilates, in meditation and even in exercise workouts. In general I do not tell you what to expect as a result of the work since I do not want to activate your "should" and "should not" system, I don't want you trying to achieve a particular change in yourself as opposed to letting it develop naturally, organically. But I will tell you some of the changes that freeing your breathing will produce.

While everyone is unique, no single claim is true for everyone, there is in almost all languages a number of phrases which speak to what is controlled in the breathing, in the chest. Here are a few to give you the idea: heart sick, my heart goes out to, aching in the chest, weight on my chest, I can't breathe, puffed up like a frog, a gasp of surprise, swollen with pride, and on it goes. What is the common element? Everything related to love, tenderness, empathy, loneliness, longing and the other related feelings and attitudes.

This work doesn't make you change, it does not make you feel, it allows you to change and to feel. What is now warded off or inhibited is released. What is now prohibited is allowed. The change is in your very nature as a person.

There are some implications of those changes which are not immediately evident.

Number one is that your dreams and fantasies will gradually change. If you are someone who is able to remember dreams, you will find that your dream symbols will change.

Number two is that you will find that you are more sensitive both to yourself and to others. You have more capacity to experience the emotions of the chest. Also you will have flexibility in life to adapt easily to change. How many of us are not set, not stuck, in our ways? Not many. But rigidity is not necessary. The flexibility that you will bring to your breathing with this book will translate into flexibility in life.

Number three is that your experience of sex will change dramatically. This change will not fully occur until you get, in Part Two, to the belly and pelvic exercises; but you may get a taste of the changes with the breathing in Part One.[10]

Number four is that other people will experience you differently. Pride – sometimes valid pride and sometimes phony pride – is experienced in the chest. That is why we can see pride in children. When they are proud of their accomplishments they "swell with pride." With pride comes self-confidence and self-assurance. Others will see these changes before you do; but when you notice the changes it might be socially wise to tell others what you are doing so that they are not confused by the change in your attitude and behavior. Pride, after all, is not just related to the changes in your being, it is also related to your pride in the self-improvement work you are doing, to what you have accomplished by your efforts at self-change.

The bible is all over the place on pride, but here is what I mean:

"Neither do men light a candle, and put it under a bushel, but on a candlestick; and it giveth light unto all that are in the house" (Mat. 5,15).

SENSE AND FEEL

Just because it is so important to the work I repeat here that after each work session you should do a sense-and-feel report session. Even though you just read it, go back now to POST EXERCISE SENSING AND FEELING on page 21 and re-read it.

Deep breathing does not increase oxygen, it reduces carbon dixoide
Hyperventilation
Yawning is special and takes precedence

10.You will not get the change in sexual pleasure until you make it a habit to breath deeply and quickly during sexual activity.

Proper deep breathing is at the heart of the process.

First, I want to correct one frequent misconception. It is almost universally believed that deep breathing will increase the oxygen in your body. That is not correct.

Your blood at all times is 98% to 99% saturated with oxygen when it leaves the lungs. What does happen with deep breathing is that the carbon dioxide in your body is decreased. This decrease in carbon dioxide has a host of effects on the body.

Not only does deep breathing not increase oxygen, in fact it has the opposite effect. Because of the changes in the blood brought on by the decrease in carbon dioxide, the blood flow to the cortex of the brain is decreased by 30% to 50%.[11]

HYPERVENTILATION

This deep breathing is called, hyperventilation. Hyperventilation is central to many techniques of body work even though most of them do not acknowledge that they are actually using the body's mechanism of hyperventilation. Even writers on body-based psychotherapy invent other names for what they are doing. Reich called it orgone. Lowen called it bio-electricity, Kelly called it Radix. Yoga calls it prana. Deep breathing, all by itself, does not inherently produce hyperventilation, it is also a matter of the speed of the breathing. For those among my readers who are medically oriented,

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11. This reduction is caused by local constriction of the arteries in the brain. The reduction effect has been known for decades, but the recent advent of fMRI has allowed its more accurate measurement. While blood flow and thus oxygen is materially reduced, the metabolism of the brain (that is, its use of glucose) is unchanged. Just like an over-used muscle, the brain then locally produces lactic acid. There is a some data suggesting that the major effect of this reduction in oxygen is on the production of and response to the neuro-transmitter: GABA. This data, if verified by subsequent study, would explain the increase in emotion seen in hyperventilation.

hyperventilation is defined operationally as the pCO_2 being below a particular level.

In a manner of speaking, hyperventilation is the foundation of body-based psychotherapy (including Reichian therapy). The effects of hyperventilation (see following table) explains most of what is observed in sessions. Obviously, hyperventilation alone is not sufficient to change the character. If hyperventilation alone were effective (without the exercises, the pressure, and the cognitive work) then it would be the universal technique of all psychotherapy. Hyperventilation is a base, but a base upon which body-based psychotherapy is the superstructure.

In addition to the reduction of blood flow and thus oxygen to the cortex of the brain, there are a number of other metabolic changes. The decrease of the carbon dioxide results in the blood becoming less acidic (i.e. respiratory alkalosis). This change in blood acidity then affects calcium, magnesium. potassium and phosphate from the intra-cellular space, the extra-cellular space and the blood. There is a decrease of ionized calcium (along with magnesium and potassium ions) in the extra-cellular space and this is what causes the muscle spasms which can be brought on in sessions. Muscles require calcium to relax (that is, in a calcium deficiency the muscles tend to spasm).

If you find that your muscles are cramping badly, there are two ways to correct this condition other than just waiting it out. You can try the swim kick exercise at page 292 in Part Two of the book and/or you might try adding a calcium & magnesium supplement to your diet.

The flow of potassium into the blood and thus away from the nerves is the main cause of the frequent reports of paresthesia (tingling or electric currents). Nerve conduction is dependent on extra-cellular and intra-cellular concentrations of calcium, potassium, and sodium.

Hyperventilation is a well studied phenomena in the medical literature. Here is a table of common effects of hyperventilation:

Muscle spasm, most often of the hands and wrist

Paresthesia (tingling or the feeling that ants are crawling on the skin or that there are electric currents in the body)
Light-headedness, giddiness
Ringing in the ears
Blurred vision
Pain around the heart
Dry mouth
Twitching of the muscles, fine twitching or gross jerking
Cold and/or moist hands and/or feet
chest feels expanded or tight and contracted
parts of your body feel very relaxed or tense
strange tastes or smells
change in sensitivity of parts of your body to the feel of the body or to temperature
yawning
Lowered blood sugar
Slower reaction times
Slight modification of depth perception
Anxiety, sometimes extreme resulting in panic attacks
Sadness, sometimes strong resulting in weeping
Anger, sometimes strong
Elation or euphoria
change of body boundary (Freud's "oceanic feeling")
a general tendency to increased emotion
changes in vision including seeing flashes of light (with the eyes closed) and hallucinations

The use of hyperventilation has often been made a part of religious practices. Because of the change of the body boundary

and the euphoria that is often experienced after the hyperventilation is stopped, the resultant state is often misidentified as "feeling open" or as "a mystical experience" or as "at one with the world."

An excellent recent article on the subject, called to my attention by Ovidiu Stoica to whom I express my gratitude, is "Alterations of consciousness, affectivity and blood gases during and after forced prolonged voluntary hyperventilation"[12,13].

Because hyperventilation reduces visual acuity (especially depth perception), the ability to focus ones mind, and muscle coordination; it is very important that you not drive for at least 10 minutes following a session.

I make it a point to tell every one of my patients, a minimum of three times, that they are not to drive for a least 10 minutes following a Reichian session.

DO NOT DRIVE FOR AT LEAST 10 MINUTES FOLLOWING A SESSION.

MEDICAL NOTE

As noted in Chapter one (on page 28), if you have or might have epilepsy, deep breathing can bring on seizures so it is best for you to skip this type of self-improvement work. There are also reports in the medical literature of hyperventilation causing a heart attack. This is very rare, but I would be remiss to fail to mention it. You can read about this at: http://gateway.nlm.nih.gov/gw/Cmd, use the search terms of: hyperventilation myocardial infarction.

12. Passie, T. et. al. *International Journal of Psychophysiology.* Accessed 11/22/06 at http://www.ateminstitut.de/Download/forschung.pdf
13. The medical literature is quite clear on the subject of emotion and hyperventilation. The mere fact of prolonged hyperventilation results in a general tendency to emotion (likely due to the oxygen deprivation [hypoxia] of the cortex) and especially to crying (weeping), anxiety, and anger.

THROAT SOUNDS ON BREATHING

You've been breathing normally all your life and you've never made any throat sounds outside of talking or singing. What's the big deal here?

Well, how about this claim: in over 35 years of practice of Reichian therapy, everyone of my patients starts the therapy making throat sounds on the inhale, the exhale, or both.

You will hear both of these on the Sounds of Reichian audio. OK, what is a throat sound and why is it present?

There is a single answer to both questions. While, in fact, breathing is done with the diaphragm and the chest; in practice when people start doing the Reichian full deep breathing they treat it as though they were breathing into and out of the throat. On the Sounds of Reichian tape you will hear throat sounds still present in people who have been in the Reichian therapy for over two decades. If after two decades of therapy some people are still making throat sounds it must somehow be difficult to get rid of them.

The issue is one of control. Once people start focusing on the breathing, it is almost automatic that they treat the issue as one of control. Normally, you are not even aware of your breathing. Now you are paying attention to your breathing and that means that the breathing is deliberate rather than automatic and unnoticed. You are now focusing on your inhale and your exhale and that, almost automatically, means you have to control each action. The method of control, which everyone uses before he learns to trust the body and not control, is to use his throat as the control point. He starts inhaling to the throat and exhaling from the throat.

Interestingly, if you do the same belly-chest deep breathing through the nose instead of the mouth, this throat sound is not present. The reason why is easy to understand. Taking a deep breath through the nose you can already feel and sometimes even hear the air moving in and out, so you already have a point of control. Not so with mouth breathing. I can tell I am breathing in or out because I can hear the throat sounds. Having that throat

sound allows me to know when I am inhaling and when I am exhaling. I am in control.

In reality the throat is simply a pipe from your mouth to your lungs. The vocal cords don't change that. The vocal cords are no more than a narrowing of the open tube at one point.

There are a number of exercises that are specifically designed to teach the student to allow the breathing to be done directly and solely with the diaphragm and the chest. You will get these exercises in Chapters 4, 5, and 6. There are even exercises that are impossible to do if there is even a hint of a throat sound (for example, GASP INHALE BELLY on page 99).

For the present, I would suggest that after you have read through this book the first time and prior to your beginning the second reading (as I discussed in Chapter one), that you listen to The Sounds of Reichian audio so that you can hear examples of the throat sounds and an example of breathing without throat sounds.

But before you race to listen to that audio, I want yet again to emphasize that there are no tests in this course of study. If you treat this process of therapy as a test of performance, you will thoroughly defeat the work. The issue in character-change-based therapy is to allow, not to cause. Your objective is not to eliminate the throat sound (negative objective), it is to allow the body to operate without you demanding that it do what you will it to do and in the manner you demand.

In all the issues and exercises in this therapy process there is a standard of performance, but if you convert that into a self-imposed demand that you "do it properly" you are simply imposing a superego-based demand on the therapy and that demand will defeat the therapy (the superego issue is discussed in Chapter 23).

The foundation of Reichian therapy is learning to allow. If you treat this therapy as an issue of "doing it properly," you will defeat the therapy.

The issue of breathing with no throat sound is addressed directly in Chapter eight. I have discussed the issue here so that you can learn to listen for the presence of the throat sound and begin the job of learning to breathe with the idea that your throat is just an open pipe leading to your lungs and has no other control function in this work.

YAWNING

Most animals, even humans, yawn. During your work you may find yourself yawning. There are many scientific explanations but no one explanation explains all the reasons why yawns occur. You may have heard that yawing means that you are bored or that you are sleepy or that you do not have enough oxygen. None of these three reasons is correct here. Among the explanations advanced to explain yawning, the one applicable here is that it indicates relaxation. As you relax from a pre-session state of tension, the yawning indicates a relative state of relaxation.

Yawning has a special place in this work. Yawing has priority over any exercise. Any exercise is stopped in favor of a yawn. Further, the yawn gets a special sound. Shortly I will talk about the sound(s) to make as you exhale, but it is different for a yawn. A yawn gets as loud a sound as you can make. Exaggerate the sound. Yawning is a good sign and one of the best indicators that you are letting go of the chronic tension that serves to protect your nature.

Yawning takes precedence over any exercise. In doing any exercise in either Part One or Part Two, if you yawn stop the exercise for the yawn and give the yawn your full focus accompanied by a big big sound.

CHAPTER 4

PROPER BREATHING

The breathing is done in the working position (laying on your back, legs bent with the feet near the buttocks). Normal breathing is first belly and then chest in both inhale and exhale.

This is so important that I will repeat it: **normal breathing is first belly, then chest on both inhale and exhale**.

If you have been instructed in yoga or Pilates or some other technique to breathe in any other way, drop that for this work.

All the breathing is done through the mouth. No nose breathing. The eyes are open at all times. Note in the top photograph in Figure 13 on page 66 that the mouth is fully open, not just a little bit, while the bottom photograph shows the (minor) error of not opening the mouth fully during the breathing.

The exhale is begun with an easy ‘ah’ sound without first closing the throat. I will return to this issue repeatedly.

Figure 13

INDIVIDUAL DIFFERENCES

Some people hold their chest in a chronic inhale position. The chest is round and pulled up as though the person had already taken a deep breath. Other people hold their chest in a chronic exhale position. It is as though they had already pushed out all the air after an exhale. Examples are shown in Figure 14 on the next page. The photo on the left is an example of what is termed a barrel chest held in chronic inhale. The photo on the right is an example of the long thin chest held in chronic exhale.

Neither picture shows the extreme of the condition. The exemplars are ones available from my current patients.

Before you leap into right or wrong or justification for your chest shape; understand that (1) most people are in the middle and (2) there is no right or wrong in this. Whatever you are, that is what you are. There is no criticism and there is no praise. There is only fact.

Both the person on the left and the person on the right have restricted breathing which they are trying to correct. But someone in the middle can be just as restricted in his breathing as either of the two people in the photos.

As you read on, I will explain about chest movement. I will tell you how to measure it and how to correct any problems that you find.

That this issue is important, in fact central, to the work is plainly indicated by the fact that I have spent most all of Part One of this book just on just this issue of breathing.

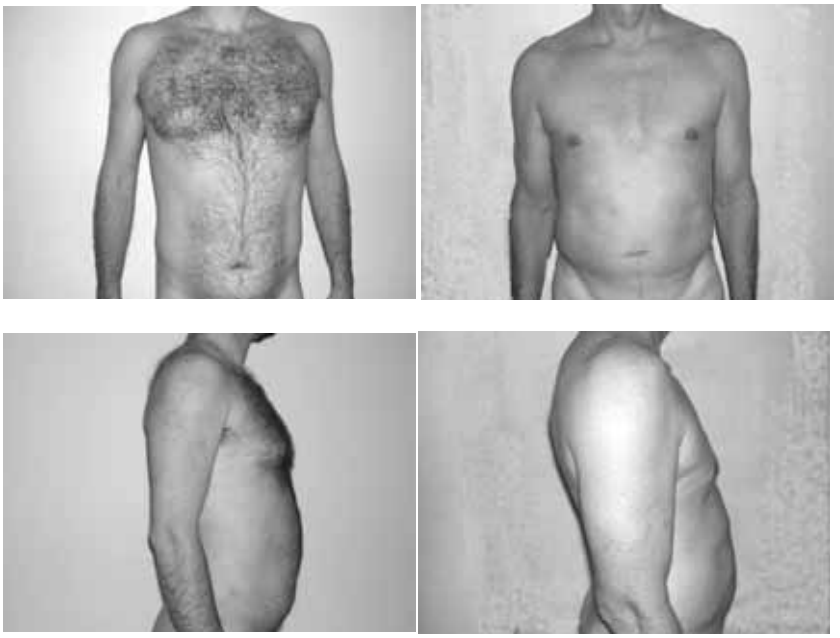

Figure 14

Both the chronic inhale (on the left) and the chronic exhale (on the right) chest shape need special work. I will tell you how

to work with chest shapes in Chapter six, but before you get to the working on chest shapes you need to learn the breathing exercises and get reasonably good at them.

First I will discuss the technical aspects of chest movement. You really do need the information on chest movement. Next I will present the detailed information on proper breathing. Next, all the exercises and finally the special steps to take to free up the chronic inhale or chronic exhale chest.

HOW BREATHING OCCURS

BREATHING INVOLVES
1. **flattening the diaphragm**
2. **expanding the chest**

There are physically two ways to inhale. Together they form a complete proper breath.

Belly or abdominal breathing occurs when the diaphragm is tensed. When your diaphragm is tensed, your abdomen expands (balloons out). This is the first step in a full breath. This is more fully explained below.

Chest breathing occurs when the chest is expanded. In proper breathing this is accomplished by the muscles between the ribs. This is the second step in a full breath.

Some people breathe only with the diaphragm, some people breathe only with the chest. Proper breathing involves first belly then chest on the inhale and first belly then chest on the exhale.

Even though I will discuss it more fully below, I want to state from the beginning that chest breathing involves ***expansion*** of the chest, *not raising of the chest*. When the chest expands, it will seem to rise; but it is expansion that we want, not raising.

THE MUSCLES OF BREATHING

BELLY BREATHING, THE DIAPHRAGM

THE DIAPHRAGM
bell shaped
flattens in inhale: we don't breathe in, we flatten the diaphragm and that causes a vacuum which causes air to be pulled in

The diaphragm is a bell-shaped muscle. It attaches to the lower ribs in the front and then plunges down to the mid back region in the back. Figure 15 on page 70 shows the diaphragm in cross section when it is relaxed and when it is contracted.

Note that since the diaphragm is bell shaped, when it contracts it flattens.

When the bell-shaped diaphragm flattens, that is contracts during an inhale, ***the air is sucked into the lungs.***

The space below the diaphragm is the abdomen. That space is compacted by the flattening of the diaphragm and has to respond by ballooning out the belly. So when you breathe with the diaphragm your belly expands and your lungs expand. Please remember: **air is sucked in by the flattening of the diaphragm. In fact you do not breathe in, you flatten the diaphragm and the air is sucked in** to fill the space where the diaphragm was. This may seem like a small point, but actually if you incorporate this idea into your thinking about breathing, it changes the way you breathe.

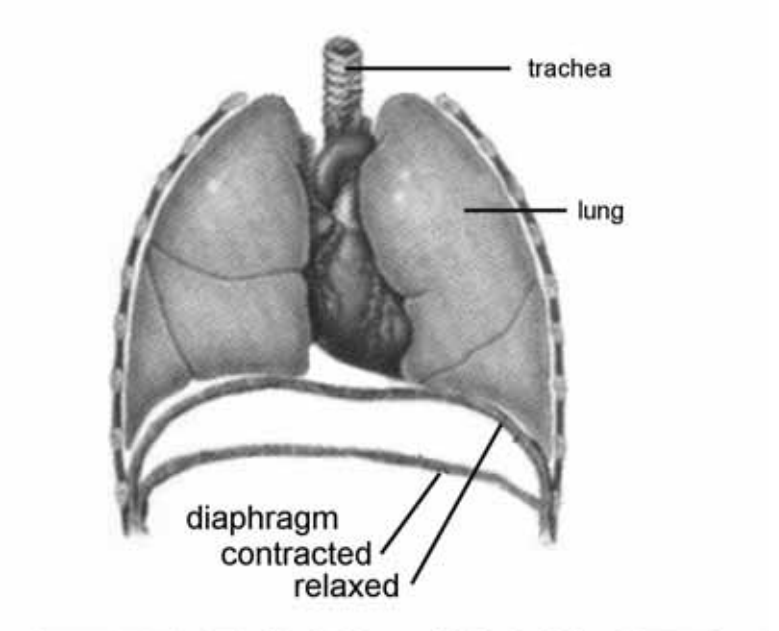

Figure 15

As you do the work, try to think about breathing not as inhaling the air, but as expanding the abdomen and the chest. We naturally, but erroneously, think about inhaling as drawing the air in. That thought, in turn, tends to cause people to control their breathing by tension in their throat. That is kind of a natural thought. But if you keep in mind that all you are doing is expanding your belly and expanding your chest then you will learn more quickly to let go of artificial control.

CHEST BREATHING, THE RIBS

THE CHEST
muscles between the ribs
expands (not rises) during inhale because of the placement of the ribs

As you can see in Figure 16 between all of your ribs there are two sets of muscles, the external intercostal muscles and the internal intercostal muscles. The suffix "costal" in *intercostal* is just another name for rib.

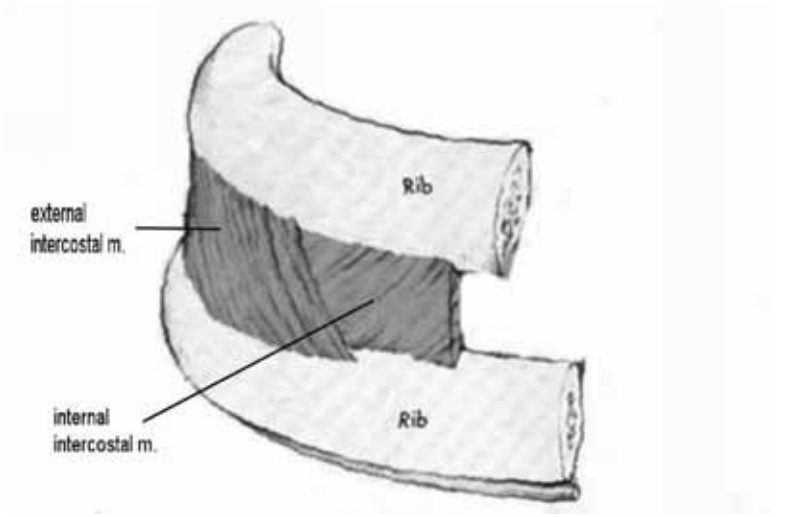

Figure 16

The external intercostal muscles are used during inhalation. They extend from about under the nipple line around back all the way to the spine.

The internal intercostal muscles are used during (forced) expiration. They run from your breast bone around the side and to about mid back.

Now think about your ribs for a moment. If you can't picture the rib cage, run your finger along your lower rib from your side, first coming forward to your breast bone and then backward toward your spine. The ribs are fixed in front at the breastbone and in back at the spine. Note that the ribs come down toward your feet as they come from the spine and then go back up to reach the breast bone. [14]

When the external intercostal muscles contract during inhale the 2nd rib is pulled up toward the first rib, the 3rd toward the second and so on. Because of the shape of the ribs, as the ribs move upward, they move outward, thus expanding the chest. As your chest expands the air is sucked into your lungs. On the exhale the ribs return to their resting position and this pushes the air out.

I'll repeat all this once for emphasis because as you'll see in the next section, all this is important. You do not really inhale; you only create vacuums in your body and the air gets sucked in to fill the vacuum. One vacuum is created when you flatten (that is, contract) the diaphragm (and balloon out the belly) and the other vacuum is created when you expand the chest.

But there is another way that people (wrongly) breathe into the chest and we will look at that next.

14. For the punctilious among my readers, yes I am aware that there are seven other muscles that effect chest breathing. Two is enough for our purposes here.

ACCESSORY MUSCLES OF CHEST BREATHING

ACCESSORY MUSCLES OF RESPIRATION
pushing the chest up with the diaphragm
measuring the chest with a tape measure
PARADOXICAL BREATHING

There are other muscles which can be used in breathing. If these muscles (see below) are used continuously you must undo this habit. These other muscles — other than those between the ribs — are called accessory muscles of respiration.

The accessory muscles, in healthy breathing, are used only during physical or emotional emergencies. If you are using them all the time it means you are operating at all times as though there were an emergency. You are literally approaching life as though it were an emergency situation. If you have trouble relaxing, trouble with anger, trouble with letting go, you approach sex as a demand performance; that way of being in the world can be explained by the fact that you are dealing with all of life as an emergency.

These accessory muscles are on the upper chest (the pectorals), on the front of the neck (the sternocleidomastoid), on the side of the neck (the scalenes), and on the upper back (the trapezius). Unfortunately, most people, when they breathe into the chest, use these accessory muscles. Later I will tell you how to see if you are using the accessory muscles. If you are using these muscles or can not breathe into your chest, for now simply be aware of the issue and let the exercises do a lot of the correction.

So much is accomplished just by the use of the exercises that you can leave the accessory muscle issue to later. At this point I simply want to explain the accessory muscles so that you can become aware of whether you are using them.

In broad strokes, we have three ways of *chest breathing*:

a. improper use of the diaphragm.

b. improper use of the accessory muscles
c. proper use of the muscles between the ribs

THE DIAPHRAGM AS AN ACCESSORY MUSCLE

Though it may seem a bit strange, the chest can be pushed up from the bottom by the diaphragm[15]. This is inappropriate. It would really get technical if I tried to explain how this is done, so I will just leave it that it is done by all too many people. Later in Part One of this book I will tell you how to see if you are doing this and what to do to correct it.

THE OTHER ACCESSORY MUSCELS

You want to learn to breathe with the diaphragm (for the belly part of breathing) and the muscles between the ribs (for the chest part of breathing). You can tell if you are using your diaphragm during the inhale because your belly will balloon out. If you get no movement in the chest then you know you are not using it at all. But if you do have chest movement, then is it with the rib muscles or is it with the accessory muscles?

The first thing to know is whether your chest is or is not moving. If it is moving, then are you pushing it up with the diaphragm? If you are not pushing it up, then are you using the right muscles to expand it or the wrong muscles to only move it?

BREATHING PROPERLY INTO THE CHEST?

MEASURING THE CHEST

There are two simple methods to tell if you are expanding your chest rather than pushing it up from the diaphragm or pulling it up using the accessory muscles of respiration.

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15. In the most extreme case of this that I have seen, this person's lower rib actually flared outward producing what is medically called a "Harrison's sulcus."

The best way to see if you are expanding the chest is to use a simple tape measure, the kind used by tailors and dressmakers to measure the body. You can also use a piece of string but you can tell more if you stop by the store and pick up a tape measure.

Place the tape measure or string around your chest as shown in Figure 17 left and pinch the tape measure (string) against itself with two fingers.

You can also use your hands with the your index fingers touching and you thumb hooked around your ribs as in Figure 17 right.

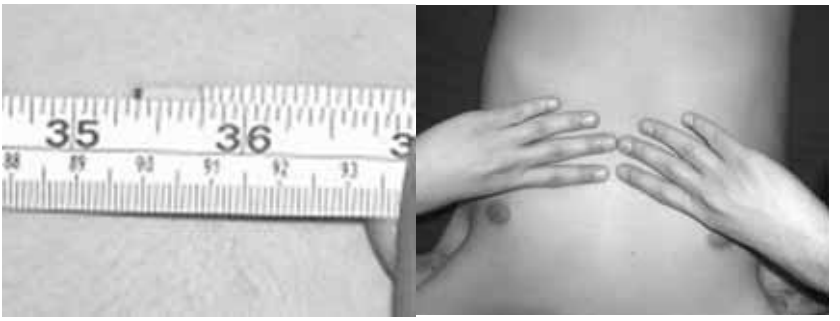

Figure 17

When you do a proper chest inhale, the tape measure (or your hands) should pull apart showing that the chest size is increasing (Figure 18 on page 76 shows use first of the hands and then the tape measure).

If the size of the chest (as measured by your hands or the tape measure) does not increase then either you have no chest breathing or you are using the accessory muscles of respiration or you are using the diaphragm to push the chest up. The issues of using the accessory muscles of respiration or using the diaphragm to push up the chest are discussed in Chapter seven. Also if you can work with a helper, Chapter nine provides extra exercises and techniques to further the work.

The amount of movement, assuming there is some, varies corresponding to your chest shape. There are two basic chest shapes: the long thin shape (like many rock musicians) and the barrel shape (like weight lifters) (see INDIVIDUAL DIFFERENCES on page 66) The amount of the increase in chest expansion will vary with the chest shape. With a long thin chest it

may be only one half inch, with the barrel chest it should be at least an inch. Note that the tape measure in Figure 18 shows an expansion from 35 3/16 inches to 36 11/16 or an expansion of 1 1/2 inches. While the expansion in Figure 19 on page 77 is only 5/8 inches.

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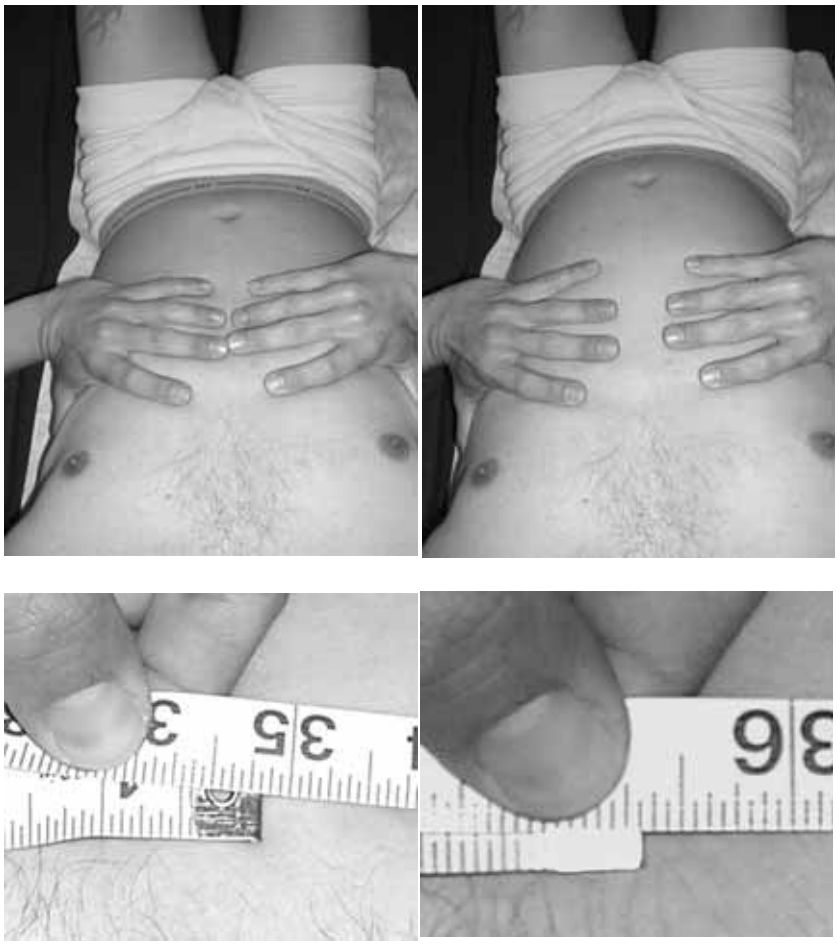

Figure 18

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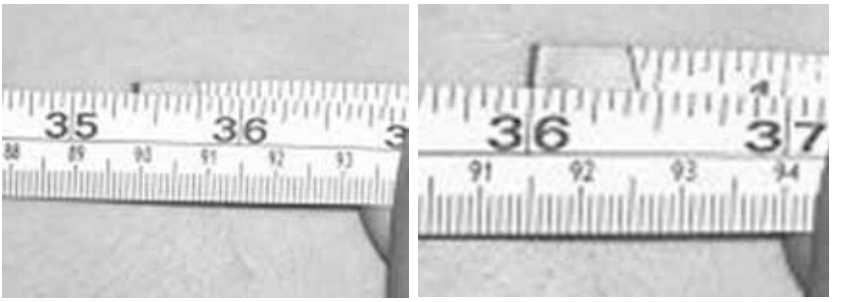

Figure 19

PARADOXICAL BREATHING

I have emphasized that breathing, both inhale and exhale, is first belly and then chest. Some people breathe with the opposite pattern: they first breathe into the chest and then into the belly. This is called “paradoxical breathing.”

If you do breathe in this paradoxical manner, it can take some time to correct; but it is important. The goal of all these exercises is to get rid of the chronic state of tension in your muscles. Getting rid of this chronic tension will result in major changes in you as a person.

Proper breathing will result, over time, in relaxing the diaphragm. Paradoxical breathing will result, over time, with tensing the diaphragm.

If you do find that you are using paradoxical breathing as your normal way of breathing then, without question, your first objective in learning to breathe is learning to breathe in the correct order. That is job one.

There is also a variant of this paradoxical breathing that I need to mention so that you can watch for it. This happens when you breathe into the belly first, but then when you start the chest inhale you draw the belly in (that is, you collapse or tense the

belly). After you breathe into the belly it should stay ballooned out during the chest inhale. Figure 20, on the left, shows the

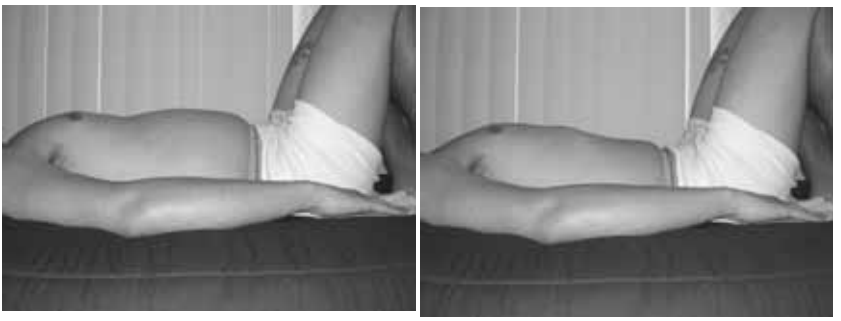

Figure 20

proper belly out at the end of the inhale and on the right, the belly was contracted during or after the inhale.

You can test to feel if you are contracting or have a tendency to contract the belly after the inhale by placing your hands on the upper abdomen just below the breast bone. That hand placement will allow you to feel whether you are tensing the abdomen during the inhale to the chest. This is shown in Figure 21

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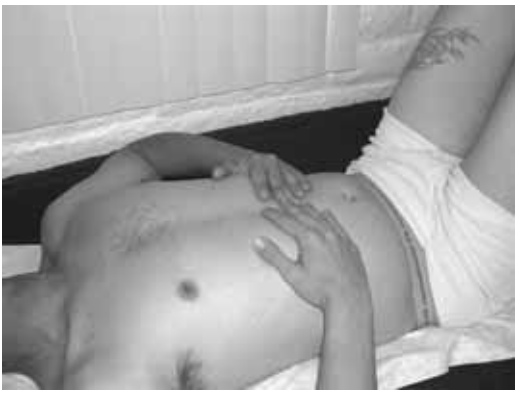

Figure 21

SOUNDS

RIGHT SOUNDS: ah
WRONG SOUNDS: uh, huh, ha, hu, who, ga, ugh

The exhale should start with an easy, soft, and short sound.

That means don't emphasize or drag out the sound. The proper sound has been compared to a sigh, not a moan but just a short 'sigh' sound.

I have tried in the audio that accompanies this book to illustrate all the sounds. Since I was limited to my current Reichian therapy population and myself, some sounds are not as diverse as I would have liked.[16]

AH

You know how the doctor says: "open your mouth and say ah." That's the sound I want you to begin with. But unlike at the doctor's office, don't drag it out! The sound starts the exhale, it does not continue.

The 'ah' sound is actually a slight mimic of the sound of a sigh. It is true that some people sigh with a 'huh' sound; but if you try both you will, hopefully, feel the difference. You want the 'ah' not the 'huh.' You can hear various versions of the 'ah' sound on the audio that accompanies this book. I also provide an example of what the proper 'ah' sound is.

One more thing. In language there are two elements called articulation and guttural. In articulation the throat is first closed and then opened to make the sound. If you try that on yourself hopefully you can both do it and hear the difference. In a guttural sound a constriction of the throat is added to the sound.

First, take a small breath. Next close your throat (you can tell if you throat is closed because you can try to exhale but you can't

16.Many of my patients are only in verbal therapy. Reichian therapy, like any other therapy, is not applicable to everyone.

since the passage for the air is closed). Then make the ‘ah’ sound as you open your throat. Hopefully you can hear the slight grunt like sound at the beginning of the ‘ah’ sound. This can be quite subtle, but it is definitely there. It is good practice to do the closed throat and the open throat exhales a bunch of times until you get good at spotting the difference.

UH, HUH, HA, HU, WHO, GA, UGH

It is impressive how many sounds we can make that are close to ‘ah’ but not on the money. Above is a list of the most common ones. It is a good exercise to deliberately make each of the above sounds compared to the ‘ah’ to be able to tell the difference. For each sound, do not accentuate the difference. Try to make each of the above sounds as close to the ‘ah’ sound as you can so that you can learn to hear the difference.

One little trick is to drag out the wrong sounds above on your exhale because that helps you to begin to really hear the difference. The most common, even if relatively minor, error is to use ‘ha’ rather than ‘ah’. Think of it this way: you are not laughing, you are relaxing. So it is not 'ha' as in a laugh but ‘ah’ as in a sigh.

Make sure that you do not drag out the sound. I have tried to illustrate these different sounds on the accompanying sound track for this book (or CD if the book is commercially published).

The ‘ah’ sound is not so much started and stopped as it is just inserted into the stream of air at the beginning of the exhale. For a time as you learn to do this work it might be a good idea to get a cheap tape recorder and record your breathing and the sound. See if perhaps you start with an ‘ah’ but then change as you go along to some other sound. It might be that you are starting the exhale and then sometime after you start exhaling you insert the sound. That is, you are not starting the exhale with a sound but are rather stopping the exhale, then adding a sound as you continue the exhale.

So what’s the big deal? Why do I make so much out of one sound or another? Well, some things are seemingly small things but they make a big difference in the effectiveness of the work while other things (really, errors) are not so important. It is not a

major error if you say ‘ha’ instead of ‘ah’, but it is a major error to add an articulation or a guttural and say ‘ga’ or ‘ugh’ or to drag out the sound. It is really not hard to get the sound right and once you get used to it, it becomes automatic and you don’t have to think about it any more; but it does meaningfully impact the work if you don’t learn the right sound. Just take the time when you start the work to learn the right way to do it.

PAUSES IN BREATHING

Don’t pause between the inhale and the exhale

There is another common breath issue that I want to mention here. Most people when they start these exercises breathe as a two-step process. They inhale, pause, then exhale, pause, then inhale. They think of a breath as an inhale followed by an exhale. Properly it is one continuous operation. The inhale gives rise to the exhale which gives rise to the inhale. I will return to this later when I discuss **rhythmic** breathing, I just wanted to mention it here so that you are alerted from the start.

Learning to breathe as one continuous process rather than a two step process – (1) inhale, (2) exhale – is not that easy. Treat this as a goal not as a mandate. It takes some people many years to learn the one process breath. Just to make sure I am not misunderstood, the first issues are things like the ‘ah’ sound and the belly-chest sequence rather than the more advanced issue of the continuous breath.

CHAPTER 5

THE BREATHING WORK EXERCISES

INTRODUCTION

Some of these exercises are basic. They are usually not hard to do but yield great results. Other exercises are harder but that only means that they have even greater effect.

Master the initial exercises before you go to more advanced ones. In all cases you should recognize that your objective is to benefit from the exercises not to treat them as some kind of demand and that you have failed if you can not do it.

I've said before and I say again: proper breathing is very powerful and that you should never push yourself. The rule is: **ALWAYS TOO SLOWLY.**

I have presented these exercises in the generally proper sequence. The actual order of use may vary as you get experience with them. Human beings, being very mixed up animals, have a built-in tendency to demand super-hero status.

To put it bluntly, you are not a super hero; and if you continue to demand that you be one and thus overdo these exercises or jump to advanced work before you are done with the earlier work, well, welcome to chaos. That's what you will get: chaos in your life. **ALWAYS TOO SLOWLY**.

BREATHE

Just try to breathe properly as discussed above. Stay at this level until you (1) do not get any extreme cramping and (2) you can tolerate a full hour of the breathing. It is very natural to want to push on to the breathing exercises presented below. Resist the temptation. It is very surprising how few people can actually breathe properly. Here is a little check list to summarize what I have said so far:

1. breathe first into the belly
2. breathe second into the chest
3. do not tighten or contract the belly when you breathe into the chest
4. make the breath one continuous motion; belly inhale, chest inhale, belly exhale, chest exhale. All with no pauses
5. be able to tolerate this good breathing one hour

Once you have mastered this basic breathing you are ready to start with the exercises. Don't rush it. Give yourself time to just get the basic breathing. It may sound stupidly easy – and it might be for some readers, some students – but from over 35 years of experience, it is, as the phrase is, easier said than done. Try to just stay with the basic issue of proper breathing until it is natural for you to breathe that way and then you can proceed onto the exercises.

BREATHE BELLY ONLY

Problems:
1. **the diaphragm is chronically tense**
2. **the belly is chronically tense**

Tone not tonic muscles
Feeling for diaphragm movement

In this exercise you are breathing only into the belly. The chest is not used. The objective is to make sure you can breathe only with the belly and that the belly breathing is full.

There are two big obstacles to belly breathing: (1) the diaphragm is chronically tense and can not move well, and (2) the abdominal muscles are chronically tense and can not release their tension.

At this point some of you might object that: I exercise daily and one of the major goals is to tighten my abdominal muscle to get that chiseled look. Although this seems as if it might get in the way of full abdominal breathing, it does not. There is a difference between a muscle having *tone* and a muscle being *tonic*. In *tone* a muscle maintains a healthy degree of tension but can relax when it is not in use. When a muscle is tonic the muscle can not relax even when it is not in use.

When you stand up your abdominal muscles serve a postural function; they must have a degree of tension. When you lay down on your back, your abdominal muscles no longer have a postural function and they should be able to relax. In other words: tone is good, chronic tension (tonic) is not.

For many people with very tight abdominal muscles, there is limited ability to let the tension pass when it is not structurally needed. Thus their ability to breathe into the belly is limited by the tension of the abdominal muscles.

The difficult thing to describe is: how big is the abdomen, how does it look when the tension is released during a belly only breath? The only way I can begin to describe that is by reference to a picture (Figure 22). Neither of our models could fully expand

his belly, but the picture gives you at least some idea of what an expanded belly looks like.

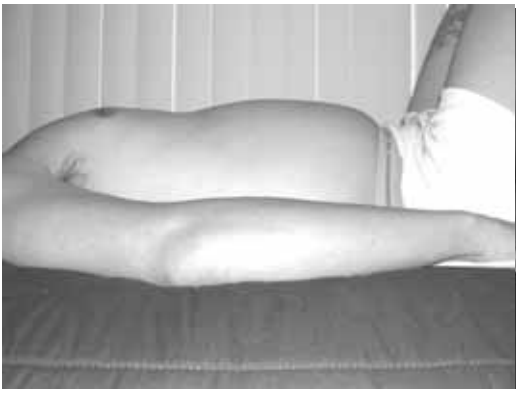

Figure 22

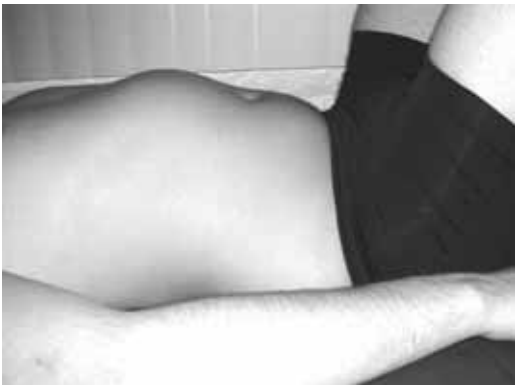

Figure 23

Notice the difference between the abdominal expansion in Figure 22 and Figure 23. The residual tension in the lower abdomen in Figure 23 is conventionally interpreted as sexual anxiety.[17]

17. The reader needs to be aware that all statements in psychology are statistical statements. That is, any interpretation (like the above on sexual anxiety) is not a fact (100% true), it is a statistical statement meaning that there is only a possibility that it is true in any given instance.

I've spent this time on the abdominal muscle, but recall that another problem with belly breathing is tonicity (chronic tension) of the diaphragm. I'll tell you what to feel for; however, this can also take a lot of practice with different body types. Thus it may well be the case that you cannot feel it. If you are unable to judge diaphragm tension, simply treat it as part of the overall belly breathing issue. If you can do a full belly breath it means that your diaphragm is properly mobile even if you can't feel it.

In Figure 24 I show you how you can place two fingers at the base of the ribs to feel for diaphragmatic movement. You can see in the picture how the two fingers should be against the lower rib and angled very slightly upward.

With the fingers properly placed and pointed in the right direction, start breathing into the belly. You should be able to feel the diaphragm move under you fingers. It feels something like a soft ridge moving beneath your fingers.

It is surprising how many people can not breathe with the belly without also involving the chest. Our objective is to free both the abdomen and the chest from tonicity. To accomplish that you must be able to separate the two parts of the breath cycle. You must be able to breathe with the belly only and with the chest only.

Figure 24

In the following picture I show you how to place you hand against your chest and the bed. If your chest is moving you will be able to feel it with your finger

In Figure 25 you can see from the line I have drawn on the photograph that the chest is raising (is pulled up by the accessory muscles). Thus this model, despite instructions by me to breathe only with his belly, is unable to not use his chest in the breath.

Do not short-circuit this exercise. It is important and should be given as much time as needed to be able to not only do it (with much effort and concentration), but to do it easily and naturally. Initially you likely will be concentrating on doing it right. Your goal, however, is not only to do it properly but also naturally. Your final goal is to be able to do this just as naturally as if it were walking.

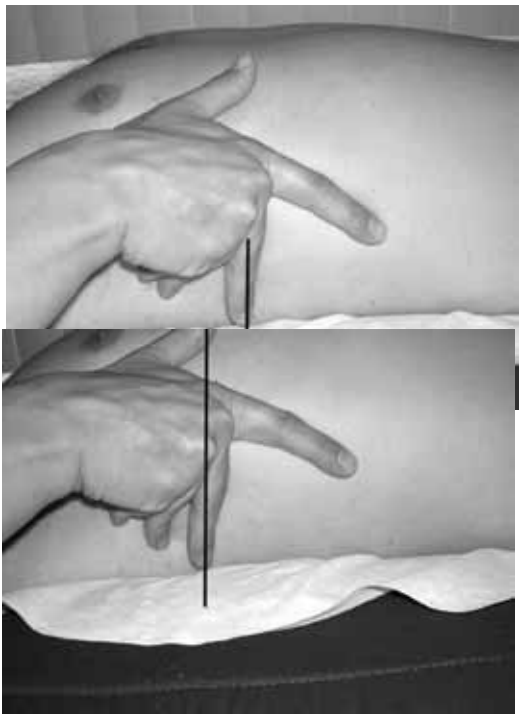

Figure 25

BREATHE CHEST ONLY

Introduction
- **The goal is to be able to breathe only with the belly and only with the chest**
- **Different chest shapes (chronic inhale and chronic exhale) and use of the accessory muscles need not stop you**

Two common problems
1. **tensing the abdomen before the chest inhale**
2. **tensing the abdomen at the end of the chest inhale**

We have belly only breathing and we have chest only breathing. It is usually more difficult to breathe chest only than it is to breathe belly only. Here I present the chest only breathing and in the following two exercises I present ways to help you free up your chest.

The goal is for you to have access to individual groups of muscles, to be able to separate different muscle groups. If you have a problem with using the accessory muscles of respiration or a problem because you use your diaphragm to push the chest up, you will work on that separately. The fact of either or both of these problems does not prevent you learning to breathe chest only, to separate the chest breathing from the belly breathing.

On page 66, under the heading "INDIVIDUAL DIFFERENCES," I wrote about different chest shapes. There I introduced you to the idea that in some people the chest is held down in chronic exhale while in other people the chest is held up in chronic inhale. Figure 14 on page 67 showed examples of a model with a barrel chest held up (in chronic inhale) and of a model with a long thin chest held down (in chronic exhale).

Now even if your chest is held up – and thus you can not get much air into your chest since it is already up in chronic inhale position – you can still practice this exercise. You do not need to wait until you get the chest down before you do this one.

There are two common mistakes in chest only breathing.

The fist common mistake is to tense the abdomen before the chest inhale is started. Figure 26 is an example of tensing the abdomen. So, starting at the point of a finished exhale, before you even start the inhale, you will see tensing of the upper abdomen just below the ribs. This prior tensing of the abdomen is usually associated with using the diaphragm to push the chest up.

The second common mistake is to do the majority of the inhale with the chest with no abdominal tensing but near the end of the chest only breath, the abdomen is tensed to allow more air into the chest. This action, too, has the function of using the diaphragm to add more air to the chest inhale.

Recall that you can use a tape measure to see that the chest is expanding. But perhaps the best easy test is to place your hands flat on the abdomen to check for tensing of the abdomen (Figure 27).

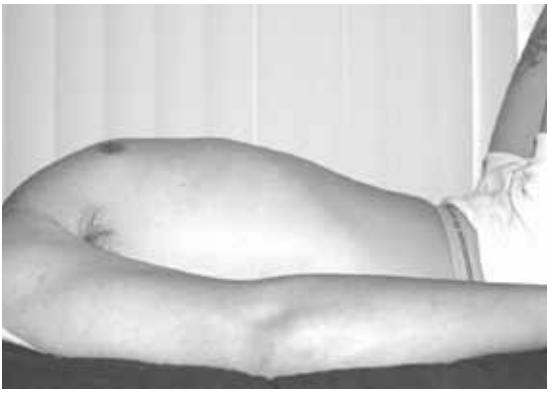

Figure 26

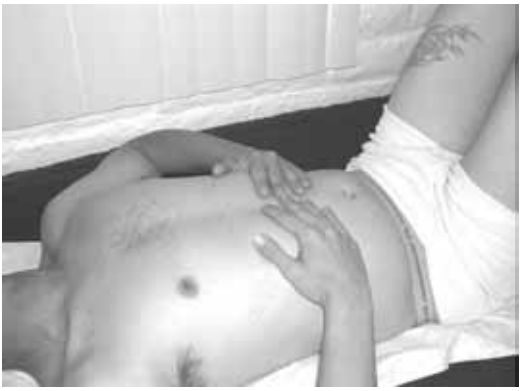

Figure 27

If you have a long thin chest held in chronic exhale and can not get it to move use the next exercise (extend belly, breathe chest only). If you have a barrel chest held up in chronic inhale, then use the push breathing exercise to get it down. I discuss the push breathing exercise on page 94.

Don't short-circuit this exercise either. Proper breathing is so powerful all by itself in effecting change in the your nature that you should never rush from one exercise to the next. **ALWAYS TOO SLOWLY**.

EXTEND THE BELLY, BREATHE CHEST ONLY

Best exercise for GETTING THE CHEST UP
1. **learning to not use the diaphragm to push up the chest**
2. **learning to breathe with only the chest**

The place of feeling in the work
Expand the belly, hold it out, now breathe only into the chest

This sounds easy, but it is a beauty. It is the best exercise there is for (1) learning to not use the diaphragm to push up the chest, (2) learning to breathe with only the chest. This exercise will not teach you to not use the accessory muscles of respiration. This

exercise is applicable for everyone but it is THE exercise to use for people with a long thin chest to get the chest up.

At this point, I would like to add a note. All the material in both parts of this book are NOT calisthenics or a health club workout. The goal, purpose, and effect of all these exercises – both here and in Part Two – is to change your nature and develop more personal freedom and enjoyment.

It would be nice if I could explain all this; but that would be a technical discussion with lots of theory and lots of references. All I can say here, and emphasize as well, is that it will happen. It will not happen quickly, nor does one want it to happen quickly; but continued and conscientious use of these exercises will do that.

It is not uncommon for people doing these exercises to have various feelings, from laughing to crying and everything in between[18]. In fact, some of the exercises in the two part of this book are designed to accomplish exactly that. But it is not emotion that we are after. If some emotion occurs, let it continue; but only to your personal point of comfort. Allow the emotion to grow and spread throughout your body, but don't push yourself. This is not a contest and it is not a performance. Feeling is appropriate, but it is not our goal. Our goal is character change, not emotional fireworks.

If your chest is mobile (remember: that's when the tape measure shows the chest expanding during the inhale), this exercise is usually pretty easy. If your chest is held down, held up, or you use your diaphragm to push the chest up, this exercise will be both hard and exhausting.

If it is hard, it only means it is more important; but it also means don't push it. Do as much as you can and then pass on to another exercise. There is always the next time.

The technique is easy. First, breathe with your diaphragm, extending your belly as much as you possibly can. If you can, get it down to the bottom of your abdomen, down to the pelvis so that your whole belly is one big round balloon.

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18. See the chart on hyperventilation (pages 59-60) for emotions frequently seen with hyperventilation.

Now *holding your belly out*, breathe into the chest. Take as big a breath as you can, but only into the chest. Do not let your belly contract or tense even a little. Exhale normally with the easy ‘ah’ sound and normal speed. This sounds easy, it is not. Years of experience have shown the author just how difficult this is for most people.

It is natural to think that contracting the abdomen during the belly-out-chest-only breath would mean that the whole abdomen tenses. This is not the case. Some people do contract or tense the whole abdomen, but others contract only the top of the abdomen below the ribs and others contract only the bottom of the abdomen in the pelvic region. While Figure 28 does not show the belly extended, it does show hand placement you can use to tell if your belly contracts (after being expanded) during the chest inhale part of the breath.

Figure 28

IN ALL EXERCISES AT ALL TIMES THE EYES ARE OPEN

PUSH BREATHING

Best exercise for: GETTING THE CHEST DOWN
This exercise is very tiring, no more than five minutes per work session
normal inhale (belly, chest)
at the start of the exhale (at the same time as the 'ah' sound) roll the pelvis up
roll with the quadriceps
don't raise the back from the bed
don't spread the legs
keep the pelvis up for the full exhale
when the full exhale is completed, push out the belly then tense your chest muscles to push out all the air from your chest
Important: keep the pelvis rolled up while the belly is out and you are pushing all the air out.

As the 'belly-out-breathe-chest-only' is the big exercise for getting the chest up, so this is the big exercise for getting the chest down. Everyone should be able to do both of these exercises but the belly-out breathe with the chest is the big exercise for people with a long thin chest in chronic exhale and this exercise is the big one for people with a barrel chest in chronic inhale.

This exercise must be done correctly. There are various important reasons why this exercise must be done with caution. Also this exercise can be physically exhausting so another reason not to overdo it.

At this point in the narrative — and much out of order since I will repeat all this in Part Two of the book — I am going to introduce you to the proper way to roll the pelvis. The only reason I am doing this now is that you might as well learn about this here and perhaps start to get it right. But rolling the pelvis is really its own exercise and here it is only that the rolled pelvis is essential (though the rolling technique is not essential here) to

this exercise. What that implies is that at this point in your work focus on this push breathing exercise and simply keep in mind that this is not a bad place to also start to learn the proper way to do the roll the pelvis exercise.

MEDICAL NOTE

As noted in Chapter one (on page 29), this exercise raises the pressure inside the brain cavity (the inter-cranial pressure). This can result in death for those who have a silent aneurism in their brain. If you have had an amphetamine habit, don't do this exercise. Also there is a genetic condition called a "berry aneurism." It is rare, but it is also silent until it ruptures. There is a medical way to test for the presence of a brain aneurism, but you are very unlikely to get any physician to prescribe it absent any present medical indication of its need.

There is also a medical issue if you have elevated blood pressure. Many pharmacies have a free blood pressure test stand that you can use, or you can purchase an automated blood pressure device at the pharmacy. If you have a doctor, then your blood pressure is in your medical records and you can call your doctor's office to get the values.

If you are on medication that is reducing your blood pressure to a normal value, then this exercise should be OK. If you are in doubt, ask your treating physician. Because he might easily misunderstand what you are doing, this exercise IS NOT the same as a valsalva maneuver.

THE EXERCISE

That said, here is the exercise. After a normal breath, at the beginning of the exhale – at the same time you are making the 'ah' sound – **you roll the pelvis up.** This reads as something quite easy to do. At the start of the exhale, you roll the pelvis up at the same time you are making the 'ah' sound to start the exhale.

There are a bunch of errors that are made with the roll the pelvis part of this exercise. I'll deal here only with the ones

important for this exercise and save the complete discussion for Chapter 18.

Later in this book I will have a section on the issue of control. People who have the character need to control everything find it difficult to do two things at the same time. That is, they find it difficult to make a sound and roll at the same time. Characterlogically they need to make sure that they make the 'ah' sound correctly before they can turn their attention to rolling the pelvis. If you have this issue because of your need to control, simply be aware of the issue and over time as you do the work in this book including this exercise you can gradually overcome that character limitation and you will be able to roll and vocalize at the same time.

One error in the operation of rolling the pelvis is that instead of the pelvis being rolled up, it is jerked up. The motion should be smooth, not jerky. Again this relates to the character issue of control and again will be corrected over time as you do the work.

Now to the three errors that are significant. In one error the whole lower body is raised so that the lower back lifts off the bed. Figure 29 shows before the roll (left) and after a proper roll (right).

Figure 29

Then Figure 30 shows the back being raised off the bed. In other words, instead of the pelvis being rolled, it is lifted.

Figure 30

In the second error the legs are separated when the pelvis is rolled. The legs should not spread apart during the roll. This error is shown in Figure 31.

Figure 31

In the third error the pelvis is rolled by tensing the abdominal muscles instead of using the frontal thigh muscles to roll the pelvis. I can't very well illustrate this error with a photograph since the tightening of the abdominal muscles is too slight to show up in a photo. But, again, by placing your hand on the

lower abdomen and pressing in slightly during the exercise, you can feel if the muscles tense when you roll the pelvis.

In rolling the pelvis (1) only the pelvis tilts, the lower back does not lift from the bed, (2) the legs do not pull apart and (3) the roll is done at the same time as the exhale begins with the 'ah' sound.

Now the exercise. **At the beginning of the exhale roll the pelvis and keep it up until the exhale is completed**. Exhale normally (belly, chest). At the **END** of the exhale stick out (balloon out) the belly completely and then squeeze out all the air from the chest. I do mean all the air. Keep pushing the air out until it is simply not possible that there is any left. Then lower (not drop) the pelvis and begin the normal inhale.

At the beginning of the exhale roll the pelvis and keep it up until the exhale is completed.

In doing the push there are two common errors you want to try to avoid. The first error is that the belly is ballooned out almost immediately instead of only at the very end of the normal exhale. In learning this exercise, just practice the issue that the exhale is normal (belly then chest) until the normal end of the exhale and it is only at the end that the belly is expanded or ballooned out and the rest of the air pushed out.

The other error is that as the chest is tensed in the attempt to push out all the air, the upper abdomen is also tensed. You can feel if you do that by using your hand resting on the abdomen (Figure 28 on page 93). You should not feel any movement and you should not feel any tensing of the muscle. If you do have this habit, it is hard to break and will simply take a lot of practice.

One thing NOT to do in this exercise is to let the session continue on too long. Since you are learning to use the muscles between the ribs and that alone is tiring, the more you do this exercise the more you will tire and have a tendency to return to tensing the abdominal muscle. So keep the exercise going only as long as you can do the push exhale without tensing the abdomen. Then come back to it on the next learning session.

The first time you may do only a few breaths before you tire so much that you start to tense the abdomen. OK, then stop until the next session. Life is a process, not a test of stupidity (that is, a test of endurance).

That's all there is to it. Sound simple? Wait till you try to do it. It is hard and tiring. If you have a held high chest, you need this exercise to get it down. Even if you have a properly mobile chest this exercise will be useful to increase the mobility in your chest.

1. Start with a normal inhale
2. At the start of the exhale,
   a. make the normal 'ah' sound and
   b. roll the pelvis
3. keep the pelvis up for the whole exhale
4. AT THE END of the exhale, stick out the belly and
5. push all the air out of your chest

GASP INHALE BELLY

To be started only after you have mastered the belly only breathing
Issues:
1. **the chest is not involved in the inhale**
2. **the gasp is extremely short**
3. **the effect of the gasp goes all the way down to the pelvis**

Obviously you can't start on the gasp inhale belly exercise until you have mastered the belly only breathing.

As simple as this exercise seems in description, it is intensely powerful when done correctly and fully. A gasp is an extremely short inhale (or later, exhale). Listen to the audio for examples. One final point: while the inhale is a gasp, the exhale is normal. The sound is still the soft 'ah' and the time of the exhale is the normal amount of time.

There are three things to be concerned with here; and you will not master all of these things at the same time so don't try. It takes practice and a real willingness to let it happen. The three issues are: (1) the chest is not involved in the breath, (2) the gasp is extremely short, (3) the 'percussive' effect gets all the way down to the pelvis.

1) THE CHEST IS NOT INVOLVED

I have listed this issue first because if you involve the chest in your gasp inhale belly you will never, in fact, be able to gasp properly. Therefore the first issue to practice is that you can gasp into the belly without having the chest move.

Many people, when they first start this exercise, actually start with a mini-inhale to the chest before they gasp inhale to the belly. You have already learned to do chest only and belly only breathing. Now you have to master doing a rapid belly breath without re-involving the chest in the breath. Just work to get the inhale as rapid as possible (and as full as possible) without any use of the chest.

2) THE GASP IS EXTREMELY SHORT

Now I can turn to the issue of what a 'gasp' is.

As best I can put it in words and audio, the gasp is nearly instantaneous. It is not rapid, it is not quick, it is not short; it is a gasp. A good estimate is that the complete inhale is finished in 1/4 of a second. Let's put it this way: it can't be too short provided that you inhale fully.

Try this trick to get an idea of what speed a gasp goes at. Do a complete exhale. Now balloon out your belly as far as possible without letting in any air (that is, keep your throat closed). Attempt to get that belly really far out, a really big round abdomen; from the ribs all the way down to the pelvis. The photo below is the better of the two models for expanding the belly. But, note that the expansion is really quite limited and he is unable to expand the belly all the way down to the pelvis. His abdomen comes in sharply before it gets to the pelvic area.

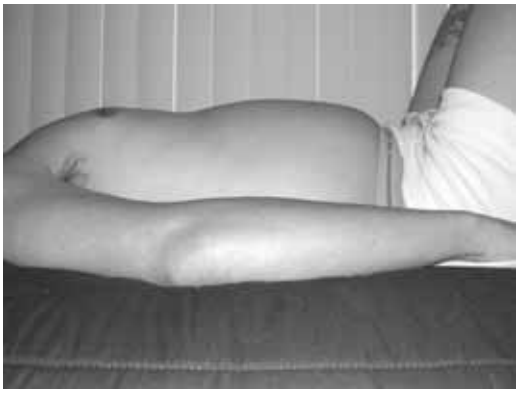

Figure 32

When you have that, then open your throat to let the air be sucked in to fill the chest. This is a good approximation of what a gasp is like.

This is a good point to repeat the issue of the throat sound. If you have a throat sound — even a little bit of a throat sound — it is physically impossible to do this gasp inhale. In order to do a gasp, whether to the belly or the chest, and irrespective of whether that is a gasp inhale (as here) or a gasp exhale (later in this chapter), any throat sound will slow down the inhale or exhale to the point that while it might be rapid, it is not a gasp.

Now at this point I have to add a caution which becomes more emphatic for the next section on the 'percussive' effect. This gasp inhale belly is a full breath. Many people try to accomplish a gasp by lessening the inhale, by making it only a partial inhale. It should be a full inhale. If you do a gasp by making the full inhale shallower, then you are not doing it properly. The gasp inhale should be just as deep, just as full, as the slowly done belly only breath.

3) 'PERCUSSIVE EFFECT' GOES TO THE PELVIS

Now to the really advanced part. It can take a long time to get to this point. Think of this as the final step and, in fact, the goal. When you reach this point you have mastered this technique.

I call this a "percussive effect." I call it that because of both the way it feels and the way it happens. Since diaphragmatic breathing starts at the top of the belly, when the diaphragm suddenly contracts (as in the gasp inhale) it sends a wave of pressure from the ribs downward toward the pelvis. This happens very quickly (less than 1/4 of a second) but it is real. So when you are able to (1) do the gasp properly, and (2) you are able to let the belly fully expand, then you get a kind of hit or strike to the pelvic area. You can begin to imagine the effects this exercise will have on your sexual experience.

Don't be concerned if you can not feel this strike to the pelvis. It takes considerable time to trust your body enough to let go of all the muscle tension in the abdomen so that the pressure wave can get down to the pelvis. Treat it as your goal. The first time or two it occurs, it will feel strange; but you will get used to it and it produces some strong effects.

GASP INHALE CHEST

To be done after you have mastered the chest only breathing
Stop when you find that you are tensing the abdomen. The muscles between the ribs are small and tire easily.

It is evident that you can not do a gasp inhale chest before you can do the chest only breathing. So get that going fully before you try this exercise.

As with the gasp inhale belly, the total time for the gasp is about 1/4 of a second. Recall the following about this: (1) it is done only with the muscles between the ribs, there is no use of the accessory muscles of respiration; (2) it does not make any use of the diaphragm (the abdomen does not tense or get pulled in).

In terms of the muscles, this is not a hard exercise. It terms of being able to do it right, it is difficult. Even people who have learned to do chest only breathing properly, when they start this exercise tend to revert to tensing the belly at the beginning of the breath.

The muscles between the ribs are small and thus can tire easily. That fact tends to cause even people who can do this exercise to soon revert and start tensing the abdomen or pulling the abdomen in just before or at the same time as the gasp inhale chest. When you find that you are doing that, stop the exercise; you have done as much as you can of this exercise in this session.

After the gasp inhale, the exhale is at a normal speed with the normal ‘ah’ sound.

GASP EXHALE BELLY

Two variants of this exercise:
1. **normal inhale; gasp exhale**
2. **gasp inhale; gasp exhale**

To be done after mastering the gasp inhale belly
NO ‘AH’ SOUND ON THE EXHALE!!!

Above I discussed gasp *inhale* belly, now I talk about gasp *exhale* belly.

There are two variants of this exercise: (a) in one you do a normal inhale to the belly and then a gasp exhale, (b) in the other you do two gasps, one gasp inhale to the belly and then a gasp exhale from the belly. The latter exercise with a gasp inhale and gasp exhale is a very advanced exercise and should not be used until the gasp inhale belly and then the gasp exhale belly are individually both fully learned.

As you might expect, the chest should not move on either of the two variants. One difference here from the usual breathing is that there is no ‘ah’ sound to start the exhale. Use of the ‘ah’ sound slows down the exhale so that it is no longer a gasp. It is a bit unusual in English to talk about a gasp exhale. Normally we associate the gasp only with an inhale. But there is no reason to use a different word. Like the gasp inhale, the whole exhale takes only about 1/4 of a second.

With two variants, which do you start with? You start with the normal inhale to the belly only and then the gasp exhale. When you have fully mastered that, then you can proceed to the more difficult gasp inhale followed by the gasp exhale.

Further, if you do the gasp inhale and gasp exhale there is the danger that the breathing might become too rapid. I don't want that. Normal breathing is about 12 breaths per minute. That is a good speed. Do a gasp inhale, then a gasp exhale, then pause for a few seconds before you start the next round.

Remember, there is no 'ah' sound with this exercise. Trivial as it may seem, this is actually really important. If you start the exhale with the normal 'ah' sound it is then impossible to do a gasp on the exhale. Just by making the sound you have already slowed down the exhale enough that it is not a gasp.

There is another issue I will mention here only for informational purposes. The gasp should be not only without the 'ah' sound, but also without any throat sound. By the time you get to this point in your work, you may well have already eliminated the throat sound, but if not the discussion of how to work on that issue is in the next chapter.

GASP EXHALE CHEST

Two variants of this exercise:
1. **normal inhale; gasp exhale**
2. **gasp inhale; gasp exhale**

To be done only after mastering the gasp inhale chest.
NO 'AH' SOUND ON THE EXHALE!!!

As above I had gasp exhale belly, now I have gasp exhale chest. Again there are the two variants: (1) normal inhale chest followed by gasp exhale chest, and (2) gasp inhale chest then gasp exhale chest. Also as before get the two individual exercises of gasp inhale only and gasp exhale only both fully mastered before you try putting them together.

This exercise is more difficult than the belly gasp exercises. The diaphragm is a thin muscle and can move quickly. The chest, on the other hand, requires the contraction of all the muscles between the ribs to produce either the gasp inhale or the gasp exhale.

None the less, the speed of the gasp for the chest is just as short as the gasp for the belly, about 1/4 of a second.

I also want to add here the same cautions I discussed above for the gasp exhale belly. Don't let this exercise drive you into faster breathing, it is not panting, it is still about 12 breaths a minute. So even through each exhale (or each inhale and exhale) is rapid, the overall breathing rate does not change.

Next, recall that the chest gasp should not, in any way, involve the belly. You can use the same techniques I have mentioned previously of using your hands to insure that you have isolated the chest from the belly and that each can be invoked independent of the other.

CRY BREATHING

Many short inhales go into making one complete inhale. An error is to do paradoxical breathing (chest then belly).

NEVER CRY WITHOUT SOUND. IF YOU START CRYING MAKE SURE YOU ADD LARGE SOUND TO IT.

After the exercise do a verbal body report

During crying, if it is deep, the breath cycle naturally changes markedly. Instead of a single continuous inhale, the inhale is broken up into a series of short bursts. To give you a rough idea, the inhale (to the belly then the chest) is made up of six to eight mini inhales.

In this breathing method I are not concerned with whether the inhale is to the belly, the chest, or both. That does not, however, sanction paradoxical breathing. If both the belly and the chest are used then either it is first belly then chest or both together; it is never chest then belly.

This exercise mainly serves the purpose of eliciting character issues related to feeling sorry for yourself (self-pity). In some people just doing this type of breathing will bring on tears. If that is the case, just let the crying develop on its own. Don't try to deepen it, extend it, or control it in any way. Just to be technical

about it, crying as such is not an emotion; it is an expression or manifestation of the emotion of self-pity.

There is, however, one rule about crying. Crying should never be soundless. Even if you only leak tears, always, always put sound to the crying. Never allow yourself in this work to cry quietly. If no sound seems to be appropriate, if no sound seems quite right or natural, then impose some sound on the crying. The appropriate sounds will come in due time.

Like all the exercises, don't overdo it. The deeper crying becomes, the more it tends to become weeping. Despite what you might have read in Reich or Lowen, weeping is not a goal of the therapy. It is, rather obviously, not the case that all people have such level of self-pity that they have occasion or need to weep.

If the crying becomes too strong for you then step in and stop it. Crying can be controlled. Think of the common technique we use with children when we want them to stop crying. We say "let me see a smile." The act of smiling is incompatible with crying that is why putting on a smile stops the crying. So if there is crying, let it develop to the point that it makes you uncomfortable or its seems to be getting artificial (that is you are putting on an act of crying) and then step in and stop it.

In this work, never cry soundlessly. Always add sound to any crying irrespective of its intensity.

A good addition is that after a cry you lie flat on the bed and sense your body. Report your sensations out loud (see: POST EXERCISE SENSING AND FEELING on page 21). When you have finished sensing your body (no set time limit) then you can stop for the day or return to the exercises.

SEE-SAW BREATHING

This is an advanced exercise in that you should have already mastered the chest only and the belly only breathing.
Here you see-saw between the chest and the belly:
1. **on the inhale the chest expands and the belly collapses**
2. **on the exhale the chest collapses and the belly expands**
3. **the breathing is rapid**
4. **you can drop the 'ah' sound**

Don't do this exercise if you can't tolerate the hyperventilation
The breath should be full. Don't let your breathing become shallow.

Now we reach an even more difficult breathing technique.

Here inhale is to the chest and exhale is to the belly. Think about that for a moment. On your first inhale your chest rises and your belly is relaxed. When you exhale your chest collapses and your belly balloons out. Then when you inhale again your belly collapses and your chest rises. It is as though you were passing the same air between your chest and your belly.

How is that possible? Trust me. It can be done. I have done this in my own work and have trained many others to do it. It is simply not easy to do or to maintain speed and rhythm.

This is the only breathing technique which is fast in the sense that instead of about 12 breaths per minute you are doing 20 to 25 breaths per minute. Don't try to count or time yourself; the issue is that this is rapid deep breathing as opposed to the normal-speed deep breathing.

You can use the normal 'ah' sound to start the exhale or you can drop the sound. Both are appropriate.

This breathing is, without question, a more advanced exercise. Both for self-improvement reasons and medical reasons don't do this exercise until you have shown that your body can deal with

the blowing off of the carbon dioxide (the hyperventilation that I discussed at the beginning of the book) without problem.

Hyperventilation results in a meaningful reduction in oxygen to the brain. That is one reason it produces dizziness and tingling. If, in doing this exercise, you experience significant dizziness or disorientation, simply stop the exercise. You have gone as far as is appropriate for your body. In any event, this exercise is done for only a few minutes; perhaps three to five, certainly ten is too long.

This is a good point to remind you about the rare but possible medical complications of rapid deep breathing (see: MEDICAL NOTE on page 61).

It is a frequent error in doing this exercise that while the breathing is rapid, it is also shallow. There is minimal expansion of the belly and minimal expansion of the chest. That is incorrect. The chest expansion and the belly expansion should be just as full as if you were doing normal slow breathing.

In practicing this exercise a good technique is to start it with comparatively slow breathing just to get the feel of the body and of the rhythm. When you are able for several minutes to do the see-saw breathing slowly, then you can start to speed it up. The standard is the full expansion rather than the speed. Better not too fast then to have the breathing become shallow.

OTHER SOUNDS

Shout exhale
Moan exhale
Groan exhale
Growl exhale
Words exhale

Throughout I have emphasized that the exhale starts with a soft, short, non-articulated, non-guttural ‘ah’ sound. Hopefully by this time you have that well mastered.

Now I will introduce you to other sounds that can be used. While I am introducing these sounds near the end of Part One of

the book that does not mean that none of these sounds can be used earlier in your work. It is just that it is generally better to have the ‘ah’ sound well mastered and the breathing going fairly well before you proceed to other sounds. Still that is just a rule of thumb, it is not any sort of requirement or warning.

Your objective here is to try to put feeling into each sound. Psychologists divide feelings into two classes: pleasurable and unpleasurable.

As you have freed up your chest you have probably noticed that you can now experience far more pleasure than you could before you started. If you haven’t noticed that, stop here and give yourself some time – several weeks – to become aware of the change in your ability to enjoy life. Notice that you are less “up tight” than you used to be; you have less need of rigid rules to govern your life; you are more flexible and spontaneous.

That’s nice. Pleasure is always desirable. But mainly what holds us back in life is our unwillingness to deal with unpleasure. It would be nice if we could simply skip the unpleasure part. We can’t. The unwillingness to deal with unpleasurable feelings acts much like a small room where every turn leads into a wall. The door out of that room is the door to the hallway of unpleasure. It is not fun but it is necessary if you are to get out into the sunlight of a full life.

In all cases of these new sounds of therapy, examples are present on the Sounds of Reichian audio.

MOAN EXHALE

The moan and the next one, the groan, are done slightly differently from all the other sounds. One difference is that with these sounds you roll your head from side to side as you make the sound. The second difference is that these sounds are drawn out for almost the full exhale. They don’t just start the exhale as did the ‘ah’ sound.

The issue here is how does one, in words, describe a moan? It is one of those things that we all know, but putting it into words is not easy, so I consulted a dictionary.

Well, the dictionary says a moan is a sound of pain or grief. I suppose that is good enough for a dictionary; but not good

enough here. Grief depends on the culture. In some cultures grief is expressed by a wail rather than a moan. But pain, that seems to be the same across cultures. While we think of pain in terms of body pain, there is also existential pain.

OK, so what is existential pain? It is the pain we feel from adversity in life. It is what we talk of "as a painful experience."

Unfortunately we tend to treat personal pain in silence. While I want you to think existential pain, the sound is the type you make in mild but continuous physical pain.

It usually uses the 'oh' sound rather than the 'ah' sound and often changes into almost a hum.

While this book is a discussion of technique — a method for you to treat and hopefully correct your own character problems — I would add here just one sentence for contemplation: Socrates said that "an unexamined life is not worth living;" I would add that a life without pain is a life unlived.

GROAN EXHALE

OK, so what is the difference between a moan and a groan? The dictionary defines a groan as a deep moan. Thanks guys, that helps.

The groan sound I have in mind is louder and stronger than a moan. It is the sound you might make if there were pain throughout your body and the pain is mildly strong and continuous.

Another difference between the moan and the groan is that while the moan often changes into almost a hum, the groan does not. Just the opposite. The groan tends to be shorter than a moan and is repeated several times during the exhale. Thus while it is easy to moan in one continuous sound, the groan tends to be louder and shorter such that a single exhale produces several groan attempts.

Again the sound is 'oh' rather then 'ah' and the head is rolled from side to side during the sound. The inhale is a normal full inhale.

SHOUT EXHALE

The shout is difficult to describe in words. First it uses “UH” rather than “AH.”

Next, a shout is not a scream. A scream is long and piercing. A shout is short and emphatic.

Also a shout is not a yell. Yelling is only loud and, since it involves whole words rather than just a short sharp sound, a shout must involve open and closing the throat (that is the voice box).

Next, in order to do a shout you have to have good motion in the chest. A shout comes from sudden rapid contraction of the chest rather than from the diaphragm.

Next, a shout can be accomplished only if the throat is open. A proper shout can not have any sense of the guttural.

There is a curious result of a good open-throated shout. I can’t explain why it happens, but it always does. If there is any metal in the room, then it will ring with the shout. I have heard it produced by metal space heaters, by over-head fans, and by air conditioning grills.

Finally, the shout sound starts the exhale but the rest of the exhale is normal, it is not faster or more forced. That is to say the exhale starts with a loud short shout sound but then continues on as a normal exhale.

For all that description you can get a good idea of what a shout should be like and the trouble that people have with it by checking the audio that accompanies this book.

I have resisted the impulse throughout this book to tell you patient stories, but here I really must just to give you an idea of why things happen and why they change with this work.

The patient was a female who from about the age of seven to about the age of nine was subject to “genital fingering” by a step-brother. It took her two years to tell her mother about it. When she came to therapy and tried this exercise, her shout was mild, to say the most for it. She had built into her character (not deliberately, that’s just the way character works) that she could not protest in life. She had to accept things she did not like and consequently walk through life angry all the time. It took time, but she learned to shout; she learned to stand up for herself without having to wait for anger to give her permission.

GROWL EXHALE

The best description I can give of this is that it sounds rather like a motor boat. Your vocal cords are relaxed and flapping in the wind of the exhale. The growl is deep and throaty. A reasonably good example of the growl is on the audio.

It is important that you not close your mouth while making this exhale sound. Keep your mouth well open as shown earlier in the top panel of Figure 13 on page 66.

Don't try to get this one until you have already mastered the normal breathing with the 'ah' sound and the shout sound. At the end of Part One of this book I will give you a guide for the sequence of steps to get the breathing correct.

The growl sound, despite its every-day name, is extraordinarily hard to produce. It requires a truly open throat to make this sound. Further and importantly, this sound will produce major effects in your body (like tingling, throbbing, dizziness, and others). Until you have become accustomed to the appearance of strange body experiences, it is very unwise to do this exercise.

The growl is continuous for most of the exhale or as long as you can to extend it. If you find that your throat is closed and you can not get this one, don't force it. Stop during this session and try it again at the next session.

While it sounds very simple to do a growl sound, in fact it is not. It requires a completely open throat in order to make this sound.

WORDS EXHALE

This is a powerful exercise, but the exact words to use vary with the person.

Here you start the exhale with one word or a string of words. Some examples: 'please', 'no I won't', 'help me', 'go away', 'why', 'I need you', 'why me', 'I'm not bad' etc. With any word or phrase, attempt to add some feeling tone to it. The word 'why' can be said as a normal word in a sentence or it can be said with an element of self-pity or sadness or longing or protest etc. Moreover the feeling tone does not have to stay the same any more than the word needs to stay the same.

Start with any word or phrase. If it seems that you can not get any feeling tied to it, then try a different word or phrase. Invent your own. Whatever seems to mean something to you emotionally. Stay with the word or phrase only as long as it seems to be meaningful. Then stop and return to normal breathing or change to some other word or phrase.

If you do this exercise mechanically, that is just saying some word or phrase with no feeling tied to it, it not only will not accomplish its purpose, it will do the opposite. You will have, in effect, practiced this exercise in a way that produces no results. That only makes it easier the next time to be mechanical.

Like so many of the exercises in both Part One and Part Two of this book, this exercise seems trivial. And it can be if that is how you approach it. But if you honestly try to find the right word or phrase and you honestly attempt to attach some feeling to the word or phrase, then you will find the power of this seemingly benign exercise.

BOGEYMEN

Have you ever wondered why there are no bogey women? I have but I have no answer (at least none that I am willing to print, point of personal privacy).

When you were young you probably had the same fears that almost every child has: alligators or snakes under the bed, someone hiding in the closet, someone sneaking in through the window, the fear that one or both of your parents would not be there the next morning when you woke up. And likely you learned to call that fear: the bogeyman. And each night you were reassured that there was no bogeyman and that in any event your parents would protect you.

Guess what? There are bogeymen. They are, however, not out there; they are in here. There is a bogeyman inside you. Well, to tell you the truth, actually there are two of them.

The first bogeyman hides under a number of names. It goes by the name of the superego, the parental introject, the "should" system. It makes you do things you don't want to do and prevents you from doing things you want to do. It converts life from a process, a continuous experience, into a habit.

That superego bogeyman is not a bad thing, it has to be there or we could not live in a social group. It is only that that bogeyman keeps growing and growing and growing until there is no room left for joyous spontaneous living. You know all this, you just haven't put it into specific words.

Why do we "take" a vacation? Why do we "plan a party?" Why do we "schedule our children's time?" In high school or college you just partied; you did not plan a party. As children (if you were old enough) you just played, you did not schedule play time. Couldn't we just vacation rather than take a vacation?

People are time-waiting animals. We wait to graduate from grammar school, then we wait to graduate from middle school, then we wait to graduate from high school, then we wait to graduate from college, then we wait to get married, then we wait to have children, then we wait for the children to grow up, then we wait to retire, then we wait to die. Life comes down to waiting for death.

STUPID.

If you are serious about this work, that parental-introject-superego-should is going to get very upset. Expect it.

But, as bad as that first bogeyman is, as anti-life-enjoyment as it is, it is not the worst of our internal anti-heroes. The worst, the most vicious, the most destructive and the biggest bogeyman of all is just one word:

CONTROL!

Famously, the author Henry David Thoreau wrote: "the mass of men lead lives of quiet desperation." All too true. And all too unnecessary. The biggest hurdle you will face and one that you will face right unto the end of this work, through both parts of the book and all the exercises, is the refusal to let go of control. It is not that control is wrong – it is certainly not inappropriate to control what you say or watch where you're going – it is that the mass of men can not dismiss control when it is not needed. Control becomes so pervasive, so pernicious, that we come to even control our control.

Has there ever lived a parent who has not said to his (her) child "control yourself" and/or "you've got to learn self-control?" Do you remember those stern disapproving looks or those reprimands when you were simply being silly, simply having fun, simply being spontaneous? The demand for control has been burned into your soul. It is there eating at you, feeding on itself, making sure that even spontaneity has to be planed. But, especially, making sure that your body, your reactions and your emotions are controlled.

Like other character attitudes, control is manifested in the body. I have had patients who finally came to identify their point or area of control. Variously that place has been in the neck, the upper chest, the whole chest, the upper back, the tip of the scapula bone (the wing bone), the lower back and the legs.

The need of control is a lack of trust in yourself, your abilities and your nature. It is a paradox of humans that the more we

attempt to control our lives, the more the need to control comes to dominate our personality. Control in this sense feeds on itself.

An unintended result of the need to control is that all of life becomes a performance. We do not live life, we are lived by life. We come to be not what we would enjoy being, but rather what we think others want us to be.

But control is not in itself a bad thing; it is necessary if we are to live in society.

> Self-control is crucial to empathy. It is hard to consider someone else's emotional state if all you can do is think about yourself. Of course, when you empathize, you do not switch off your feelings, since having an appropriate emotional response to the other person's feelings is empathy, but you do need self-control to set aside your current (self-centered) goal in order to attend to someone else.[19]

It is when control changes to rigidity that it becomes anti-life; when control changes from self-control to self-**control** that life become endurance rather than enjoyment.

One of the things that will happen to you I can say with confidence is that as you get deeper into this work you will get unplanned (and if you allow it, uncontrolled) jerking and twitching in your body[20]. You can treat the jerking and twitching as fun, as a wonderful release, or you can be afraid of it. Your choice.

But even if you come to accept and enjoy the twitching, there will still be a big layer of control-demand present. In a little while I will present some advanced breathing exercises that strike to the very essence of control. There will be some of you who can through these exercises allow control to be done away with; some of you who will come to trust the "wisdom of the body." But, unfortunately, all too many of you will demand performance of yourself in even those exercises and will control yourself through them. You are the time binders; you are the ones who say: I will

19. Baron-Cohen, S. (2003).The Essential Difference; The Truth about the Male and Female Brain. New York: Basic Books

20.The medical term is either: myokymia or tonicoclonic.

be better when I am through with this work. After I have finished, then I can start to get more out of life. But there is no finish to improvement, only death ends that. You can continue to be the living dead or you can choose life as its own goal. I can't control that, you can.

STOPPING POINT!!!

You have been working on your character (flaws) with the exercises I have presented up to this point. But there are issues I have mentioned but I have not given you the correction for them.

Recall: (1) the two chest shapes and (2) the accessory muscles of respiration. You may well have already taken care of the held-high and the held-low chests by using the push breathing for the held-high chest and the belly-out-breath-chest-only for the held-low chest. If that is the case then part of Chapter 6 is not necessary for you. You have already corrected the situation.

But there may still be the issue of using those accessory muscles of respiration to move your chest. Remember way back when I spoke about using a tape measure or a string to see that your chest is expanding? Try that again now. You should be getting one inch to an inch and a half expansion on the tape measure around your chest. If you are not getting that, if there is either no expansion or just barely some expansion, then go to Chapters 6 and 7 to find out how to correct that situation.

CHAPTER 6

LEARNING TO BREATHE PROPERLY

DEALING WITH CHEST SHAPES

1. **PREPARATION**
2. **CAN NOT USE THE DIAPHRAGM**
3. **CHEST HELD IN CHRONIC EXHALE (CHEST DOWN)**
4. **CHEST HELD IN CHRONIC INHALE (CHEST UP)**
5. **CHEST IS MOBILE**
   - **A.SEQUENCE OF EXERCISES**
     1. **GASP INHALE BELLY**
     2. **GASP INHALE CHEST**
     3. **GASP EXHALE BELLY**
     4. **GASP EXHALE CHEST**
     5. **SEE-SAW BREATHING**
   - **B.FINISHING THE PROCESS**
     1. **SHOUT EXHALE**
     2. **GROWL EXHALE**
     3. **MOAN EXHALE**
     4. **GROAN EXHALE**
     5. **WORDS EXHALE**
     6. **ADVANCED EXERCISES**
        - **a. NO SOUND**
        - **b. AH WITH RHYTHMIC BREATHING**
        - **c. RHYTHMIC BREATHING**

Wow. So I have supplied you with all this information and only now do I get to the big issue: how do you get to where you

should be. Sorry about that, but I did want to cover all the issues before you start on a directed course of action to get your breathing to be where it should be.

Need I say it again? **NEVER NEVER PUSH. BETTER TOO SLOWLY THAN TOO FAST.** If your reaction to the breath work is too strong, stop the breath session. Come back to it a few days or a week later. This is not a contest and it is not a test of determination and it is not a test of will power. I usually illustrate this issue with the following.

Suppose you have not exercised in years. You go into a health club and you immediate try to bench press two hundred pounds. What is likely to happen? You are likely to break bones, or tear muscles, or tear ligaments. That is, you are likely to injure. Now suppose that you go in and you bench press 20 pounds. Then over the next year or two you slowly work up to heavier and heavier weights. Now you can do it and the result will be further strength, not injury. The rule throughout both parts of this book is: **ALWAYS TOO SLOWLY.**

DEALING WITH CHEST SHAPES

For our purposes here in freeing the diaphragm and the chest I have broken it up into two categories: chest held high and chest held low.

As I discussed before: “don’t stress beyond endurance”; don’t try to be a hero; don’t try to be the fastest changer on the block; don’t think that you will not change unless you push to your limit; don’t overdo it. Anything that is present and arises in a session will still be there to arise in another session without your pushing it. Let things happen to a degree that seems reasonable for you in any given session and then stop. Some people, by reason of where they start, proceed with extreme rapidity and others with immense slowness. You are who you are, accept that and work within those limitations.

I PREPARATION

1. Work first on the belly-chest sequence of breathing. If you can not use your chest because it is frozen in the chronic

inhale position, I will get to that presently. Likewise if you can not use you belly, I will get to that presently also. Just do your best to make a habit of the belly-chest sequence, both inhale and exhale.

2. Next work on the sound. Remember this is not a contest, there is no failure, just something not yet mastered. If you are making some sound other than 'ah' or if you are closing your throat (articulated or guttural), this can be corrected later.

3. Now attempt to get rid of any pause between the inhale and the exhale. If you need to think of the process as first and inhale and then an exhale, that is OK for the present. Later you will get the hang of **rhythmic** breathing.

4. Become accustomed to the effects of reduced carbon dioxide (hyperventilation) until the tingling or the spasm or the other symptoms do not frighten you. I say again this is not a contest and 'look how quickly I can learn to do it' is only another way to say 'look how I can endure unpleasantness without stopping (i.e. masochism).' You want to learn to accept and even find pleasure in the effects of hyperventilation so if, in a given session, it gets too strong then simply stop the session for awhile or even stop for the day and pick up later or the next time.

I would also remind you of MEDICAL NOTE on page 61 concerning hyperventilation.

II IF YOU CAN NOT USE THE DIAPHRAGM, THEN

1. Use the breathe belly only exercise (page 85). Do not try the gasp inhale belly, that is too advanced. Keep working on this exercise until you are not able to make any more progress. Some people have very tight abdominal muscles (recall the difference between tonic muscles and toned muscles) and thus their ability to use the diaphragm will be limited. In Chapter five I partially explained the roll the pelvis exercise (page 95). The roll the pelvis exercise is the big one for loosening the abdomen. You will not do any harm to this work if you skip to ROLL THE PELVIS on page 281, learn the proper way to do the exercise; and spend as many months as needed with the roll the pelvis exercise to loosen the abdomen. If you are working with a helper, the use of pressure by the helper is explained at THE

DIAPHRAGM on page 157. However, you can also just accept your limitations until you get to the abdominal section in Part Two of the book where the roll the pelvis exercise is presented as a major exercise.

2. When you have made as much progress as you can on breathing only into the abdomen, then try the gasp inhale belly exercise (page 99) to see that you really have control of this muscle. Keep in mind that the chest should not move at all in the belly only or gasp belly only exercises. The idea of using this exercise at this time is only to test how well you have freed the diaphragm. Later you will actually use this exercise as part of your routine.

III IF YOUR CHEST IS HELD IN CHRONIC EXHALE (CHEST DOWN), THEN

The exercises to use for this condition are the side bend (below) and the extend belly breathe chest only (page 91). If you are working with a helper then you can also get help on the held-down chest there by the helper preventing you from breathing into the belly, thus forcing chest breathing (page 159). Note that this assumes that you have already learned the belly only breathing.

Bringing the chest up will not happen quickly. Don't get discouraged. Keep in mind that your objective is to free the chest so that you can breathe into it using the muscles between the ribs. Your chest shape will change in time but you will not get the barrel shape. Given your body build it will still remain long and thin, but it will be not quite as linear as it used to be.

SIDE BEND

For the person with the chest held in chronic exhale and for the person who has trouble getting the chest to expand in the inhale

This exercise is done standing up.

This exercise is used by people who can not get the chest to rise because it is held down. The reason for the use of the exercise is a little more difficult to explain, so bear with me.

Recall that I spoke of the long thin chest that can not move up and the barrel chest that is already up and can not get down. Generally, whatever your chest shape you were born that way. Some people have long thin bodies like many rock stars and other people have large barrel chests like weight lifters or opera singers. You are not going to change your basic body shape; what both types need, however, is to be able to have the chest move with the breath.

For the long thin type the issue usually is getting the chest to expand and rise with the inhale. For the barrel type the issue usually is getting the chest to fall after the exhale. What one seeks is to be in a state of flexibility, of life, of change where the chest moves with each breath.

Like all human attributes, the long thin chest to the barrel chest is really a continuous variation with the long thin chest and the barrel chest being the extremes. With the barrel chest being in a state of chronic inhale, this exercise is not applicable.

This exercise is for the person with a chest that is round but not held up and for the person with the chest down in chronic exhale. There are two common reasons why these people can not get their chest to expand and rise with the inhale. The first reason is that he or she can not use the muscle between the ribs and thus attempts to get the chest to rise by using the accessory muscles of respiration. But there is another reason for difficulty. That reason is that the chest is being held down, prevented from rising, by other muscles. These muscles are at the side of the abdomen.[21]

These are the abdominal oblique muscles. The technique for relaxing the abdominal obliques is shown in Figure 33 and Figure 34 on page 124. Note in Figure 33 that our model is standing straight with the arm against the head and in Figure 34 that bending to the side does not change that, the model is straight not bending forward.

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21. There is also a muscle in the back which can prevent the chest from rising. That muscle is ignored in this presentation.

You may note that this technique is quite close to a yoga posture except that there is, as I will explain, movement here in contrast to the steady holding of a yoga posture.

Figure 33

Figure 34

The following photos (Figure 35) show the error of either the arm not being close to the head or bending forward.

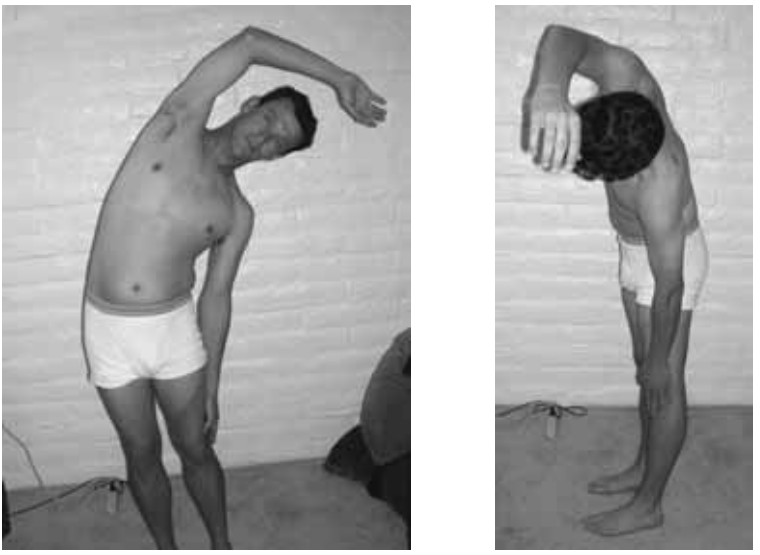

Figure 35

On the inhale stand with the arm straight over the head and bent as shown in the Figure 33. Try to breathe belly then chest. During the exhale reach downward, with the straight arm toward the floor and the bent arm reaching further to the side (as though your arm were pushing your head to the side). That is, the pulling on the abdominal oblique muscles is accomplished both by the reaching downward and the reaching across the head.

There are two minor issues here. One is that the main focus of your motion is the arm that is reaching downward at your side. Think of this as though you were actually trying to bend so far to the side that your down arm could touch the floor. It can't, of course, but think of reaching downward as though your down arm were actually going to touch the floor.

The other issue is that this is not a single static movement. That is, you don't just reach and then hold it for the whole exhale. Rather you kind of bounce to the side, each time trying to touch the floor. But keep in mind as you do this not to bend forward as the model is doing in Figure 35.

After each exhale is finished, you return to the upright stance to do the inhale.

Do this about six times with one arm over the head and then switch to the other arm over the head. The exercise should go on for about five minutes.

IV IF YOUR CHEST IS HELD IN CHRONIC INHALE (CHEST UP), THEN

The exercise to use to get the chest down is the push breathing (page 94). Please do it exactly as I have described with the rolling of the pelvis and the belly held out during the whole forced exhale.

You may have difficulty with this exercise if your accessory muscles of respiration are chronically tight. This issue is discussed in the next chapter.

If you are working with a helper, the helper can help greatly with this issue by the use of pressure. There are several references to this in Chapter nine: (1) diaphragm and chest pressure at pages 158 and 159[22], (2) work on some of the accessory muscles and in particular the pectorals (page 160) and the trapezius (page 171).

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22. Unfortunately my model posing lacks proper shots on chest pressure. Figure 55 on page 159, right, only shows pressure on the lower ribs. In fact to help push the chest down, the helper should use the downward pressure on the ribs over the whole of the chest and especially on the sternum (breast bone). For female workers, the helper should avoid pressure on breast tissue. Pressure on breast tissue is painful and non-productive. There is no breast tissue over the sternum so pressure here (angled toward the feet and the bed) can be used. For the middle ribs, the helper can move up the chest from below so that the breast tissue is moved up and is not under the hands.

Pressure on the chest is often uncomfortable, but rarely painful. The pressure should be even and slowly applied. The ribs are attached to the sternum by cartilage so it flexes easily. However, as we age the cartilage becomes bone. It is possible to fracture the cartilage or, in older workers, the bone. In 35 years of doing this work, that has happened three times. If there is a fracture, it heals, untreated, in six weeks.

V CHEST MOBILE

Now, if you have the diaphragm moving properly and the chest breathing is with the rib muscles, you are ready for more advanced exercises.

1. gasp inhale belly
2. gasp inhale chest
3. gasp exhale belly
4. gasp exhale chest
5. see-saw breathing

Also, you are very ready for all the exercises in Part Two of this book.

VI FINISHING THE PROCESS

By now you have likely seen a lot of changes in yourself. You have a lot more flexibility in life and your control needs have been considerably reduced. You are ready for the final steps. Finish the process by using the other exercises including, now, the advanced exercises and all of the body work exercises in Part Two of this book.

1. shout exhale
2. growl exhale
3. moan exhale
4. groan exhale
5. words
6. no sound
7. ‘ah’ with no breath sound
8. rhythmic breathing

CHAPTER 7

THE ACCESSORY MUSCLES OF RESPIRATION

TESTING FOR THE ACCESSORY MUSCLES OF RESPIRATION

TESTING WHETHER THE DIAPHRAGM IS USED

Lying on your back, draw in as large a breath as you can using your diaphragm, that is draw in as large a breath as you can into your abdomen. Now place your two hands on the belly. One hand at the top near the ribs. The other hand at the bottom between the

two wings of the pelvis (about the place where the bladder is) as shown in Figure 36.

Having done that, now draw in as large a breath as you can into the chest. You should feel NO movement below either hand; that is, your belly should not collapse or tighten. If you can not do this – if you find the belly contracting or the belly tensing – then you are using the diaphragm to push the chest up.

Figure 36

CHECKING THE MUSCLES IN THE FRONT OF THE CHEST

To see if the muscle in the front of the chest is being used during the inhale, start at the complete exhale state. Either pinch the muscle at your armpit (the pectoral), see the left panel in Figure 37 on page 131 or press into the muscle (the right panel). Then do a complete inhale including the chest. If the muscle tenses (the increase in tension is very easy to feel) during the inhale, then it is being used to raise the chest (incorrect) instead of the chest expanding (correct).

THE MUSCLES IN THE FRONT OF THE NECK

There is one major muscle in the front of the neck. This muscle is the sternocleidomastoid muscle. When you are lying down, this muscle should not be tight, it should be soft. If you

know this muscle, you can just pinch it even before a breath to see if it is tense.

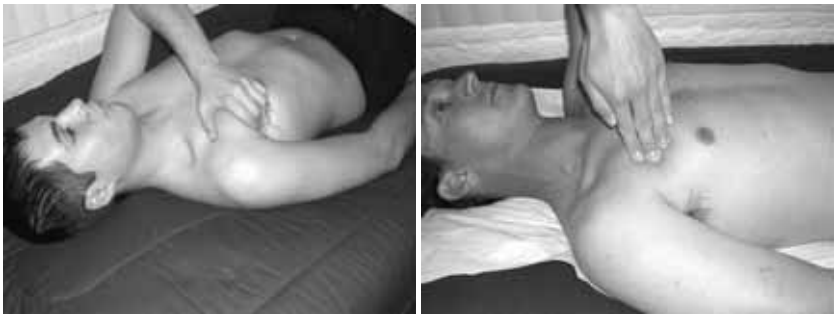

Figure 37

If you are not familiar with this muscle, here is how to find it. First place your index finger in about the middle of the side of your neck (Figure 38, left). Now, with the finger curved in and down, move your had toward the front until you feel it bump up

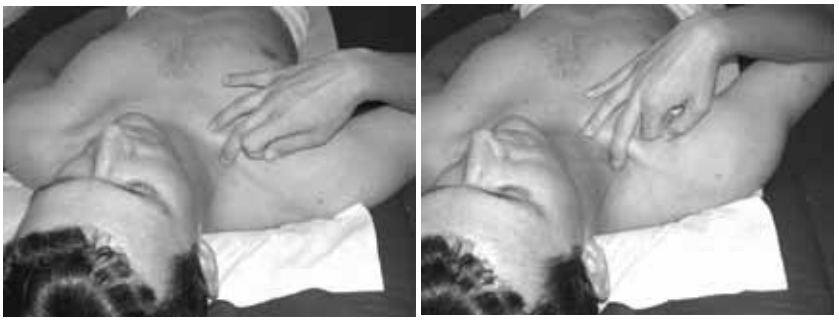

Figure 38

against some resistance to the forward motion (Figure 38, right). If, in your case, this muscle is very relaxed before an inhale, the resistance to the forward movement is subtle.

Now that you have located the border of this muscle, you can change and pinch it between your thumb (at the front side of the neck) and your first finger (at the breast bone). What I mean by that is that the muscles lie from where your finger is to a point almost in the middle of your breast bone. While the photos above show the model laying down in working position to feel for the

muscle, you should practice locating this muscle while you are here reading the book. It is much easier to locate this muscle when you are sitting up since it then has a postural function and is usually tighter than when you lay down. Once you get the feel for locating this muscle, it will be no trouble to do that while you are in the working position.

The left panel of Figure 39 has some arrows drawn on it to show you the middle and outside border of this muscle.

Returning to the issue of whether this muscle is used in breathing, as before, start with a complete exhale. Now pinch the muscle. Next do a complete inhale including the chest. If this muscle tenses during the inhale it means that you are using it to raise the chest. It is easy to feel if it tenses during the inhale or stays relaxed (or is tense before the inhale even starts).

There is one slight caveat here. If you are totally unable to breathe at all into the chest, then obviously this muscle is not going to change in its tension. If your chest is so stuck in an up (chronic inhale) position that you can not use it at all for breathing, then this is a false test. All testing for use of the accessory muscle of respiration assumes that you are able in some degree to breathe into the chest.

Another way to test whether you are using this muscle is to put pillows under your head so that your chin is forced onto your breastbone. You can also move next to a wall or bed board to force your chin onto your breastbone. Now do a complete breath into the belly and the chest. Is there any difference in your ability to breathe into the chest? If so, then you are using the muscles at the front of your neck to breathe into the chest.

Figure 39

Above, on the left of Figure 39, the photo and the arrows show that in this model the sternocleidomastoid (SCM) muscle is prominent even when he has not yet taken a breath to the chest.

THE MUSCLES ON THE SIDE OF THE NECK

Now we get to some muscles that are more difficult to test. It is not uncommon that these muscles are so tense at all times that the difference between tension after a complete exhale and increase of tension during a complete inhale is difficult to feel. You may have to try the complete exhale followed by the complete inhale (to the chest) several times before you get any impression of whether the tension does or does not increase.

As with the muscle at the front of the neck, we are not concerned here with the degree of tension present at the complete exhale point, we are concerned only with the change during the inhale.

I also would not be fair if I did not mention here another variable. Some people have long necks, some short. One can have a long neck with comparatively short muscles. That tends to result in a state of constant tension because the muscles are simply not able to relax given the muscle's length compared to the neck length. Similarly, one can have long muscles with a short neck so the muscles tend to be relaxed most of the time.

To check the use of these muscles, first place your second finger against the middle of your clavicle. Press your finger down against the bone and backward toward the bed and then move it forward until you locate the border of the same SCM muscles that I talked of above (in the discussion of Figure 38 and Figure 39).

Now rotate your hand and arm so that your finger is pressing into the side of your neck and downward. This is shown in Figure 40 on page 134. Be aware that only a little bit of this muscle can be felt so it is important that you press deeply into and down in the neck right next to the previously located SCM muscle. For the purist, this is the scalenus anticus (anterior scalene) muscle.

Now do your deep breath (belly then chest) and see if this muscle tenses. You will find a discussion of the anatomy of the neck starting on page 164.

It can be difficult to feel if this muscle tightens with the breath. This is especially the case if this muscle is very tense before the breath even begins.

If this muscle in the front side of the neck tenses, it is so likely that the other muscles on the side of the neck also tense that there is no reason to test for them. If it does not tense, then we test the other muscles on the side of the neck.

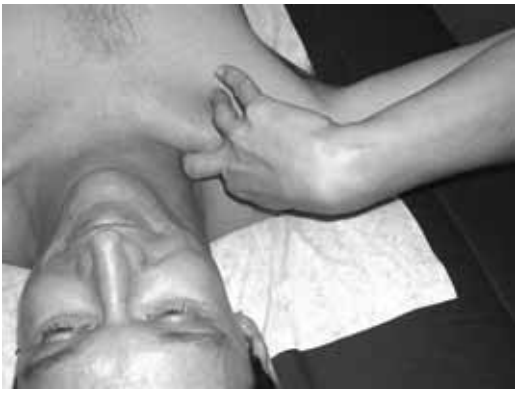

Figure 40

Before you were pressing in and down as shown in Figure 40. Now move your arm so that you are only pressing inward and move your finger back about an inch so that your finger is about in the middle of the side of your neck. The arm position is shown in Figure 41 left and the finger pushing in is seen in Figure 41 right panel. Here you are testing the medial scalene muscle

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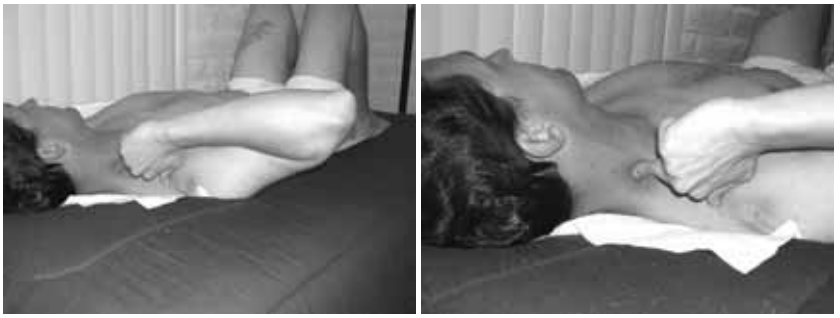

Figure 41

Now, again, take a couple of deep breaths to the chest to feel if this muscle tightens. As before the tightening, if it occurs, can be subtle so take as many breaths as needed to allow you to feel if this muscle tightens. Keep in mind that you are breathing as deeply as you can into the chest.

Finally you are going to test the third muscle at the side of the neck. Again you move your finger back Your finger will now be just in front of the muscle which is commonly called the shoulder muscle. Press straight into the neck and slightly down as shown in Figure 42. You are feeling the posterior scalene.

Figure 42

Now while pressing on that muscle, take your full breath. Again it may be difficult to feel if this muscle tenses during the chest part of the inhale, so take several breaths into the chest until you are sure that it either does or does not tense

THE MUSCLES IN THE BACK OF THE NECK

This muscle is the most difficult of all to feel, but it is also the one most frequently used. While there are two muscles back there, we are concerned with only one (the trapezius) but we will test it at two places.

First we test the shoulder muscle directly. Here you pinch the shoulder muscle between the thumb and the first finger. This can be painful. Press as hard as you can without too much pain since the pain alone can influence your breathing. Now take a full breath and see if you can feel any tensing of the muscle. Do it a few times to be sure. This is shown in Figure 43, left.

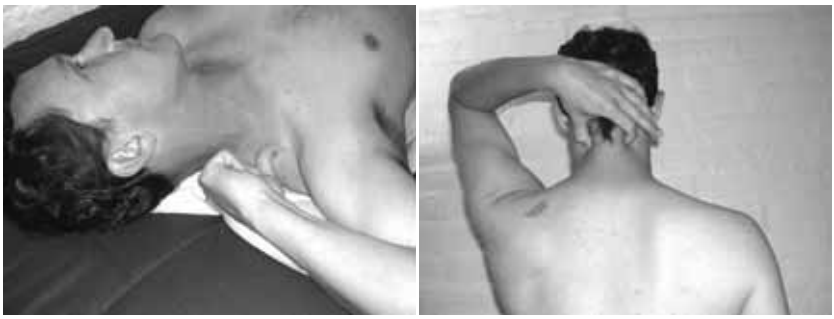

Figure 43

Finally we need to test the same muscle at the very back of the neck. Here you cup your hand and press your fingers into the back of your neck just to the side of the spine. This would be hard to see if I took a photo of the position with the model lying down, so I show you this in Figure 43, right, with the model standing. Your little finger should be slightly below the base of your skull. This will work for people with both short and long necks. Take a few full breaths and try to feel for any tensing. Then move your fingers a little bit to the edge of the back of your neck and feel again for any tensing.

You can find drawings and discussion of the trapezius muscle starting on page 169

By now you know three things: (1) is the chest expanding or is it either just rising or not moving at all; (2) are you using your diaphragm to move the chest; (3) are you using the accessory

muscles of respiration. If you are using any of the accessory muscles then you will want to use the appropriate exercise below to correct the problem.

WORKING ON THE ACCESSORY MUSCLES OF RESPIRATION

Arms over head
(for the pectoral muscles)
Head to chest
(for the muscles at the front of the neck)
Side head posture
(for the muscles at the side of the neck)
Head off bed
(for the muscles at the back of the neck)
Arms over head
(also for the muscles at the back of the neck and the front of the chest)

ARMS OVER HEAD

This one is designed to work with the muscles at the top front of the chest (the pectorals). If they are chronically tense (more common in the chest held high position) then you need to get them to relax. This is best done with pressure. Use the pads of your four fingers to press into the muscle on the opposite side (Figure 44 on page 138, left). Press only as hard as you can tolerate without excessive pain. If you can hold this pressure for about 10 minutes (on each side), it should leave the muscles slightly sore for a day or two. You keep doing this session after session until the tension is minimal.

Once your pectoral muscles are relaxed then the issue is to not use these muscles during the inhale to the chest. This is easy to stop simply by placing your arms all the way over your head (not toward the ceiling, but toward the end of the bed, Figure 44 on page 138, right). Breathe with your arms in this position. This

position of the arms prevents the pectoral muscles from having much effect on the breathing.

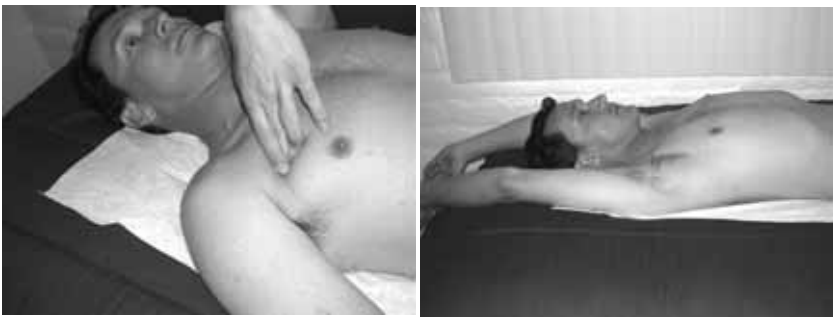

Figure 44

HEAD TO CHEST

This one is designed to help with the problem of using the accessory muscles at the front of the neck and also slightly one of the three accessory muscles at the side of the neck.

Recall from the previous discussion that this can be done two ways. One is to use pillows under the head to force the chin onto the breast bone (Figure 39 on page 132, right). The other is to place your head against a wall or a bed board, again so that the chin is forced onto the breast bone.

In this head-flexed position, breathe chest only. The goal, in the end, is to be able to expand the chest just as much with the head flexed as with the head in the normal lying down position.

While this head-flexed position takes care of the muscles in the front of the neck and has some effect on the muscles on the side of the neck, it still allows use of the muscles at the back of the neck and the muscle at the back part of the side of the neck.

SIDE HEAD POSTURE

We have looked at the muscles in the front of the neck and at the back of the neck, but we also have the group at the side of the neck. Here we have a bit of a problem.

The head to chest exercise has had some effect on the use of the muscles at the side of the neck for inhaling. However, we have not really stopped their use, only made them less effective in producing an inhale by raising the chest.

In this exercise you bend your head to the side so that your ear is touching your shoulder (or as far as you can go). This does not stop the use of the muscles on the stretched side, but it does stop them on the bent side. Obviously then, you are going to breathe for a while (let's say five minutes) with your head on one shoulder and then switch to the other shoulder.

Since this exercise does not completely stop the use of the muscles on the side of the neck opposite to the bent side, how can you tell if you are using those muscles?

Surprisingly, there is a simple way. With, for example, your head against your left shoulder, place the first finger of your right hand in the middle of the side of your neck

Pressure is not needed. If you are breathing properly with the muscles between the ribs you will feel a slight relaxation of the muscle when you inhale. If you are using these muscles, you will feel a slight tensing of the muscles, the more so as the inhale proceeds to the deepest degree.

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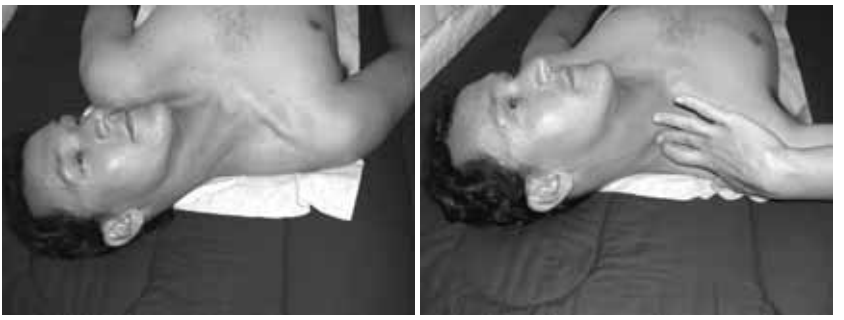

Figure 45

Then the question is what do you do if you are using these muscles to breathe? The answer here is to use pressure on the muscle. Use the pads of your fingers (using the end gets the nail biting in and produces unnecessary and non-functional pain). Place your four fingers in the middle of the side of your neck with your little finger near your jaw and press in to the level of

pain tolerance. Unfortunately, I don't have a photograph of that so a description will have to do. If, as you are sitting reading this book, you place your right hand against your neck such that you little finger is against your jaw, then the pads of your four fingers will be against the neck and ready for the pressure. Hold that as long as you can while you breathe. It does not hurt the process to remove your fingers for a while and then return to the pressure. Do not use so much pressure that you can hold it only for a few breaths, that is too much pressure. Use as much pressure as you can tolerate but still continue your breathing. The longer you can do this, the better.

This process will take quite a few sessions to have its effect. Obviously you would do the same on both sides. You can know you are doing it well if your muscles are a bit sore the day after you do your breathing work

HEAD OFF BED, BREATHE CHEST ONLY

Now we can take care of the muscles both at the side of the neck and at the back of the neck. We will simply stop them from doing much work by the same kind of trick, in reverse, as we did for the muscles at the front of the neck.

Move to the head of the bed and keep going. Your legs are still bent in the normal working position, except now you are going to hang your head over the end of the bed. This is not a partial hanging where the bed crosses your neck. No, it is all the way. The end of the bed is where your shoulders are and, in fact, even that might be a little short. Keep moving toward the end of the bed until your head is just totally hanging down. See also Figure 98 on page 231.

Figure 46

Now breathe with the chest only. Go for the complete expansion, just as if your head were still on the bed. Dizziness and even slight nausea are not uncommon in this body position. Unless you have problems with your spine in the neck area, the dizziness and/or the nausea are unpleasant but otherwise harmless. If you do have problems with your spine in the neck area, check with your chiropractic physician, osteopathic physician, or orthopedic specialist before you do this exercise.

For people who use the accessory muscles of respiration at the back of the neck (and this is the most common form of accessory muscle use) this exercise proves tiring very quickly. Go for as long as you can and stop. There is always the next time. If this exercise is difficult for you it only serves to show you how much you are using these muscles to raise the chest rather than the intercostal muscles to expand the chest.

ARMS OVER HEAD, HEAD OFF BED

This is an advanced form of the “head off the bed” exercise just described. Here, in addition to having the head off the bed, you also raise your arms all the way and let them also hang off the bed.

Figure 47

What this adds to the exercise is that now you can also not use the pectoral muscles (the breast muscles) to raise the chest instead of the muscles between the ribs to expand the chest.

Since we are always interested in getting the chest to move with the proper muscles of respiration (the muscles between the ribs), use of this exercise is put off until you have that part mastered. Use the tailor's tape measure to see that the chest is expanding. What you do here is use a paper clip to hold the tape measure at the full exhale position and then do the hands over head and breathe to see if the chest diameter increases.

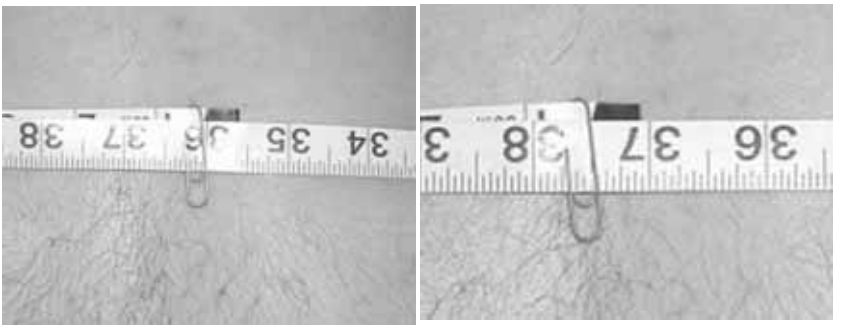

Figure 48

CHAPTER 8

ADVANCED BREATHING

No sound to start the exhale.
Getting rid of the breath sound from the throat during the breath (especially during the exhale)
Rhythmic breathing

Except for the first exercise below, the "no sound" exercise, don't try these advanced breathing techniques until you have all the basics mastered and especially until you have the chest and belly moving properly.

NO SOUND

There should be no difference in your exhale with or without the 'ah' sound.

For some people the 'ah' sound serves as almost a distraction. So much effort is put into making the proper sound that it effects the rhythm of the breathing. The person concentrates on making the proper sound and in doing so is unable to let the breath process proceed smoothly.

There is no harm in dropping the sound. This is done for either of two reasons. One, is when you are concentrating so hard on the sound that it is disrupting or might be disrupting your breathing. Then drop the sound so that you can focus on the feel of natural full breathing. You breathe all day long and all night long and you do not concentrate on it. It should be the same in these exercises. At first concentration is necessary because you are

learning to breathe in a proper manner. But in time the whole cycle should become so natural that it does not take any mental focus. It simply feels right.

The second reason is after you have mastered the normal breathing and sound, it can be productive to just pay attention to the feel of deep breathing with rhythm. With no sound there is less of a tendency to have a pause between an inhale and an exhale. They just follow one on the other.

'AH' WITH NO THROAT SOUND

Here you learn to open your throat and not control your breathing by tension in the throat.

This is one of the most interesting aspects of proper breathing. Yet I have held it to near the end of Part One of the book because it is one of those things which is easy to say but seemingly difficult for most people to do.

One of the very strange things about deep breathing is that while in fact it is done by the diaphragm and the rib muscles, still most people breathe with their throat. How, you might ask? Well, right, you can't breathe with your throat but still that is how most people approach their deep breathing. If that seems strange, listen to the Sounds of Reichian audio. You can hear it there.

So, how? Well, people treat a deep inhale as though they were inhaling to the throat and even more on the exhale; they control the exhale by tensing the throat muscles.

How can you tell if you are doing that and what can you do about it? That's what I address here.

Let's start with the inhale even though this is less of a problem than the exhale. The issue here is to see where you are putting your focus during the inhale. Since the inhale is belly then chest it is usually the case that the belly breathing is easy while the chest breathing is throat-controlled. There are exceptions where the chest is easy and the belly difficult, but that is not as common.

In learning to breathe without breath sounds, start with focusing during the inhale on your belly, that is drawing in the air and then your chest that is drawing in the air. Recall that you do

not inhale as such, you simply balloon out the belly and then expand the chest. The air comes in by itself (to fill the vacuum) rather than you drawing it in. If you need to: (1) drop the ‘ah’ sound on the exhale and (2) do belly only breathing, then chest only breathing. Get the distinct feel of how you are not inhaling as an active process, rather you are ballooning the belly and expanding the chest as the active processes.

Now the more difficult one, the exhale. Here there is a very definite indication of how you might be breathing with your throat rather than with the body. The indication is a soft rasping sound during the exhale after the ‘ah’ sound. In other words the exhale produces a sound from the throat. This throat sound can be heard on the Sounds of Reichian audio.

Try this. Take a deep complete breath through your nose. Do you hear any sound during the exhale? Now take the same complete breath through your mouth. Now do you hear a sound during the exhale? You shouldn’t. It is the same breath, the same inhale and exhale whether done through the nose or done through the mouth.

When your throat is open during the exhale and you are not trying to control the exhale from the throat, then there is no sound at all except the sound of the air itself. This sound is almost inaudible. If you can distinctly hear the exhale while it is happening, then you are still breathing from the throat. Instead of allowing the relaxation of the diaphragm and the natural fall of the chest to expel the air, you are attempting to control the outflow of the air from your throat.

While I call this exercise ‘ah with no breath sound,’ it does not in any way compromise the exercise if you drop the ‘ah’ sound. The issue is learning by experience that the body can be trusted to do its job without you having to control it or make sure it does it right.

It may surprise you to find that you are afraid to just let the air exit in a completely uncontrolled manner; to simply let the body (belly and chest) be the controller.

The thought of letting the body take care of everything without conscious control and monitoring is especially difficult for people who have issues with suspicion, control, doing it right, or a lack of trust that they will do things properly if they do not

control each aspect of it. You can see how mastering this exercise can have a profound effect on your nature. To let go of issues that interfere with living life pleasurably instead of by having everything just right.

RHYTHMIC BREATHING

The final letting go of control. The final learning to trust the natural rhythm of your body.
Like a pendulum, the inhale causes the exhale which causes the inhale.

This is the last of the exercises in Part One of the book. But don't expect it to be mastered easily. The work you have done above on the 'ah with no breath sound' is an essential preparatory step for this exercise. Here you are going to go the last step, to fully letting go of control.

They way I describe this is to say: think of a pendulum. It swings back and forth on a constant arc, each swing takes the same amount of time and the time of the up stroke in one direction is the same as the time for the up stroke in the other direction.

The other way to look at this is that the inhale causes the exhale which causes the inhale which causes the exhale and so on. The deeper the inhale gets the more the body wants to exhale and the deeper the exhale the more the body wants to inhale. There is no longer even a trace of the idea of first inhaling and then exhaling as two separate steps. Breathing is simply continuous, deep, and **rhythmic**. The feeling you will get throughout your body when you do this properly is not capable of being put into words. Our language simply lacks words for this feeling. The best I can say is that this feeling of freedom and simple rightness is felt throughout the body, not simply in the belly and chest.

By the time you have mastered this last step you will more than likely have discovered profound changes in yourself.

CHAPTER 9

WORKING WITH A HELPER

HELP WITH THE EXERCISES
HELP BY USING PRESSURE

HELP WITH THE EXERCISES

If you have room in the bedroom, place a chair by the side of the bed so the helper can observe the exercises. Usually the helper will just be observing and *gently* pointing out changes in the breathing during an exercise or pointing out problems with the way and exercise is being done.

Figure 49

The helper's main task for Part One of this book is to help with learning to breathe properly. Very few people at the start of

their work are able to breathe properly. Thus this is the first thing with which the helper will help.

I have discussed that some people hold their chest in a chronic inhale position, some hold it in a chronic exhale position and some are able to breathe properly into the chest. If the worker can not initially use the chest, that should not be corrected. Getting the chest down (chronic inhale) or up (chronic exhale) will come in time as the work proceeds. The first issue is simply getting accustomed to the rhythm of belly then chest in the inhale and belly then chest in the exhale.

Also some people can not breathe into the belly. They can get a small amount of movement in the diaphragm but not enough to actually make much of a difference in the breath.

So the helper simply sits in the chair and observes the rhythm of the breath and comments on whether the sequence of movement is correct or not.

NOW DON'T NAG!

Making a comment about each and every breath is only to be a damn nuisance.

The other thing the helper can do initially is to correct the sound if it is anything other than an 'ah' sound or if the 'ah' sound is articulated or has a guttural (see pages 79-81 for the list of possible sounds and have the helper listen to the audio). It is extremely likely, that is it is common, that initially the working person will have a two-phase breath. He or she will first do the inhale and then do the exhale rather than having the two actions be a continuous process. That should be left until much later in the work. Don't forget the sensing-and-feeling report at the end of the session as discussed on page 21.

Also recall that the breathing can produce muscle spasms, most often in the hands and wrist. Usually this passes in a few sessions or it passes when a calcium and magnesium supplement is added. It may also be corrected by the swim kick exercise presented in Part Two of this book, Chapter 20 at page 292. Occasionally these muscle spasms occur in other parts of the body like the back of the neck or the legs. This is just a variant and has no special meaning. If the spasm becomes painful,

simply stop the session for a few minutes until the spasm passes, then restart. If the spasm is mild and in the back of the neck, the helper can adjust the worker's neck as shown below in Figure 50.

Actually, the adjustment in Figure 50 doesn't apply only to spasms in the back of the neck. It is a common device or defense in this work for the worker to tense the back of the neck so that the chin points upward as in the top left photograph in Figure 50. When you see this, an easy adjustment as in the bottom left photograph can correct it. However, let me repeat my oft stated caution: it is better to leave a minor error than it is to be correcting all the time. If you keep correcting this or any other minor error, you are simply teaching the worker that this work is a performance that must be done correctly rather than a course in self-improvement.

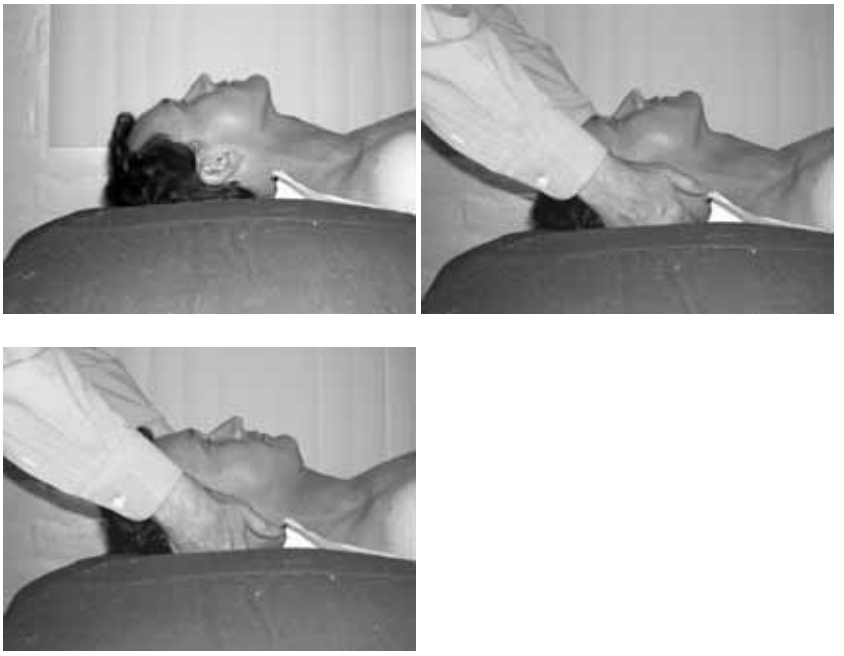

Figure 50

CHEST EXPANSION

The first contribution the helper can make is to check for chest expansion. This is easily accomplished. With the hands placed as shown in the top panel of Figure 51, the worker then does a full inhale. If the chest is expanding (rather than merely rising) the thumbs will separate as shown in the bottom panel of Figure 51. In the case of female workers, the approach is from the feet (rather than from the head, as shown) with the hands placed below the breasts.

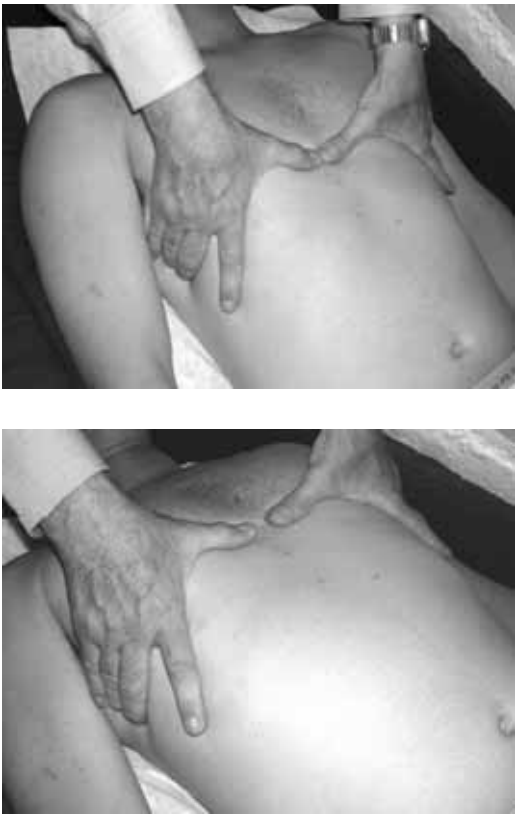

Figure 51

As the work progresses, the chest expansion should increase. As I mentioned at the beginning of this book, the amount of expansion will vary with the basic chest shape (INDIVIDUAL DIFFERENCES on page 66) the helper should measure the chest expansion several times so that the helper knows the amount of movement for the particular worker and thus the helper can

monitor the increase of movement over time. Note, however, that the amount of expansion will change from one session to another. There may be good expansion in one session and no expansion or much less expansion in another session. Similarly the worker may generally have no movement and then on one session the movement appears but does not hold over the session or to the next session. All of these changes are indications that the work is doing its job.

BREATHE BELLY ONLY

The helper here can inform the worker whether the belly is being fully filled. Even for people whose abdominal muscles are capable of relaxing, it is common for there to be tension in either the upper part of the belly (near the diaphragm) or the lower belly (just above the genitals). It does no good to harp on an area of tension, simply point it out and wait to see if the worker can let go of the tension. If not, there is always the next time. Repeatedly pointing out an area of tension simply makes the helper into a parent.

Here the belly should only be ballooning out on the inhale and relaxing on the exhale. The helper can often see that the belly is tensing during the inhale or during the exhale while the worker can not feel the tensing at all. Then the helper can place the workers hands on the top and bottom of the belly so that the worker can feel the tension.

BREATHE CHEST ONLY

This is, generally, harder to do than the breathe belly only. Here the helper wants to check that (1) the belly is not tensed at the beginning of the inhale, and (2) that the chest expands rather than just rises.

If the belly tenses then the helper first points out that fact and then, if it is not capable of being corrected, the helper uses moderate pressure on the diaphragm during the whole of the exercise. The pressure is discussed in a subsequent part of this chapter in the section entitled THE DIAPHRAGM on page 157.

This is a good point to repeat that this is not a race. These changes take time and effort, to change yourself too quickly can damage rather than help. In Part One of this book on Reichian work at home I am only concerned with breathing. If this takes months, even years, that is what the worker's psychology demands and it should not be rushed. **ALLWAYS TOO SLOWLY.**

First get the breathing to be belly then chest on the inhale and the exhale. Then start with the forehead and eye exercises in Part Two. Then learn to breathe belly only and only then learn to breathe chest only. Then proceed on to the other breath work and at this point you can also proceed on to the various body area exercises.

If the diaphragm is being used to push the chest up, then you will likely need to use pressure on the diaphragm as discussed later in this chapter. If the chest can not be used because it is held in chronic inhale then the helper can aid the worker by attempting to soften the accessory muscles with pressure. If the chest is held in chronic exhale, then that can be helped by the next exercise.

EXTEND THE BELLY, BREATHE CHEST ONLY

For people whose chest is held down this is a very tiring exercise and the worker will have a tendency to use the belly despite trying not to. The helper can watch for tension in the belly and place the worker's hands at the top and bottom of the belly if it is tensing. Also if the worker is able to do some breaths correctly, the worker may tire quickly and then start to tense the belly. The helper can watch for that so the worker can stop the exercise for that session.

For people whose chest is held high, this exercise should be held off until the next exercise, the push breathing, gets the chest down.

PUSH BREATHING

To repeat, these are the elements of this exercise:

1. full inhale
2. roll the pelvis with the ‘ah’ sound
3. at the end of the normal exhale, push out the belly and then push out all the air from the chest
4. after all the air is pushed out of the chest, lower the pelvis (lower not drop) and continue with the next inhale.

The helper can be of great assistance to see that (1) the rolling of the pelvis is done at the same time as the ‘ah’ sound, (2) that the pelvis is rolled without lifting the back and without spreading the legs and (3) that the pelvis is held up for the full exhale including the pushing.

If the roll is done after the ‘ah’ sound instead of at the same time, the helper can tell the worker about it but, again, don’t nag.

If the roll includes lifting the back off the bed, the helper can push the abdomen down while he lifts the pelvis as shown in Figure 52.

Figure 52

If the legs are being spread during the roll, the helper can gently hold them so that they do not spread. This is shown in Figure 53. Note that this exercise is also discussed in somewhat greater detail in Chapter 18 starting on page 281.

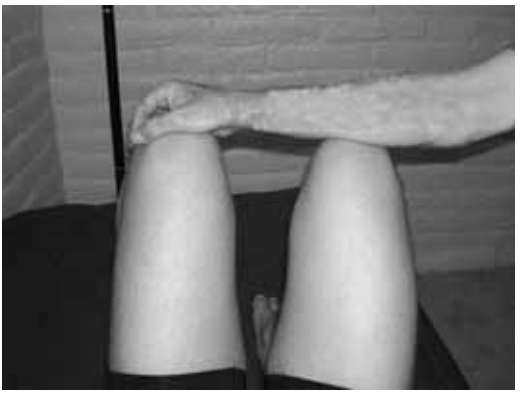

Figure 53

GASP INHALE BELLY
GASP INHALE CHEST
GASP EXHALE BELLY
GASP EXHALE CHEST

There is little that the helper can do for the worker on the gasp exercises except to call the worker's attention to when the gasp slows down and is really a quick inhale or exhale rather than a gasp or when the worker is not gasping with only the chest or only the belly (that is, the non-selected area is also moving or tensing).

CRY BREATHING

No helper activity needed. If the worker does start to cry, the helper should remind the worker to make sound with the crying. Recall: never cry quietly.

SEE-SAW BREATHING

The helper can be valuable on this exercise by pointing out if the see-saw action is slow or the exhale (to the belly) does not show a full expansion of the belly.

This exercise, more than any other, produces a state of hyperventilation (recall: that results in a blowing off of carbon

dioxide in the blood and a 30% to 50% reduction in blood flow to the brain). If the worker is initially able to do this exercise but the performance quickly degrades, then the helper should tell the worker to stop the exercise. In any event, this exercise should continue for only a short time (probably five minutes is excessive).

SIDE BEND

Here the helper can make sure that the arm over the head is directly over the body (there is a tendency for the arm to be forward of the line of the body) and if the worker is bending forward rather than being straight up.

GROWL EXHALE
SHOUT EXHALE
MOAN EXHALE
GROAN EXHALE
WORDS EXHALE
NO SOUND
NO THROAT SOUND

No helper action needed.

ARMS OVER HEAD
HEAD OFF BED, BREATHE CHEST ONLY
ARMS OVER HEAD, HEAD OFF BED

No helper action needed.

HEAD TO CHEST

The use of a pillow in this exercise is discussed on pages 130 through 133. Other than keeping the pillow tightly under the head or perhaps adding more pillows to fully force the head to the cheat, there is nothing more the helper can do.

SIDE HEAD POSTURE

The helper can use pressure as shown in Figure 65 on page 168. Other than helping with pressure, the is no helper action needed.

NO THROAT SOUND

The helper here can point out if there is still a throat sound on the inhale or the exhale.

RHYTHMIC BREATHING

It is relatively easy for the helper to see if the breathing is truly rhythmic or if there is a slight pause at either the end of the inhale or the end of the exhale. It is usually difficult initially for the worker to feel these pauses so the helper's pointing out any pauses (without nagging) is useful.

True rhythmic breathing requires that the worker be willing to relinquish control and just feel the way the body moves when doing rhythmic breathing. It usually takes quiet a bit of practice but the result is worth the practice.

HELP BY USING PRESSURE

The only pressure I am discussing here is pressure related to helping the full breathing. In Part Two, when I discuss each of the areas of the body, I will present ways the helper can use pressure for each of the body areas.

Since I am concerned with breathing, that means I am concerned with using the diaphragm, using the muscles between the ribs and not using the accessory muscles.

For convenience I will present this material first by using the accessory muscles as our guide and then discuss separately the use of pressure on the abdomen.

CHECKING AND CORRECTING USE OF THE ACCESSORY MUSCLES

First a quick review. All of the following are possible accessory muscles of respiration:

1. the diaphragm
2. the pectorals (at the top side of the chest)
3. the muscle at the front of the neck (sternocleidomastoid)
4. the muscles at the side of the neck
    a. the front side of the neck (anterior scalene)
    b. the middle side of the neck (medial scalene)
    c. the back side of the neck (posterior scalene)
5. the trapezius muscles

Below, as I discuss each of the muscles, I will talk about using pressure. As you might expect the helpful (as opposed to only painful) pressure is less if the worker is a female and more if the worker is a male. If the helper is a female and her finger nails are getting in the way of pressure or are digging into the skin, then they need to be trimmed.

THE DIAPHRAGM

The diaphragm is tight in many people. This is true even for people who seem to be able to breathe into the belly. The helper can have a vital role in relaxing the diaphragm. First the helper must learn to feel the diaphragm. The position is shown in Figure 54. While it is not evident from Figure 54, the helper's fingers are immediately beneath the lowest (12^{th}) rib and actually angled upward so that any diaphragm movement can be felt (the diaphragm is attached to the lowest rib).

As the worker breathes, the helper should feel for movement in the diaphragm. It is a subtle feeling. The helper's fingers should press lightly into the belly with a slight upward tilt of the hand as shown below. If the diaphragm moves, the helper will feel a slight rolling of the diaphragm under the fingers *and the diaphragm will feel soft*. In some people the diaphragm does move but it feels hard under the fingers. So there should be movement and softness at the same time.

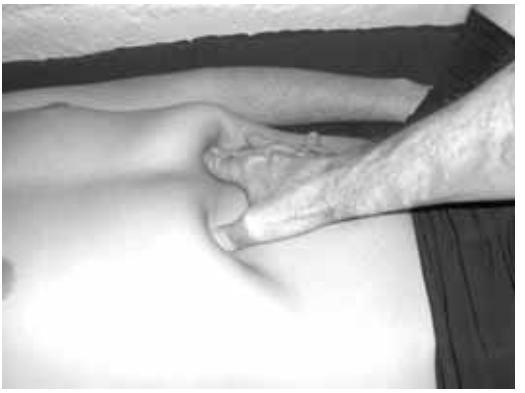

Figure 54

If the diaphragm does not move or it is felt to be hard (rigid), then the helper can aid in clearing this chronic tension. For a whole session (about 50 minutes) or as long as the helper can hold the pressure, put a mild pressure to the fingers. I have exaggerated this pressure in the figure above. In reality there would not be this much difference between feeling and pressing.

In addition to moderate and prolonged pressure on the diaphragm, there is another way that the helper can aid in the freeing of the diaphragm. This is shown in Figure 55. Here pressure is put on the 7^{th} through 9^{th} ribs, either preventing their outward movement (Figure 55, left) or pressing them downward toward the bed (Figure 55, right). In most people the ribs are attached to the breast bone (the sternum) only by cartilage, not by bone. Thus they are quite flexible. The pressure used is only enough to keep the ribs slightly compressed. This compression tends to prevent the diaphragm from being used to force the chest up from the bottom. Another method of preventing diaphragm use is pressure on the abdomen. This is discussed below in the section on THE ABDOMEN.

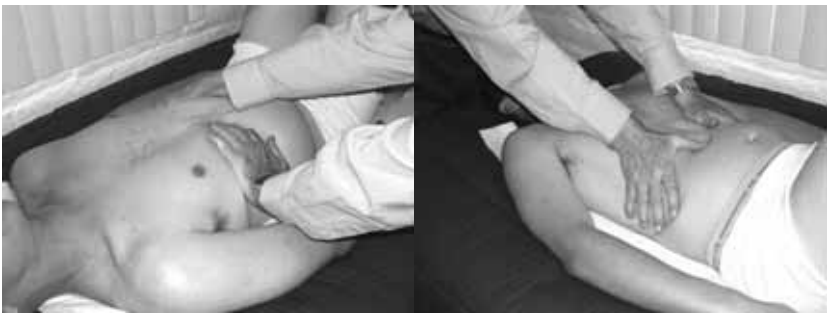

Figure 55

THE ABDOMEN

This pressure can be very tiring on the helper (Figure 56), so just do it as long as it does not wear you out.

The purpose of this pressure and why it is included in Part One of the book on breathing is that it is another way to stop the use of the diaphragm to push the chest up. The idea is to press in on the abdomen to keep if from expanding or tensing. This pressure, especially if the worker does not tense against the pressure during the inhale, can greatly aid the worker in learning to use the muscles between the ribs as opposed to using the diaphragm to push the chest up.

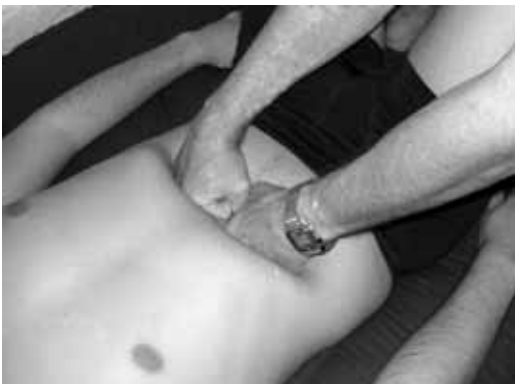

Figure 56

THE PECTORALS

The helper can easily feel the tension in the pectoral muscles. If the muscles are relaxed they are both soft (no felt tension) and they feel like corduroy. When I say a muscle feels like corduroy I mean that the helper can feel, as he or she moves his or her fingers across the muscle, the individual muscle fibers just as though one were rubbing corduroy cloth.

If the pectoral muscle is tight, then there are several possible ways to get it to relax. One is simply to put gentle pressure on the whole muscle and hold it for as long as possible without tiring while the worker breathes. This is shown in the next photo.

If the worker is female, the pressure should be above any breast tissue. Pressure on breast tissue is very painful with absolutely no benefit. We are interested in muscles, not the glandular fat tissue of the breast.

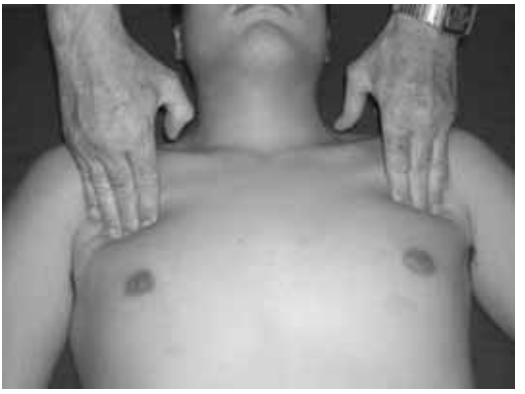

Figure 57

If this gentle pressure does not work after a complete session of breathing, then more forceful pressure can be used (Figure 58). Using the knuckles is much easier on the helper and is often more effective than keeping the fingers straight as in the above photo.

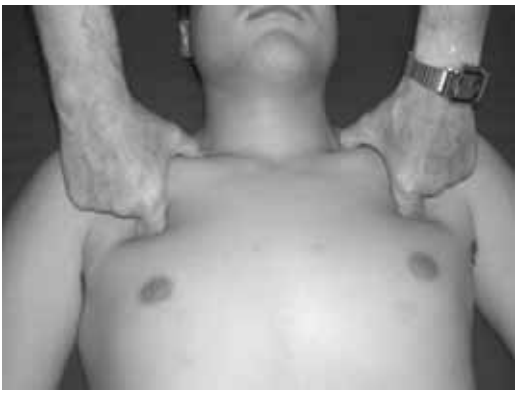

Figure 58

This pressure can be somewhat painful. Pain ***IS NOT*** the goal. The goal is getting the muscles to let go of their chronic tension. This might be a good place to illustrate the idea that pressure on tense muscles can cause pain but pain is not the goal, it is an unfortunate side effect.

Start with your arm straight. Now grip your biceps muscle using as much pressure as you can apply. Now slowly bend your arm and feel, as you bend, the change of the feeling in your arm from one of pressure to one of near pain. With your arm straight, the biceps is relatively relaxed (weight lifters may have chronic tension in this muscle). As you bend your arm the biceps gets increasingly tense. This is an easy way to feel the difference between pressure on a relaxed muscle and pressure on a tense muscle. In Figure 59 the left panel shows the pressure on the biceps while the right panel shows the arm bent with the same degree of pressure on the biceps.

Figure 59

Returning to our discussion of the pectoral tension, if the gentle pressure does not work then knuckle pressure can be used. The amount of pressure used should be enough to be uncomfortable and slightly painful but not to be extremely painful. Keep in mind that there is pain only with an overly tense muscle and that the same pressure on a relaxed muscle is not painful. The implication of this is that as the pectoral tension gradually lessens over time then more pressure can be applied until there is no tension in the muscle.

THE MUSCLES AT THE FRONT OF THE NECK

The muscle at the front of the neck which concerns us is the sternocleidomastoid. It is easy to feel the tension in this muscle (Figure 60 on page 163). ***Lightly*** pinch the muscle during a breath cycle. If these muscles are being used you will easily feel (and see) the tensing.

While the sternocleidomastoid (SCM) is a major accessory muscle of inhalation, pressure here is used only when absolutely necessary. The amount of pain produced with pinching this muscle is often not worth the benefit. The use of a pillow was discussed at THE MUSCLES IN THE FRONT OF THE NECK on pages 130 through 133. The helper can greatly assist the worker by placing the pillow and moving it as needed to insure that the head is firmly pushed against the chest.

The only way to apply pressure to the sternocleidomastoid is to pinch it (Figure 60). This means that pressure is being applied

to the same muscle from two different directions, in effect, the degree of pressure is doubled. As is often the case, moderate but sustained pressure is the best answer. The pressure can be applied at the end of the muscle near the collar bone and again in the middle of the muscle (about mid-neck). If you want to get an idea of how much pain is produced in this muscle by pressure, put your head back and then pinch your own SCM. As you can feel, it does not take much pressure to produce a lot of pain. As always, pain is not what we are after.

It is truly amazing how much trouble is caused by tension in the neck. You can think of it as a choke point separating the intellect from the emotions or as the point of separation of thinking from the acting. One way to look at body-based psychotherapy is getting the thinking and feeling working together. Wouldn't that be nice?

While we're on the subject, consider why so many people get so tense in their shoulders and why it feels so good to have a massage? Or think about the number of people who get tension headaches or the number of people who have pain in the back of their neck from the muscle tension there.

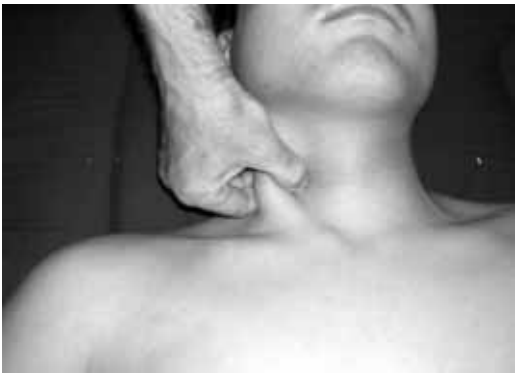

Figure 60

THE MUSCLES AT THE SIDE OF THE NECK

An explanation of the anatomy of the neck
How to locate these muscles and how to apply pressure:
- **A. front of the side of the neck**
- **B. middle of the side of the neck**
- **C. back of the side of the neck**

Another way for the helper to aid the worker to open the neck

Anatomy Of The Neck

There are no medical reasons why pressure can not be applied to the side (and the back) of the neck. However, both to locate these muscles and know where to apply the pressure, we have to go through some anatomy. Don't be scared of this, it is relatively simple and, best of all, there won't be any midterm exam.

Our discussion is based on Figure 61.

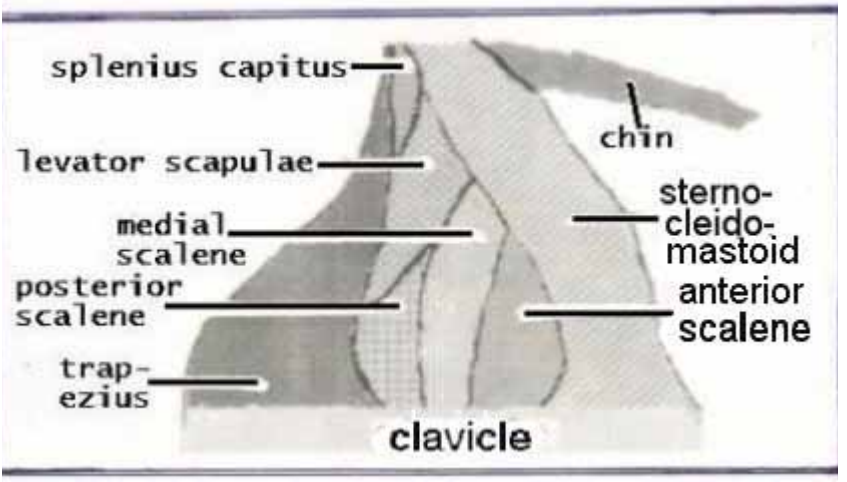

Figure 61

I'll start with just pointing out the items in the figure. You are looking at the right side of the neck. The first muscle on the right

is the one we have already discussed, the sternocleidomastoid (SCM). That is the muscle I am pinching in Figure 60 on page 163 and the muscle that is highlighted by arrows in Figure 39 on page 132.

Before continuing, a note on the anatomy diagram: everyone has the same anatomy but not in the same exact place and not the same exact size. Everyone is slightly different. In the diagram I have made some of the muscles bigger than they normally are so that it is easier to talk about them. I have also left out some things that we are not concerned with or that made the diagram just too messy to easily talk about.

OK, just behind the SCM is one of the three scalene muscles. I have drawn this muscle considerably larger than it usually is. Instead of coming almost half way up the neck as I have it, usually you can barely feel it right at the clavicle. We will go over all this again when we talk about pressure on each of these muscles.

Directly behind the anterior scalene is the medial scalene. Usually you can, if you practice, find this muscle by the slight indentation that is just before it. That is, as you move from the anterior scalene backward your finger will feel just the slightest indentation before it comes onto the reasonably prominent medial scalene. We will return in a moment to the issue of the anterior scalene and the medial scalene after we finish with the muscles in the diagram.

Just behind (posterior) to the medical scalene is the posterior scalene. The easiest way to find this one is to place your finger on the trapezius and then slowly forward until you fall off (or sink in slightly) from the trapezius.

Figure 61 also shows another muscle at the top back of the side of the neck. This is the splenius capitus, you can ignore that muscle. It has little relevance to this work.

The only other muscle is the levator scapulae. This muscle runs all the way down to the scapula (the wing bone). As Figure 61 indicates, if you place you finger in about the middle of the side of the neck on the trapezius and then come slightly forward you will fall off the trapezius and be on the levator scapulae.

For the anatomists among my readers, I know I have left out the omohyoideus but it is usually small and has no importance for this work.

Now, before I continue, I have to cover another anatomy issue at the side of the neck. It is nothing to worry about, it is not a health issue or a danger warning. I deliberately left it out of Figure 61 since it makes the diagram too difficult to follow but it is not that hard to describe it in words.

See if you can picture this. The nerves that feed your arm and upper chest and upper back exit from the spinal column in the neck region. They pass, as a bundle, through the side of the neck, pass under the clavicle and then outward from there. As this nerve bundle passes out through the side of the neck it passes between the anterior scalene and the medial scalene. Whether it passes between the muscles at the bottom of the neck or in the middle of the neck varies from one person to another and even differently from the right side of the neck to the left side of the neck on the same person. When you are using pressure on the anterior scalene or the medial scalene you might produce radiating pain into the arm or the upper back because you are pressing on this nerve bundle. This pain is unnecessary; it does not accomplish anything for this work. Simply move your finger off that spot and move upward or downward as needed to get away from this nerve bundle. I'll come back to this shortly with some photographs.

Now let's turn back to the work at hand.

Front Side Of The Neck (anterior scalene)

To locate the muscle at the front side of the neck, very lightly pinch the SCM muscle at the front of the neck with your first finger at the front of the neck and your thumb at the side. In this position your thumb is now on the muscle at the front side of the neck (Figure 62 at arrow).

You can apply moderate pressure to this muscle (the anterior scalene) either with your first finger or with your thumb. Note the direction of the pressure in Figure 63. The muscle you are applying pressure to is hard to get to because of other muscles

which cover it. To apply pressure, the direction of the pressure should be down toward the feet and slightly toward the bed.

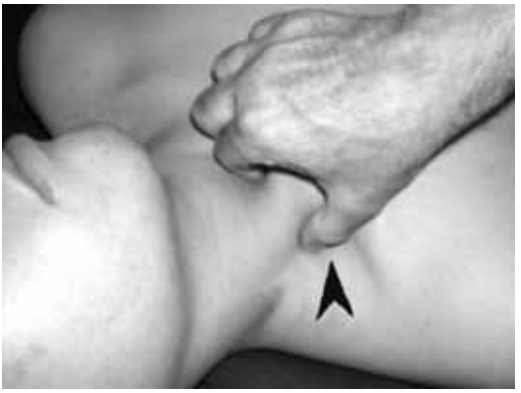

Figure 62

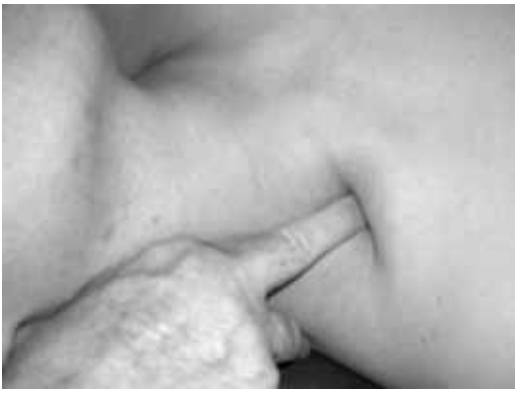

Figure 63

Middle Side Of The Neck (medial scalene)

This muscle (the medial scalene) is a little more difficult to locate but once you have done it the first time it will not be a problem after that. Here is how to locate the medial scalene.

With you first finger on the anterior scalene (above, Figure 63) start slowly moving backward toward the bed. The first muscle you will pass over is a tiny muscle we don't care about. It is a long muscle in that it travels far in the body, but it has not

effect on breathing and is not even shown in Figure 61 on page 164. This tiny muscle lies almost against the medial scalene so it may or may not be felt (there is a picture of this muscle in Figure 86 on page 215 when it bulges during the jaw open exercise).

The next and major muscle you will feel is the one we are trying to locate, the medial scalene. Except in the rare case where it is not tense, it is big and tight and you can not miss it.

You can use pressure at either the lowest point at the bottom of the neck or higher abut 2/3 of the way to the jaw (Figure 64).

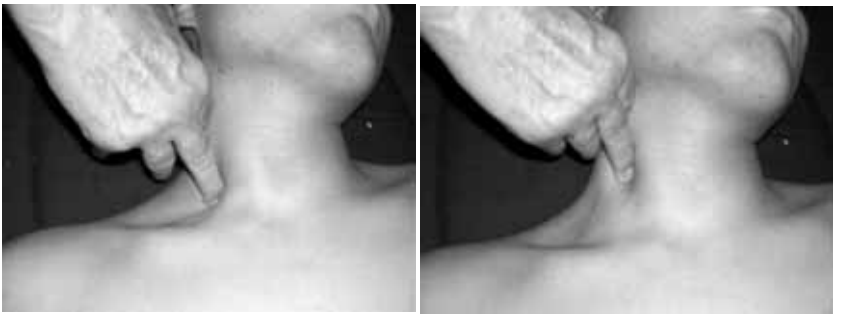

Figure 64

Another way the helper can aid the worker is by pressing the head against the shoulder (Figure 65). This can be tiring on the helper, so sides should be changed as needed.

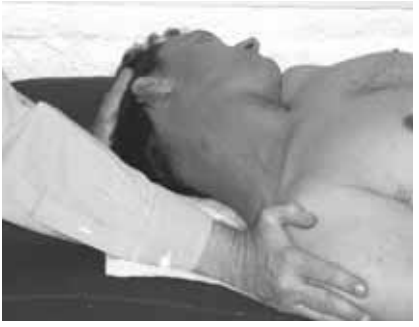

Figure 65

Back Side of the Neck (posterior scalene)

Now you are going to locate the posterior scalene for pressure. This is easy to locate once you have located the medial scalene. As you move your finger backward (toward the bed) you will feel a very slight kind of indentation between the two muscles (between the medial scalene and the posterior scalene). This is not a big indentation, it is simply a place where your finger goes just a tiny bit more into the neck (assuming your finger is pointing toward the other side of the neck). Behind this slight indentation you will come upon another very prominent muscle. This is the posterior scalene.

If you move rapidly backward from the medial scalene you can easily miss the posterior scalene and confuse it with the front fibers of the trapezius (which we will look at next). So move slowly the first few times you locate the posterior scalene so you can become accustomed to the feel of the movement and the feel of the muscle.

Pressure on this muscle is directly into the neck (that is, side to side). This is illustrated in Figure 66.

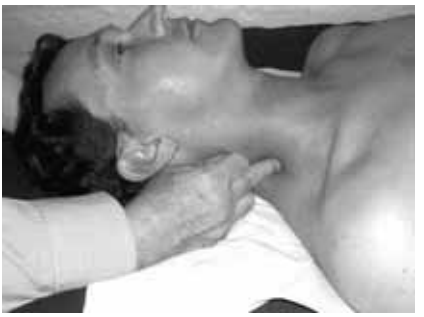

Figure 66

The Trapezius Muscles

The trapezius is shown in the next figure,

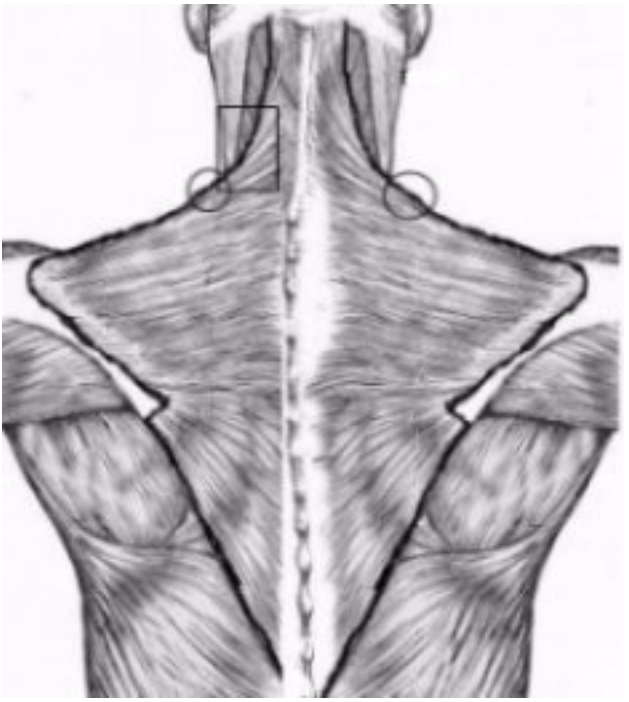

Figure 67

This muscle runs from all along the cervical (neck) and thoracic spine (thorax simply means chest or upper back) to the outer part of the scapula (wing bone) and, most important, to the base of the skull. It is the main muscle used to keep our head from falling forward (the head is front heavy and would fall forward onto the chest if it were not held back by muscles at the back of the neck). I will look next at what the helper can do with the trapezius muscle, but here I have to emphasize a bit of the anatomy of this muscle. Above, I have drawn two circles; and a box on the left side. The two circles indicate where, in fact, you are applying pressure to the front fibers of the trapezius. You'll see this shortly when we look at Figure 68. Now look closely at that boxed area. Hopefully you can see that the trapezius muscle actually twists in this area such that muscle fibers that were in the front of the muscle are now on the side of the muscle. The best

place to get at these twisting muscle fibers is at the back of the neck area. Well cover that when we get to Figure 69.

THE FRONT FIBERS OF THE TRAPEZIUS
THE BACK FIBERS OF THE TRAPEZIUS

Front Fibers Of The Trapezius Muscle

Pressure here can work wonders. However, the pressure can also be hard on the helper. First the finger nails must be clipped. The pressure is with the ends of the fingers or the thumbs so the nails must be clipped.

The pressure must be directed to the right place and in the right direction. The pressure should be as long as the helper can tolerate and as strong as the worker can tolerate. Ideally, pressure should be on both side of the neck at the same time. If your hands or strength in your arms can not do both sides at the same time, then simply alternate between the right and the left sides.

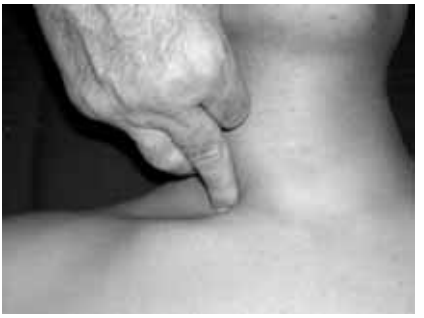

Figure 68

The way to get to these fibers of the trapezius muscle is simply to change the direction of pressure you were using on the back muscle of the side of the neck. In the figure above (Figure 68) note that the direction of finger pressure on the back muscles of the side of the neck. For pressure on the front fibers of the trapezius the elbow is raised and the direction of pressure is downward towards the feet and backward toward the bed.

Harking back to Figure 67 on page 170, we are putting pressure on the circles on the diagram.

That may seem difficult, but you will get it quickly and be able to go directly to this pressure on future sessions.

Back Fibers Of The Trapezius Muscle

Here, again, the helper can aid the worker by using pressure. As always, pressure here will require that the finger nails be clipped and filed so that the nails do not dig into the skin.

What I have done here is to cut out a part of Figure 67 to highlight just the back of the neck region.

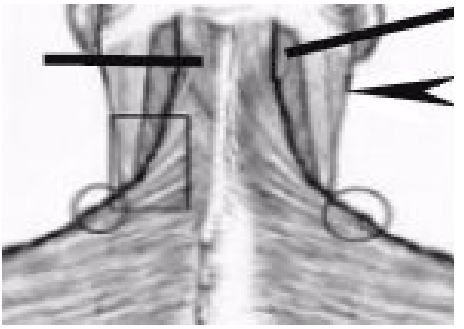

Figure 69

You can see in Figure 69 that there are three muscles at the back of the neck The muscle coming all the way up on the extreme right and extreme left pointed to by the arrow on the right is just that old SCM muscle again. The upward sloping line on the right points to the levator scapulae muscle. It has no effect on breathing and thus we ignore it. However, in most people this muscle is very tight and thus pressure on it is quite painful. This muscle should be avoided. Avoiding this muscle is easy, as the next paragraph will explain.

We care only about the trapezius muscle which is in the center of the figure (horizontal line on the left of the figure). As you can see, at the base of the neck the trapezius occupies the whole area. As you move upward the trapezius narrows to be only near the spinal column. Therefore as you move upward with your

pressure, you also move inward toward the spine. The pain that may result from pressure on the trapezius feels, to the worker, very different from the pain if you happen to get onto the levator scapulae muscle. There is no harm, simply move your fingers or the pressure device[23] nearer to the spinal column.

Figure 70

Figure 70 shows two ways to put pressure on the trapezius. Note that in both cases the head is turned to the side.

THE MUSCLES BETWEEN THE RIBS

The single most effective pressure for freeing the chest is pressure on the small muscle between the ribs. This pressure, in almost all people, is quite painful. Unfortunately, there is no way to get away from this pain and still get the effect. That is not to say that this is an excuse for some minor sadism; rather like most pressure it should be done to the level of toleration of the worker. This is a place, however, where the worker should accept as much pain as he (she) can tolerate. Remember, pain is only present when a muscle is overly tense. When the muscles between the ribs release their held tension, the pain all but disappears.

The anatomy of the muscle between the ribs is shown in Figure 16 on page 71. I noted there that: “The external intercostal muscles are used during inhalation. They extend from about

23.Pressure devices are shown in Figure 134 on page 316 and Figure 135 on page 317.

under the nipple line around back all the way to the spine. The internal intercostal muscles are used during (forced) expiration. They run from your breast bone around the side and to about mid back."

Let's consider that description. If the helper uses pressure just next to the breast bone, he (she) is putting pressure on the internal intercostal muscle and that will have its major effect on the worker's ability to exhale. As one would say in Reichian therapy, it will have its major effect on allowing a full exhale.

If pressure is applied on the muscles at side of the chest, then the pressure would be applied to both sets of intercostal muscles.

Just as pressure at the breast bone only affects the internal intercostal muscle, so ideally we would like to be able to apply pressure only on the external intercostal muscle. Unfortunately, that is not possible. The only area where there is only external intercostal muscle is near the spine. Next to the spine there is such a thickness of other muscles that we can not get to the intercostal muscles.

Thus for pressure on the intercostal muscles we use pressure next to the breast bone and then along the line of the ribs to about the middle of the side. It does little good to have the worker turn over so that the back of the ribs is exposed. Even when one goes, let's say, in the middle of the back one is pressing through the trapezius muscle to try to get to the intercostal muscles and that just doesn't work all that well. Consult the diagram on page 170 and you can see how other muscles in the back are covering the ribs.

Pressure between the ribs near the breast bone is best done with the knuckle of the first finger. Do both sides at the same time if you can. You can also use a tool like the one shown in Figure 135 on page 317. Start at the muscle between the 1st and 2nd ribs and work down. Don't get confused by the collar bone. There is a muscle under the collar bone, but it has been deliberately ignored in this discussion.

Here, again, we have to make a distinction between a male worker and a female worker. Pressure on female breast tissue is painful and OF NO PURPOSE. If the worker is a female then try to move the breast tissue out of the way; don't press through breast tissue. That, in turn, means that work on the intercostal

muscles on females can only be done right next to the breastbone (where this is minimal or no breast tissue) and on the side of the chest — where breast tissue prevents work on the center of the chest — but then back again to the center and side beneath the breast tissue.

For males, pressure can be applied to the intercostal muscles over the whole extent of the chest.

For pressure on the intercostal muscles other than right next to the breast bone, the most effective way is with the thumb. That can quickly become uncomfortable for the helper. The thumb may be supported by wrapping the first finger behind and around the thumb.

That's a lot of data, but a little review never hurts.

1. We had mild but continuous pressure on the diaphragm.
2. We had downward pressure on the lower ribs also to work on the use of the diaphragm.
3. We had pressure on the abdomen.
4. We had pressure on the pectorals.
5. We bypassed pressure on the SCM because it is too painful.
6. We had pressure on the anterior scalene.
7. We had pressure on the medial scalene.
8. We had pressure on the posterior scalene
9. We had pressure on the front fibers of the trapezius.
10. We had pressure on the back fibers of the trapezius in the back of the neck.
11. We had pressure on the intercostal muscles

PART TWO

CHAPTER 10

INTRODUCTION TO PART TWO

Welcome to Part Two of the book. Here I am going to go over all the areas of the body giving you the exercises for each area.

A reasonable question which you might have is whether you can start this work even though you have not nearly finished the work on the breathing that I presented in Part One. The answer is not as easy as the question.

Different areas of the body contain different amounts and even kinds of tension. They have different effects on our nature and feelings. Therefore, reasonably, the answer is yes for this exercise, no for that exercise, and somewhat for another exercise. Therefore throughout this part of the book I will say which areas or even exercises in any given area may be done before, after, or during your work on the breathing in Part One.

Recall that I emphasized repeatedly in Part One that the rule of the work is: **always too slowly.** Your nature and your relationship to your body do not want to change, they want to stay the same. Even if you are consciously committed to change, your subconscious is just as committed to not changing. In the way human beings are constructed, in a contest between the conscious and the subconscious the subconscious will win. By will and choice you have control of your voluntary muscles, but your subconscious has control of all the rest of your body. In pictures, if your will is a race horse, your subconscious is a mule.

Now, as always, the choice is yours. You can believe the nearly 65 years of experience of Dr. Willis and Dr. Regardie or you can think you know better. But if all the caution I have indicated is not sufficient for you, I will add one more reason to move cautiously. There is phenomena in this work called “a holding state.” This happens when more advanced work is done before prior work makes the subconscious system ready to accept

the new challenge. In a holding state the more advanced work, done before you are ready for it, causes other areas to become set and rigid in their holding pattern such that they can not be broken through. Holding states are bad, steady progress is good.

I want to add one more description here before I get into the actual exercises. As you do the work you will find that your body starts to tremble or shake. The trembling can be very subtle, almost like quivering, or it can be larger trembling (often seen in the legs), or it can be spasms. Except for the types of spasm I mentioned in Part One where it might be corrected by doing the swimming kick exercise and/or by taking a magnesium & calcium supplement, there is no reason to be concerned with this quivering or trembling or spasms. Just keep breathing through these involuntary body movements. These body motions may seem strange, even inexplicable, to you but in fact they are a sign of progress. Welcome them. (See footnote 19. on page 116).

This work, like the breathing work, should not be done within three hours of eating. Give your stomach time to clear all the food before you do a session.

I have one more ***very important*** point to make before I describe the exercises. There is a kind of natural error that many, if not even most, people make in these exercises. They make the same error in the breathing part of the work that I discussed in Part One. The error could be described a number of different ways even though there is only one source of this error. The nature of the error is that people do not trust that they will do things correctly if they do not control everything. That is, they approach their own body with the assumption that they could not do something if they did not think it out, if they did not mentally control and command their own body.

I mentioned this error in Part One. Now it is time that I made this issue a prominent one. One of the major reasons why people do their breathing in two phases (first an inhale and then an exhale) is that they think they have to think the sequence instead of simply getting the feel of what it is like to breathe continuously and let it become an automatic, natural process. This becomes even more of an issue now that I add exercises on top of the breathing. Needing to exercise control, when they add another point of control, they find that they can not do both

because they can't think both points of control at the same time. They can think the breath cycle or they can think the forehead movement (to pick one example) but they can't think both at the same time.

We are jumping way ahead of ourselves here but still it is not a bad place to make a point about the nature of this work. Recall from Part One that you are changing your nature with this Reichian work. Now a simple question will make the point: do you think your sexuality is something separate from your nature? If you answered: yes, you're beyond this book; simply stop here and forget this work. For all the rest of you, what is an orgasm other than a letting go of control and giving into the automatic operation of your body? Answer: it is nothing else!

What is sexual arousal other than letting the sensations from your body flood your whole consciousness? Same answer! The need to control is a part of one's nature. To the extent you control and/or to the extent that you disown your body, to that extent you are preventing arousal and the full experience of the sexual experience in orgasm. I can promise you without any question that this work will have a profound effect on your sexual experience. It won't happen quickly and it will be a gradual increase in intensity rather than a sudden change, but it will happen.

This change will happen especially when you get to the work on the pelvis. But a note of caution. **Don't skip the eye work to get to the pelvis.** However long it takes, first clear any chronic tension you have in the forehead and the eyes before you go on to other areas.[24]

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24. Actually, in practice in a therapist's office, there are a host of exceptions to this rule. It would simply complicate this book beyond endurance to deal with all these exceptions. Therefore, to make this book readable and usable, I have simply ignored all the exceptions. But I can mention that if Part One of this book is not clearing up the breathing, there are some exercises in Chapters 16, 17, and 18 that can help. But, then again, that is not license to just do all the exercises in those three chapters before the breathing is even half right. As mentioned a number of time, it is better to be too slow in this work than it is to jump ahead and undertake exercises for which your character is not ready.

One note of *mea culpa* before we enter Part Two of the book. In preparing this book for publication I noticed that almost without exception I had made a serious error in photography. I may or may not be a good therapist, but I am a bad photographer. The error is that I was so focused on getting the shot I wanted that I failed to notice that in almost all shots the model's mouth is not sufficiently open. The mouth should, in all exercises, be wide open.

As in Part One, there are major boxes:

minor boxes:

and notes:

I SHOULD NOT HAVE TO SAY IT, BUT I WILL ANYWAY. ALL THESE EXERCISES ARE DONE WITH THE PROPER BREATHING AS PRESENTED IN PART ONE!

CHAPTER 11

FOREHEAD AND EYES

INTRODUCTION

As with so many of these exercises, these seem simple and not exciting. That is not correct. Except for the breathing, you will get more personal benefit from freeing the forehead and eyes then from any other exercises. Don't wait until the breathing work is mastered before beginning these exercises. The forehead and eye exercises may and should be done at any time before the breathing work is finished.

It is really amazing how much is held in the forehead and the eyes. Think about it this way. Suppose you were to draw a circle around your head at a level slightly below the eyes. Your circle would include your forehead, your eyes and your ears. That takes in two of our three distance senses. The only thing not included would be the nose and I will take care of that part separately later. It is with our eyes and our ears that we most take in the world. If

there is tension in these senses – if we have withdrawn from the world into ourselves – the life cost is immense.

In both parts of this book I have, in general, not told you what to expect because I don't want to give your subconscious the data with which to fake a response. And believe me, it will. Your subconscious is built to resist change. The more information it has, the more it has the means to resist the effects of this work. But here, the effects are so dramatic when they happen and are in general so difficult to fake, that I will break the rule here and tell you what will happen when you fully clear up any chronic tensions in the forehead and the eyes.

It is rare that there is not some, and often a lot of, held tension in the forehead and/or the eyes. Thus while it is true that not everyone will experience these changes, it is so common that I am safe in saying that you will experience this change.

Changes that result from working on the forehead and eyes

1. **change in color intensity**
2. **change in depth perception**
3. **change in taste in music**
4. **change in focus and concentration**

One change occurs in vision. If you have tension in your eye area, you don't realize it but you don't see depth and colors the same way someone without the tension sees them. The best way I can describe the difference is that a person with eye tension sees the world as though it were a color photograph. That is, the sense of depth is, as it were, flat and the colors are not as vibrant as they are in reality. Someone with held tension in the eyes can not know they have the tension, for that person the world simply looks the way the world has always looked. It is only when the chronic tension is broken and you see the world with a full sense of depth and vibrant colors that you realize that you have not been looking at the world that way before. The difference is dramatic, but it comes only when the tension in the eyes has been broken.

The other change is in hearing. The change here is less dramatic, but no less real. Your taste in music will change as will

the loudness at which you play music. The change is from the loud and hard rhythms of rock type music to softer and more melodic music. I can't say for each of you what the change will be, whether it will be to crooning or classical or country; but it will change to a softer sound played with a lower volume.

Just to cover the person whose subconscious sees this discussion of music as a way to escape these exercises, let me add that the person who already listens mostly to classical or opera or crooning music is not thereby free of this tension. You may have less of the tension, it may not have deadened your hearing, but it is only when you can fully do the eye exercises that you can be sure that this held tension has been dissolved.

Another common change is with people who are absent-minded, tend to lose things, have more than their share of auto accidents. This tendency to be unfocused is mainly contained in forehead tension. As you clear the forehead and then the eyes your degree of focus and concentration will increase. As always, you will not be aware of this as if there were some switch thrown. Instead it will be a gradual, organic, change and you will likely only be aware of the change in looking back on yourself and the way you used to be.

FOREHEAD

TONIC EYES OPEN

variant 1

On the inhale (Figure 71 on page 184) open your eyes and wrinkle the forehead as much as you can[25]. On the exhale let your eyes close. You should be able to do this exercise for ten minutes without stopping or losing your sequence of open and close.

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25. If you have had Botox (tm) injections into your forehead muscles, then continue with the other eye exercises until the medication wears off. Then do the forehead exercises until you have freed the muscles. You can then go back to your Botox use.

Figure 71

variant 2

On both the inhale and exhale open your eyes and wrinkle the forehead. In variant 1 you relaxed after each inhale, here you keep the forehead constantly wrinkled. Again 10 minutes is a good time goal.

There are two things to notice in Figure 71. First note how much better the wrinkling is for the lower picture than in the upper picture. Both have good wrinkling, it is just better for the second model. Now this difference can be because the upper model has residual tension in his forehead muscle (the frontalis) but it can also be because he has a shorter forehead and thus his muscle is shorter. In your work shoot for the amount of wrinkling of model two, but keep in mind the issue of anatomical differences.

The other thing to note is that top model in Figure 71 has to open his eyes wide in order to get wrinkling of the forehead while model two has relaxed eyelids while still getting maximum forehead wrinkling. Model two is doing it correctly. It is not a critical issue that the two be separated, but still that is the goal. The muscle that wrinkles the forehead is completely different from the muscle that raises the eyelids.

My Reichian therapist referred to this connection of two different muscles such that both had to be used to accomplish a movement as the muscles being "fused." It is not a bad term to use. Our goal is to unfuse muscle groups. We will see this phenomena again when I talk about the jaw. We have already seen a variant of this fusing when I discussed the breathing and how some people need to use the accessory muscles of respiration to fully inhale.

For some it can take many months of repetitions of this exercise to separate these two actions, but that is the proper goal.

TONIC EYES CLOSED

variant 1

On the inhale open the eyes normally. On the exhale squeeze the eyes shut as tightly as you can. This is just like variant 1 of the tonic eyes open. You alternate between relaxing (inhale) and tensing (exhale). For good reason, the breath cycle during which you tense or relax is opposite between tonic eyes open and tonic eyes closed. In tonic open you tensed during the inhale in tonic closed you tense during the exhale.

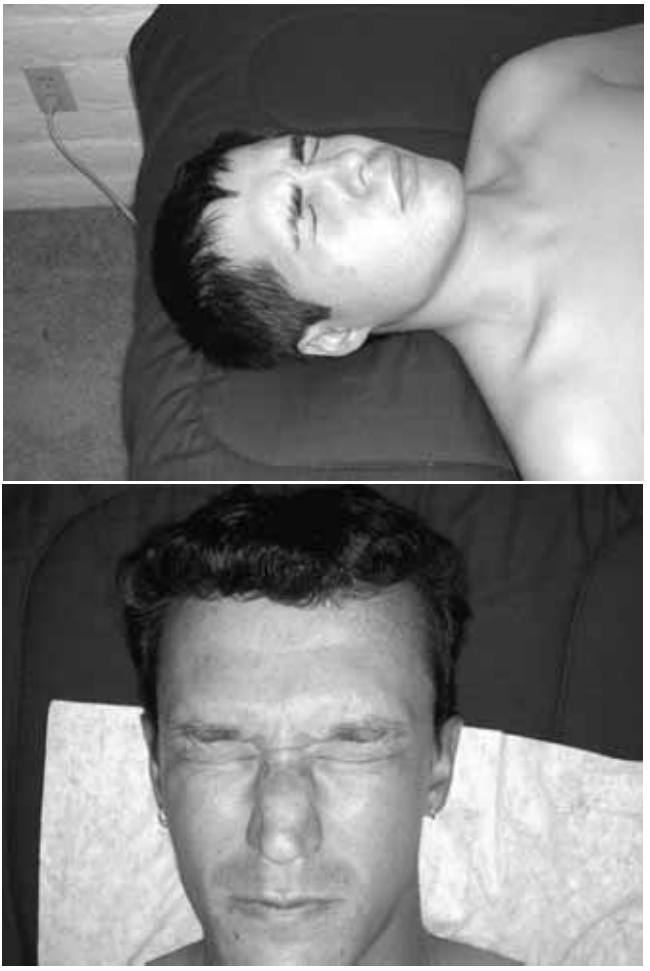

Figure 72

variant 2

On both the inhale and exhale keep your eyes squeezed shut as tightly as possible. As with the wrinkling, many people are able to squeeze well for a few breaths but they can not hold it. As usual, 10 minutes is a good goal point.

Again in Figure 72, as in Figure 71, we can see the difference in the two models. The upper picture shows that he is unable to squeeze his eyes shut, he can only just close them. In the lower picture we see a good squeezing shut.

Taking the two figures together (Figure 71 and Figure 72) we can see that the top model was unable to fully wrinkle his forehead and he is unable to fully squeeze his eyes shut. The second figure confirms the impression of the first figure. The top model has what Reich termed “armor” in his forehead and it needs work.

USE OF A MIRROR

When first doing this exercise it is best to use a hand mirror so that you can see whether you are fully wrinkling the forehead.

Figure 73

There are two common errors in these two eye exercises. One is not wrinkling the forehead. You may wrinkle for a few minutes, but then the forehead tires and you no longer get the

wrinkling. The other common error is to not close the eyes tightly. The eyes are closed but they are not pressed tightly.

If you cannot do the wrinkling or if your forehead has permanent wrinkles, you can use pressure on your forehead to make the muscles sore (Figure 74). Using one hand, put your thumb and first two fingers above the nose and, while pressing hard, move your fingers apart and together. Then move up the forehead. You can get the muscle in the middle of your forehead by using your thumb.

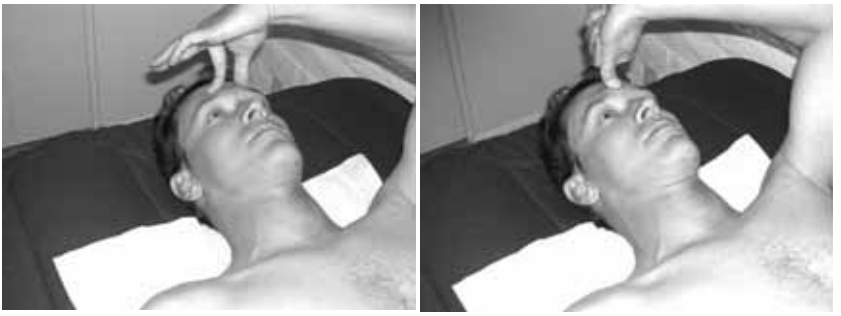

Figure 74

The purpose of pressure, to repeat what I said in Part One of this book, is to make the muscle sore. The reason for this is straight physiology and neurology. The body responds to soreness in a muscle by not tensing it as much. For a day or two until the soreness passes, the muscle does not hold its normal level of tension. The subconscious responds to this change of body state and attempts to adjust to the change during the dream cycle. The gradual change in character follows.

Where there are permanent wrinkles in the forehead (that is, not just lines, but permanent wrinkles) then we have a condition of constant tension. When a muscle is sore, the way the body naturally operates is to let the muscle relax. It is just as if you over exercised and have sore muscles.

You will naturally favor those muscles since use of them is painful. By using pressure you make the muscle sore and it then, for a day or two, relaxes thus defeating the "armor."[26]

Where there is the inability to wrinkle the forehead or tightly shut the eyes, we have an opposite kind of tension. Here the word 'tension' is used in a broader sense. In constant wrinkles the nerve to the muscle is overactive and thus the constant wrinkling while in the case that you can not wrinkle it is because your brain is not able to locate that muscle and thus cannot control it. The pressure then for a few days allows your brain to locate that muscle and, in effect, to rewire the connection of the brain to the muscle. Both cases represent Reichian "armor," just a different manifestation (the four types of "armor" are given on page 48).

EYES

Eyes open and close
Eyes in directions
Roll the eyes
Bug eyes, skull eyes
Express feelings in the eyes

In addition to just working on the forehead, you want to work on the eyes. There are many more exercises for the eyes than for the forehead.

You can work on the eye area at the same time you are working on the forehead. Both should be substantially cleared before you go on to other areas. You should work on this group before you finish with the breath work

EYES OPEN AND CLOSE

26. The term "armor" is a pictorially apt term. It paints a good mental picture. Unfortunately, as with most of Reich's terms, he so misused it over time – constantly changing the definition without changing the underlying concept – that it is now an undefinable and thus unusable term. That is why I put it in quote marks.

On the inhale open your eyes as widely as possible and wrinkle the forehead. On the exhale close your eyes as tightly as possible.

This is like the previous tonic eyes open and tonic eyes closed where we were working on the forehead but here we do want the eyes to open wide as the forehead is wrinkled. Previously we were working on breaking any fusing (if present as for the model in Figure 71 on page 184) but now, with the linking either broken or being worked on, we want to see if the two actions can be combined.

Shortly we will have an exercise where only the eyes open without the forehead being employed.

EYES IN DIRECTIONS

For a full breath (inhale and exhale) put your eyes (eyes only, do not move your head) as far as you can to the left, down, right, up, and continue. The center is not a direction. So for a full breath you are looking as far as you can to the left. For the next full breath you are looking down as far as you can down. Then right and then up, each for a full breath. If you find that your eyes are coming to the center that only means you have more work to do on this exercise.

When doing this exercise do not move your head, only your eyes. When looking up, the forehead should not wrinkle. This is another issue of unfusing two completely unrelated muscles. The muscles that move the eyes are unrelated to the muscle that wrinkles the forehead. This exercise involves only the eyes and not any other muscles. It is a common problem that the eyes are not separated from the forehead, that is it is common that people have difficulty looking up (as though you were trying to look through two holes in the top of your head) without also tensing the forehead muscles. Movement of the eyes is anatomically completely different from movement of the forehead or the eyebrows. If you have difficulty looking up without also tensing your forehead, it only means you have more work to do here.

This exercise is, surprisingly, one of the most important in all of the Reichian work. In emphasizing the importance of this exercise, I am not endorsing Reich's eyes to pelvis segment

theory — that theory has no empirical or theoretical validity. I am basing my emphasis both on the literature of the expressive content of the eyes and forehead and on my 35 years of practice as a Reichian therapist. This is a book on practice, not theory, so I will forego until a later more technical book on Reichian therapy to explain why mastery of this exercise (and the following one on Roll the Eyes) is so important, so essential.

In Figure 75 you can see that this model, the same one who had trouble with tonic eyes open and tonic eyes closed for the forehead, is also unable to move his eyes without also moving his head. Looking at the top row of photographs, when he moves his eyes from eyes right to eyes down he lifts his head. In the bottom row of photographs note how when he does eyes left he turns his head to the left and when he does eyes up he again lifts his head. An error by the photographer was not to have the model's mouth properly open during the exercise.

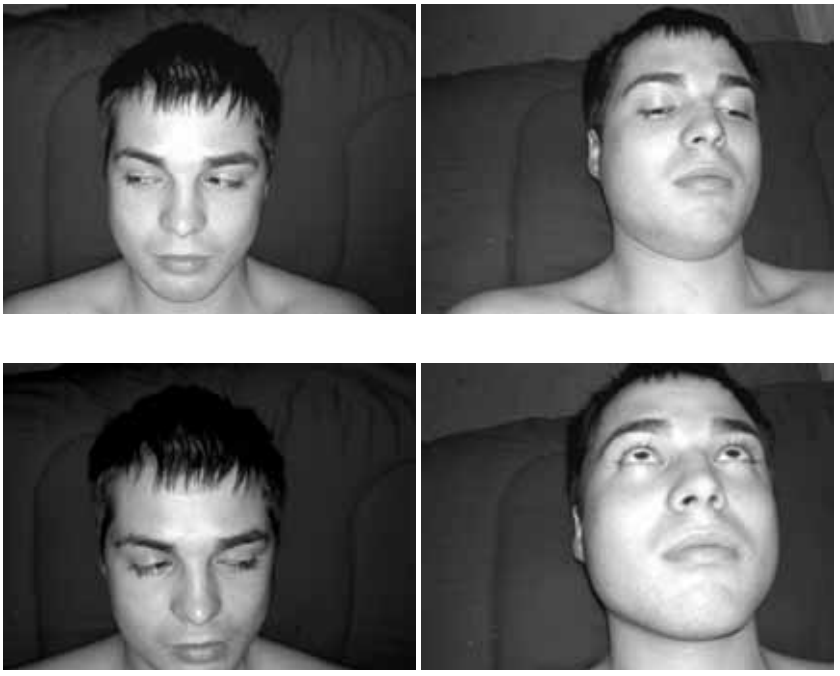

Figure 75

I say again, don't rush this work. **ALWAYS TOO SLOWLY**. I have seen a range of people complete the forehead

and eye work. Some finish in just a few weeks while others take several years and everything in between. As long as it takes for you, that is how long you should be willing to give it. It is not a race. It is not a contest. Everyone has his own speed and it is wisdom to respect your own speed, your own body and nature, and not have some arbitrary demand that you be able to finish quickly.

You may find that this eyes in directions exercise produces some fear. Don't push beyond your tolerance. If there is fear and it is too strong, simply stop the exercise for this session. There is always the next session and the next session and the next session.

If you are not sure whether you are wrinkling the forehead when you do eyes up, you can place your fingers on your forehead to see if it moves.

ROLL THE EYES

While you continue to breathe, roll the eyes to all four directions (up, right, down, left). If you start clockwise then switch after about five minute to counter clockwise and, of course, the opposite too. Keep your breathing going.

You may have to start this exercise with very slow rolls. It is harder to do then it would seem. When you can do the exercise smoothly and for about 10 minutes (5 in each direction), then start to speed up. The rate of rotation is not tied to the breathing. Irrespective of the rotation rate, the breathing continues at the normal approximately 12 breaths per minute.

This is like the previous "eyes in directions" exercise except that there is no pause. It is kind of an advanced eyes in directions. In the eyes in directions exercise each direction involved a complete breath but here the breathing and the eyes are not connected. The breathing continues on while the eyes are rolled.

Don't try for speed right away. Most people when they try for speed simply reduce the distance that the eyes move, they no longer get the full directionality of up, left, down, right.

Here is where the ability to let go of control of the breathing and focus on something else really shows up. If you have really freed your belly and chest and reached the point where the full deep belly-chest breathing is habituated, then this will present no

problems. But if you are still not willing to let your body take over and simply feel the rhythm of the breath, then this exercise will really show up that issue.

When you get really good at the breathing and your eyes are really free you will find that you no longer have to concentrate on the rolling of the eyes. You simply start them rolling and it is as though they continue on their own from there. But it is not easy to get to that point. It is actually a good idea, once you get to this point, to start each session with first some breathing and then follow that with a few minutes of roll the eyes before you go to any other exercise in this book.

EXPRESS FEELINGS IN THE EYES

This is part of your daily work but here I am adding the breathing which makes the exercise much more powerful.

It is OK if the sound (the 'ah' sound) changes during this exercise. Sometimes, as for example with anger, some other sound feels, or seems to be, more appropriate. In a latter exercise in this book I will add the facial expression to this exercise, but here it is only with the eyes.

Don't think that because later I will add the face that therefore there is no special value in expressing feelings only with your eyes. Think of actors and actresses in movies. Think how often there is a tight shot with only the eyes showing and expressing the feelings of the actor in just the eyes. The eyes are very expressive.

While you can choose any emotion or set of emotions you want to express, here is the list of the most important ones:

Fear
Anger
Longing
Sadness
Tenderness
Concern (empathy)
Liking
Disinterest

pity
disdain

Don't slight an emotion. That is, don't just make a half hearted effort to express the emotion in your eyes and pass quickly onto the next one. Give each emotion as much intensity as you can.

Don't worry about the breathing. It is reasonable that your breathing in fear would be different from anger and both different from tenderness. Just immerse yourself in the emotion and let your breathing change in whatever way it happens to go. Let go of control and get as fully involved in the emotion as you can.

As always, if something is too strong then stay with it only as long as you can. There is always another session. Even if it takes many months to get back to the intensity of an emotion that you were expressing in one session, that is fine. The emotion is still there and when your system is ready for it to become intense again, it will happen.

BUG EYES, SKULL EYES

Before I even describe this exercise, a word of caution. I could have put this exercise in a separate section labeled "advanced exercises" but I wanted to keep all the exercises for each area together. This exercise is advanced for two reasons: (1) if you start to do this eye exercise before you have fully freed your eyes, you will cause the eyes to tense instead of relax; that is you will increase the tension instead of releasing it and (2) this exercise can have rather profound effects on your dreams.

You might recall that in Part One I mentioned that most of the change in your nature will occur in your dreams. Now some people do not remember their dreams at all and other people remember their dreams so well that they keep a dream journal. The point of this is that we are all accustomed to our own dreams and when they change it can leave us disoriented or preoccupied, unable to concentrate properly. As you worked on the breathing, freeing up the chest, the belly and the diaphragm you might already have experienced this effect so you know what I mean.

But this exercise is the first of a number that I will present here in Part Two that will have a more significant effect on your dreams.

Forewarned is forearmed, so here is the exercise.

On the inhale try to protrude your eyes, like a bug with big eyes sticking out. On the exhale try to retract your eyes as though your head were a skull. Neither the breathing nor the sound changes.

Sounds easy, doesn't it? When you are ready for this exercise then you will find out how difficult it is and the profound effects it can have.

I would like to show you pictures, but even if our models could do this exercise without preparation the difference between the bug eyes and the skull eyes would not show up in pictures.

This exercise should not be done for more than a few minutes until you have done it over several sessions and until any upset in either you mood or your dreams has passed. Then it can be done for a longer time, but, as usual, not over 15 minutes.

CHAPTER 12

THE FACE

Move the face slowly
Smile inhale, frown exhale
Blow through the lips
Shit on a stick
Put exhale
Spread the nostrils
The mirror look

There are seven face exercises and they are very important. Research shows that the face is the most emotionally expressive set of muscles in the whole body. You may do the face exercises before you have finished the breathing work in Part One of this book.

Your face, more than any other part of the body, displays your personality. The importance of the face runs both ways. That is, your personality is reflected in your face and your face effects your personality (as well as your place in many social situations). A face can, in non-verbal language, say you are open or unavailable; say your are angry, happy or sad; say you are friendly or hostile; etc.

Currently, we have a model in the actor, Jim Carry, whose career is based in large part on the motility of his face. Movie and television actors, in close-up shots, portray the essence of their character by their face.

MOVE THE FACE SLOWLY

This face exercise is part of your daily routine. But it has more effect when done with the breathing. Simply because you have made this exercise part of your morning routine does not mean that it should not also be part of your work sessions.

Like all exercises, this exercise is done with the breathing. The essential issue with this exercise is that the face is moved ***slowly*** from one position to another in fluid motion, not jerky. The breathing should not change and the sound is still the same soft 'ah' sound.

There are, in most people, 22 muscles in the face (we are all unique and thus there can be fewer muscles in some people). Take note that we are interested in the face muscles, not the muscles that move the jaw. This does not mean that the jaw does not move, it only means that you should concentrate on the muscles of the face and not be taken in by jaw movement in place of facial muscle tension and relaxation.

Just to give you some idea, the mouth can smile, pout, or frown. The lips can open to 'bare the teeth' or they can purse. The tip of the chin can be tense or relaxed. The eyebrow can be raised on one side, the other side, both, just in the center above the nose, just at the outer corner. The corner of the mouth can be drawn back on one side, the other side, or both. And so it goes. As with all exercises, keep trying to improve your performance, that is, keep trying to use more of the 22 muscles in your face.

This is as good a time as any to repeat some of the discussion of the 'ah' sound. This is a very soft sound. It is not articulated. That is, rather than the sound being made to be followed by the exhale, the sound is simply inserted into the stream of air of the exhale as I hope you can hear on the audio. True, the 'ah' sound is made at the beginning of the exhale, but still the soft sound is not the start of the exhale, it simply occurs at the same time. Reich, aptly, described the sound as like the sound of a sigh.

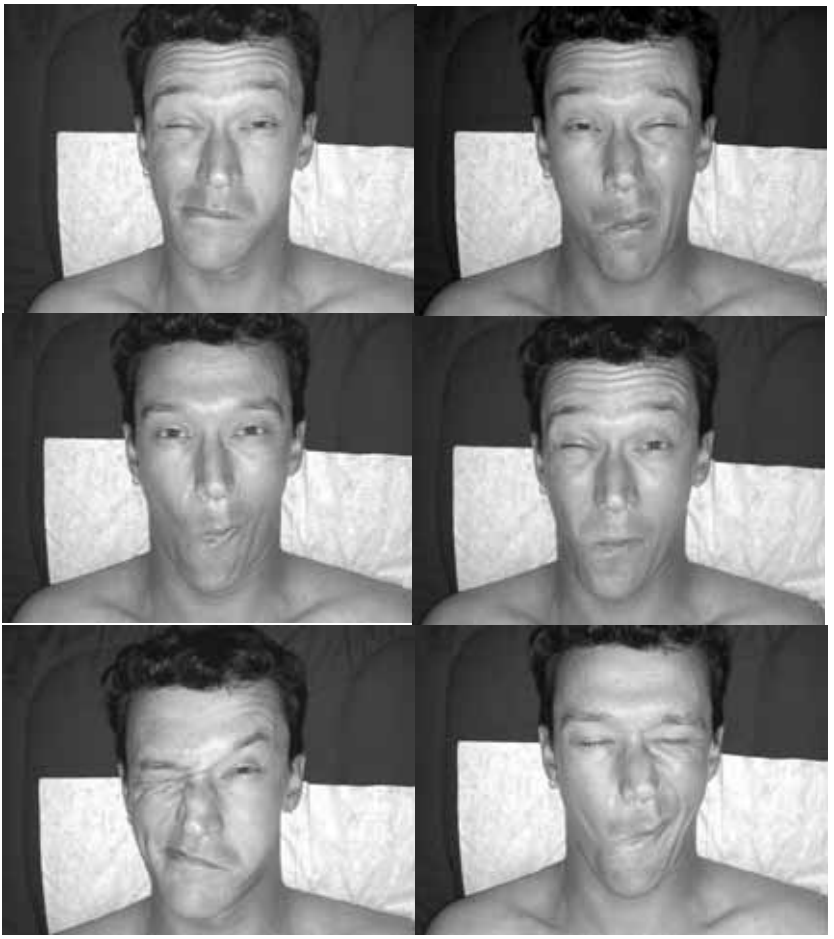

Figure 76

SMILE INHALE, FROWN EXHALE

On the inhale draw the corners of your mouth up as though in a smile. Note that this refers to the corner of the mouth, not the jaw or a full smile. The exercise is to draw the corners of the mouth up. If you smile with your whole face you are not doing the exercise properly.

On the exhale draw the corners of your mouth down as though to frown.

Figure 77

Notice in the above figure that our model is smiling with his whole face rather than just with the corners of his mouth. That is technically not correct, but the frown is a good start. Note also that his eyes are almost unchanged from the smile to the frown. That is correct. This exercise uses only the corners of the mouth coordinated with the breathing.

BLOW THROUGH LIPS

On the exhale, put your lips together and blow through your lips. The lips are not tight. They should vibrate like a baby's, making a kind of motorboat sound. This exercise can be done while you are learning the breathing.

In order to do this exercise properly you have to be able to fully relax your lips. If you find that the sound is hard to start or that it stops during the exhale, then you still have unneeded tension in your lips. In Reich's terms, your mouth is still "armored."

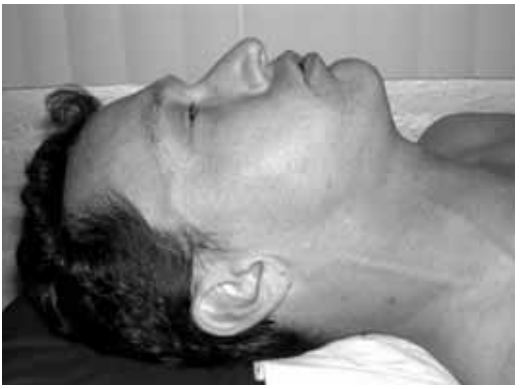

Figure 78

SHIT ON A STICK [27]

On the inhale, wrinkle your nose as if you are smelling something very bad. On the exhale let your nose muscles relax. It is best to do this exercise with a mirror as it is (1) easy to wrinkle between the eyes (the so-called frown lines) and think you are wrinkling the nose and (2) many people cannot locate this muscle and thus cannot tell whether it is or is not being wrinkled. Using a mirror can answer these questions.

This exercise sounds very simple and, as far as the issue is use of the muscle, it is simple once you can locate and tense the muscle. However, this exercise is one of those that has a simple description and a simple execution but its effects are profound. ***This exercise should not be done while you are still learning the breathing.*** Please believe me, this is a powerful exercise and you should hold off on doing it till you have made good progress on the breathing.

Figure 79 on page 202 shows wrinkling, but it is not being done correctly. Look first at the figure and see if you can guess the error. Don't read the next sentence until you examine Figure 79 and see if you can spot the problem.

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27. This exercise was named by Francis Regardie. To honor him, the name is retained.

The error is that he gets the wrinkling by squeezing his eyes shut. That is another example of fused muscles. He has the “bad smell” muscle at the top of the nose linked to the muscle that closes the eyes.

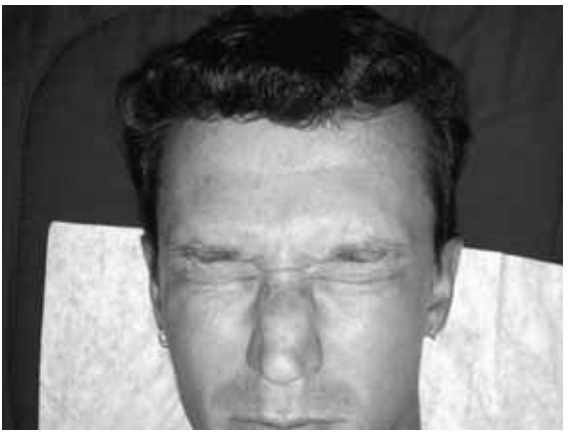

Figure 79

POUT EXALE

Mouth is open during the inhale; mouth is closed into a pout during the exhale. The lip placement during a pout is very similar to the lip placement during the blow through the lips exercise. The difference is that in the blow through the lips the lips are relaxed so that they can vibrate. In a pout the lips are tensed so that even though the air is exiting through the mouth, the lips do not vibrate. An example is shown in Figure 80.

If you can do it, you can let yourself feel like a young child when you pout.

Figure 80

SPREAD THE NOSTRILS

You may well not know it, but there actually are muscles which can expand (dilate) the nostrils. On the inhale dilate your nostrils, on the exhale let them relax. Again I recommend the use of a mirror to be able to see whether you are or are not actually making the motion.

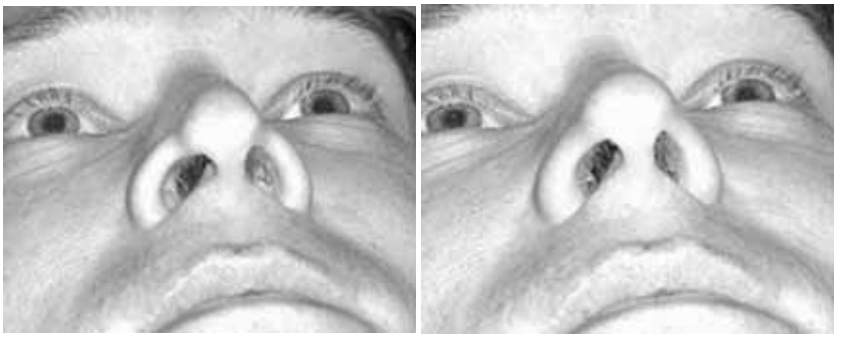

Figure 81

It is difficult to see the difference in the two photos in Figure 81, but the nostril openings on the left actually measure 25% wider than on the right.

Note the absence of fusing. Where in Figure 79 our model had to squeeze his eyes shut in order to produce wrinkling in the nose, here there is no noticeable change in the model's face from the left panel to the right panel.

THE MIRROR LOOK

This is actually one of the most interesting of all the exercises in terms of what it can produce; but its utility is very dependent on your ability to relax to and allow the experience. Don't be concerned if for some time you don't seem to be getting anything from this exercise. It is very dependent on your ability to let go of control. I discussed control back in Part One, Chapter five starting on page 114. This might be a good time to reread those few pages.

This exercise needs a hand mirror that you use to look at your own face. It is similar to the daily exercise of using a mirror, but it is much more advanced and thus, potentially, more powerful.

Holding the mirror well above your face so that you can see your whole face, attempt to create emotion in your face.

There are two parts to this. In the first part you want to look at how well you are actually manifesting the emotion you are attempting to create In the second part you want to respond to your own mirror emotion. Now that takes a bit more discussion.

To just coldly, as it were, make your face look as it would if the given emotion were present, is to actually distance yourself from the experience. Let's take fear as an example. To just open your eyes wide as though in a fearful state would be noting more than the simple fact of opening your eyes wide. It would be the face of fear, but not the emotion of fear. As you make the face of any given emotion you want to try to create that emotion not just in your face but as well throughout your whole body.

That relates to part one and I will return to it shortly, but let's first look at part two.

Here you are responding to your own created (or emulated) emotion. Continuing with fear: looking at that fearful face what is your response to it. Just as some examples, you might respond to your own fear with disapproval or determination (to surmount) or

with cowardice or with boredom or with any number of other emotions and feelings.

This calls up the point I made about the nature of emotion. Here you are attempting to create an emotion (of fear) but what is your attitude, your opinion, of fear. That attitude will, in turn, produce other emotions. Emotion as a response to emotion? Yes. To a cognitive mind, emotion is just like any other experience (physical or mental) and it is evaluated by your mind and results in yet other ideas and emotions.

Before continuing let me state yet again that **NEVER PUSH THIS OR ANY EXERCISE BEYOND YOUR LIMITS.** Anything that comes up is part of you, it will still be there in the future. If you push too hard, just like exercising too hard, you will occasion damage not improvement. How old are you: twenty, thirty, forty, more? It has taken you all those years to become what you are now, you are not going to correct it in a few months or even in a few years. The motto is: **ALWAYS TOO SLOWLY**.

Returning now to part one and combining it with part two, you are going to try to create an emotional state in yourself as expressed in your face and, based on that state, you are then going to observe your own reaction to your own created emotion. Don't expect to be good at this immediately. In fact it is better if you are not that good at it at first. If you get too deeply into this exercise the first time or even the first 20 times, the result is likely to be trauma. That trauma can prevent you from then getting nearly as deep ever again.

I want to emphasize that while I have used fear as the example, there are over 550 named emotions in the English language. Making a face of mirth or ridicule or disdain or anger or longing or sadness or any of the other over 550 emotions is completely valid in this exercise. In fact the more you vary the emotions you try to create and react to (from the mirror), the better this exercise will work.

CHAPTER 13

THE JAW

INTRODUCTION

The chapter on the jaw needs an introduction because we are about to enter a whole new area and issue. I previously referred to the discussion in Chapter five on control and suggested that it might be worth while to reread that section (starting on page 114). Now I am going to discuss the other side of control, the side called defenses. Defenses in body-based psychotherapy take on a very different character from the form they take in verbal therapy. But their objective is the same: they protect the psychological system from change which is to say they protect it from being challenged.

The issue of defenses will be address again in Chapter 23, but there from a formal point of view because Chapter 23 addresses

the cognitive work that must (or at least, should) accompany the body work.

But even before I leap into the discussion of the form the defenses take in body-based psychotherapy, I have to discuss why defenses are present. There are a number of ways to present this issue. I will approach it, given the nature of the topic (body psychotherapy), from the point of view of the nature of the subconscious. Once you understand what defenses are and why they are present (in everyone), then I can turn to the form the defenses take in Reichian therapy. Then, finally, I can explain why I am raising this issue at this time, in the chapter on the jaw.

I would like to start with a quote from Reich. There is not much in Reich's writing that has stood up over time, but occasionally he has a jewel. Here is one such:

> "If defenses were not necessary they would not be present."

Yes, necessary; but why? Can't we live without defenses? Freud wrestled with that problem and came out with the book *Civilization and its discontents.* Reich wrestled with the problem and came out with a rehash of Engels' theory of matriarchy mixed with Rousseauian uptopianism. Rollo May wrestled with the problem and came out with anxiety. Sartre wrestled and came out with fear of death. Kohut answered with narcissistic injury. Bowlby answered with abandonment fear. Jacobson answered with depression. Each theorist has wrestled with the issue, some directly, some obliquely; but all agree that defenses are necessary.

I am not much of a wrestler so I will settle on the simple answer that defenses are needed in service of homeostasis.

And what, pray tell, is homeostasis? Homeo- is the prefix for same. -stasis is the suffix for state. Put together they say that humans, by nature, try not to change; they try to maintain a constant or same state. Now before you jump all over me with examples of major dieting or major exercise workouts to tone the body or major plastic surgery to change ones appearance, let me explain how homeostasis works in the body but more important in the mind.

In the body, absent severe disease or deliberate tinkering (like getting drunk), the body maintains all its components at a constant state. Simple proof is presented by the fact of blood and urine tests. If there were not constants in the body then blood or urine tests would never be done. These tests all count on their being a normal range of values and that a deviation — too high or too low — indicates disease.

Now the subconscious also is homeostatic. It doesn't like change. When the subconsciousness' well worked out stability, its homeostasis, is challenged it fights back both with defense mechanisms and with anxiety. The anxiety is a signal that the subconscious finds its stability threatened (Freud, for somewhat different reasons, properly termed this "signal anxiety.")

If you'll accept my premise that the subconscious is a homeostatic mechanism, then we have an explanation of something I said much earlier. I noted that the great majority of the changes produced by this therapy occur in the dream. The reason for this is that dreams are the method that the subconscious uses to rid itself of conflict. A dream is a self-written internal novel (more an allegory) in which the various conflicting ideas or experiences of the subconscious are attempted to be harmonized — it is attempting to remove the conflict which disturb its homeostasis. The therapy disturbs that homeostasis (the body is no less a part of the subconscious than is our past experience, thinking, and emotion) and the subconscious responds to the disturbance by way of the dreams.

You are probably familiar with defenses in everyday life and in conversation. So many of these defenses have entered our language as normal terms of use that most people have lost track of the origin of the words: projection, denial, identification, etc. In all there are over 40 well-recognized defenses. In what might almost be a part three to this book, I will discuss the cognitive part of self-therapy including a discussion of cognitive defenses (actually, coping mechanisms rather than defenses) in Chapter 23.

We don't defended only with thoughts and words, we also defend with the body. Reichian therapy breaks up that body stability, that body homeostasis, and the subconscious attempts to deal with the conflict, it attempts to reestablish homeostasis.

If there are over 40 defense mechanisms in use verbally, there are also a bunch in use in the body. Of all the body defenses, however, there are four biggies.

First, there are various tricks of breathing (like breathing in two phases, first an inhale followed by an exhale) or keeping the breathing slow and shallow to avoid the hyperventilation we looked at in Part One of this book.

But there are another three common ones that relate to the jaw so this is as good a time as any to lay them out first before we get to the jaw exercises.

I see these so commonly that it almost possible to say that everyone uses these defenses.

The first involves keeping the mouth relatively closed. I will show you shortly in photographs how the mouth is supposed to be open but likely you will learn to do this only if you make, at the start, a conscious habit to keep the mouth open.

The second involves opening and closing the mouth with each breath. The mouth is opened (slightly) on the inhale and closed (not fully) on the exhale.

The third involves moving the tongue with each breath. Usually the tongue is moved forward with the inhale and pulled back with the exhale (however, I have seen the opposite pattern).

There are other, less common, body defenses that you should watch for in your work. This list is not exhaustive. People are tricky animals. But here are the more common ones: closing your eyes (other than when the exercises calls for it), excessive yawning, stopping to talk (to your helper), thinking about other things in order to mentally leave the session, unnecessary hand or arm or leg movement.

On the whole, I don't like patient stories, but this does call for one. This person was referred to me by his first Reichian therapist who was retiring. He had been in therapy for seven years with that therapist. I could not see that he had benefited at all from that therapy, but then I didn't know where he had started. It was only that I would have expected more progress after seven years. Still, we got to work. I started with eye work. He needed that. But then one, two, three and into four years went by and he was not making the progress he should be making. Why? Then, just luckily, I spotted it. I happened to be standing over him at the

head end of the bed and I saw that every time he exhaled he pulled his tongue back. I corrected that by the simple instruction to him to put his tongue against the back of his teeth and leave it there. Then progress started. Today he is a different person.

He had not made progress before because he was — unrecognized by him, by his former therapist, or by me up to that point — using a simple body defense against the therapy.

MEDICAL NOTE

Repeating what I said in Chapter one (on page 30) the jaw joint that allows the mouth to open and move side to side for chewing is a very small and therefore fragile joint. You should either abort or not do at all any exercise that produces any pain or even discomfort in your jaw joint. The joint is located about 1/2 inch forward from your ear. If you place your hand on the side of your face and then open and close your mouth you will be able to feel where this joint is located. These exercises will produce pulling in the muscles of the jaw, but that is not the same as strain on the jaw joint.

I repeat, if you have even a suspicion that you are stressing the jaw joint in any of these exercises, then don't do that particular exercise or perhaps even any of the exercises in this chapter. Let me put it this way: if you injure that joint you can have pain with every single bite of food. No Reichian work is worth that consequence.

OK, enough of that, lets get to the jaw exercises.

There are seven exercises with the jaw. As always, these are done with the breathing. These exercises may be done before you have finished with the breathing work.

JAW LEFT

Move your jaw as far as possible to the left. Keep trying to move it further. Don't clench your teeth, the mouth should be

open enough that you can inset two fingers between your teeth. If there is a problem with your jaw joint, don't do the exercise. Hold this position for about three minutes.

Figure 82

The left photograph in Figure 82 shows proper execution of the jaw left exercise with the mouth open to the extent that the model can inset two fingers into his mouth while it is still pushed to the left. What is not apparent in the photographs is that this model still needs a lot of work in being fully able to move his jaw to the left.

JAW RIGHT

Move your jaw as far as possible to the right. Keep trying to move it further. Don't clench your teeth, the mouth should be open enough that you can inset two fingers between your teeth. If there is a problem with your jaw joint, don't do the exercise. Hold this position for about three minutes.

Note in Figure 83 on the next page the our model's mouth is not properly open.

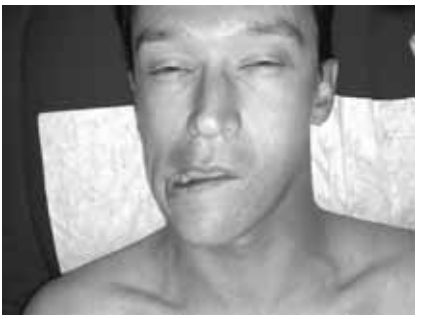

Figure 83

JAW BACK

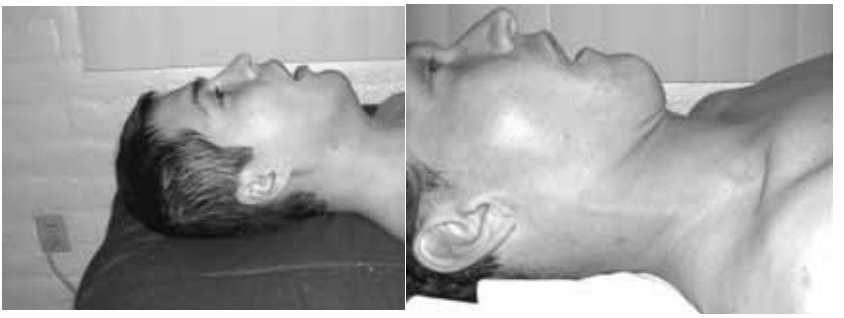

Figure 84

This is the most difficult of the set. The jaw is pulled back toward the ears. You may want a helper here. I discuss using a helper in Chapter 22. As with all the exercises, the idea is to break the muscle tension pattern. You are not trying to strain the jaw joint. If this exercise produces pain in your jaw joint (not in the muscles, but in the joint) then simply skip it.

What is not shown in Figure 84 is that the standard of performance for the jaw back exercise is that you should be able to put a finger against your lower lip pointing upward and it should be completely behind the upper teeth.

JAW OUT

Push your jaw out (that is, protrude it) as far as possible and hold it. Don't clench your teeth. Keep your breathing going properly.

Keep trying to push your jaw further out. As always, if you have a problem with your jaw joint, don't do the exercise. Try to hold this position for about five minutes.

Neither of the models shown in Figure 85 provides a good photograph of what jaw out looks like because neither model was able to accomplish this exercise; they both need work on their jaw holding or "armor."

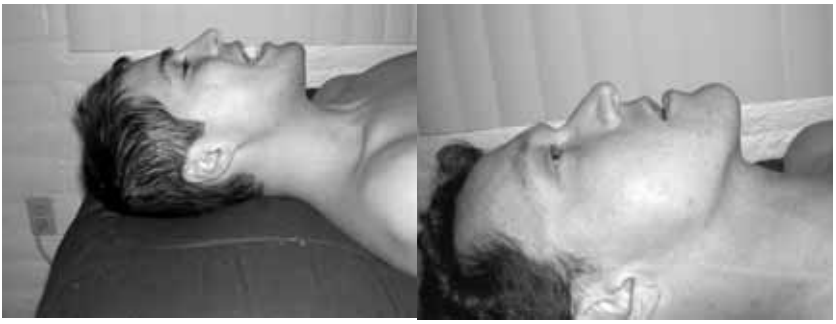

Figure 85

MOUTH OPEN

Open you mouth as wide as possible and hold it. Keep trying to open it further. This exercise is often the most painful (in the muscles). That is OK. Just keep working at it. Keep your breathing going properly. There is a strong tendency to let the mouth relax (and close a bit). Resist that tendency. If you are doing this exercise properly you will find a small muscle standing out at the side of your neck. See the arrow in the left panel of Figure 86 below. You can feel for this muscle while you do the exercise. Feeling for this muscle is a good way to provide feedback as to whether you are making the maximum effort to open your mouth.

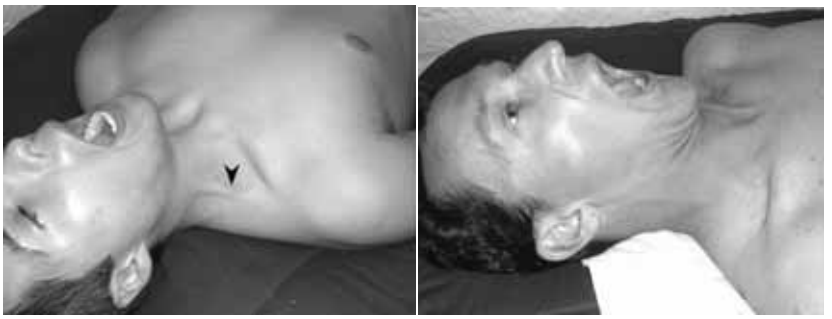

Figure 86

CLENCH TEETH

This exercise requires a folded towel. A hand towel is OK but a bath towel is better. Fold a towel in four. Insert a corner of the towel into you mouth and bite as hard as you can on the towel. The sound changes to a growl sound. It is not quite the same growl as in Part One on page 111 since with the teeth clenched it is not really possible to have the same open throated sound as in the true growl sound.

Figure 87

You can also toss your head while doing this. The towel-in-the-mouth growl sound may be heard on the “sounds of Reichian therapy” audio that accompanies this book. The growl sound in this exercise is more like that of a growling dog.

You may have heard of “biting anger.” This exercise is designed to bring that out. Thus while doing this exercise you can think of someone or something you hate and would like to destroy.

PRESSURE

As with the forehead where the worker can use pressure on himself (see the discussion related to Figure 74 on page 188), the worker can also use pressure on himself for the jaw muscles. As I mentioned when discussing the forehead muscle pressure, the idea is to use enough pressure for enough time to make the muscles mildly sore to the touch. Keep doing this day after day to maintain that level of mild soreness. While there is a series of muscles related to the jaw movement, we will talk about only two of them. These are the two muscles that are easily felt at the side of the mouth area (the masseter and the buccinator).

First, how can you tell if you have excess tension. Well, one way will be obvious at this point: you can not do the jaw exercises that well. Either you can not get the movement, or can not hold it for long, or it is quite painful. Another way is noticeable tension.

‘Noticeable’ tension comes in two easy to recognize forms. One is grinding your teeth at night. If you do that, you have excess jaw tension. Here is the other way. As you read this sentence take notice of your jaw position and **do not let it move**, even to answer a question. Now, if your jaw is relaxed you should -- without any jaw movement from the previous sentence -- be able to stick your first finger into your mouth without hitting your teeth. If you have to move your jaw to allow the finger insertion or if you finger is blocked by your teeth, then you have excess jaw tension.

Figure 142 on page 327 is a photograph of a helper putting pressure on the jaw muscles. As the worker, you will use your thumb for the pressure. You can, of course, put pressure on both sides of the jaw at the same time but I think you will find that it is easier on yourself if you do one side at a time.

It is not worth an anatomy lesson to distinguish between the buccinator muscle and the masseter muscle. They are both located at the side of the jaw with the masseter being bigger and thicker, while the buccinator is more toward the surface and nearer to the mouth.

It is necessary at this point to once again say that we are not seeking pain. This therapy is not an endurance contest, it is not a chance to show how much you can endure or withstand, it is not an excuse for self-punishment. You should use moderate pressure and only as strong as will allow you to hold the pressure for perhaps five minutes at any one point. If the pressure you start with becomes too strong after a short time, simply lighten up but stay at that spot.

As a rule of thumb (puns are fun occasionally) you are going to apply pressure to three places on each side of the jaw. That translates to about 1/2 hour of time for the pressure. Each day thereafter you are going to test each spot to see if it is sore. If it is, leave it to the next day. If it is not, apply pressure there; again moderate for about five minutes. The pressure can be done at any time (except while driving): part of a morning routine, at your desk, at lunch, while reading or watching television in the evening. Just try to keep those muscles sore for enough weeks that your dreams have time to work on the issue and you now pass the jaw tension tests (no grinding at night, finger goes in easily).

Now, as to the direction of the pressure. When your thumb is in the middle of your cheek, the direction of your pressure should be up. As your thumb moves backward toward the jaw joint, the direction of pressure becomes progressively more side to side. Try this. Right now, place a thumb in the middle of your jaw pointing straight up. Your thumb should be placed so that the knuckle of the thumb is at the corner of your mouth. Now, without moving your thumb, move your arm out so that it is at right angles to your body. That is exactly the motion that you will be making as you move from the middle of the jaw to the top or back of the jaw. That is the motion to change from an upward thrust to a side-to-side thrust. You don't in fact have to do this motion with your arm; just rotating your hand will do the same

thing. The issue is the direction of thrust, not how you get that direction.

CHAPTER 14

THE TONGUE

Lick the ceiling
Lick the chin
Lick the nose
Tongue in directions

We have now reached the point where you should have made good progress on the breathing before you do the exercises here. Getting all the breathing down properly can take a very long time so I am not saying that you should have completed your breathing work before you try these and the following exercises, rather I am saying that you should have made some real progress on the breathing before you start doing these exercises.

As I have said disgustingly often, **ALWAYS TOO SLOWLY**. Trying to rush into advanced exercises before you have fully or mostly freed the chest, the diaphragm and the belly can result in regression instead of progress. Here is a way to tell if you are trying these exercises too soon.

I am talking here about the tongue, but these exercises have a major effect on the throat. Because of this connection, most people have great difficulty keeping the soft 'ah' sound when they do these tongue exercises.

Try it yourself. But don't get taken in by your subconscious's attempts to fake progress. If you find that you have to concentrate hard on the sound to keep it correct, then you are not ready yet for these exercises. Your breathing and the sound should by this time be fairly automatic such that they don't take any focus at all. So sticking out your tongue should not change that breathing and sound.

Even though I cautioned about the throat, in fact each of the exercises on the tongue in this exercise have different primary effects. I am not going to tell you what those different primary effects are since I don't want to lead you and, more important, I don't want to give your subconscious reasons and methods to defend against the different effects.

A note of caution on these exercises. Shortly we will look at "lick the chin" and "lick the nose." The ability of any person to accomplish much extension and bending of the tongue is very much a function of each person's mouth structure and genetics. As you know there is a little bit of tissue that connects the bottom of your tongue to the bottom of your mouth. In some people this tissue is short and thus the tongue can not be extended very far. Further the ability to bend the tongue to the chin or the nose is a result of your individual genetic muscle structure. Therefore just do your individual best and push as best you can but don't be concerned if you are not as good as the models and don't take it as some sign of progress if you are better than the models.

First, we will look at just sticking the tongue straight out in the lick the ceiling exercise.

LICK THE CEILING

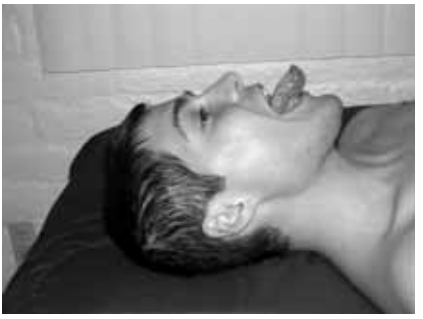

Figure 88

This model does a good job of sticking out his tongue (licking the ceiling), but, as you'll see shortly, he is not as good at other parts of the tongue work.

There are three common errors in these exercises.

When the tongue is out, it is allowed to relax and not be fully extended. In each of the first three exercises make sure that you are constantly pushing your tongue out as far as possible. Do not let it relax back into your mouth. This is difficult for most people to feel. They can not feel that they have allowed their tongue to relax. If you have a VCR or DVD camera, you can set it up so

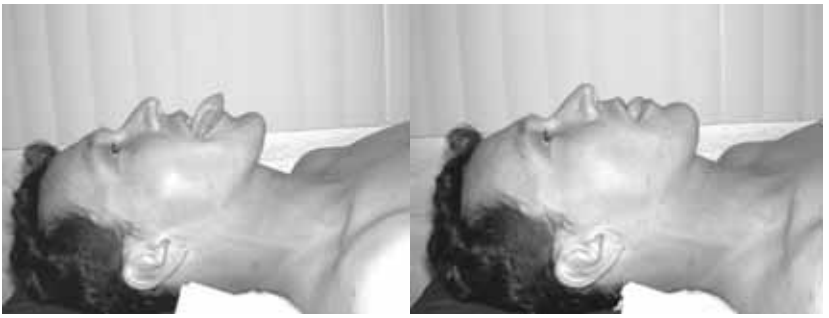

Figure 89

that it photographs you while you do the exercises and then you can view it later (after the session) to see if you were letting your tongue relax back into your mouth. Don't stop the session to view the video. It is not a serious error if the tongue relaxes, it simply will not accomplish as much. So the proper procedure is to go on with the session and look at any video later. This error is shown in the right panel of Figure 89

A second common error is that when the tongue is stuck out, the mouth is nearly closed so that the lower teeth are used to push or hold the tongue. This is especially true of the 'lick the nose' exercise. For all the tongue exercises, keep you mouth open as widely as possible. Here, again, you can use a video camera to record your performance and view it after the session.

In Figure 90 on page 222 you can see, left to right, how after doing the exercise for a few minutes the mouth closes.

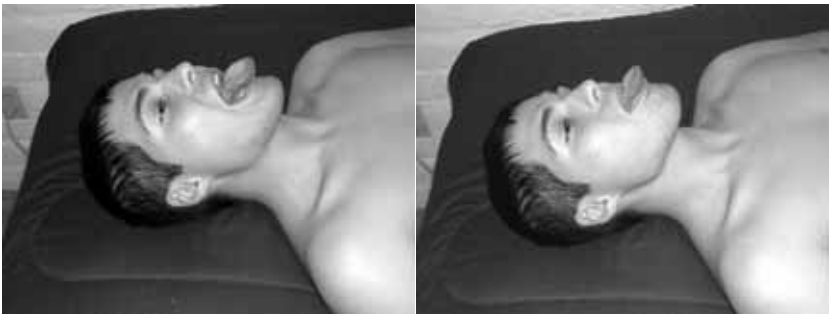

Figure 90

The third mistake is that the sound changes. It is almost as if people think that there is some relationship of the tongue muscles to the vocal cords. There are none. It is another example of a fused muscle set. Try not to change the ‘ah’ sound on the exhale. There is a tendency to change the ‘ah’ sound from a soft easy sound to a hard guttural sound.

LICK THE NOSE

Stick your tongue straight out as far as possible and up as though to lick your nose. Hold it there for about five minutes. Remember to keep your mouth open. Note in this photograph that the model has closed his mouth and is using his lower teeth and lip in at attempt to push his tongue up to lick his nose. This is not correct, the mouth should stay fully open.

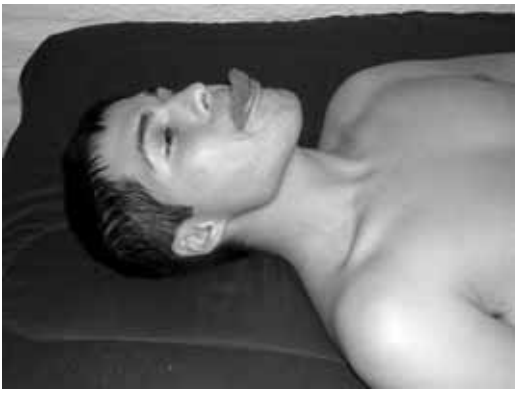

Figure 91

LICK THE CHIN

Stick your tongue out as far as possible and down as though to lick your chin. Hold it there for about five minutes. The breathing should not change from the normal rhythm and sound. Please, when doing these tongue exercise, remember that you are a student of the work. Don't assume that you will get it right at the start. All these exercises take learning and allowing the subconsciousness' image of your body time to change

Figure 92

You might note in the above figure that the model on the left is better able to lick his chin than is the model on the right. This provides an example of how performance can differ from one exercise to the next. Recall in Figure 91 that the model on the left had to use his lower jaw to do the lick the nose exercise but here in lick the chin he is better at it than the model on the right.

TONGUE IN DIRECTIONS

This exercise is like eyes in directions (Chapter 11, page 189) but with the tongue. For one full breath, inhale and exhale, the tongue is down to the chin. to the right, up to the nose, to the left. Remember to keep your mouth well open. The jaw should not

move (to open or close) as the tongue is moved from one direction to another.

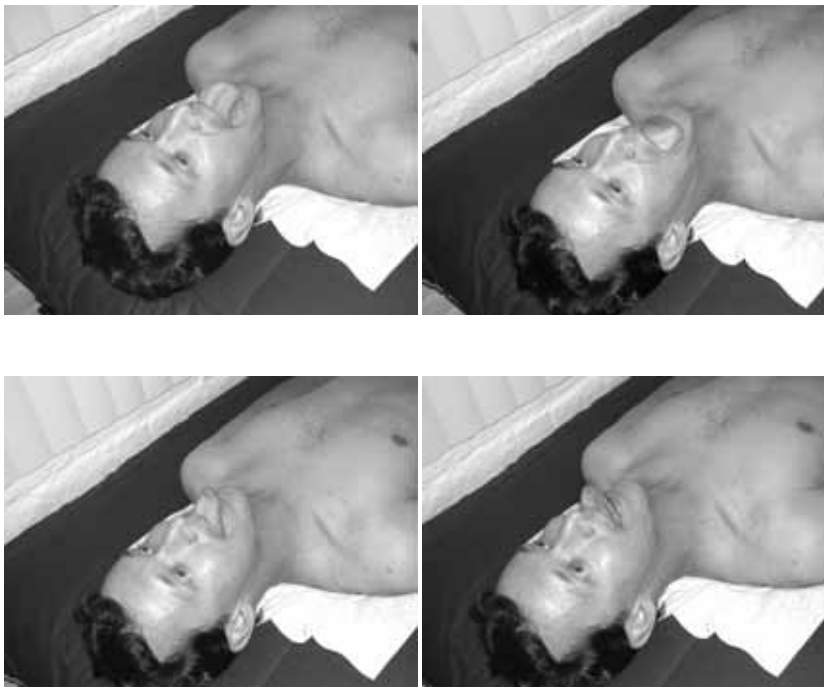

Figure 93

Postscript

The order of exercises which I present in Part Two of this book would probably not be followed by a therapist in an office practice. There are a host of reasons why, with any given patient, the therapist would properly deviate significantly from this order of exercises. As one example, I indicated that you should not do the tongue exercises before you have mastered the ‘ah’ sound. But the tongue exercises also aid in opening the throat. Thus a therapist might use the tongue exercises early in the work as a way to help open the patient’s throat.

Dr. Regardie, my therapist, had one patient where, for reasons best left unsaid, he had to start the Reichian work on the patient’s

feet. He had to ignore all issues of breathing and ‘ah’ sound until, with pressure, he had made real progress on the patient’s feet.

By a like token, there are cases where the legs are treated before the arms and shoulders.

I had a case where, from almost the first session, I had to use strong pressure on the back muscles again ignoring issues of breathing and exhale sounds (though not ignoring the forehead and eye work).

What I have presented in this book is the best general — not particularized to specific individuals — advice I could give. Working in the order I have presented here may, at its worst, slow down the work but it should not present any serious problems.

CHAPTER 15

THE NECK

Head to chest
Head over bed
Mussolini jaw

The neck is difficult to work on without a helper to work with you. However, it should not under any circumstances be slighted. Think about it this way: your brain takes care of all the thinking issues while your body takes care of all the emotive issues. This is over-simplified, but it serves to make the point.

Between your brain which creates affect and your body which expresses emotion and your brain which recognizes feelings, is the choke point of the neck. Of course the neck does not really choke off feeling, but the way the body works the neck tends to serve that function. In a simple way to think about it, the neck splits your thinking from your feelings. It is rare to find someone who has problems with emotion and where the neck is not tense.[28]

The exercises below will do as much as can be done by yourself to free up the neck. If you have any neck problems in your spine, you should check with your doctor to see which of these exercises you can do.

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28. Author's admission: neither Reich nor Lowen placed much emphasis on the neck. For about 20 years I, too, paid little attention to the neck. It was a major error on my part. Work on the neck turns out to be crucial to successful body-work therapy.

HEAD TO CHEST

Lying in the working position, on the inhale raise your head to your chest. On the exhale let it drop back. There are several items of performance in this exercise for it to work properly.

First, the breathing should proceed normally. There is a strong tendency in this exercise to tense the abdominal muscles. Try not to do this. The normal belly-chest breathing should proceed just as though you were not moving your head. After you get the head movement down pat, as discussed and illustrated below, then you should come back to check on whether you are tensing the abdominal muscles. To do that simply place one hand flat on your abdomen while you are doing the head lift. If you are tensing your abdomen you will be able to feel it.

Next point, when the head is dropped back there is a tendency to lower the head rather than letting it fall back. Let your head fall. Do not gradually move it back.

Finally, the most important issue. When the head comes to the chest THE MOVEMENT IS NOT SIMPLY TILTING YOUR CHIN TO YOUR CHEST! The head comes out and down, not just down. An easy way to tell that you are doing it correctly is as follows. First just bring your chin to your chest. Place a finger on your chest just below the point where you chin and chest meet (Figure 94).

Figure 94

Now, leaving your finger there, if you properly bring your **head out and around to your chest**, your finger will be covered by your chin (Figure 95).

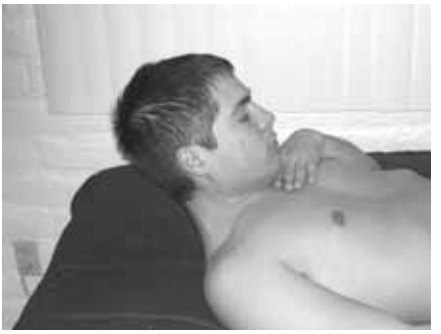

Figure 95

Get accustomed to that motion so you can do it without the finger there (though it does not hurt to test periodically to see that you are still doing it correctly).

Here are two photos of what the “head out and around” looks like while the head moves.

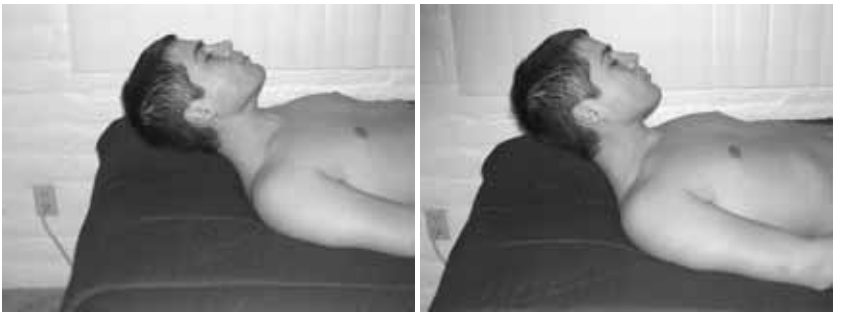

Figure 96

This exercise is not measured by the time doing it. This exercise fairly quickly tires the neck muscles and that is the time to stop.

Performance note: this exercise DOES NOT involve rolling the shoulders. It is done solely with the head. Figure 97 shows the exercise being done wrongly. In Figure 97 the shoulders are rolled up.

Figure 97

HEAD OFF BED, HEAD TO CHEST

This is a more advanced exercise and puts more strain on the spine. Again, if you have any spinal problems in your neck, it would be advisable to check with your doctor before you do this exercise. Master the head to chest exercise before you move on to this more advanced exercise.

This exercise can produce dizziness and nausea. In general it is not a good idea to do this exercises within three hours of eating.

Here you move toward to head of the bed so that your head hangs fully over the bed. Do be stingy on this. There is a tendency to move only half way so that the end of the bed is impacting the neck. You should move toward the head of the bed so that only your shoulders are still on the bed. In Figure 98, the left photograph shows the body not far enough to the head end of the bed, the right photograph shows correct placement.

Figure 98

Let your head hang down. On the inhale bring your head out and around (don't just tuck the chin). On the exhale let your head drop back. Again guard against tensing the abdominal muscles when you bring your head up. Note that this is a drop of the head not a lowering. While the motion of the head is slow to the chest during the inhale, it is a relaxing and letting drop at the start of the exhale. Also, do not throw your head back, just let it drop.

Neither dizziness nor nausea is any danger signal in terms of this exercise. Obviously if it is too unpleasant or too strong you should stop the exercise, but otherwise continue until your neck muscles are exhausted.

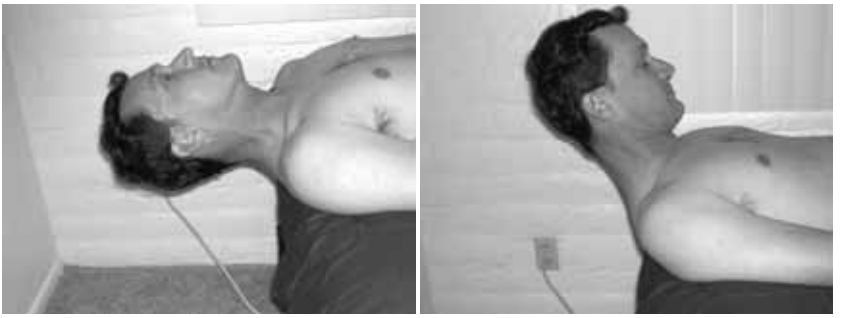

Figure 99

In Part One of this book of the I spoke about hanging the head over the bed as a way to work on the issue of using the accessory muscles of respiration. The discussion is in Chapter seven, starting on page 140. There you were hanging the head over the bed and letting it hang there while you worked to get chest expansion. Here you are bringing the head up during the inhale.

MUSSOLINI JAW

The Mussolini jaw[29] exercises is an advance on the head to chest exercise. When you have mastered the proper movement in the head to chest exercise, then you can move onto the Mussolini jaw exercise. That is not to say that one replaces the other. They both have their individual uses. The head to chest exercise has priority only for learning purposes, not for effect purposes. This exercise might tempt you. It is certainly OK to try it a few times, but just for the experience of it, don't start doing this exercise until you have thoroughly mastered the head to chest exercise.

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29. The name for this exercise, Mussolini Jaw, was used by Dr. Regardie. The name is retained.

1. This exercise is only done after mastering the head to chest exercise.

Since this exercise also involves growling and shouting, you should at least have practiced on those two breathing techniques before you get to this exercise.

2. You should have already mastered, or at least be reasonably good at, the growl and the shout.

Mussolini jaw is somewhat more difficult to explain, so bear with me. Note that this exercise is different from all the rest in that it is done ***one time,*** then there is a rest period, then it is done again, then rest, etc. The length of the rest is half a dozen to a dozen breaths. It is common that when this exercise is first used (and that is, to repeat, after the head to chest exercise is mastered) that it does not produce much. You do it, let's say, for six executions and there does not seem to be any effect. That's fine. Even though there is no effect, the work you have done is sufficient for the given session. This exercise should not be overdone.

3. IMPORTANT: the exercise is done only one time. Then just breathe normally for a half a dozen or a dozen breaths; then do the exercise again.

One note of caution. The idea of learning to deal with anger is to be able to use it productively. It is not the goal to walk around angry all the time. It is a not uncommon experience of Reichian therapists that they get someone who has been in Bioenergetic therapy and the person is so indoctrinated to be angry that he is untreatable. Moderation and learning are the keys.

In time, especially as you do all the other work, this exercise will start to have its effects.

The exercise starts with extending the jaw. The jaw is extended for the whole of the single execution of the exercise. As discussed previously in the jaw out exercise on page 213, don't let your jaw relax; keep pushing it out. Also, as discussed, don't clench your teeth. The mouth should be open at least to the extent that you can stick your thumb between your top and bottom teeth while the jaw is extended (Figure 100).

Figure 100

Next, the movement of the head is identical to the head to chest exercise: out and around, not just tucking the chin (page 228).

Third, as always, the breathing should continue: belly then chest, and the abdomen should not be tensed while lifting the head.

Finally, aside from the chin out, the major difference between this exercise and the head to chest exercise comes in the exhale. During the exhale you will be doing several things. Here is the list and then I will describe each of the components.

1. This exercise is only done after mastering the head to chest exercise.
2. You should have already mastered, or at least be reasonably good at, the growl and the shout.
3. IMPORTANT: the exercise is done only one time. Then just breathe normally for a half a dozen or a dozen breaths; then do the exercise again.
4. Start the exercise by extending (protruding) the jaw (as you did in the jaw out exercise)
5. The jaw is extended for the whole exercise, the inhale and the exhale.
6. The inhale is normal, but during the exhale all the following happens:
   a. your growl during the whole exhale
   b. the head is brought out and around to the chest
   c. as the head comes to the chest, the arms are brought up and back with the elbows bent
   d. you end the exhale with:
      1. a shout
      2. whip the arms back and hit the bed with as much force as you can
      3. throw the head back
7. Then breathe normally (only one execution at a time)

1. growl till the end of the exhale

It takes most students a long time of practice to learn to growl. Keep trying. If you get good at growling, it will feel to you as

though the growl were coming from your chest rather than your voice box.

The growl starts at the beginning of the exhale and continues to the end (when it becomes a shout). It is not a bad idea to spend the necessary time, in preparation for the Mussolini jaw, just growling on the exhale. This practice is to learn to open the throat and keep it open so that the sound is correct. Growl exhale is also an exercise in Part One of this book.

Another problem arises from the last part of the exhale which is a shout. This, again, is something you can practice all by itself (that is practice just the growl and just the shout without bothering with the jaw and the head). The usual problem is that the student can not tell when the exhale is almost done and there is just enough air left to do the shout.

The exhale, after the growl, should end with a shout. After the shout all the air should have been exhaled. Some students do not leave enough breath for the shout. Then the shout becomes kind of a little grunt rather than a shout. Other students do the shout too early and then they continue the exhale after the shout.

2. lift the arms over the head during the exhale

As the head comes to the chest (with the growl), the arms are raised over the head. You might think of it as a spring. As the head comes up and around it adds tension to the arms that are raising. Note that the arms are bent as they come back over the head. In the next section of this book, on the shoulders, I will describe another exercise that brings the arms up but there the arms are straight.

Figure 101

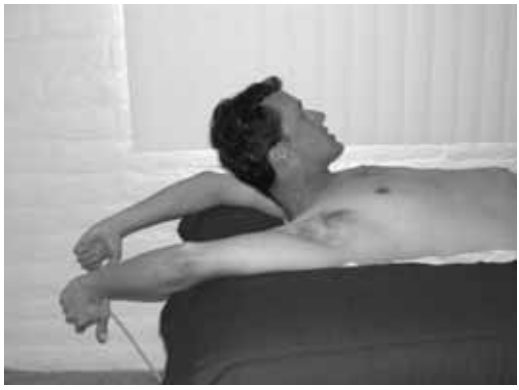

Figure 102

In Figure 102 the arms have been brought all the way back. Note that this model could not, in this exercise, get his head all the way to his chest. Further the photo shows the model with his hands open rather than closed into a fist. Both are errors.

3. end the exercise with a shout and striking the bed

It should take almost the whole exhale to bring the head to the chest and the arms up. All the while you are growling, hopefully from the chest.

A common mistake in this exercise is to jerk the head to the chest, taking only a small part of the exhale. The movement of the arms and the head are slow and coordinated. That is during

the whole exhale the head is moved slowly to the chest and the arms are moved slowly all the way up. Keep in mind the idea of the spring. The head movement is adding strength (that is, anger) to the arms.

The head gets to the chest near the end of the exhale. There is, however, still some air left. Don't take so long to bring the head to the chest and the arms up that there is no air or virtually no air left.

At the end of the exhale you shout to finish the exhale and the arms are brought forcefully around to hit the bed. You should have a closed fist. Treat the strike as though you were going to break the bed. That is, the strike has all your available power (and anger) in the strike.

Figure 103

In the photograph above, again the model has his hands open instead of closed into a fist in order to strike the bed forcefully.

4. end the exercise by throwing the head back

Here the head is thrown back (against the bed) as part of the aggressive shout and hitting. As always, after the end of the exhale and the movements the inhale is started immediately (see the rhythmic breathing in Part One of the book).

All three things: the shout, the strike, and the throwing of the head are a single action. That is, they are all done at the same

time. The idea is to let the beginning of the exhale build the anger and the end of the exhale to let the anger loose.

This is the way you learn to have anger, express the anger, and let the anger go.

Many people are afraid of anger. They fear it will overwhelm them if they let it be felt and expressed. This is equivalent to someone who is afraid of swimming because he feels that he will drown if he tries to swim. The analogy to swimming is apt. If someone does not know how to swim or float, then he will drown. But once he learns to swim or float, the fear of drowning is gone. So, too, with anger. It someone does not know how to experience anger, deal with it, and let it go then he may become overwhelmed. But once he has learned to handle anger, it is no longer a threat.

RECAP

jaw out for the whole exercise
normal inhale
on exhale: bring the head up and around to the chest while the arms are brought back ready to hit. Finish the exhale by shouting, whipping the arms around to violently strike the bed, throw the head back. Rest for 6 to 12 breaths.

ROLL THE HEAD

This is a soft exercise. It you do this exercise and it does not produce any feelings, simply put off the exercise until later in your work when your brain/body is ready for it.

Here the head is rolled side to side. It is the same motion you make when you shake your head “no.” The difference is that the range of motion should be as far to each shoulder as your structure allows. Don’t toss your head, just any easy rolling of the head from side to side as far as your range of motion allows.

This rolling can be either just on the exhale or on both the inhale and the exhale. The IMPORTANT issue is that on the exhale you vocalize a word or phrase. Don’t just speak the word or phrase, try to put some “feeling” into it as though you were an actor.

There is no set group of words or phrases. Use any word or phrase that seems appropriate at the moment and to which you seem to have some reaction. Here are some suggestions, but they are only suggestions. You are free to choose anything and also free to change the word or phrase at any time during the exercise.

no
please
help me
why
I won't
stop
go away
I can't
when
how
it can't be

This is a good place for an author's editorial.

EDITORIAL

One hundred years ago when Freud was developing psychoanalysis, the disowned part of the human being was sex. In Europe of the late 19th century and early 20th century the great naughty was anything sexual. Not that there was not a lot of sex, as long as human beings have been around there has always been a lot of sex. That is why we are still around. It is only that sex was the great not-talked-about subject and any overt sexual expression was taboo.

Now there is a new taboo. It is anger. Boys are feminized in our schools as any fighting is forbidden. Even verbal aggression is forbidden. States like New York and California make it nearly impossible to have a gun to protect oneself. Washington, D.C. has the most restrictive gun laws in the country which is why Washington, D.C. is the murder capital of the country.[30]

But aggression is as much a part of the human being as is sex. Actually the two drives are equal and opposite. There are circuits in the brain for aggression (anger) just as there are circuits in the brain for sex. There is another close connection. Sex is the ***procreative*** drive, anger is the ***creative*** drive.

At this point I have to draw a distinction between a drive and the expression of that drive. Sex can be creative as in love or it can be destructive as in rape. Anger can be creative as in productivity (more on this shortly) or it can be destructive as in murder. This is true not only of sex and anger, it is true of all human needs and drives and all human behavior.

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30. Actually, I could extend this discussion to include all "unpleasant" or all "insensitive" or all "offensive" statements or behaviors. We are currently in an age of mass bigotry where only approved statements may be made. Where once we proudly said "Man is the measure of all things" we now say "Man is the destroyer of all things." A country or civilization bent on self-destruction will get self-destruction. It deserves no more than that.

Even seemingly benign things can be creative or destructive. Water can keep you alive or it can drown you. Food can keep you alive or it can produce obesity and a consequent fatal heart attack.

Playfulness (another human drive) can yield pleasure and enjoyment or it can yield cruel hazing. And so it goes for all human needs and activities. But however much a need and drive can be misused, it is certain that the suppression or denial of the need and drive will produce destruction.

Suppress food and you get starvation. Suppress playfulness and you get hard, unyielding, dour, hateful adults. Suppress sex and you get the dark periods of Christianity and the 7th century religion of Islam. Suppress anger and you get docile people who only look to some magically powerful government to tell them what to do and where hate should be directed.

But productivity and docility are opposites. Why does someone redecorate, create a new product, work hard to accomplish a goal, do anything creative? The answer is simple: he doesn't like things the way they are now. It is displeasure at the current state of something that supplies the energy, the drive, to change that state. Without anger, creativity dries up. To say "I don't like" is to say "it angers me." It is anger that we draw on to give us the drive and the determination to change something. Anger is the emotion of creation. It is a measure of how decrepit the "western" world has become that we define anger as only destructive and as something that has to suppressed.

Man split against himself can not long survive. As long as we can cannibalize the still smoldering anger of people from other cultures (China, India, etc.) we can continue. But that can not last long. The cannibal food of today is the cannibal master of tomorrow[31]. Anger can not be denied entirely. If anger is not permitted to be expressed outward in creative change then it will be expressed inward in self-hatred.

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31. As the essayist Norman Podhoretz notes, Islam is World War III. China will likely be World War IV.

It is not likely that you can change the culture of self-hatred that now permeates much of the western world, but you can change your own disavowal of the humanness of your anger. We are getting to the exercises that will recover your anger and make it available for your creative use. The Mussolini jaw exercise is the first of these, others will follow later in this book.[32]

32. Actually the growl exhale and the express anger in the eyes are the first exercises, but why be so technical.

CHAPTER 16

THE SHOULDERS

Roll the shoulders together in front
Roll the shoulders together in the back
Tonic shrug the shoulders
Shrug up and throw down
Way 1 - tongue in
Way 2 - tongue out
Shake the shoulders loose
Arms up and hit
Arms crossed and hit
Choke the towel
Reach with the hands
Arms up and vocalize

We have worked our way down from the forehead, the eyes, the face, the jaw, and the neck. Each of these areas was fairly well demarcated. As we come to the next set of areas we begin to get mixtures. As we work with the shoulders, we are also working on the chest and when we work with the chest we will also be working on the diaphragm and the abdomen. What I am saying is that now the effects of the work begin to spread across areas.

When I wrote up the face and the neck there were some very specific instructions on how to do the exercise properly. In those cases if you did the exercise wrongly the only negative result would be that the exercise would not work as intended. With the shoulders we start to get to exercises where if they are done

incorrectly, you can actually accomplish the opposite of the intended result. That is, before error was harmless; now error can result in making you more rigid and stuck instead of improving yourself.

The shoulder work actually involves two different areas of tension that both relate to movement of the shoulders and the arms. There are a lot of exercises in this region so I will try to indicate which are the early exercises, which the later exercises, and with some I will include very explicit instructions on the right and wrong way to perform the exercise. Most of these exercises can be done before you finish with the breathing training but, in general, it is better if you have the breathing down fairly well before you start these exercises. There are a few very advanced exercises here. I will indicate that on the individual exercise.

ROLL THE SHOULDERS TOGETHER FRONT

This is an easy exercise and can be done at any time.

While continuing the breathing properly, bring your shoulders forward as though to touch them together in front of your body. Here the arms position is changed. Normally the arms are slightly bent (see Figure 2 in Part One on page 19) but here they are straightened so that the shoulders can be brought together in the front (Figure 104). Keep the tension for about five minutes.

Note that here you are not just pushing your shoulder forward, you are trying to bring them forward and together in front of your body.

Figure 104

A common issue here is that the student can not feel the tension in the shoulders or the student's attention wavers. In both cases the shoulders tend to relax. The only fix for this is to pay close attention to the level of tension and work to keep it to the maximum amount for the full time of the exercise.

It turns out that this is also a good exercise for testing how well you are doing with chest breathing. With the shoulders pulled together it becomes a little more difficult to breathe properly into the chest.

ROLL THE SHOULDERS TOGETHER BACK

This exercise can be done at any time. It is physically more demanding than the above roll the shoulders together front, but other than usually more physically exhausting there is no limitation on when it can be done.

Here you are, in theory, trying to touch your two wing bones together. The shoulders can not physically move backward to the same degree that they can move forward, so the issue is the tensing of the muscles between the wing bones and maintaining as much tension as possible. Hold the tension for about five minutes or, if you can't do that, until your muscles tire.

Figure 105

Again we have the same potential issue as in the previous exercise. The student is unable to feel the tension or his attention wavers and the full degree of tension is lost. Simply do your best to concentrate on your shoulders pulled together as though the two wing bones were trying to touch each other.

This might be a good time to add one of my standard warnings. This is not a race or a contest. There is always the next session. Do the exercise as well as you can and at some later session try it again. In time you will be able to do it for the full five minutes or so.

In Figure 105 you might note another example of fusing. Our model took my instruction to "roll your shoulders together in back as if you were trying to touch your shoulder blades together" and converted it into arching the back in the attempt to roll his shoulders together.

TONIC SHRUG THE SHOULDERS

This is an easy exercise that may be done at any time.

Shrug your shoulders and hold them as tightly as possible. Continue the effort to hold them in the shrugged position as tightly as possible. Don't just shrug them and then hold there, rather shrug them and keep trying to get the shoulder muscle (here the trapezius) tighter and tighter.

Continue your breathing normally: belly then chest inhale, start the exhale with an easy 'ah' sound, belly then chest exhale.

Figure 106

This exercise is also one of the daily exercises. Here, however, you are adding the breathing which makes it both harder and more effective. By shrugging the shoulders you prevent the use of some of accessory muscles of respiration (primarily the pectorals and, to a lesser degree, the muscles at the front side of the neck). The fact of this hard constant (i.e. tonic) shrugging of the shoulders may have a large effect on your ability to breathe into the chest. That only indicates that you still have work to do on freeing the muscles between the ribs.

It sometimes helps to free the chest muscles of respiration (the intercostals) to do this exercise; and, while holding the shrug tightly, concentrate on feeling your chest muscles move with the inhale. Recall that you can use a tape measure with a paper clip to check on chest expansion.

SHRUG UP AND THROW DOWN

This is a critical exercise and it is extraordinarily easy to do it wrongly. This exercise has as much, perhaps even more, effect on the chest than on the shoulders but it is included as a shoulder exercise since that is the part of the body being used.

This exercise is a little more advanced. That is not to say that you can not start early in your work to practice it. It is only to say that the effects are cumulative and it will produce more benefit during the middle part of your training than at the beginning.

In this exercise the single initial ‘ah’ sound of the breath is going to change. Here you are going to insert ***multiple*** ‘ah’ sounds into the exhale. DON’T STOP THE EXHALE FOR THE SOUND. The multiple ‘ah’ sounds are inserted into the exhale stream without stopping the exhale process.

If you like, you can practice just this part of the exercise until you have it down correctly. Take a full inhale, start the exhale with the soft ‘ah’ sound and then as you exhale add a few more ‘ah’ sounds. The ‘ah’ sounds during the exhale should sound exactly the same as the first ‘ah’ sound. That is, they all should be soft with no articulation or guttural and they should be an ‘ah’ not a ‘ha’ or a ‘huh’ or any other sound.

1. during the exhale there are multiple ‘ah’ sounds

Next we look at the shoulder movement. It is JERK up (shrugging the shoulders) and THROW down. IMPORTANT: this is NOT a pull up and a push down. It is a jerk up and throw down.

1. during the exhale there are multiple ‘ah’ sounds
2. the shoulders are JERKED up and THROWN down

This is the first of the several errors possible. By a JERK up, I mean just that. It is not just a shrug. If you do it properly you will feel it almost bounce your neck and head. It is difficult in words to describe the jerk. We are all accustomed to shrugging our shoulders. But the jerk is something we don’t do naturally. Here is a method that might help to get the idea of a jerk as opposed to just a quick shrug.

Sit in a chair that has arms (Figure 107). Place your arms on the chair’s arms and you hands in your lap. Now if you jerk properly, that is with enough speed and strength, (1) you will feel it in your neck muscles and (2) your hands will bounce off your legs.

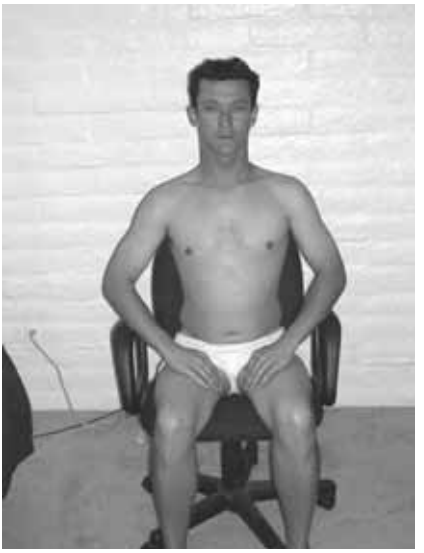

Figure 107

But in addition to a shrug up, there is a throw down. By a THROW down I mean just that. Again, if it is done properly you will feel it in your chest. As the shoulders are thrown down, a part of the motion is inherited by the chest so that there is a slight ballistic effect on the chest sending it down a little bit and it then bounces back. Note that if your chest is rigid, you may not feel this in your chest but the effect should be there and when your chest is looser you will feel it.

This part too you can practice in a chair but one without arms. Here shrug normally but tightly. Then thrown your shoulder down. You should feel this in your neck muscles.

In this exercise the arms are straight and turned so that the hands are against the body. In the usual working posture your hands are against the bed. Here they are against your body.

Figure 108

There are a number of other errors that occur frequently in this exercise. One, of course, is to not do a hard and fast jerk up. The shrug is a jerk-the-shoulders-up. Another is to not do a hard and fast throw.

The most common error, however, is to make this exercise a motion of the arms instead of the shoulders.

Your arms should be rigid during this exercise: the elbows should not bend at any time and the hands should not be flicked. The whole motion is done with the shoulders and should be felt there, not in the arms or hands. The wrong bending of the arms and/or hands is shown, exaggerated, in Figure 109 on page 253. Even when the arms and hands are kept straight so that the motion has to come from the shoulders, still there is the tendency to treat the motion as one occurring in the arms. To the trained observer the difference between throwing of the shoulders and throwing of the arms is evident. But to the person doing this exercise on his own, I can only caution that you should focus your thinking on the felt muscular experience to insure that the throw comes from the throwing the shoulders down rather than throwing the arms down.

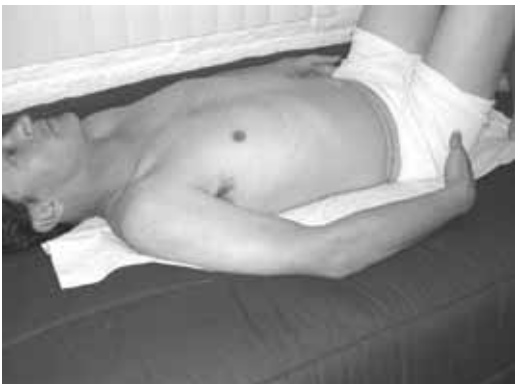

Figure 109

1. during the exhale there are multiple 'ah' sounds
2. the shoulders are JERKED up and THROWN down
3. common errors during the shoulder movement
   a. shrug is slow or not vigorous
   b. throw is slow or not vigorous
   c. motion is throwing the arms instead of the shoulders

Now to the exercise itself.

On a single jerk (up) of the shoulders, gasp the inhale. Up till now you have been always breathing with the normal rhythmic inhale and exhale. This changes for this exercise. Here the inhale will be done quickly as a gasp. It is better if the gasp is a "gasp inhale chest" as presented in Part One of the book, but a "gasp inhale belly" is OK. Obviously you will not be able to inhale the same volume of air as you do when you are doing a normal slow inhale. It is important that the inhale be extremely rapid so that it is started and completed during just a single jerk of the shoulders.

Now the exhale. Here the description is not easy to put in words. After the gasp inhale, your shoulders are shrugged about your ears. Now you start a series of throw-down jerk-up all on the same breath and starting each throw with an easy 'ah' sound. You can get three to five movements on the same breath. That is: throw, jerk, throw, jerk with inhale; or throw, jerk, throw, jerk, throw, jerk with inhale.

NOTE: THE ‘AH’ SOUND IS MADE ONLY ON THE THROW-DOWN. THE JERK-UP IS DONE WITHOUT A SOUND INSERTED INTO THE EXHALE.

1. during the exhale there are multiple ‘ah’ sounds
2. the shoulders are JERKED up and THROWN down
3. common errors during the shoulder movement
   a. shrug is slow or not vigorous
   b. throw is slow or not vigorous
   c. motion is throwing the arms instead of the shoulders
4. gasp the inhale along with a jerk up of the shoulders
5. now do a series of throw and jerk, on each throw add a soft ‘ah’ sound on the jerk
6. at the end of your breath, do another jerk with a gasp inhale

There are four errors often made in this exercise: (1) speed is too fast; (2) either the jerk or the throw is lost and it becomes a motion, even a fast motion, rather than a jerk or throw; (3) the sound changes from the easy ‘ah’ to a breath-stopping articulation or guttural with each throw; (4) only one throw is done with each breath such that each jerk is done with a new inhale.

In order to avoid these errors it may help if you practice each part of the exercise separately. Try just the exhale with multiple ‘ah’ sounds and work just at that until you get a steady exhale – no pauses, no stopping – at each ‘ah’ sound. Then ignore the breathing entirely and just concentrate on the jerk and throw. You can also break this up into two parts. Get the feel of just the jerk and then get the feel of just the throw. Finally put everything together as one exercise.

speed is too fast

The jerk-then-throw sequence is not a race and should not be done with rapidity. Just to provide some idea of the speed, let’s

say that each motion, after completion, is maintained for 2 seconds. This is not a rule; it is a conceptual guide. There is a tendency in people first doing this exercise to jump quickly from one position (e.g. jerk) to the other (throw) and back. There are three reasons why this is wrong: (1) it strongly increases the tendency to inhale with each jerk rather than a single inhale covering a series of motions; (2) it strongly increases the tendency to make the initial gasp inhale very shallow such that the speed is needed if three to five motions are to be completed in a single breath (the initial gasp can not be like a full breath, but it should not be so shallow that little air is brought in); (3) if the motions are done rapidly, both the jerk and the throw will quickly become just motions not real jerks and throws.

When this movement sequence is done too rapidly (moving from throw-to-jerk or jerk-to-throw), it is difficult if not perhaps impossible to get the proper vehemence into each motion.

One way to slow yourself down and get in the proper habit of this jerk and then throw exercise is: after the completion of each motion slowly say the word “pause” in your head and only allow the next movement after the ‘pause’ word is finished.

7. common errors due to too speedy execution
- **a. it tends to cause each jerk to be done with an inhale**
- **b. it tend to make the gasp inhale too shallow**
- **c. it is nearly impossible to do a properly vigorous throw and jerk if the speed is too fast**

either the jerk or the throw is lost

Because the jerk and the throw both require either focus on what you are doing or the body habit of doing it correctly; it is easy to slip from a true jerk and a true throw into just a quick shoulder movement, that is, the shoulder movement becomes only a rapid raising or lowering of the shoulders rather than a jerk or throw.

the sound changes

There is a strong tendency in this exercise to change the sound, usually from an ‘ah’ to an ‘uh’ or ‘huh.’ In other words, there is a tendency to change the sound from a relaxed sigh to a sound of effort or exertion.

There is also a strong tendency to stop the exhale to make the sound. A good way to practice this exercise, in working up to good practice habits, is to do it with no sound. Just get the exhale such that it is continuous during the three to five jerk and throw motions before you do another gasp inhale with the jerk. Once you have the continuous exhale well set as a habit, then you can add the sound. Perhaps you start with a single ‘ah’ during the first throw. Once you have that, then you can go to the full performance of the soft and non-guttural, non-articulated ‘ah’ sound with each throw.

7. common errors due to too speedy execution
- **a. it tends to cause each jerk to be done with an inhale**
- **b. it tend to make the gasp inhale too shallow**
- **c. it is nearly impossible to do a properly vigorous throw and proper jerk if the speed is too fast**

8. common errors of changing the sound
- **a. the sound changes from a soft ‘ah’ to a strong ‘uh’ or the like**
- **b. the sound is articulated or guttural instead of merely being inserted into a continuous exhale breath**
- **c. a tendency to break up the exhale so that is it a series of short exhales instead of one continuous exhale**

only one throw is done with each breath

The final common error is to do a mini-inhale with each jerk-up of the shoulders. There should be only one (gasp) inhale followed by continuous exhale for the full three to five motions before another inhale. The Reichian effect of inhaling with each jerk is very different from the effect of the single inhale followed by a prolonged slow exhale during a series of jerks and throws.

1. during the exhale there are multiple ‘ah’ sounds
2. the shoulders are JERKED up and THROWN down
3. common errors during the shoulder movement
   a. shrug is slow or not vigorous
   b. throw is slow or not vigorous
   c. motion is throwing the arms instead of the shoulders
4. gasp the inhale along with a jerk up of the shoulders
5. now do a series of throw and jerk, on each throw add a soft ‘ah’ sound on the jerk
6. at the end of your breath, do another jerk with a gasp inhale
7. common errors due to too speedy execution
   a. it tends to cause each jerk to be done with an inhale
   b. it tend to make the gasp inhale too shallow
   c. it is nearly impossible to do a properly vigorous throw and proper jerk if the speed is too fast
8. common errors of changing the sound
   a. the sound changes from a soft ‘ah’ to a strong ‘uh’ or the like
   b. the sound is articulated or guttural instead of merely being into a continuous exhale breath
   c. a tendency to break up the exhale so that is it a series of short exhales instead of one continuous exhale
9. common error of inhaling with each jerk instead of of one gasp inhale followed by a series of throw and jerk motions during the exhale

WAY ONE – TONGUE IN

The first form of this exercise is done as described above. Here you are mainly concerned with getting the feel of all the elements: (1) the gasp inhale breath, (2) the jerk up, (3) the throw down, (4) the ‘ah’ sound with each throw but no sound on the jerk, (5) being able to do three to five sets of jerk/throw during the exhale of one breath.

Don't be in a rush to get to way two. It is a simple extension and thus it depends on being able to do the exercise correctly as in way one. Whether this exercise is done in way one or way two, it is a very good exercise. You can profitably do this one exercise for 30 minutes at a time, for a whole session or half a session.

WAY TWO – TONGUE OUT

This is the same as way one except that the tongue is out in the lick-the-chin position. If you have not yet mastered the lick the chin exercise, there is no reason to attempt this way two of the exercise which combines the shrug the shoulders and the lick the chin exercises. Remember to keep your mouth open.

SHAKE THE SHOULDERS LOOSE

Here again we have a crucial exercise with rather startling extra benefits. The extra benefit comes in loosening up the chest, but that benefit can not be measured unless you have a helper. I will tell you how to measure after I first present the exercise.

This exercise is a little more advanced. But it can be good to start this exercise early due to its strong effect on the chest.

Like the shrug the shoulders exercise, this exercise has some fairly specific requirements if it is to accomplish its objective.

First, the breathing. This exercise also uses a single rapid inhale and a gradual exhale. However, the inhale while rapid is not a gasp inhale. This is because the shoulder movements here are not as abrupt as in the shrug the shoulders exercise and therefore the inhale, while quick, is not a gasp. Still, the inhale is done during one shoulder movement while the exhale is done during a series of shoulder movements. It is not a major issue in this exercise, but it is better if you can make the inhale be to both the belly and the chest.

Here the arms are extended. That is they are pointed toward the ceiling, perpendicular to the body. Also the hands are turned so that the palms face each other.

Figure 110

The arms are alternately thrust upward. It is very important that this be a thrust not just a movement. With each thrust the previously thrust arm is brought back to the bed while the other arm is thrust upward.

Figure 111

A common error in this exercise is to make it a rocking motion of the two arms rather than a thrust of one arm while the other arm is allowed to return to the resting position. The idea is to thrust the one arm upward while the other arm (which was previously thrust upward) is allowed to relax back to the bed.

As with the shrug the shoulders exercise, the arm movement here is not just a simple movement upwards. Rather it is a thrust. Since the hands are straight (not bent at the wrist at any time), you can think of it is though your fingers were trying to pierce something. Another way to think about it is: if your hand were held as a fist then you would be punching something.

Again, the movement is with the shoulder, not the arm. Thus the elbow is locked as is the wrist. The thrust comes from the shoulder, not from the arm. While you might think of it as thrusting the arm upward, the actual thrust comes only from the shoulder. There is a strong tendency in this exercise to make the thrust with the arm instead of the shoulder and to think it is being made from the shoulder. Figure 112 shows an exaggerated example of bending the arm at the elbow. You can learn the difference only by paying attention to the feel of your shoulder and gradually forming the habit of the shoulder thrust rather than an arm thrust.

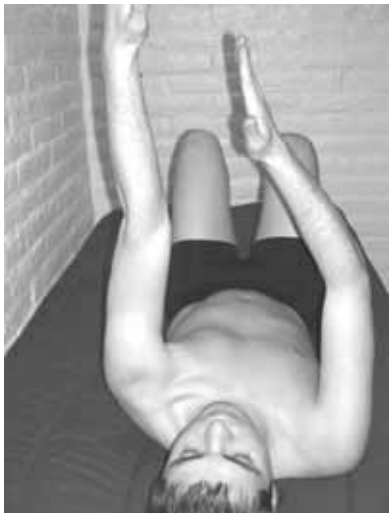

Figure 112

Next, the breathing. The inhale is rapid but it is not a gasp. It is rapid only in the sense that the complete inhale is done in connection with the thrust of only one shoulder. I don't mean the below example to be taken as any rigid order of sequence; it is only a way to explain the exercise in words.

You right shoulder is thrust upward while you inhale (as always, belly then chest). Now, as you start the exhale with the normal easy 'ah' sound, the right shoulder is relaxed down while the left shoulder is thrust upward. Now with another easy 'ah' sound, the left shoulder is relaxed and the right shoulder is thrust upward. Now with another easy 'ah' sound, the right shoulder is relaxed while the left shoulder is thrust upward. This alternation is continued until the exhale is finished; at which point the next upward thrust is accompanied by a new inhale. In general (though not a rule) you can do five thrusts on one exhale.

Before we look at the common errors, I just want to repeat that the shoulder movements alternate. One side thrusts up while the other side is allowed to fall back. Note that I said "fall back." While it is a thrust with one side it is a simple 'let if fall back to the bed' with the other side.

Again it is easy in this exercise to make errors which will reduce the effectiveness of the exercise. The errors are: (1) breathing, (2) sound, (3) arm or hand movement, (4) rocking the body instead of thrusting the shoulders, (5) moving too quickly.

breathing

I wish to emphasize that the sound on the exhale is the same easy 'ah' sound as always. There is a strong tendency with each thrust to momentarily stop the exhale in order to make the sound. This is not correct. The exhale continues, without pause, during the complete set of thrust-then-relax movements of the shoulders. The sound is simply inserted into the exhale as it continues. Let's repeat that. The exhale is continuous during the set of alternate arm thrusts and each thrust has the 'ah' sound inserted into the continuous exhale.

common errors
1. **the exhale is not continuous, it is broken up into a series of short exhales**

sound

There is also a tendency to change the sound. The sound is not articulated (with the voice box closed and then opened), it is not a 'huh' or an 'uh' or an 'ugh' or an 'ho' or an 'oh' or even a 'ha.' It is the same easy 'ah' you use in all exercises.

common errors
1. **the exhale is not continuous, it is broken up into a series of short exhales**
2. **the sound changes from an easy 'ah' sound**

arm or hand movement

Make sure that you lock your elbow and your wrist. If you bend the arm at the elbow or the hand at the wrist, you will likely thrust with the arm or the hand rather than with the shoulder. The error of bending the elbow on this exercise is so common that it is almost normal. But it is not correct. Lock the elbow and the wrist and don't let either of them bend or flex. See Figure 112 on page 260

rocking the body

This exercise involves the shoulders, not the torso. Your torso should not rotate with the thrust. Certainly there is a ballistic rotation of the chest with the motion (this is, in fact, one of the purposes of the exercise), but this is very different from rotating the thorax to make the thrust. Try to keep the motion only to the shoulder. Figure 113 shows the error of rotating the torso rather than just thrusting with the shoulder.

Figure 113

common errors

1. **the exhale is not continuous, it is broken up into a series of short exhales**
2. **the sound changes from an easy 'ah' sound**
3. **the elbow and hand are not locked and thus the thrust comes from the arm or the hand rather than from the shoulder**
4. **the torso is rotated and lifted off the bed**

speed

DO NOT SPEED UP THE THRUSTS. As with the shrug-the-shoulders exercise, a good rule of thumb is that after each thrust say the word 'pause' slowly to yourself so that the change from one shoulder to the next is not fast. The issue with this exercise is that it is a thrust, not a rapid alteration of shoulders. If you race the alternating thrusts the exercise will not accomplish its purpose. You cannot thrust if you do the alternation rapidly. With rapid movement you will only get a protrusion of the arm not a thrust from the shoulder.

common errors

1. **the exhale is not continuous, it is broken up into a series of short exhales**
2. **the sound changes from an easy 'ah' sound**
3. **the elbow and hand are not locked and thus the thrust comes from the arm or the hand rather than from the shoulder**
4. **the torso is rotated and lifted off the bed**
5. **the exercise is sped up thus preventing the thrusts from being forceful**

ARMS UP AND HIT

This is a general exercise and may be done at any time during the course of your self-work. This is another of the exercises where you learn to tolerate and control anger.

The goal of this exercise is to become comfortable with controlled anger. Controlled in this sense does not mean that it does not or should not become very strong, it only means that the anger is vented in the context of a safe environment without it being directed physically against any person. You can, in fantasy, imagine that you are hitting a person if that helps you get the power into the hit.

During the inhale the arms are raised over the head and back with the elbows straight. Note the difference in the arm here to the Mussolini jaw exercise. In the Mussolini jaw exercise the arms were bent, here they are straight.

You may raise the arms slowly during the inhale or quickly and not coordinated with the inhale. The exercise often works better if the arms are raised during the inhale so that again, as in the Mussolini jaw exercise, you are putting the tension into your arms with the breath. But this is not necessary for the exercise to work properly.

Unless your fingernails are too long, you should use a fist. If you can't form a fist, then you will have to hit open handed.

The difference in this exercise from previous ones is that the exhale is started with a shout instead of the 'ah' sound. The sound of the shout does make a difference, in fact a large difference.

First, it is an ‘uh’ sound rather than an ‘ah’ sound. Next, it is an open-throated sound. Here is a hint for which I have no real explanation. I have heard it often enough to know it is real, the why escapes me. If you have any metal in the room (even an air conditioning duct or a metal lamp), on an open throated shout you will hear the metal ring. That is, the metal will vibrate slightly so that you can hear a slight ring from the metal. With most people the throat is not open, it is tight. For that reason most people can not get a real shout. They get a yell or a scream or even just a loud sound; but not a shout. Again, perhaps it will help to think about the sound as though you were attacking an enemy and the shout was meant to frighten your advisory. You will find examples of wrong and right shouts on the Sounds of Reichian audio; there is also an example of the metal ringing effect (here from a ceiling fan).

So the exhale is started with a shout as the arms are brought forcefully forward to strike or pound the bed. Perhaps it will help to think about the strike as though you were trying to break the bed. To get the benefit of the exercise keep in mind that its purpose is to stimulate and sanction the feeling of anger, therefore hit the bed with as much feeling of anger as you can muster.

ARMS CROSSED AND HIT

This is a general exercise and may be begun at any time during the course of your self-work. This is an alternate form to the previous exercise of arms up and hit.

The difference in this exercise from the previous one is (1) the arms are brought across the body as though you were going to fend off a blow and (2) the strike is with the arms and not with the forearms or hands.

Note that the arm is brought up at right angles to the body, the elbow is bent and the forearms are crossed (Figure 114). You arms are not next to the body (as though covering the breasts); they are extended above the body so that when you strike the bed the arms are out away from the body (90 degrees) at the shoulder level.

Figure 114

The arms are brought up on the inhale. This is a normal inhale. The exhale is started with an open throated shout at the same time as the arms are slammed against the bed. Like the previous hit-the-bed exercise, the idea here is to sanction and facilitate the experience of anger.

The difference in this exercise, and the reason why it accomplishes something different from the previous hit-the-bed exercise, is that most of the power here comes from the wing muscles.

CHOKE THE TOWEL

This exercise uses a bath towel. You want to have the towel handy and folded before you begin the shoulder exercises so that you do not have to stop the work to get the towel.

Lengthwise fold the towel in half and then in half again. Now fold the (1/4 width) towel in half. This is the towel you will use in this exercise and that you should have prepared ahead of time.

Grab the towel near the middle and twist it. Get it so that it is twisted as tightly as it will go (see Figure 115). After a normal inhale, on the exhale choke the towel as hard as you can and either growl with the exhale or use someone's name as though you were choking that person. This is a safe way to express long-held hatred.

Figure 115

Most people tire quickly with this exercise so do it only as long as you have the strength. As always don't force yourself beyond the demands of the particular work session.

REACH WITH THE HANDS

This is a very soft exercise with very specific objectives. There is no harm in trying this exercise early in your self-work; but if it does not have a significant impact on you then it is being used too soon. Put it aside and try it again every six months or so until you find that it is impactful.

On the inhale raise your arms directly over your body (toward the ceiling). Reach upward extending both shoulders. Reach as though you were trying to touch the ceiling. Both shoulders should be rounded and you can feel the pull in your wing muscles.

On the exhale, let your hands drop back to your chest. The arms do not lower, they drop. Women can let the hands flop onto the lower ribs beneath the breasts.

Figure 116

What you are doing is mimicking the gesture made by children when they want to be picked up by an adult. Thus it helps if, when you are reaching upward, you try to create in yourself the desire to be picked up or held or nurtured or soothed or protected. Note in the left photograph above that the fingers are spread.

If you find after a few minutes that the exercise is only mechanical, that you are not having any emotive response, then stop. This is one of several exercises where it is easy to form it into a mechanical habit and thus it permanently looses its power.

ARMS UP AND VOCALIZE

This is a slightly more advanced variant of the previous exercise. It can be more powerful and, in fact, can be too powerful for early use.

This is an important point, so I will spend a few paragraphs discussing it. How often have I said it?

SELF-IMPROVEMENT IS NOT A RACE OR A CONTEST!!!

You definitely can overdo it. You can go too far too fast and the result will not be faster improvement, it will be damage. This is the **ALWAYS TOO SLOWLY** principle.

If you go too slowly, the worst than can happen is that you get bored. If you go too fast, you can, figuratively, blow emotional fuses. You can overload your system and it will respond by shutting down even more rigidly than before.

The human organism responds, and must respond, slowly. Like any skill or knowledge, we must get there slowly over time. As we grow, our brain changes. Using non-technical terms, our brain gets wired in a certain way. To change that requires time. Too rapid work does not undo the past bad wiring, it simply makes it stronger (in the wrong way).

This exercise is done with normal breathing. The arms reach toward the ceiling and are held there. The fingers may be wiggled if that feels appropriate. On the inhale, while leaving the arms upright, relax the body. On the exhale vocalize whatever phrase seems to produce an emotive result. Some suggested phrases are:

help me
please
why
mommy
daddy
I want you
I need you
when
help

If it feels appropriate, the hands may be bent (palms up to the ceiling) and simulate the idea that you are pushing against something. Then the phrases like:

no
no I won’t
go away
stop

I hate you
leave me alone

may seem appropriate.

Figure 117

There is no set phrase or word. Whatever at the moment seems as if it is what you want to say or express is then appropriate. In doing this exercise try to put some emotion, like an actor on a stage, into the words. Thus, for example, the word “stop” might be said with a pleading tone or with a demanding tone or a helpless tone.

Let me say it once more: if the response is too strong or it starts to get away from you, stop the exercise. It is far better to miss an opportunity than to overdo it.

CHAPTER 17

THE CHEST AND DIAPHRAGM

THE CHEST

Cough exhale
Sneeze

I held off these two exercises from Part One of the book because you have enough there to keep you busy. Besides it gives me something to write about regarding the chest in Part Two.

COUGH EXHALE

Coughing almost requires the use of the muscles between the ribs. Recall that proper inhale means use of the muscles between the ribs, not the muscles of the neck (the accessory muscles of respiration.)

By coughing repeatedly on the exhale you are using and thus freeing the muscles between the ribs. The best way to do this is to push the belly out before the exhale and then cough the exhale. You can use your hands on your abdomen to see that it does not contract (which would mean that you are trying to use your diaphragm to do the cough).

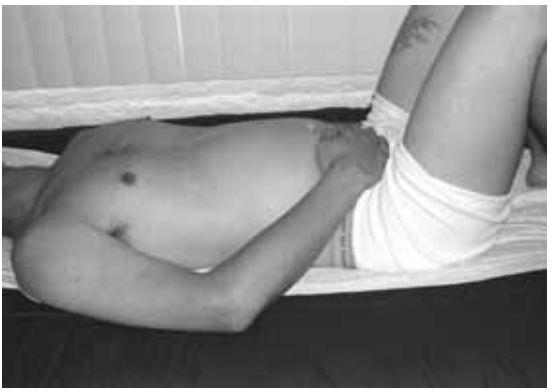

Figure 118

The only error on this exercise is to cough from the throat instead of the chest. Try to keep your throat open so that the sound, as it were, comes from the chest instead of the throat.

SNEEZE

A sneeze is the ultimate user of the muscles between the ribs. Unfortunately there are only two good ways to bring on a sneeze. One is to use a feather brushing the nose, the other is the use of common household black pepper. Using a feather may not work if you are doing it to yourself, but if you have a helper (Chapter 22) then use of a feather will usually work. But a little bit of common black pepper will always work. So use it. Just a little bit in the nose should bring on a good bout of sneezing. Lick the end of your finger, dip it in some pepper, and then place it into your nostril; both nostrils if needed.

One thing, however. The sneeze should be as loud and explosive as you can make it. These are not polite sneezes. These are blow the wall down sneezes. If your sneezes are tiny or just a "ka chu" it only means that you have a lot of work to do on freeing those chest muscles. Go back to Part One and work more on the exercises to free the chest.

THE DIAPHRAGM

Gasp inhale belly
Gag
Croak, hold an flick
Double croak, hold and flick

The diaphragm is famous for expressing anxiety. If, while you are working on the chest, the diaphragm, or the abdomen, the anxiety gets to a level where it is interfering with your daily life, then work on the shoulders or on anger until the anxiety abates. Recall that in Part One I mentioned the thing we do with children when they are crying. We say "let me see a smile." The smile overcomes the tears since they are opposite. Anger can overcome anxiety in the same way a smile overcomes tears.

Some people are anxious all the time or have attacks of anxiety. It is not part of the Reichian work so I will only discuss this on the last page of Chapter 22. There I give you two relatively easy ways to stop strong anxiety (or a panic attack).

GASP INHALE BELLY

I presented this exercise to you in Part One of the book in discussing breathing. But this exercise is also an exercise for the diaphragm and has, if done fully, a major effect on the pelvis.

There are a set of muscles in the pelvis in the inside of your body. These muscles, as a set, are called the pelvic diaphragm.

The only good way to impact the pelvic diaphragm (which has a significant effect on sexuality) is by the belly breathing. And the most impactful of these belly breathing exercises is the gasp inhale belly. Most people when they do the gasp inhale belly exercise still guard the abdomen and do not allow the full rapid inhale. They do learn to do a rapid inhale, but it is also an abbreviated inhale; that is, they do not inhale fully and thus the gasp does not get down to the pelvis.

There is a way to correct this. Making sure that the chest does not move (you can even tense the muscles in your chest to help

prevent movement), breathe into the belly and force more inhale until you can feel the air pushing against the pelvis (or the genitals). Then exhale fully. Now inhale again down into the pelvis and continue this until you become accustomed to the feel of the pressure going down to the pelvis.

Here is another helper. At what seems to you to be the end of the inhale to the belly, place one hand between the wings of the pelvis, just above the pubic bone, and then try to put air into that area so that you can feel the belly expand beneath your hand. If you really get the air down this far you will literally feel the pulling at the pubic bone (see Figure 118 on page 272). The two wings of the pelvis are held together only by a ligament at the pubic bone. Therefore as the air gets down to this area, it pushes the two wings apart and you can feel the pulling on that ligament.

Once you can get the air down to the pelvis and feel the pull on the pelvic ligament, then you can gradually speed up your inhale, holding all the time to the feel of the pressure going down to the pelvis. Finally, you can get to the gasp inhale belly and feel the impact of each gasp inhale in the pelvis.

I wish there were some way I could illustrate just how rapid the gasp is. Certainly the total inhale to the belly takes less than a half a second and likely about 1/4 of a second. One issue is that there should be no sound on the inhale. Most people when they try this exercise add a throat sound much like a rasp. Properly there is no inhale sound at all. The throat is open; it is just a pipe to the lungs so there is no sound at all except the extremely quiet sound of the rushing air. If you have any noticeable sound on your gasp inhale belly, then your inhale will be too slow since the partially closed throat is inhibiting the inrush of the air.

The absence of sound, of course, can not be put on the audio. What I have done is do some gasps with the throat sound followed by some gasps without the throat sound.

GAG

Gagging has already been discussed in Part One on the daily exercises. Gagging is one of the best diaphragm loosening exercises. You are referred to Part One on daily exercises (page 50) for the discussion on the proper way to do the gag.

If you have not been practicing the gagging on a regular basis, then you can do some work on it here. A good way is to first do the head over the bed exercise on page 230 and then do the gagging. The head over the bed exercise sometimes produces nausea and that makes it easier to do the gagging.

Note: you should not have eaten for at least three hours before you do any gagging. I don't want there to be any food in the stomach.

Figure 119

When you were doing the daily gag in the shower, you did not need the bowl or the tissue. Here, use a bowl and tissue to blow your nose. Note that the person is sitting upright, not leaning into the gag. Recall that there are three ways to initiate a gag reflex (touch the throat at the back of the mouth, stimulating the uvula hanging down at the back of the mouth, pressing on the back of the tongue.)

CROAK HOLD AND FLICK

This is a very useful exercise, but it is difficult to describe in words. I will do my best.

The inhale is about one-third to one-half of a full inhale. It is only to the chest. The belly is pulled in during the inhale (but it is not tensed). During the inhale you make a "croaking" sound.

Note that this is the first and only exercise during which a sound is made during the inhale. The croaking sound is the difficult to explain part, I will return to it after I complete the description of the exercise.

After the inhale you pause. As in other exercises, the duration of the pause is about the time it takes you to slowly say (in your head) the word "hold."

Then you start the exhale both with the normal 'ah' sound and with a flick of the belly. Important: the 'ah' sound is normal and the belly is flicked, not expanded. Later I will return to this issue of the flick.

Don't speed up. Even though the inhale was only a 1/4 or 1/2 inhale, still the exhale should be full. There is a strong tendency to abort the exhale so as to get to another croak inhale. This is not a fast exercise so give yourself time to exhale fully.

Don't forget the hold. It is an important and integral part of the exercise. Of all the errors I see students making in this exercise, the failure to do the hold is the most common, even more common than making a sound other than the soft 'ah' and sticking out the belly rather than flicking it.

This exercise is extremely difficult to do correctly. It should be left until you are relatively advanced in the work. This exercise has a major effect on the diaphragm. In each session of work it should be done only as long as you are doing it correctly. During the learning period you might do only half a dozen executions and then go to another exercise. It is better to not do this exercise than it is to do it incorrectly. Once you form a bad-execution habit it is hard to break. So learn to do it correctly and give yourself as many work sessions as needed to learn it and do it correctly.

First, the croak sound. The sound is made in the throat, so it is not like a wheeze. The best way I have of describing it is in movies you might have seen where someone was dying and gasping his final breaths. The most common error in this croak is that the sound is forced by tensing the throat muscles in an effort to force the sound. It is actually an easy sound to make and is a

very natural sound, almost the only one that can be made on an inhale. Just pretend to yourself that you very ill and are lying on your death bed. You are, with difficulty, inhaling your last breaths and you make a noise in your throat while inhaling these last breaths. If you can act out that scene, you will get a good idea of what the croak sounds like. You can hear examples of the croak sound on the Sounds of Reichian audio.

The second most frequent error in this exercise, even more frequent than a bad croak sound, is to stick out the belly rather than flick it. Here is a way to think about it. Rest you forearm on the arm of a chair with your hand on your belly. Now move your belly out and in slowly. Get the sense of that motion. How does it feel to your hand with the belly being expanded and contracted. Now, holding your hand on your belly, flick it out. Note that when you do that there is an automatic rebound so that your hand almost instantly returns to its starting position. That is the difference between a movement and a flick.

When you flick the belly it is a quick out and relax, much like the hand flick you just felt. The belly does not stay out for the exhale or even for any length of time. It is only flicked.

The flick actually comes from the diaphragm not the abdominal muscles. Try to think of it not as pushing out the belly, but as flicking the diaphragm. That is, try to sense the motion as coming from the diaphragm at the base of the ribs rather than as coming from the upper abdomen.

Just to make it explicit, this exercise is impossible before you have freed the diaphragm. That means that the breathing exercises I discussed in Part One about the diaphragm in addition to the exercises I have presented here in Part Two must all be mastered before you can try this one.

After the exhale, the croak inhale, pause, and flick is repeated. Continue this for up to ten minutes or until you can no longer maintain the proper rhythm.

1. Inhale only to the chest, the belly is relaxed or pulled in
2. The inhale is about 1/3 of a normal inhale
3. During the inhale there is a "croak" sound
4. After the inhale there is a pause (about as long as it takes you to slowly say the word 'hold' in your head
5. The exhale is started with a flick of the belly and the normal easy 'ah' sound
6. The flick is a very quick out and relax, the belly is not held out; it is immediately returned to its relaxed state.
7. Common errors:
a. no hold
b. not a flick of the diaphragm, rather it is a stick out and pull back of the belly
c. bad or missing croak sound
d. breath is too much or too little

DOUBLE CROAK HOLD AND FLICK

Don't even think of doing this until you have fully mastered the normal croak hold and flick. You should be able to do a full 10 minutes of the normal croak hold and flick without losing the croak or the flick before you even begin to think of doing this.

You already have learned the croak and starting the exhale with the soft 'ah' sound and a flick. Now you are going to learn to do a double flick.

Here is the sequence:

1. chest inhale of about 1/3 of a normal chest breath with the croak sound
2. start the exhale with a pause (hold) then a flick with the 'ah' sound
3. do a second 1/3 inhale with the croak sound
4. do a second pause (hold) and flick with the 'ah sound
5. continue to exhale to the normal end point
6. start again: small inhale croak, hold, flick, etc.

This exercise is impossible to do if the flick is an extending of the abdomen rather than a flick of the diaphragm.

CHAPTER 18

THE ABDOMEN

INTRODUCTION

INTRODUCTION
ROLL THE PELVIS

When I started to write this book on the Reichian therapy exercises, one problem I faced was how to organize the material. In what order should I present the material? As you see, my decision was to present the daily exercises and the breathing in Part One of this book and then to cover everything else in the second part by going part by part from the forehead to the legs.

This provided us with a kind of logic of presentation, but it also left unaddressed an important issue. The issue is: despite the order of presentation, what is the proper order of execution. Now in part that is unanswerable since people are different. One person can have significant tension in the forehead and the eyes while the next person has almost no tension there. By a like measure, though the author has never seen someone who did not have some tension in the abdomen, still the degree of tension can vary greatly. The same is true of the chest. People with the long thin chest take a lot longer to get it up than people with the high-held barrel chest take to get it down.

In presenting this exercise I would like, for the first time, to draw a distinction between being able to breathe fully into the belly and having the belly be relaxed. In drawing this distinction I would first recall for you that when you are lying on the bed in the working position the abdominal muscles have no postural

function. That is, the abdomen should be able to relax in the working position and become relatively soft.

There is one and only one big exercises to loosen the abdomen. It is a "big" exercise because it, all by itself, will over time produce profound loosening of the abdominal muscles (in the non-postural position). This exercise can (and should) be begun early in the work while doing the breathing work, but whenever it is begun it will both do its job of loosening the abdominal muscles and allowing the breath to go more deeply into the abdomen.

What happens if you have spent all your time on Part One before you started the work in Part Two? No harm has been done. The issue is that if your abdomen is tense you will not be able to effectively do the breathe belly only and not at all the gasp inhale belly. Further it is more difficult to free the diaphragm if the abdomen is overly tense. It is further evident, as you continued to read through this book, that you certainly could not do the croak hold and flick if the abdomen were tight.

Anatomically there are only three areas for the abdomen: the front (taken care of here by roll the pelvis), the side (taken care of by the side bend exercise discussed starting at page 122) and the lower back which will be addressed in the next chapter on the pelvis.

That makes this exercise an extremely important one. It is this exercise that, after enough time, will result in loosening your abdomen.

Recall in this connection the section I had in Part One on gym exercise. I pointed out there that few repetitions against heavy weight will build tension which defeats this work while many repetitions against light weight builds tonus and definition. Now if you are doing full sit-ups (with the legs extended and lifting your whole torso with your abdominal muscles) then you are doing repetitions against a heavy weight (it does not matter if you are so good at it that you can do five hundred sit-ups, you are still working against a heavy weight). If, on the other hand, you have your knees bent and you are coming up only part way (a curl), that is no problem for this work.

This is a good point to remind you of something I mentioned in Chapter one. “Armor” tends to return. If you have previously cleared the forehead and eyes as I recommended and now you have spent several months on other parts of the body, it is a good idea to return to check on whether your eyes are still free of “armor.” The same goes for the face, tongue, jaw, and shoulders.

ROLL THE PELVIS

In Part One I mentioned this motion of rolling the pelvis in the push exhale exercise. But I did not present this exercise by itself in Part One. I would have liked to since it so important an exercise, but it just did not fit the breathing focus of Part One of the book. Now finally, I can present this exercise on its own. It is really quite a critical exercise since it is the one and only exercise we have for getting the frontal abdominal muscle (the rectus abdominis) to let go of any held tension.

At the beginning of the exhale, with the ‘ah’ sound, roll the pelvis. Hold it up for the whole exhale, then lower it as the exercise ends.

Each one of those motions is a location of error in doing this exercise. Note that

1. the ‘ah’ is with the roll
2. the pelvis is held up for the whole exhale
3. the pelvis is lowered (not dropped) at the end of the exhale; not after the end of the exhale, but at the end of the exhale.

Since the ‘ah’ sound is short you can’t really complete the roll at the same time as the sound. The point is that the roll starts at the same time as the beginning of the exhale and is completed quickly. The roll, however, is not abrupt; it is not a jerk or a toss. The motion of the pelvis should be quick but fluid.

Figure 120

There are several common errors in this exercise.

The first error is that the rolling of the pelvis is done ***after*** the 'ah' sound rather than with the 'ah' sound. The roll should be done at the start of the exhale which is the same time as the 'ah' sound is made.

The second error is that the lower back is raised instead of the roll being limited to the pelvis. To show this, I have reproduced Figure 120 as Figure 121 left panel, along side a photograph where the back is rolled up (Figure 121 right panel).

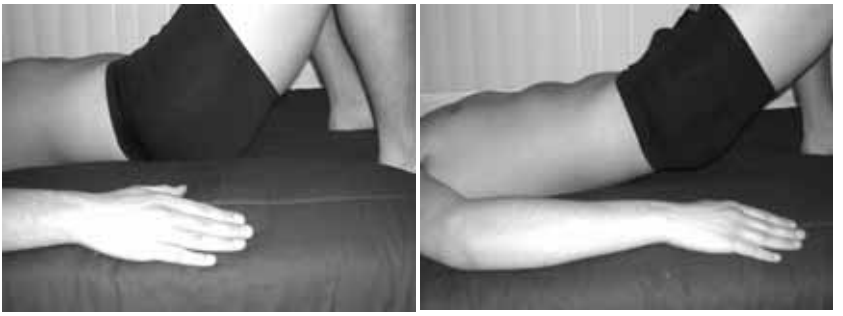

Figure 121

The third error is that the pelvis is not held up for the complete exhale. In this connection there is another small issue. Just as there is the tendency to roll the pelvis after the 'ah' sound rather that with the 'ah', so, too, there is a tendency to lower the pelvis

after the end of the exhale rather then **with or at** the end of the exhale.

The fourth error is that the pelvis is dropped rather than lowered.

The fifth error is that the roll is done with the abdominal muscles rather than with the thigh muscles, or the roll is done by spreading the legs to use the interior thigh muscles. This is shown in Figure 122 on page 283. In the left side photograph, the pelvis is rolled using the legs muscles (the quadriceps femoris). In the right side photograph, the pelvis is rolled by tensing the abdominal muscle (the rectus abdominis).

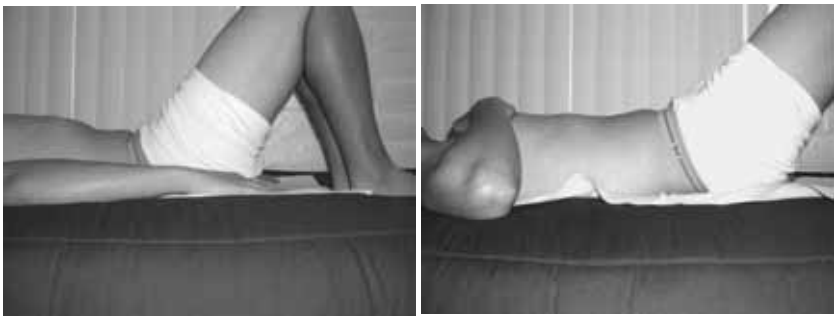

Figure 122

The next figure shows rolling the pelvis by spreading the legs. On the left is the normal spread of the legs, on the right the legs have separated in order to roll the pelvis.

Figure 123

You might recall that I spoke about having to concentrate on each movement. There is no better exercise than this one to learn to trust your body. Initially you will have to focus on each motion:

1. roll with the 'ah' sound
2. hold the pelvis up for the whole exhale
3. lower the pelvis (not drop) at the end of the exhale

Once you have it down at the concentrate level, then you should focus on the feel of the body while doing the motion properly. In time you can let the body do the work without you having to focus on it. You simply have the feel of the body and it is the feel that you replicate with each breath rather than the specific motions.

There is an analogy here. At one time when you were tiny you had to learn to walk and climb stairs without falling. Now you do both things without thinking about your legs and feet. So, too, here you should learn to let the body movement be automatic without the need to control each movement.

This exercise can be profitably done for a complete one-hour session (or as long as you make your sessions). Further, even though it might seem boring, this exercise can be profitably done for many months, week after week (or, if you are doing sessions every third day, for many month's worth of sessions).

You can judge your progress by pressing your fingers into your abdomen. Your fingers should be able to go in several inches without pain and without significant resistance.

CHAPTER 19

THE PELVIS

1. **Roll the pelvis**
2. **Toss the pelvis**
3. **Roll the pelvis (stomach)**
4. **Slam the pelvis (stomach)**
5. **coin in the ass**

Except for the first exercise (roll the pelvis) these exercises are a little more advanced. It is best if you have the breathing down fairly well. You should fully have cleared up the forehead and the eyes before you work on these exercises. Not surprisingly these exercises will have a major effect on your sexuality.

ROLL THE PELVIS

This exercise has already been presented in Chapter 18 on the abdomen. In addition to its major value in loosening the chronic tension in the abdomen, this exercise also frees up the pelvis so mention of it is repeated here.

TOSS THE PELVIS

You have to have mastered the roll the pelvis exercise before you go to this exercise. In this exercise you are in the normal working position, on your back.

Recall that in the roll the pelvis exercise, you rolled up on the ‘ah’ sound and rolled down at the end of the exhale. Here the roll

is replaced by an energetic and rapid toss up (instead of a roll up). The soft 'ah' sound is usually replaced here by a more vigorous, almost shouted, 'ah' sound. You can also, after getting accustomed to this exercise, replace the 'ah' sound with a shout.

Treat your pelvis as though it were a battering ram that was breaking against a wall or think of a person driving spikes into a railroad tie. The toss is hard, fast, and energetic. The toss is not merely rapid, it is also energetic or violent. However, it is still just the pelvis that moves. Your back should not lift off the bed. It is the pelvis that is being tossed, not the lower body. Also remember that the roll and thus the toss is done by the thigh muscles not the abdominal muscle and not by spreading the legs.

ROLL THE PELVIS (STOMACH)

Here, for the first time, your are lying on your stomach rather than your back. Also the order of movement of the pelvis is the opposite of what you have been doing in the roll the pelvis exercise. Here is where we complete the work on the abdominal area.

The movement is done on the inhale rather than the exhale. On the inhale (normal belly then chest), lift the pelvis off the bed by arching the back. As you can see from Figure 124, the only movement is with the pelvis.

The arching of the back does not take long — perhaps 1/4 of the total inhale time — however it is not a jerky movement. The pelvis is lifted off the bed, it is not jerked off the bed.

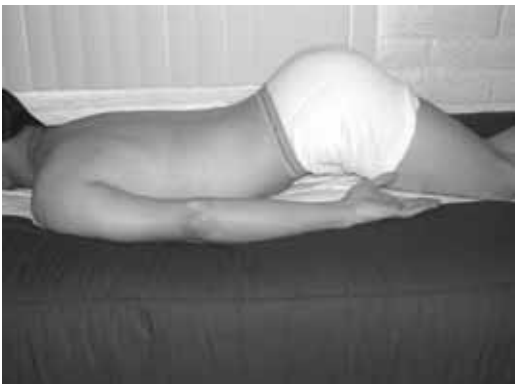

Figure 124

The abdomen does not lift off the bed except as it follows the pelvis. At the end of the exhale, drop the pelvis. This is not a controlled roll-the-pelvis-back, it is a drop-the-pelvis-back to the bed.

The common error here is lifting the body while arching the back instead of only arching the back. This is shown in the next figure. The model is, at my direction, putting his hands under his body to better illustrate the difference. You can compare Figure 124 to Figure 125 to see the difference.

Figure 125

You need to master this exercise before you go on to the next one.

SLAM THE PELVIS (STOMACH)

This exercise is difficult to do properly. Again you are on your stomach.

The motion is the same as the roll the pelvis (stomach). That is at the start of the inhale you arch the back lifting the pelvis off the bed. However, here instead of dropping the pelvis at the beginning of the exhale, you slam the pelvis against the bed with as much violence as you can muster. The sound changes from an 'ah' to a shout (usually 'uh' or 'huh').

Again, think of your pelvis as a hammer or a metal stamping machine. You are trying to break the bed with your pelvis. The motion is quick and violent.

A common error here is that even though you have practiced the roll the pelvis (stomach) so that it is only the pelvis that moves and not the lower body (with the abdomen off the bed), once the vehemence of the slam is introduced then the lower body is brought into play. The only movement should be in the pelvis. You can use a hand under your body about half way between the belly button and the pubic area to insure that you are using only the pelvis and not the lower body.

This exercise is designed to elicit any emotion associated with the pelvis. Contrary what you may have read in Reich or Lowen or other theorists, there is little to no correlation between a given emotion and a given body area. Recall that psychology is a statistical discipline, therefore Reich's flat statement that the pelvis "holds" rage and Lowen's statement that the scalenus "hold" tears are unsupportable. One can say, as I did on page 273, that "the diaphragm is famous for anxiety" but one can not say as an assertion of fact that 'the diaphragm holds anxiety.' The pelvic work can elicit anger, fear, stubbornness, self-control, etc. or even no emotion at all. Even if you can't directly feel any feelings in the pelvis when you do the exercise, it will still be doing its work. Just, as always, keep doing the exercise session after session and let your dreams take care of the effects of the work on your character.

COIN IN THE ASS

This exercise is done in the normal working position. Pretend that your buttocks has a coin held between the cheeks. On the inhale, tense the gluteal muscles to hold the imagined coin. On the exhale relax the gluteal muscles.

That is all there is to the exercise. It seems simple and it is except that the effects are significant. Give it time to do its work. As simple as this exercise sounds, it is very powerful in its effects. It is better if you hold off on this exercise until you have a few years of the doing this work under your hat.

CHAPTER 20

THE LEGS

1. **Swim kick**
2. **Legs open and close**
3. **Kick with the legs (swim kick)**
4. **Slam kick fast**
5. **Slam kick slow**

It is quite surprising how much of one's nature is held in the legs.

Many of you are doing exercises which involve the legs, like jogging, running, stationary bicycle, stair climbing and others.

There are two paradoxes in these exercises. One is that while you are doing these exercises for your health, they tend to wear out the hip, knee, and ankle joints. The other paradox is that these same exercises can also result in chronic tension in the leg muscles, the opposite of what we want.

If you want to exercise your legs, the best way is by a nice brisk walk each day. There are two benefits to this way of exercising the legs (and heart). First, it does as good a job as jogging or bicycling and two, it does not result in the degree of injury to the ankle, knee and hip.

That said, I want to emphasize that I am not playing parent here. One purpose of Reichian therapy is to get rid of the demand rigidity in your nature and your life. So I am not laying down any new rigid demands on you life. I am only giving you something to think about.

KICK WITH THE LEGS (SWIM KICK)

In Part One I spoke of the spasms that may result from the deep breathing. I mentioned there that a calcium & magnesium supplement might take care of the problem or that use of the swim kick can often take care of the issue. To make sure that there is no confusion, I am talking here about the strong and often painful spasms that can occur during the work, I am not talking about the trembling or jerking.

I have no good science as to why the swim kick exercise can work to permanently get rid of the spasms that can result from the deep breathing (i.e. the hyperventilation). But it often does work, so I will just leave it at that.

Lying on your back in the normal working posture, extend your legs so they are flat against the bed. Now, as your breathing continues, alternately lift a leg and bring it down against the bed. Do not bend the knee as you raise the leg, the knee is locked. The distance raised is about 12 inches. This distance is not something to measure, it is presented here only to give you an idea of how much the legs are raised. The speed is about 60-70 kicks per minute. This speed is just to give you some idea, it is not a requirement. A way to think about it is that breathing is about 12 breaths per minute so this is five to six kicks per breath.

Figure 126

Do not try to coordinate the kicking and the breathing. Breathing should continue at the same speed and depth as before you started kicking the legs. Also do not try to count the kicks per

breath. The two actions: breathing and kicking, are independent. I am only trying to give you some idea of the speed.

There are two reasons to do the swim kick exercise. The two reasons are: (1) to get rid of spasms in the body that come with the breathing and (2) as a regular exercise as part of the Reichian work.

In using the swim kick exercise for purpose (1) [to get rid of spasms] continue the exercise for as long as you conceivably can. Most people tire after five to ten minutes of this exercise. Don't let yourself stop. Keep going in spite of the exhaustion. If you can possibly do so, keep going for 50 minutes. Since this exercise will either permanently get rid of the tendency to spasms or it will not work at all, then only one session of this long use of the exercise is needed.

In using the swim kick exercise for purpose (2) [part of the regular exercise set] it is usually done for only 10 to 15 minutes.

There is one caution with this exercise and not everyone can do this. The caution is to try to ***not*** tense the abdomen during the exercise. The abdominal muscle are not needed to raise the legs and thus they should not be used. If you find that you cannot let your abdominal muscles relax while doing the exercise then treat that caution as a goal. As you loosen up the abdominal muscles you can measure your progress by doing this exercise to see if you can do it without tensing the abdominal muscles.

LEGS OPEN AND CLOSE

This is the main leg exercise. The student is, however, warned that it works very slowly. That is, it takes months of use to show its effects. Don't be discouraged. Just keep going. The exercise will do its job even if you do not directly see the progress.

We start by referring back to the basic working position. Lying on your back with your arms at your side, elbows slightly bent, your legs are bent so that the feet are flat on the bed. Moreover the feet are apart in line with the hip joint. The feet are as close to the buttocks as you can get them (without strain).

Now move the legs so that the ankles are touching and the feet are in the middle of the buttocks.

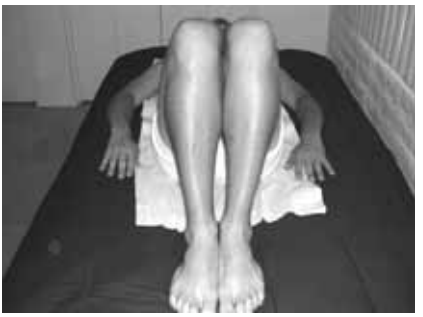

Figure 127

On the exhale let the legs flop open. On the inhale bring the legs ***slowly*** up to the center where they touch. The raising of the legs should occupy the whole of the inhale. That is, the legs start up at the beginning of the exhale and the legs are not fully up until the end of the exhale. The breathing rate here is a little slower than is the normal body work breathing. This is done so that the period of raising the legs during the inhale does not have to be rushed.

The left photograph in Figure 128 shows the legs flopped open. The right photograph shows them coming up during the inhale.

EXHALE → FLOP **INHALE → RAISE**

Figure 128

What is not apparent in the left photograph without my pointing it out is that this model shows significant character-based tension in his thigh adductors. An adductor muscle is one that draws parts of the body together. To close the legs, as in the right photograph, requires use of the thigh adductors. If our model's adductor muscles were not chronically tense, his legs would flop all the way open to rest on the bed instead of going only about half way down.

There are a host of errors in this exercise, all of which render it less effective.

First, errors in the breathing. Many people switch to a shallow breath when they do this exercise. The breath should be just as deep and just as rhythmic during this exercise as it was before the exercise started.

* * * *

Just to remind you of what was discussed in Part One of this book about rhythm, ideally the breath should be like a pendulum. The exhale brings on the inhale which brings on the exhale which brings on the inhale which.... Most people — in my experience all people — breathe as a two step process. First they inhale, pause ever so slightly, then exhale. You might recall from Part One that rhythmic breathing was the final goal of the breathing work. After learning to breathe belly-then-chest on inhale and exhale, and learning to fill the lungs fully both with the diaphragm (belly breathing) and the muscles between the ribs (the intercostal muscles), and learning to be able to breathe only with the chest or only with the belly, and learning to do the gasp inhale and gasp exhale breathing; then we went to learning rhythmic breathing.

* * * *

Next, still in breathing, some people change to a chest only breathing so that they can keep the abdomen tense as the legs open and close. The belly should not tense and the breathing should be full (belly then chest).

The most common error in raising the legs is that (a) either the legs are raised rapidly instead of slowly or (b) the first ½ to ¾ of the raising is done rapidly and then the last ¼ to ½ is done extra slowly to use up the inhale time.

The movement of the legs (from the open to the closed position, or from the down to the up position, you can look at it either way) is done during the whole of the inhale. Since the inhale during the exercise should not have changed from the pattern before starting the exercise (except that the complete breath cycle is a bit slower), then the legs should not be together before the inhale has finished. The effort at learning to get the leg movement coordinated with the breathing will pay off.

The other common error is to have a rapid leg movement during part of the inhale, then an extra slow movement to match to the breathing. It may be difficult for you, when you are working on this exercise, to feel the movement of your legs. It is OK to put a pillow under your head so that you can, while your head is lying against the pillow, see your leg movement and that it is moving at a constant speed.

It has not been my practice in this book to tell you about performance criteria for the exercises except to discuss common errors. Here I do want to mention a measurement criterion. With your feet together and your legs flopped open, your goal is to have your knee be against the bed. Don't get concerned if your knee is initially way up. The knee-against-the-bed is a goal not a requirement.

KICK WITH THE LEGS

On the inhale draw both legs up against your body. Start the exhale with a shout and kicking the legs straight down the bed. Finish the exhale normally.

Figure 129

This exercise sounds easy and is easy except for the errors that are commonly made.

Breathing

Often the breathing is abbreviated because of the focus on the legs. The student spends his thought on the coming kick and in doing so shortens the inhale so that he can get to the shout and kick on the exhale.

The inhale should be a full normal inhale. The legs are drawn up during the inhale but it does not matter if you bring the legs up slowly during the whole of the inhale or rapidly at the beginning of the inhale.

Kicking

The common error on this exercise is that the kick is up and out rather than only out. What do I mean by that?

In Figure 130 on page 298 the photograph on the left shows the legs going up and out while the photograph on the right shows the legs only going out. On the left, if you could draw a line in space to follow the feet as they moved the line would look something like the shell of an elongated egg.

Figure 130

This movement of the legs is difficult for most people to get so just do your best. The problem is that it is difficult to feel if your legs are going up and out as opposed to just out.

The exercise is not wasted if the legs do go up and out, it is just not as effective that way.

Remember that the exhale starts with a shout. This shout is one of vehemence as opposed to anger. You might think of the sound as the kind of sound one makes if one is swinging a sledge hammer. The shout is usually done with an ‘ha’ sound as opposed to the ‘ah’ normal exhale sound, but again that is not a critical element of the exercise.

SLAM KICK (FAST)

This exercise is very similar to the swim kick. Again the breathing and the leg movement are independent of each other. The speed, however, of the slam kick is slightly slower than the swim kick. If the swim kick is about 60 per minute, this is about 40 per minute. This slower speed is so that each slam is deliberate and has all the vehemence in it that you can muster.

Figure 131

Here the leg is lifted about 2 feet above the bed and then is slammed down (hard and vehement) rather than dropped as in the swim kick. Think of each slam as though you were trying to break the bed with your foot and leg. The knees are still locked so that it is a straight leg raising and a straight leg slamming.

If you have the impulse to do it, you can change the 'ah' sound to something more forceful. This change of sound is used only when it seems to be natural and appropriate. Don't force it. Also recognize that you are doing several slams per exhale so there are several forceful sounds per single exhale. If you find that you can't do that, then it is all right to do one slam per small inhale.

This exercise can bring on significant feelings of anger, resentment, rage, futility, or anxiety[33]. These feelings are OK, except don't push it. We are not after feelings for their own sake. We are after change in your character. It is better to stop the exercise too soon than to let it run too long. If some anger, for example, is still tied to the legs there is no harm. It will still be there the next time. Neither the presence nor the absence of any feeling is any indicator of progress. Whether any feeling arises or does not arise, the exercise is still doing its work.

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33. To repeat, the relationship of an emotion to a part of the body is only statistical. That means the emotion(s) is only more common in that part of the body but need not be there and any other emotion can be psychologically related to that body part.

SLAM KICK (SLOW)

There are several major differences between this exercise and the slam kick fast exercise.

First, here the leg is brought all the way up. If you are not limber, you may be able to come up only to about 60 degrees. If you are hyper-limber you may be able to bring you legs up to well over 90 degrees to the body. For this exercise, 90 degree is enough if you can do that.

Figure 132

It is not easy, nor is it a major issue, but try to raise the one leg without pressing the other leg into the bed. We tend to press the un-raised leg into the bed in order to tense the abdominal muscles. But we want this exercise to use only the quadriceps muscles of the leg and so tensing the abdomen is inappropriate.

Next, the raising is done with the inhale. It is not a slow raise nor is it a jerk. Simply raise the legs up as you inhale and continue to do the full inhale. Since this leg raise and slam is done with the breathing, its speed is the normal approximately 12 breaths (slams) per minute.

Start the exhale with a shout and as you shout slam the raised legs against the bed as though to break the bed. The more vehemence the better.

If it feels right, you can speed up the breath/slam sequence. Here the breath would be shallow (due to the speed) but the shout and kick should be no less violent.

This exercise can be rapidly tiring so only continue as long as it feels productive. When you are first starting to do this exercise it will feel mechanical, just an exercise. As you learn to deal with anger, bitterness, resentment, etc. this exercise will become more productive. As with all the work, don't overdo it. Continue only to tolerance or only as long as it is being productive.

CHAPTER 21

GENERAL EXERCISES

These exercises are general, not directed to a specific area of the body.

THE TENNIS RACKET

The goal of this exercise is to practice anger in a controlled environment. To recall a previous discussion, while sex used to be the great taboo, now it is anger. In all too many people, anger evokes strong anxiety. The anxiety then serves to keep the anger in check, just as smiling keeps tears in check.

The common equipment for this exercise is a cheap wooden tennis racket. The cheaper the better. It is not that the racket is frequently broken — I have been using a $5.00 racket for 35 years and it has yet to break — it is only that you do not want to be concerned when using it that you might have to go easy on it lest it have to be replaced.

Before describing the exercise, I would add that there are several alternatives to the tennis racket. The other pieces of equipment do yield different results but the difference is slight

enough that just the racket is sufficient for most work. The other possibilities are an approximately two-foot length of flexible polyethylene tubing or a phone book.

Here you are standing during the exercise. The tennis racket is held with both hands. It is brought up over your head and then slammed against the bed with a shout. The face of flat side of the racket is what strikes the bed. Whereas before we tried to insure that the shout was with an open throat, here the only issue is that the shout be done with maximum vigor, vehemence or anger as you can muster. This exercise only works if you put your full force into it and you shout as strongly and loudly as possible as you bring the tennis racket down to strike the bed.

There is always the possibility that you are so tall that standing and adding the length of the racket will cause it to strike the ceiling or a light fixture. Test this out first before you break something.

Most people tire quickly with this exercise so when you start to weaken in your slam or shout, stop the exercise for this session.

Interestingly, most people have more ability to do a hard slam than they do to add the vehemence to their shout. The shout is weak, it does not carry with it the rage that it should. Obviously, if you live in an apartment where the walls are thin, you have to do this only when you know that your neighbors are not home or you have to let them know beforehand that your shouting does not have any criminal meaning. It is somewhat disconcerting to have the police show up at your door because of a report that someone was being killed.

The rubber tubing can be substituted for the tennis racket or the phone book can be substituted where the book is ripped apart rather than used to strike.

SENSE, FEEL, REPORT (PASSIVE SESSION)

In Part One I said that each session should end with a sense-feel-report period. Here I make that into its own exercise. This is the passive session I mentioned at the beginning of Part One (Chapter one, page 26).

This exercise seems so simple that you may be tempted to try it early in your work; ***DON'T!***

This exercise has immense power even though it appears to be almost benign. The power of this simple exercise is so great that the author has seen people thrown into full-blown anxiety after just a few minutes. On the other extreme I have seen people who were so guarded in life that the exercise had no effect at all and only served to help the student practice his nature of not being in touch with his body.

I would strongly urge anyone reading these books not to do this exercise for at least a year and then only when the forehead and eye exercises have done all their work.

Lie flat on the bed. The breathing is normal, no special need to breathe deeply and, as you will read in a moment, there is no 'ah' sound.

For one full hour talk out loud reporting on sensations from your body. It is critical for this exercise that you not let even a moment pass without saying something. If you have to, simply repeat the report you just made or simply use some vocal pause sound (uh, uh, uh …) to make sure that you never stop talking. It is important in this exercise to not allow yourself to fantasize. You have a specific point of focus: your body, and fantasy will take you away from that focus.

Don't bother to set an alarm clock to measure the hour, simply do it for what you think must be an hour, then stop and check the clock afterwards. Don't check the clock and restart the exercise to get in an hour. However long you do the exercise, that is the time that will be spent in this session.

A session might start with a full scan of your body. Here is a made-up example.

"My forehead is flat. My eyes seem stuck in the middle of my head. I can't feel any tension in my jaw but there is a lot of saliva. My neck feels normal. There is a pressure on my chest as if there were a weight on it. I can feel the bed beneath my fingers and there seems to be a slight kind of tingle in my right wrist. My diaphragm feels a little like it is quivering. My abdomen feels empty as though there were a balloon inside it taking up the space. I am aware of my genitals. My thighs feel tight. There is a

tingling in both knees. My right calf is tighter than my left calf. I can't feel anything in my feet."

Having gone over the whole body now you can do it again to see if there are any changes or you can focus on one thing (for example, the tingling in the knees) and see if and how the sensation changes. If you are focusing on one part of the body and it is not changing at all then leave that one part and turn to some other part or to a full body report.

It does not matter if you have nothing to report, it matters only that you do not let yourself stop talking and you continue to focus on the sensations from your body.

SENSE, FEEL, REPORT — VARIATION 1

[34]This is a more advanced version of this exercise. As such it should not be done until you have rung everything you can from the basic exercise.

Warning: these 2 vaiations of the sense and feel exercises are very advanced and can do a great deal of psychologic damage if done too earily in the work. It is critical that you understand that memory is not accurate. It is not, like a movie camera, an accurate report of an event. It is a reconstruction: part may be orginal, a single memory may be made up from parts of events that might have happened years apart, and part entirely made up. Never accept a recovered memory as a true event. See: Schacter (2001).

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34. A reader has informed me that Christopher Hyatt (a nom de plume of Alan Miller) published a book prior to his death, supposedly dealing with hypnosis but including my extensions to the sense and feel exercise. Alan had an early draft of this book and thus learned of my extensions to the usual Reichian sense-and-feel exercise. I am told, and I regard the report as valid because it is archtypical of Alan, that he did not include any warnings about use of this exercise. This I have added the above oval-box-warning in the hope that not too many people will be harmed by Alan's cavalier lack of concern with any damage his writings might do.

Now that you have done the basic exercise a number of times and are good at sensing your body, we are ready for this next step. Here, after sensing your body as normal, you pick an area of tension or other sensation and you start to manipulate the sensation.

If it is tingling, you may try to spread the tingling to more of the body. If it is tension you may try to increase the tension or you may try to relax that part of the body.

If you have a part of the body that has no sensation, is dead, try to put sensation into that part of the body (either tension or tingling).

When you have modified an area of sensation, just watch it and report (never stop talking). Don't forget issues like pleasant or unpleasant, scary or calming, hot or cold, alive or dead, light or heavy, etc. Just report everything you can sense, stay with the body, and never let yourself stop talking out loud.

SENSE, FEEL, REPORT — VARIATION 2

We come now to the last and most advanced-of-all exercise. In this one, to get the most out of it, you should have a tape recorder. The purpose of the tape recorder is so that you can be concerned only with your own body and feelings and memories and not be concerned with what you say. The tape recorder will capture what you say and you will listen to the tape after the session is over.

By the time you get here you have already done at least half a dozen simple 'sense, feel, report' sessions. You have also freed up at least your forehead and eyes. Now I am going to say that for this exercise, that degree of work is not sufficient. It is not that this exercise is dangerous unless you have freed more, it is that the exercise is wasted unless you have freed at least two other and better three other areas. The two other areas are the jaw and the neck. The third area is the abdomen.

Having reached that degree of work on your body tension, that, in turn, means that you have noticed a host of changes in your nature already and you are far more both emotional and at the same time far more able to control you emotions. I'll amplify on that last one.

Throughout both parts of this book I have emphasized that the goal is to actually change your nature. I have further emphasized that feelings will arise during sessions and that they are to be allowed to have their expression without you either trying to get them or trying to suppress them.

At this late stage in our discussion I am going to introduce another change that is likely to have happened. Since this is not a book addressed to professional therapists or teachers I will not go through all the theory behind the change, I will simply tell you what it is.

You probably heard all your life that feelings are irrational. But they are not! Feelings are as rational as all the rest of our being. But more important than their rationality is that they are subject to our will, that is they are subject to our conscious willed control.

Perhaps you can remember when you made a conscious decision not to allow expression of a given emotion or, similarly, when you made a conscious decision to make your breathing shallow or your shoulders rigidly pulled back. I recall clearly when I did it. I was nine years old. One day, crying in the park near my home, I decided that I was no longer going to respond to insults by crying. My technique was to go to the drinking fountain and start drinking from it. It is impossible to cry when you are drinking water. Within a short time I had my crying under control in general and the cry-problem was solved.

At this point, pardon me, but one more short patient story. This fellow is, without doubt, the most extreme case I have ever seen of the translation of a conscious decision into a body state.

The patient was an engineer. He spent all his time — he usually worked seven days a week — inside a building without sunlight. Yet his face — but only down to his neck — did not feel like skin, it felt exactly like tanned leather. It was as though his facial skin had been so exposed to sunlight that it had changed from skin to leather. Not surprisingly, his face was the main area of my Reichian work. I never did fully soften his face, but it became soft enough that he recovered the memory of when it started.

He was about 10 years old. His father’s method of discipline was to beat him with a long round piece of wood (called, in the

US, a dowel rod). On one occasion his father came after him and he hid under the dinning room table so that he would not receive the beating. As he cowered under that table, he made a decision that he would never smile again in his life. That decision, in time, converted his face from mobile skin to hardened leather; it was now impossible for him to smile, his thick facial skin, actually his facial leather, did not allow that kind of movement.

That's a single example, but, you see, there is a much broader principle involved. That principle is that we can, in fact, control our emotions by willful choices. Sometimes that willful choice involves imposing other emotions and/or body actions; but that is only the technique, it is not the principle as such.

The principle is that in the last analysis our emotions are under our volitional control. One of the changes in yourself that you should have noticed by now is that your emotions, when they occur, are (1) stronger, (2) purer and (3) more able to be controlled[35].

If you have not noticed that last point, that emotions are now more subject to your will, then take a few weeks and pay attention to that fact. I don't mean that your emotions are now arbitrary or that you don't sometimes have a mood that you can not seem to shake off; what I do mean is that when something happens to which you normally react with a given emotion or set of emotions (you will find below that feelings are seldom if ever singular, even though it may seem that you are feeling only a single one) that now you are much more able to set aside that emotion when it is not appropriate.

There is a simple way to illustrate this phenomenon. You have just been stopped by a policemen who is going to issue a traffic

35. Repeating a footnote from Chapter one: Technically we use three different words: affect, emotion, and feeling. Affect is what occurs in the brain. It may or may not have any body expression. Emotion is what occurs when affect has a body effect. Feeling is the conscious recognition of an emotion or an affect. There can be affect with emotion; there can also be feeling without emotion. That is, it is not always necessary for there to be a body response to affect for there to be feeling. This latter condition is the norm when the spine is cut (as in quadriplegia) such that the person is unable to get any sensory data from the body.

citation. Now there are two very common ways that people react to that impending traffic citation. One is anger and the other is self-pity. Obviously anger is inappropriate at least while the policeman is by your car in the traffic stop. That policeman has a gun, a night stick and mace. No matter what you may be feeling in the way of anger, it is not very clever to express it to the policeman. Likewise with self-pity. The policeman is not going to be influenced by your sad story and if your long-winded explanation annoys him you are only inviting him to give you a second citation.

So wisdom directs that you intentionally keep your emotions in check until the policeman is gone. If emotions were not subject to ones willful decisions you could not do that.

One of the great benefits of recognizing that you are able to control, to set aside, an emotion is that you now no longer have to fear them. Long ago in this book I mentioned that most people are terrified by their own anger. They don't get angry as much as they get afraid (of their own anger reaction). But now, if you have come far enough in the work, you have seen that your anger or any other emotion (and the consequent feeling) is, on the whole, subject to your conscious decision. You can let the emotions be manifest in action or body state or you can suppress them. You no longer have to fear emotions because you have experienced that they are subject to your conscious decisions, you can let them have free rein and then stop them completely whenever you wish.

Now, for this most advanced exercise, I am going to introduce another fact. That fact is that feelings are seldom singular, it is seldom the case that our body is manifesting only a single feeling. Feelings differ in intensity and the student, before doing the work or early in the work, is almost always incapable of recognizing (that is, naming) any more than the most intense feelings. But as you free body area after body area you become more and more able to sense and name ever more subtle feelings. Use half a dozen feelings as a rough guide. That is, at any one moment search for half a dozen ongoing feelings (body states).

Above I spoke about fear as a reaction to anger. That is many people fear their own anger. That means that the fear and anger are both present at the same time.

But, after all, the anger is not there for no reason. Maybe it is annoyance or frustration. That is a third feeling. But you are annoyed or frustrated about something. You are annoyed because someone interrupted what you were doing or you are frustrated because you were prevented from doing something you wanted to do. So that annoyance or frustration is mingled with feeling sorry for yourself. You have a fourth feeling.

But being interrupted or prevented from doing something means that the person who imposed on you does not understand you. You are feeling misunderstood and almost invisible; as though you do not matter. Now we have feelings five and six.

You get the idea. The more you become sensitive to yourself, the more you are able to identify all your mix of feelings. That ability will, in turn, effect your dreams which will change your nature.

Now we are going to make use of all these facts and abilities in this exercise. There are two different techniques (ways) presented here.

Sense, Feel, Report Variation 2 Way 1

This exercise is designed to identify feelings. Use the tape recorder to monitor everything you say so that you do not have to be distracted from your main task in order to remember what you say.

You already have learned to sense you body, including all the subtle experiences like tension or lightness or distance or various other sensations. Now the next step, putting an emotive-like name to each body experience.

I say “emotive like” because it is not necessarily an emotion. It might be an action-like phrase or a state-like phrase. Here are some examples. You feel tension in your calfs. Now you try to put a name to that tension. It could be the calf wants to run or it wants to play a game or it just wants to pull tight against your thigh (legs bent). For each and every one of those actions your calf seems to want to do you give it an emotive like name or description.

This issue is discussed at greater length in Chapter 23. There I will discuss in greater length this technique and the theory behind

it. Here you are not doing it for just one obvious area of tension, you are looking everywhere in your body for any subtle sensation.

Now the above example of the thigh is just one made-up example. You find your own areas of tension or lack of feeling around the body and come up with the best descriptions and/or names you can.

Now, as always, don't rush the above. Don't think that you are a super pupil because you are already at a more advanced level (because, in fact, you have slighted the prior level). The better you become at spotting and naming areas of activity or the complete absence of activity in a body area, the more you can make use of the next step.

OK, you have gotten fairly good at naming. Now add the next step. You identify the area of sensation, you name it, then you manipulate it. Recall that this variation two of the sense, feel, report exercise involves being able to manipulate your body sensations.

So now I add this ability to this variation 2, way 1. The major goal is still the same, naming. But now you are going to name the initial sensation and then modify it. You can modify it by increasing, decreasing, or moving it to another area of the body. Once you have changed the intensity or the location you are going to name it all over again.

Here is another made-up example. You notice that your chest feels constricted, tight. You take that tightness and move it to your abdomen. Now it feels like disgust. You take that disgust and move it to your face. Now it feels like disdain. Now you go back to your chest to find that the tightness has become longing.

Don't forget the point I made above. At any given moment there are about a half dozen ongoing emotions or desires in your body. Do one, name, manipulate and rename, then go on to a second one. If you can't spot a second one immediately, simply rescan the whole body; but as always don't for even a moment allow yourself to stop talking aloud.

Sense, Feel, Report Variation 2 Way 2

Get really good, really accomplished, at variation 2 – way 1 before you undertake this next even more difficult technique.

Here I draw on all the abilities you have developed so far and using those abilities we move to another step. Here you are going to employ, really allow, associations which you will report out loud and let the tape recorder save them for you.

What do I mean here by "associations?" I mean that any thought that happens to enter your mind while you are doing this exercise is followed and reported out loud. Caution: these thought are not, on the whole, practical issues (like how can I handle that task at work or what am I going to do about the kids), rather they are random thoughts started from sensing and/or manipulating your body and they seem to have no immediate relevance to your life.

For illustration purposes, I will provide an example here. All of this would have been said out loud to be recorded so that you can play back and analyze the material later.

"My right hand wants to ball up into a fist. What does it want to do. I don't know. What does it want to do. It doesn't so much want to make a fist as it just want to close the fingers against the top of the hand so that my hand is not open. Maybe I don't want to shake hands. Let's see what comes to mind. Yes, I recall when my father introduced me to some famous man and I just said 'hi' and my father later balled me out for not being more respectful. But I didn't know. It was just another adult. How often have I been criticized for not acting some way when I did not even know I was supposed to act that way? Yes, it used to happen all the time. I was always wrong for doing things that I thought were proper and then I would get criticized for not doing it someone else's way. I just though of my third grade teacher. She used to do that to me all the time and I felt so inadequate and so embarrassed that I tried not to do anything. Is that why my grades in school were not good? Maybe I started using that "hold back" way in all of school? I don't know. It may be. But then I think of Justin. Justin always liked me. He didn't tell me that I was doing things wrong. You know, it occurs to me in one way or another that all my life I have been trying to find other Justins. I have always sought approval and praise only because I assumed I was doing things wrong like daddy and the teacher said and I have

always expected the criticism unless I got praise. Now I understand why I didn't take that job, I thought I was too likely to make mistakes there and again it would be just like daddy baling me out for an error I didn't even know I was making. ……"

That is free association. You allow your mind to go from one idea to another with no control or censorship. Whatever comes into your mind gets reported with your mouth and it is all recorded.

Then, after the session, you listen to the tape and now you have the time to reflect on what you have learned about yourself and your nature.

CHAPTER 22

WORKING WITH A HELPER

First a word about pressure. It is, on the whole, evident that males can take (and need) more pressure. Females can take (and need) less pressure.

The purpose of pressure is to force a muscle to yield some of its held tension. When pressure is applied sometimes the worker and the helper can feel the muscle loosen. In other cases there will be no noticeable change but the effect will still be there (remember that most of the change occurs in the dreams).

If a muscle is relaxed, then pressure feels only like pressure. If a muscle is tense, then pressure will produce pain. ***Pain is not the objective, it is an unfortunate side effect.*** I strongly point out that the use of pressure is not an excuse for a disguised sadism.

Some theorists have held that all the work could be done with no pressure, it is only that it takes much longer to do its work if pressure is not used. I can not agree. The crucial area of the neck, if you use these muscle as accessory muscles of respiration, and the muscles of the back can not be corrected without the use of pressure. If you have to work without a helper to apply pressure, then you can but do what you can do without the pressure. You can, if you are able to, use self-pressure on the neck and then find a masseuse for pressure on the back, but other than that you will just have to settle for what you can do with all the rest of the work and just accept the limitations.

If the helper's finger nails are short, then often the thumbs can be used for the pressure. If the helper's finger nails will bite into the skin of the worker, then the use of the thumb is definitely counter-indicated. In the case of longer finger nails, then the knuckle of the first finger should be used.

I will in what follows, in examining each area of work, indicate where pressure can be used.

Here is a photograph showing how the knuckle can be braced with the thumb to make its use easier.

Figure 133

Here is a picture of the kind of device that may be purchased over the internet from message supply companies.

Figure 134

The next photograph is of the three pressure devices that I use in my practice. They look mean, but they are not. The three different sizes are labeled as to where on the body they are usually used. These devices are made from hardware-store purchased round wooden rods (dowel rod) and tips that, in the U.S., are called “crutch tips.” They are used on the end of canes,

crutches, or furniture to keep the furniture from marring what is beneath it.

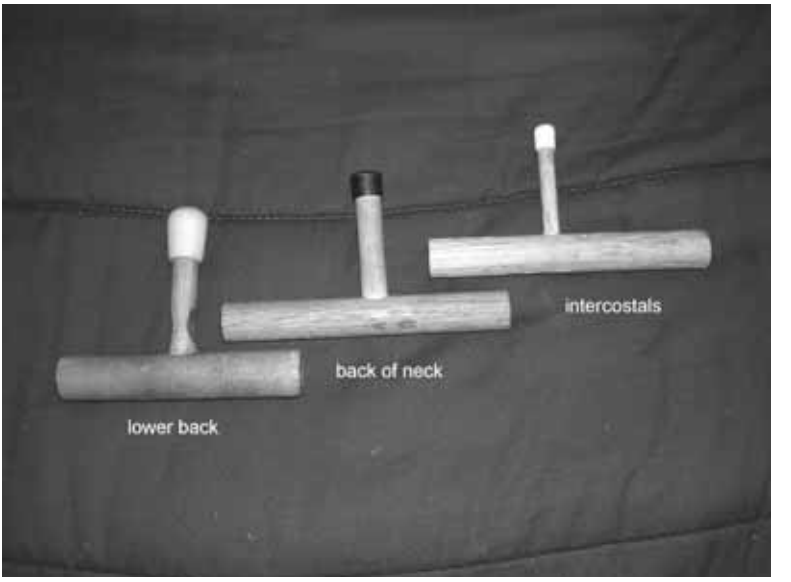


Figure 135

The major benefit of these pressure devices is that they allow for much longer pressure to be applied before my thumbs or fingers start to hurt. The disadvantage is that you loose the feel of the muscle that your hand provides. Therefore in practice I use both hand pressure and device pressure.

There is another issue. I will indicate in this chapter how the helper can tell the worker whether he (she) is or is not doing the exercise properly. However, this is not and should not be treated as permission to or an excuse to nag or criticize. Let's take the eyes open and close exercise for the forehead. The helper might notice after just a few minutes that the forehead is no longer being wrinkled during the eyes open phase. At that point a single statement "wrinkle the forehead on the inhale" is sufficient. If the worker again stops wrinkling the forehead after just a few more inhales, that means that the person is not able to do more at that time. Nothing is accomplished except implied criticism and demeaning the worker to point out again and again that the worker is not able to wrinkle the forehead for any extended series of inhales. The helper should simply let the exercise continue

being done wrong and keep his (her) mouth shut unless the worker asks whether it is being done correctly.

The same applies to the sound (except here more mentions of the issue can be made, but not to the point of criticism or belittling). If the worker appears to be trying, that is enough. On the whole it is better to let a mistake continue than it is to treat the session as a way for the helper to psychologically beat up the worker.

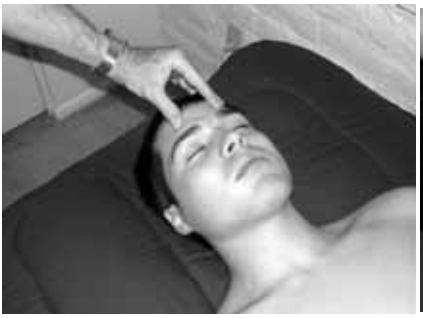
Finally, I also present here some exercises that can be done only with a helper. These new exercises will be noted as new and set off with the symbols I have used through out the books.

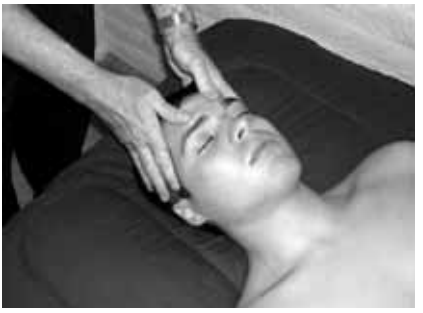
THE FOREHEAD

tonic eyes open
tonic eyes closed

The helper can be of use in two ways. One is to call the worker's attention to the fact that the forehead is not wrinkling or that the eyes are only closed but not pressed tightly closed.

The second help is with pressure. There are several ways to apply pressure. They are shown in the following figure.





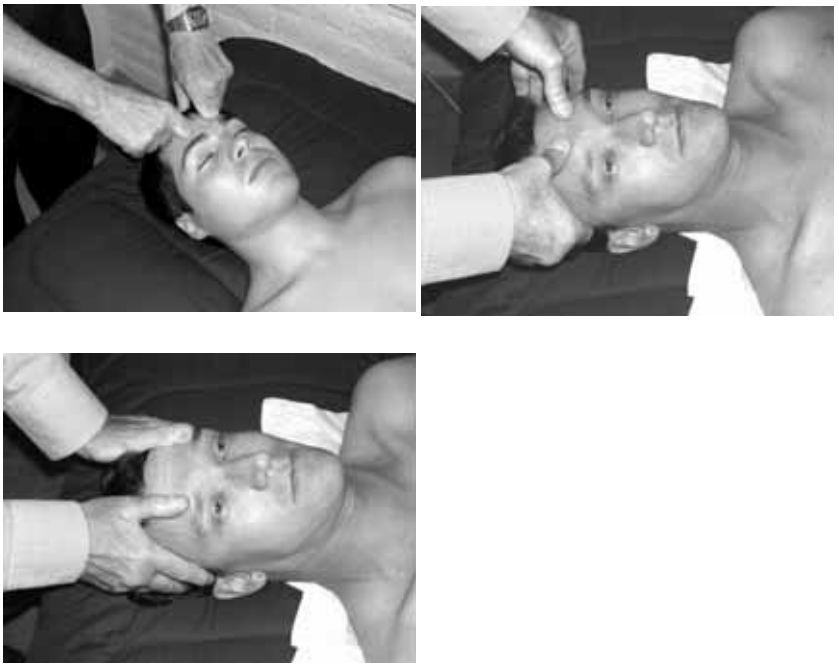


Figure 136

In the first two photos the fingers are moved back and forth across the forehead while pressing. If the helper's finger nails prevent this type of pressure then photo three shows using the knuckle of the first finger as an alternate. The final shots shows other ways to use thumb pressure. Pressure in all cases, here and later, should be applied to the level of the worker's tolerance. That is, use as much pressure as the worker is willing to tolerate. Start light and get stronger until the worker objects. To both males and females I add the same injunction: the more pressure you can tolerate, the better. That does not mean that the worker should be masochistic and treat the sessions as some kind of pain-endurance contest. Different muscles have different thickness and can tolerate more or less pain. Also there are major differences in the amount of tension that a muscle can hold and thus differences in the amount of pain produced with pressure. As an example, the muscles of the forehead are very thin and can not hold that much tension, thus they can *usually* (but not always)

take more pressure. By contrast the muscles of the calf are very thick and dense. Pressure there is much more painful.

THE EYES

eyes open and close

The helper can point out if the open and close is not fully open or not fully closed or if the pattern diverges from the open on inhale, close on exhale. The remark should not be made no more than about two times. If the worker can not do better, then he (she) is doing the best he (she) can do at this time so further correction is simply criticism.

Since many people when they start this eye work soon tire and lose the ability to wrinkle the forehead or tightly close the eyes, the helper can tell the worker if it appears time to switch exercises. It is not bad practice in this exercise, or in fact with any exercise, that when performance falls off the exercise is stopped; normal Reichian breathing is done for 10 or 15 minutes; then the exercise is restarted for a second trial.

eyes in directions

All the helper needs to do here is watch that (1) the eyes go to the extreme end of all four direction (down, left, up, right); (2) that the eyes are not brought back to the center; (3) that the pattern is not lost. If there are any errors simply point it out once. The worker is doing the best he (she) can. No help is provided by frequent corrections.

roll the eyes

No corrections by the helper are needed here. Roll the eyes is difficult at first and it may take many sessions before the worker can do it properly and continuously (for 10 minutes). The helper can note if, in the roll, the eyes are not hitting the extreme angles. Then one statement to the worker can be made.

express feeling in the eyes

Here the helper can lean over the worker so that the worker has someone to focus the feeling on.

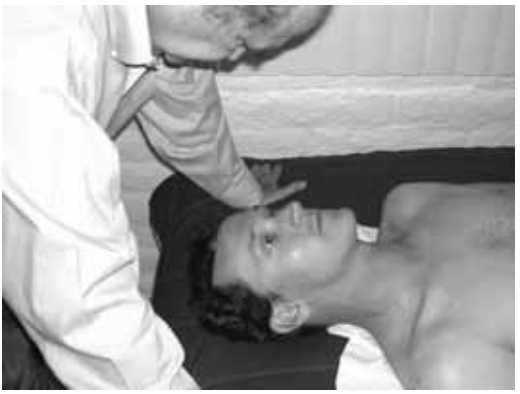


Figure 137

The helper's role here can be tricky. Without going into the psychology of this, suffice it to say that the helper, in the worker's eyes, becomes the parent (of the same sex) standing over the worker/child. That means that often emotions that one had as a child relative to that parent are facilitated by the helper standing over the worker as I am doing in Figure 137. That alone can be both a significant contribution and an impediment.

As a contribution it aids the worker in re-creating those childhood emotions. As an impediment, the worker may be unwilling to deal with strong childhood emotions while they are seemingly directed to the helper.

This requires trust on the part of both worker and helper. The worker has to trust that the helper will not be injured by the expression of strong recreated childhood emotions and the helper has to trust that the emotions of the worker are recreations of childhood and not take the emotions as meaning anything in the present.

As the worker expresses or attempts to express one emotion after another in the eyes (see the list on page 193), the helper can attempt to guess the emotion by the look in the eyes.

Also, as a variant of this exercise, the helper can request particular emotions from the list on page 193 or the helper can add other suggested emotions.

bug eyes, skull eyes

No helper action needed.

PRESSURE

There is an area of pressure which can profitably be employed with the forehead exercises, the face exercises and the jaw exercises. This is shown in Figure 138. The hand on the forehead is only to brace the head. The pressure is applied to either of two places.

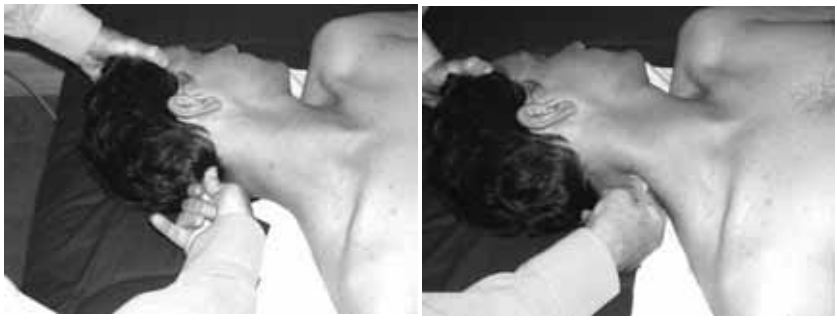


Figure 138

One is the muscles at the base of the skull. Place your fingers at the back of the head and move downward to where there is a drop at the base of the skull. There are a series of muscles here from the middle of the neck all the way to the side of the neck.[36]

The other is in the middle of the neck as shown in the figure. There is only one significant muscle here (the trapezius) but it can take a lot of pressure and generally feels good rather than painful.

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36. None of these muscles was mentioned when I was discussing the anatomy of the neck. In that discussion we were concerned with the accessory muscles of respiration. The many muscles which are at the base of the skull need not be named. It is sufficient to know that pressure all along the base of the skull is useful to this work.

THE PENCIL (NEW EXERCISE)

This exercises uses a common pencil with an eraser. You will use the eraser end, specifically the metal cylinder which holds the eraser. This metal cylinder is the point of focus.

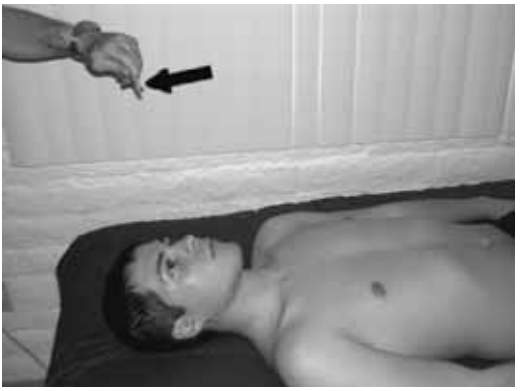


Figure 139

While the worker continues the breathing, the helper stands behind the worker at the head end. Holding a pencil by the lead end, the pencil is moved about in a random and jerky manner.

The idea is for the worker to follow the eraser/metal end of the pencil without moving his (her) head and while continuing the breathing. If the worker is frequently losing the focus, the movement can be slower until the worker is able to relax the control of his (her) eyes enough for them to follow the more rapid jerky movement.

At first do this for only a few minutes. At latter sessions the time can be extended gradually to a full 15 minutes.

THE FLASHLIGHT (NEW EXERCISE)

This exercise uses a pen light flashlight. When the batteries get low and the light is dull, replace the batteries. If it can be done, lower the lighting in the room to a very low level.

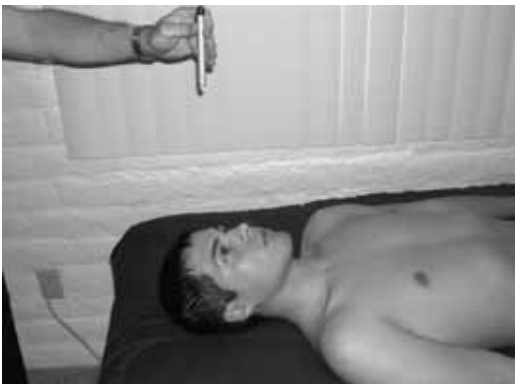


Figure 140

There is an error in Figure 140: the light is held too high in the photograph. It should be about eight inches above the head.

Initially, the light is moved around in a circle making sure that the light moves far enough in all directions that the eyes, to follow the light, have to move to the extreme positions of up, right, down, and left. The helper can see if the light is being followed correctly since the light will reflect from the pupil in the center of the eye. Also the helper should occasionally stop the movement to see if the worker's eyes continue to move. Many people, if not perhaps most, instead of following the light, begin to anticipate where it will be and thus actually the eyes lead the light rather than follow it.

When the worker has the circle down well (and the light can be moved fairly rapidly), then the helper should start moving the light in jerky and random directions for the eyes to follow.

This exercise, like the pencil exercise, requires that the worker to be able to let go of conscious, controlled movement of the eyes and allow them simply to be controlled by pure stimulus.

THE FACE

move the face slowly

The only help here is to mention to the worker if he (she) is either moving rapidly instead of slowly or if the jaw is being used extensively rather than the facial muscles. With 22 muscles in the

face, there are a lot of possible things that can be done with the lips, the mouth, the checks, the eyes and the forehead. Again, don't nag or criticize. The worker is doing as best he (she) can. There is always another session.

smile inhale, frown exhale
blow through lips

Generally, no action by helper. However, if you look at Figure 77 on page 200 you can see that our model is using his face to smile rather than just pulling the corners of the mouth up and he is nearly unable to pull the corners of his mouth down. Things like this can be pointed out without nagging.

shit on a stick

The helper can hold a hand mirror over the worker so that he (she) can see whether the nose is being wrinkled.

pout exhale
spread the nostrils

No action by helper. The helper can note whether the worker is or is not able to spread the nostrils. And if on a given breath it is done correctly, the worker can note that so the worker can get a feel for the face when the nostrils are flared.

the mirror look

Here the helper can hold a mirror over the worker. This is better than the worker having to hold the mirror. This is the not quite the same thing as above in the shit on a stick exercise. In the shit on a stick exercise the mirror is held fairly close to the face so that the focus can be on the bridge of the nose. Here the mirror is held away from the head at a level such that the full face can be seen in the mirror (but not so far that the trunk also is in view).

Let me hark back all the way to Chapter two, the daily exercises, where I explained that there were two ways to use the

mirror. In the first way, the worker views the face as belonging to someone else. In the second way, the worker views the face as his (her) own. Either or both of these approaches can be used here. It all depends on which way works better in aiding the worker in expressing emotion in the eyes.

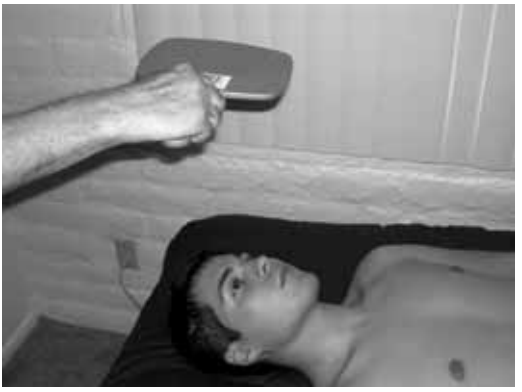


Figure 141

THE JAW

jaw left
jaw right

No action by the helper. In general if the worker is having problems with the jaw exercises, some pressure may be put on the jaw muscles (Figure 142). They can be quite painful so don't overdo it. Mild pressure held for many minutes will do more than strong pressure.

Actually, there are, in most people, 22 muscles in the face and most all of them can use pressure work. Even though this chapter is devoted to the helper, it is also the case that the worker can apply pressure to the jaw (page 216). In Chapter 13 on the jaw, I made an issue of the direction of thrust of the worker when he (she) is working on his (her) own jaw. The issue of direction is less of an issue with the helper. The helper should use a direction of thrust which meets the most resistance or where the helper can feel the most tension. Since the mouth should be in the normal

working position (fairly widely open as in Figure 142), the helper will not be pressing the muscle against the teeth.

Three pressure points for the jaw muscles should be sufficient. The first one should be about one inch back from the mouth (that will get mainly the buccinator). The second will be about the middle of the jaw (the external masseter). The third will be near the back of the jaw but NOT ON BONE. To locate the spot, place your thumb next to the bottom of the ear and then come forward and downward until your thumb falls off the bone. That is the right place (the internal masseter).

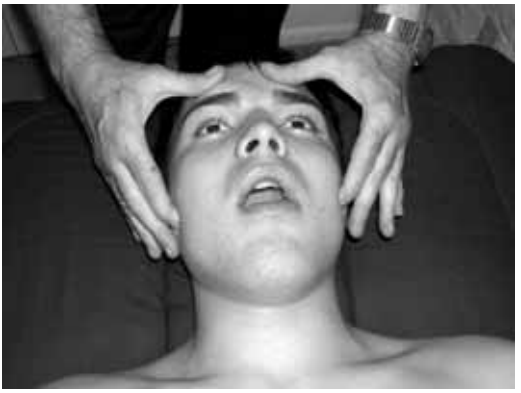


Figure 142

jaw back

This action is anatomically difficult. The helper can aid the worker by pushing **LIGHTLY** on the jaw. The joint of the jaw is very small and can be easily damaged by pressure; better too light than too heavy. Keep it light. I really mean that about keep it light. It is real pressure, it is not just patty-cake pressure; but the jaw joint is a very small joint and once it is damaged it does not repair. If the jaw joint is damaged it probably means surgery and often unsuccessful surgery. No kind of self-improvement work is worth damage to the jaw joint. I especially want to warn males about excess pressure. Men often do not realize quite how strong they are and so they need to be especially vigilant not to use excess pressure.

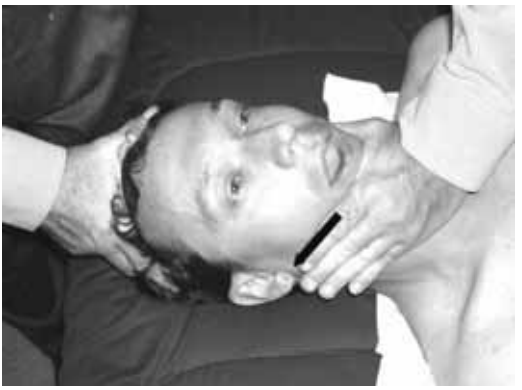


Figure 143

The arrow shows the direction of pressure. Just 20 or 30 seconds is enough pressure for any given session.

jaw out

No action by helper except to see that the teeth are not clenched, that is the mouth is open and out. That is shown in JAW OUT on page 213.

mouth open

If the mouth is really being stretched open, you will see a tiny muscle stand out at the side of the neck (see the arrow on the bottom left side photograph in Figure 86 on page 215).

If the helper does not see this muscle, he (she) can say “open wide, pull” a few times. But don’t overdo it such that you are perceived as being critical.

The helper can also use ***light*** pressure to force the jaw open. If there is any pain in the worker’s jaw joint, stop immediately the use of any pressure. Pain in the jaw muscles is not a problem, but again this is not an excuse for sadism on the part of the helper.

Just as I have many times stated the rule: always too slowly; so there is the similar rule: always too light on the pressure. Better too light or no pressure at all than to overdo it.

Also in Figure 144 note the two arrows pointing to the muscle (the omohyoideus muscle) that should stand out if the jaw is being fully pulled open.

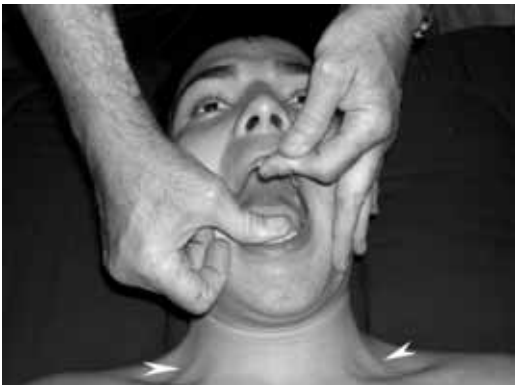


Figure 144

clench teeth

Here the helper can be of major benefit. We have all seen a dog clamped on a piece of cloth while the owner moves it back and forth as though to pull it out of the dogs mouth.

The helper here is not pulling the towel side to side, but is rather lifting the towel so that the worker's head is pulled off the bed.

Figure 145

THE TONGUE

lick the nose
lick the ceiling
lick the chin
tongue in directions

Here the only task of the helper is to call to the worker's attention if (1) the tongue is not fully out (it has been allowed to relax) or (2) if the lower jaw is being used to push the tongue up (in the lick the nose exercise). Figure 146 shows the mouth being pushed open.

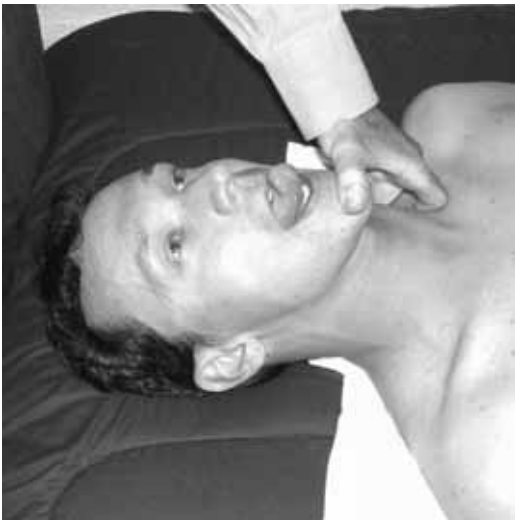


Figure 146

THE NECK

head to chest

This is not a hard exercise to do once the worker has a feeling for the movement of the head. If the worker is not able to get the head movement correct, then the helper can move the worker's

head the right way a few times until the worker has a feel for the correct movement. Other than that, no action by the helper is needed. If the helper sees that the worker is starting to just tuck the chin rather than bring it up and around, the helper can point that out.

head off bed, head to chest

The head over the bed exercise, bringing the head up and around to the chest, fairly quickly tires the neck muscles. If the worker does this exercise to the point that the neck muscles are exhausted then the helper can lift the worker's head while he (she) moves down on the bed so that the head will now rest on the bed.

As with the previous head to chest exercise, it the worker is lifting the head and tucking instead of coming up and around, this can be mentioned by the helper.

Mussolini jaw

Recall that this exercise is done one time, then there is a breathing-rest period, then it is done again, etc. The helper can point out if the sound is not a growl, if the shout is weak, or if the strike of the bed is weak. One caution: after a few repetitions of corrections by the helper, corrections should be stopped. If the helper continues to correct, it becomes nagging and criticizing.

roll the head

No action by helper needed.

PRESSURE

I have already discussed in Part One of the book how to use pressure in the neck area to help correct chronic tension. When the worker and helper get to the neck region it would be a good time to review the material on pressure in the neck region presented in Chapter nine (starting on page 162).

In this area, pressure can be very helpful and in some sense it is essential. The neck is a major area of conflict between feeling and thinking. It does not yield easily or rapidly only to the exercises.

The helper can greatly aid the worker in the area of the neck. The neck exercises can not do an adequate job of forcing the SCM, the scalenes, and the trapezius to let go of any held tension or to not be used as accessory muscles of respiration.

THE SHOULDERS

roll the shoulders together front
roll the shoulders together back
tonic shrug the shoulders

The only helper action needed is to remark to the worker if the shoulders have relaxed. As always one or possibly two remarks are all that is appropriate. You are a helper not a critical parent.

The helper can point out if on the roll the shoulders back exercise the worker is arching the trunk.

shrug up and throw down
shake the shoulders loose

The helper can point out if the arms or hands are being bent tending to make the shrug or the thrust come from the arms rather than the shoulders. The helper can also draw the worker's attention to other errors like moving too fast or making a sound other than the normal soft 'ah' sound.

Let me recall to the helper some of the criteria mentioned in Chapter 16 when I was discussing the shoulder exercises. These issues (that is, avoiding these errors) applies to both of the above two exercises.

1. **The inhale is done during one shoulder movement**
2. **The exhale is continuous and does not stop to make the 'ah' sound. Rather the 'ah' sound is simply inserted into the exhale as it continues without interruption.**
3. **The motion is with the shoulders, not the arms or hands**
4. **The movement should not be rapid. If it is done rapidly, the proper shrug, throw, or thrust is lost.**
5. **A single inhale should be sufficient for about five motions during the exhale.**
6. **Even though the motions are vigorous, the soft 'ah' sound does not change**

The helper can aid the worker by pointing out whether any of the above items is being violated. It is easy for me to see when the shrug, throw, or thrust is being done with the arms rather than the shoulder. I can't say how obvious it will be to the helper, but at least the helper can try to see the difference. Similarly it is common for the worker to start speeding up (not taking time to say "pause" in his head) and thus lose the force of the movement. The helper should remind the worker to slow down.

arms up and hit
arms crossed and hit
choke the towel

No helper action needed. The helper can remind the worker of the need for vehemence in all three exercises. Since both the arms up and hit and the arms crossed and hit are done with a shout, the helper can listen for the shout sound and comment on when it is heard. It does no good to note the absence of the proper shout sound; as long as the worker is actually trying to get the shout sound, that is sufficient.

reach with the hands
arms up and vocalize

This exercise can produce some fairly strong emotional reactions. Since many people are inhibited in allowing the show of emotion in the presence of someone else, it can be better if the helper is not present during these exercises. That is an individual difference so adjust accordingly.

If the helper is present and it does not unduly inhibit the worker, there is the potential for a big effect by the helper. What happens here does require sensitivity (or some good guess work) by the helper. As the worker is mouthing a phrase, the helper can take the place of the parent-to-the-child. Some examples: the worker is saying “please” and the helper responds with “no” or “don’t beg” or “don’t bother me.” The worker is saying “why” and the helper responds with “because I said so” or “you know why” or “because your no damn good.” The worker is saying “I won’t” and the helper responds with “yes, you will” or “don’t talk back to me” or “so you want a beating, is that it.”

In short, the helper places himself or herself in the frame of mind of the parent to that young child and uses phrases that the worker might have heard hundreds of times while growing up.

PRESSURE

Some people have a lot of trouble with roll the shoulders (back or front). In that case, pressure on the wing muscles by the helper can be useful. There are two of these muscles but it is difficult to tell which muscle you are on so I will simply say to use pressure in general in the area (Figure 147).

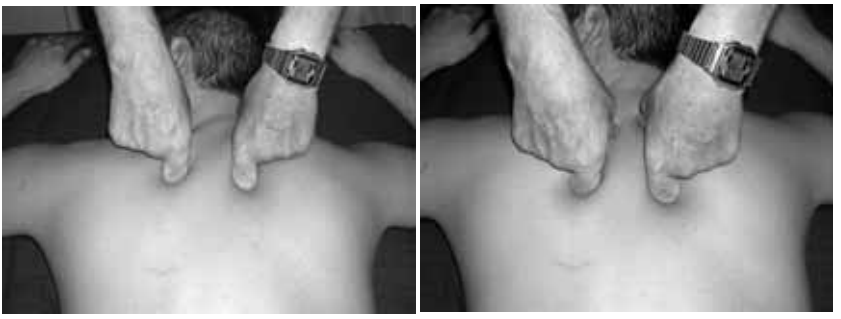


Figure 147

THE CHEST AND DIAPHRAGM

Cough exhale
Sneeze
Gasp inhale belly
Gag
Croak hold and flick
Double croak hold and flick

No helper action needed. The helper can point out if the gasp is slow. The worker may not be able to sense that the gasp is a quick inhale rather than a gasp. The helper can also point out if the flick is really a flick (recall, of the diaphragm, not the belly) or is instead a short distension of the belly (but not a flick as such).

Obviously the helper can be of use to bring on sneezes (by tickling the nose with a feather or by a pinch of pepper). If the worker is leaning into the gag rather than sitting straight up, this can be pointed out.

PRESSURE

Pressure on the diaphragm is easy and is, by comparison to other muscles, light. The diaphragm is a very thin muscle and thus prolonged light (for a whole session) pressure is sufficient to make it sore and thus to make it let go of some of the tension. The placement of the finger and direction of pressure is shown in Figure 148. Note that the fingers are just below the ribs (left) and are pointing upward (right).

Pressure on the diaphragm has another highly useful property, one that I use routinely. If I got a report from a patient that they are starting to deal with anger in such a way that it is causing them trouble at work or at home, then I spend one full session with pressure on the diaphragm. That almost always corrects the problem. I have already said why that works, but it can be said again. The diaphragm is associated with anxiety. Anger and anxiety play against each other. If anger is excessive, then increase the level of anxiety and it will damper the anger.

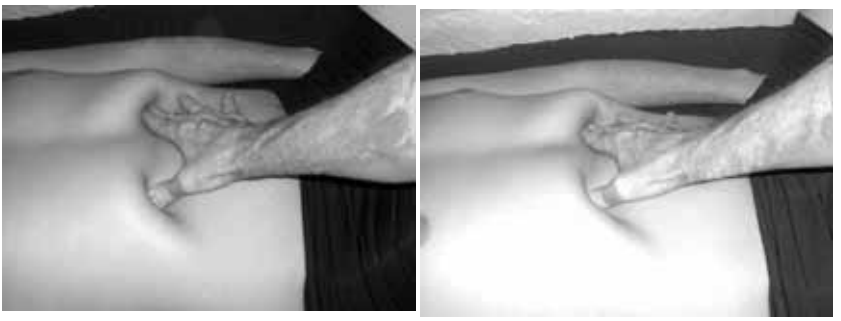


Figure 148

ABDOMEN

roll the pelvis

No helper action needed. The helper can, however, watch that the pelvis is being rolled by use of the front leg muscles (the quadriceps femoris) rather than by abdominal tension or by spreading the legs.

If the legs are being spread then simply placing an arm across the legs will prevent their use in this way (Figure 149).

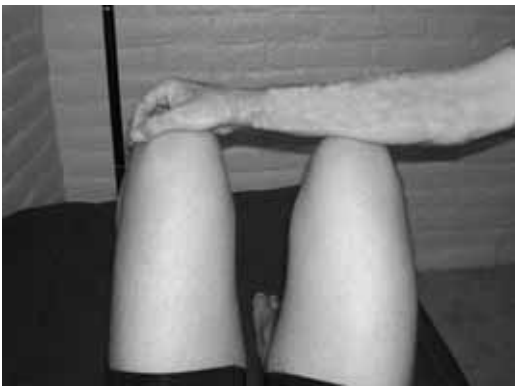


Figure 149

PRESSURE

Pressure on the abdominal muscles is often helpful. There are two kinds of pressure used here. One is very light pressure. That is shown in Figure 150. Some surprisingly strong feelings can arise from this pressure.

Figure 150

The other pressure is hard. The abdominal muscles are big and strong and thus usually fairly strong pressure can be used. There are actually two areas of pressure. One is directly designed to work on the front abdominal muscles and the other the muscles at the side of the abdomen. Pressure on the muscles on the side of the abdomen is especially helpful if the worker is unable to get much movement in the chest with the inhale. The muscle at the side of the abdomen runs from the pelvis to the lower ribs and thus can act to keep the chest held down.

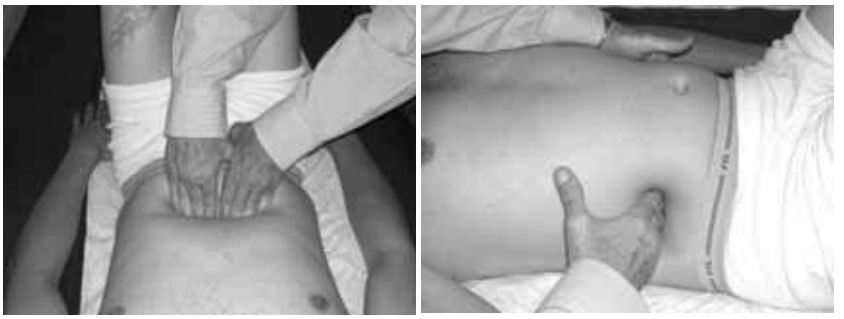


Figure 151

THE PELVIS

roll the pelvis
toss the pelvis
roll the pelvis (stomach)
slam the pelvis (stomach)
coin in the ass

No helper action needed. As with other exercise, the helper can mention if the roll the pelvis is being done by using the abdominal muscles or by spreading the legs; the toss the pelvis is being done by lifting the back off the bed and/or if the shout is weak; if the roll the pelvis (stomach) is being done by lifting the body off the bed (as opposed to just arching the back); if the slam the pelvis lacks vehemence or if the shout is weak.

LEGS

kick with the legs (swim kick)
legs open and close
kick with the legs
slam kick (fast)
slam kick (slow)

No helper action needed aside from the usual comments if an exercise is being done incorrectly. The swim kick can be too slow or the legs lifted too high. The slam kick (fast) can be either too fast or too slow and the height can be too little or too much. The slam kick (slow) can be too fast or with insufficient intensity of the shout. That leaves the legs open and close exercise where the helper can be quite active.

legs open and close

Except for pressure discussed below, no helper action is needed.

PRESSURE

The first type of pressure is pressure to further open the legs when they are flopped open. Unfortunately, I don't have a photograph of that so I will just describe it. Pressure is applied with the palms of the hands at the arrows and downward toward the bed (Figure 152). The pressure is steady but not too strong, just enough to stress those thigh adductors (that are tight and therefore do no allow the legs to open more). The pressure is held for about 60 seconds and then removed. It can be done several times during the course of a legs open and close session.

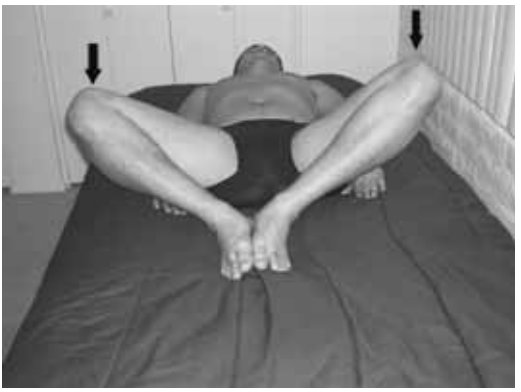


Figure 152

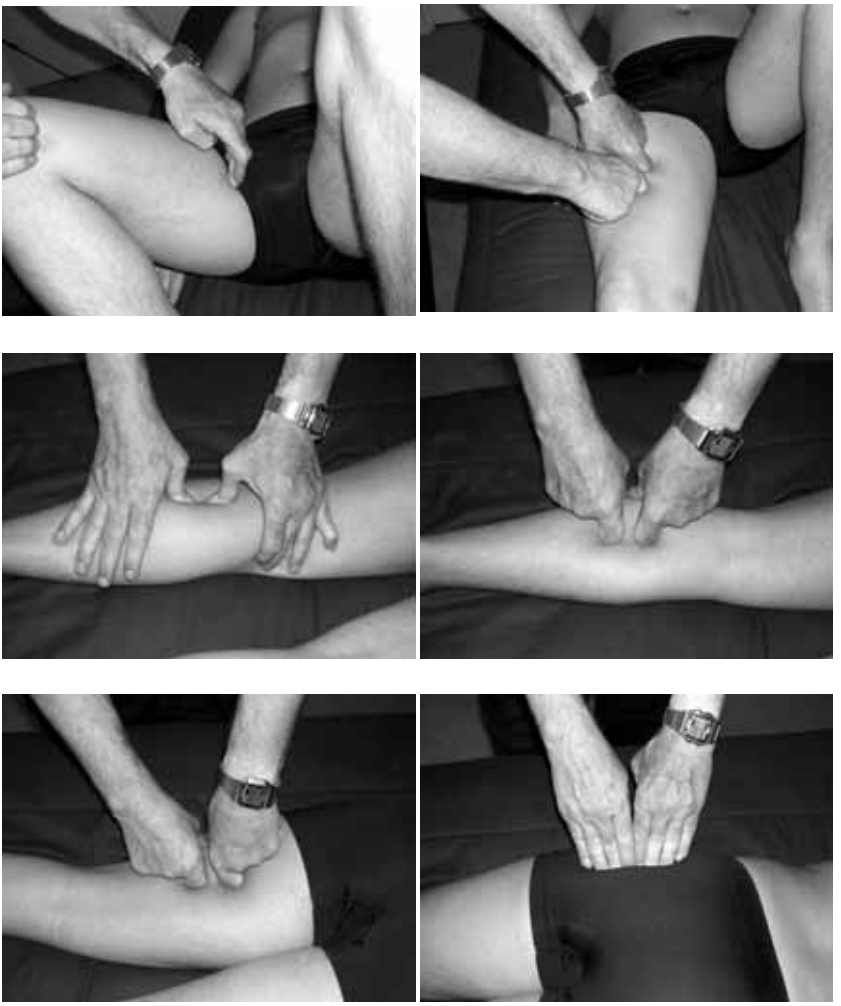
Pressure on the legs by the helper can be very useful to the worker. There are several areas where pressure can be used. Here because of the size and density of the muscles the pressure must be done with either the knuckle, paired thumbs or a massage tool. The areas of pressure and the use of the knuckle and paired thumbs is shown in the following photographs. As usual, pressure should be applied to the tolerance level of the worker but the worker should attempt to accept the pressure without resorting to masochism or a "look what I can take" character trait or a "you can't hurt me" character trait.

In other words, the worker should be willing to accept the pain (if present) but should also be ready and willing to say "enough" or "stop."

An especially useful way to apply this pressure is to start to the point where there is pain and then lighten up just a bit. Hold

that and if you feel the tension in the muscle letting go then go in harder (follow the tension).

Notice in the last photograph in Figure 153 that pressure is being applied to the muscle on the outside (lateral) aspect of the calf. This muscle is called the tibialis anterior and it is surprisingly tight in many people.



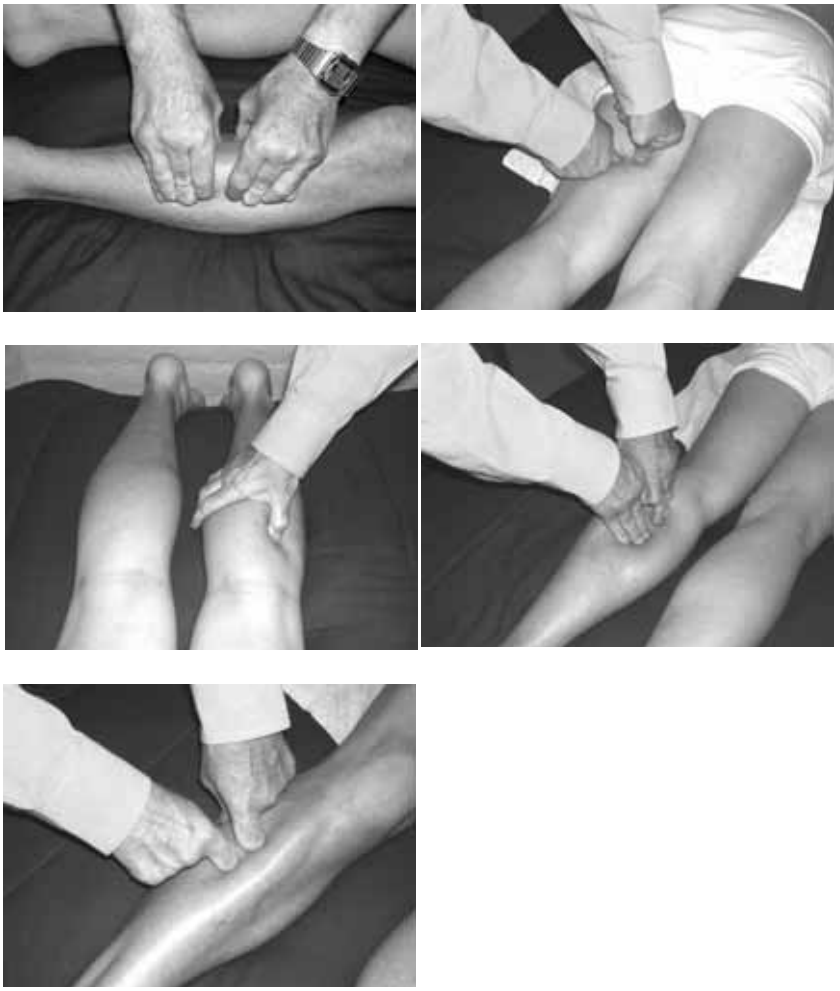


Figure 153

Notice in photograph six above, the gluteal muscles are not ignored.

GENERAL EXERCISES

sense, feel, report (passive session)
variation 1
variation 2
variation 2 way 1
variation 2 way 2

variation 2 way 3
tennis racket

No helper action needed.

There are two new exercises that can be done only if there is a helper.

KICK THE PILLOW (NEW EXERCISE)

This exercises uses the same large pillow that was used in Part One of the book to bring the head to the chest. This exercise deals with various held attitudes in the legs.

In the inhale (a normal belly then chest inhale) the legs are drawn upward as shown in Figure 154 (top left). On the exhale the legs are kicked out against the pillow with as much force and vehemence as the worker can manage. The exhale sound is a shout. The exact character of the exhale sound is not important as long as, for the worker, it indicates force and anger, the implied desire to injure the helper (Figure 154, top right and bottom left).

Figure 154

Note in the upper right photograph in Figure 154 that the helper is holding the pillow. The pillow rests on the bed and against the helper's abdomen. The worker should be positioned on the bed such that the kick not only strikes the pillow but also pushes the helper backwards about a foot.

There are two errors commonly made in this exercise. The first is inadequate force and lack of the intention to (figuratively) destroy the helper.

The second error is that instead of the legs coming straight out (right next to the bed) the legs come up and out. I have shown this in Figure 155. Compare the placement of the feet on the pillow in Figure 155 to the lower left panel in Figure 154.

Figure 155

CHOKE THE WRIST (NEW EXERCISE)

This is another exercise that requires a helper. This exercise gets at the anger or frustration or hate or like character attributes related to the arms and hands.

While the worker continues the breathing, the helper extends his (her) wrist for the worker to choke with both hands. The sound should change from an 'ah' to an angry growl. This growl sound need not be the growl sound discussed in Part One of the book on the breathing and presented on the Sounds of Reichian audio.

Figure 156

PRESSURE ON THE BACK MUSCLES

There are no good exercises for the muscles of the back running along the spine. The only choice here is to use knuckle pressure or to use one of the gouging devices (either the commercial one or the constructed ones I use).

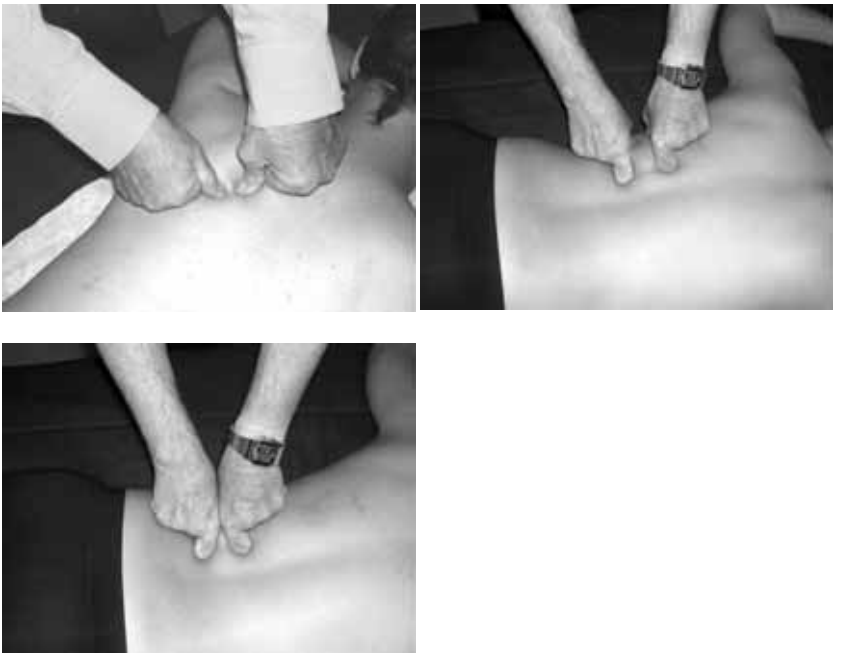


Figure 157

While anatomically there are multiple sets of muscles that run along the spine, for this work we concentrate on only two sets.

The first set, shown in the upper right panel of Figure 157 and the lower left panel of Figure 157 run directly along and only slight off the spinal column. The held tension here is usually easy to fell and in its stronger form actually feels to the helper as though there were a round rope running along the spine. This tension can be strong in one area and all but absent just above or below. There is a strange phenomenon in the use of pressure in this work. I observed it myself in my therapy and many of the people I have worked with have commented on it. While the pressure hurts, at the same time it feels good. Perhaps it is like what many people have experienced with a deep massage where the needing of the muscle both hurts and feels good at the same time.

The second set is shown in the upper left panel of Figure 157. These are the two muscles that connect the wing bone (the scapula) to the spine (the two muscles are the superior and inferior rhomboids). It is surprising how many people have held tension in these muscles. Perhaps it reflects the character trait of stubborn independence; the unwillingness to reach out for help or nurturance (if these muscle are tight, they tend to prevent the rotation of the scapula which is necessary for the arms to reach forward).

THE APPLICATION OF THE WORK TO SEXUALITY

Think back to when you were in high school and just starting to experience sexuality. Do you recall how you used to pant while experiencing sexual arousal? Now think about your current sexual activity. Very likely now you breathe heavily only as a function of the exertion of intercourse.

You were right in high school and wrong now. At your next sexual experience breathe deeply and rapidly. Your sexual experience will be unlike anything you have recently experienced.

Holding one’s breath is the major way people attempt to control their sexual response. Take your Reichian breathing into your sexual activity and see the difference it makes.

EXTRA: OVERCOMING ANXIETY OR PANIC

One of these methods comes from yoga and the other from medicine.

Yoga

Inhale fully through the nose on a count of seven seconds. Exhale fully through the nose on a count of seven seconds. That is during both the inhale and the exhale you count seven seconds in your head (one, and, two, and …). Make sure the count is slow so that you are counting the seconds. Usually about half a dozen breaths is sufficient to stop the anxiety but there is no reason not to continue this slow methodical breathing until you are sure the anxiety is gone.

Medicine

Inhale slowly just to the belly. Since normal breathing is about 12 breaths per minute, here you will make it about eight per minute. Both parts of this anti-anxiety procedure are needed for it to do its work: (1) the breathing is only to the belly and (2) the breathing is slow. Place your hands on your ribs to see that they are not moving. Just pay attention to your anxiety level as you do the slow belly breathing and continue until the anxiety is significantly reduced or is gone. The anxiety reduction of this technique is the subject of several medical text books.

CHAPTER 23

COMPLETING THE PROCESS

Body-based psychotherapy (here, self-therapy) is a wonderful technique. It accomplishes things that no other form of psychotherapy can accomplish. Except for depth therapies like psychoanalysis or Jungian analysis, this is the only therapy that seeks basic change. But unlike psychoanalysis or Jungian analysis, it does not depend on massive amounts of time and money and it is not dependent upon your willingness to believe in things of which you can have no personal knowledge.

Now it is true that, in general, body-based psychotherapy (here based on the technique that Reich developed) is a slow process. But, then, so are the other depth therapies. The very idea of "depth" carries with it the idea of slowness.

Except for body-based psychotherapy and the two depth verbal therapies, other therapies are problem-oriented. That is not a criticism. Some people are introspective, they want to understand themselves and why they act as they do. But most people seek out a therapist because they are having a problem with living. Some part, or many parts, of their life is (are) not working as they wish. These people don't necessarily want more than specific problem resolution and, if so, there are many fine verbal therapies available to them.

If you are in some form of verbal therapy, this work does not conflict with that verbal therapy. In fairness to your therapist, you should tell him or her that you are starting this work. But other than that, there is no conflict between this work and any form of verbal therapy.

That being said, here is the caveat. As fine a technique as Reichian therapy is, IT IS NOT COMPLETE IN ITSELF. Reichian therapy without verbal therapy — whether formally done with a therapist or with integrity undertaken by yourself —

does not do the whole job. This is not to diminish Reichian technique, the same caveat is true of all the other body-based psychotherapy approaches.

In saying that it is not complete I am not belittling the work that I have done for over 35 years nor am I aiming criticism at any of the other schools of body-based psychotherapy. It is just that when you treat a person, you can't just treat their disembodied mind or their disemminded body. Disemminded is my made-up word, but it fits. It is a whole person that lives, it is not just a body with tensions (or holding) and it is not just a repression-dominated[37] mind. A complete job requires that all aspects be addressed.

In this book I have presented Reich's approach to body-based psychotherapy to the extent that it can be done by oneself. A practicing Reichian therapist can, not surprisingly, go beyond what I have presented. But for all the good that Reichian therapy does, it is not sufficient. It is not complete. It needs the added step of either formal verbal therapy or of self-study along some of the lines I will present here. Just doing the work that I have presented in this book can take you a long way; but it will leave behind much that still needs work.

Up till now this book has been a work book, not a text book. In the words that a philosopher would use, this has been a knowing how rather than a knowing why. Now I have to get technical and thus you will now see the references that I have, till now, generally avoided.

Self-study is a big subject, far too big for a concluding chapter; so I will limit myself to presenting some of the major

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37. I have serious doubt that the concept of repression is valid. There is a whole literature which has appeared in the last 25 years that effectively takes Freud's theory apart piece by piece and, as well, a body of literature which calls into serious question the validity of "recovered memories."
I would also mention that the theory of repression as put forth by Freud was that memories, ideas, drives, or drive derivatives, not emotions, were repressed (Laplanche & Pontalis, 1967/1973; Moore & Fine, 1990). The idea produced unpleasant emotion and to avoid the emotion the ideas and memories were repressed.

issues and some methods you can use to supplement the body work with thinking work.

Throughout the preparation of this book a major issue which has confronted me again and again is the question of the order of presentation of material. That problem rears its maddening head even more in this chapter. I would prefer, following the general approach of this book, to just present techniques that you can use to do the cognitive work. But that is simply not possible; there are some theoretical issues that are requisite to the effective use of the techniques. So, with some apologies, I am going to present the technical material first. If you find the material uninteresting or annoying, you can skip to page 418 and read just the techniques section.

A reasonable question, before I even start this exposition, is why? Why go into all this? Obviously I could just close this book at this point, at documenting the therapy for home use. However, I am a therapist, not a documentary book writer. To leave this book without this chapter would be to leave my reader better off, but still with major uncorrected issues. That is not the stance of a healer, it is the stance of a pitchman. Thus, this chapter.

When I wrote this chapter, it all seemed logical to me and to flow properly from subject to subject. But that was before I came back to read it many months later. Then it seemed immensely dense. So much material in so little space. This chapter is already over 100 pages, so expanding on all the topics was out of the question. My solution, presented here, is to first provide an outline of the chapter with page number references. Then, at least, you can see where you are and where you are going.

I EMOTIONS IN HUMAN LIFE: ESSENTIAL, BENEFICIAL AND ENEMY

A. ESSENTIAL

I have pointed out, somewhat forcefully, that emotions are derivative of cognition, they are not primary and autonomous.

Thus, I have maintained, the issue in psychotherapy is mistaken concepts not "emotional problems."

There are implications to this emphasis that, by connotation, get incorporated into the natural view of my reader. Before I continue I want to deal explicitly with these connotative assumptions.

The neurologist and cognitive neuroscientist, Antonio Damasio (1994)[38], in a justly famous book, in my opinion and those of the many other authors who cite this work, showed conclusively that rational action is not possible without emotion. Damasio spoke of people with orbital prefrontal lesions and the type of deficit which they routinely display. Such people, presented with purely rational tasks like math problems or logic problems operate at normal (that is, just like people without orbital-prefrontal-lesions) levels and their solutions are no more nor less rigorous that anyone else. The difference arises, and strikingly so, when they are required to convert rational thinking into rational action. Damasio cites the relevant test of solving MBA-type business problems. The solutions brain-damaged and non brain-damaged people arrive at are equal in rigor and logic. But when the people with orbital prefrontal brain damage are then put to the test of translating this thinking into action, they are wildly irresponsible, impulsive, and illogical leading to easily foreseen failure. The difference, as Damasio I think well demonstrates and defends, is that they lack the emotional component of desire and caring about the outcome. Their thinking is unimpaired, their action is greatly impaired because their action does not depend on emotional state.[39] Rational action, that is to say action that serves the end goal of successful living, requires emotion to operate.

B. BENEFICIAL

There are people who are born without the ability to experience physical pain. They do not know when they have injured themselves or when they have an illness (like an inflamed

38.References are grouped after this chapter starting on page 463.

39.It is the prefrontal cortex that evaluates emotion.

appendix) because they can not experience the pain of the injury or the illness. They tend to die young and, in any event, need nearly constant monitoring such that a guardian serves as a surrogate pain evaluator.

Emotions add spice to life that would make life without them directly akin to the person who can not experience pain. How long would a person persist if there were no awareness of fear? What becomes of the feeling of beauty, of the esthetic experience, of love, of hurt, of revenge, even to bring it home, of humor and laughter.

Life without emotions would be, to steal the phrase, certainly "solitary, poor, nasty, brutish, and short" (Hobbes, 1660/1998; cf. Wollheim, 1999).

C. ENEMY

There are two old experiments in psychology which bear reporting here. The first concerns what came to be called "the approach-approach" problem. If an animal is placed directly in the middle between two equally desirable food sources, the result is that the animal stands in the middle until it dies of starvation. To choose either desirable food source is to avoid the other equally desirable food source; the end result is the inability to make a decision and the paralysis of action unto death.

The other is called "the conditioned fear paradigm." Here an animal is placed in a situation that is unpleasant (e.g. it is hungry but the food source is a short distance away). To escape the unpleasant situation the animal has to travel over a pathway that produces pain (usually an electrical shock to the paws). After a few repetitions of this experiment, the pain-production potential is disconnected (i.e. there can be no further painful paw shocks). The result is that the animal never learns that it can no longer be hurt. Having learned that the pathway to food produces pain, it never tries the now harmless pathway again. It, too, starves in the sight of food.

Emotions, like love or laughter, enrich life — they are the flavoring that makes life palatable — they also constrict, inhibit, indeed even prohibit that life such that they lead to death in anorexia or the suicide of hopelessness or pain. Emotion is

present in the human and, indeed, Damasio (1994) has presented cogent data and argument to say that we could not function in the world without them. But emotion is not just self-pity (weeping), anger, and fear. Emotion includes desire, a concern about the outcome of our actions, pride, and about 550 other issues. A theory of therapy which views itself as only dealing with emotions — and moreover with only a very few of them — is *a priori* labeling itself as marginal. It is not without reason that Reichian practitioners are almost non-existent.

Is it simplistic to say that our goal is to increase the joy and reduce the pain? Perhaps so; but then why would one ever undertake this path of self-study if that hope were not present and the goal reachable? Reich gave us the gift of a method, it is up to us to employ and amplify that method to reach the goal most sought.

II THEORETICAL SECTION

First I will address the role of the superego and the ego ideal. While, as I indicated above in a footnote (footnote 37 on page 348), Freud's has come under scathing but highly erudite

criticism in the last 25 years, still these metaphorical terms are conceptually useful.

Next I will return to a discussion of character. I have previously defined the concept of character (in Chapter one), but here I will explore the concept in greater depth. My objective is to communicate the extent to which character permeates everything about you.

Next there will be the first of a two-part discussion of defenses. Part one will be here in the theoretical section and part two will be in the techniques section.

Body-based psychotherapy, to be charitable, has been extremely derelict in attempting to base the whole of its rationale on the single defense mechanism of repression. If, as seems more likely all the time, the scholarship on the concept of repression shows the concept of repression to be mistaken[40], then the whole rationale, as previously put forth, for body-based psychotherapy will be undone along with the concept of repression. It is indeed unfortunate that so fine a technique as body-based psychotherapy should be made to rest on so slim a foundation as the theory of repression.

I will then turn to the most important of the 41 defenses other than repression. By most important I mean the ones that are most significant both from the point of view of character and from the point of view of being commonly in use. These are the ones that I will, in turn in the techniques section, focus on in presenting techniques. At the end of the chapter, for reference, I will present two tables that list all the defense mechanisms and their approximate age of appearance.

A. THE SUPEREGO AND THE EGO IDEAL

40. See: Crews, 1998, 2006; Ellenberger, 1970; Erwin, 1996; Esterson, 1993; Grünbaum, 1984; Macmillan, 1997; Webster, 1995.

"First, I want to point out that, despite over sixty years of research involving numerous approaches by many thoughtful and clever investigators, at the present time there is no controlled laboratory evidence supporting the concept of repression. It is interesting to note that even most of the proponents of repression agree with that conclusion." (Holmes, 1998, p. 161; cf. Singer, 1990).

1. Description Of The Superego And The Ego Ideal

While both the superego and the ego ideal, as we will see, are major problems in the human being, our first task is to distinguish between the two and to locate both relative to the ego.

The superego is our internal policeman. It decides right or wrong, do it or don't do it, permitted or not permitted. It is the superego that produces feelings of shame and guilt. It is the superego that inhibits and prevents; it makes us obey the rules, both legal and social. The superego stops us.

While the superego inhibits, the ego ideal compels. While the superego says what we can't do, the ego ideal says what we must do. It does not say we must do in the sense of obey (for that is the job of the superego), but what we must do in the sense of achieve or obtain to. While the superego gives us shame and guilt (if we disobey its rules), the ego ideal gives us "a sense of failure," and/or defeat, and/or futility (if we don't live up to its demands).

2. The Structural Theory And The Superego

When Freud came, late in his writings, to posit the id, the ego, and the superego his theory was termed "the structural theory." This was as opposed to his earlier topographic and economic theories (Yankelovich & Barrett, 1971). Each of his three metaphorical entities — id, ego, and superego — was a structure that developed in a specific manner, for specific reasons, to fulfill specific functions. Our interest here lies with the ego and its place in the scheme of things.

We need to understand the ego in this theoretical formulation because it is the ego which will, in the end, be our friend and savior.

As Freud postulated the system, the ego was that part of the psychic structure that (1) dealt with reality and (2) served as mediator between the id and the superego. The id said "I want it", the superego said "you can't have it", and the ego looked to reality and to those two demands and tried to find a way out of the dilemma, a compromise formation (you will find compromise formation listed among the defenses at the end of this chapter). It

also fell to the ego to find ways, if possible, to satisfy the demands of the ego ideal. The structural place of the ego ideal relative to the superego was as a part of it, with a demand function instead of a prohibition function.[41]

As Freud formulated the system, the ego was not only a mediator between competing demands, it was also continually in a state of conflict between those demands. It fell to Hartman (1939/1958) to point out that not all ego functions were conflicted. There was also a "conflict-free" sphere of the ego. That conflict-free sphere of the ego is our ally in this attempt to counteract the war of the structures that wages within each of us.

Returning to the superego, the theorist Roy Schafer (1976, pp. 283-4) writes of the superego as:

> In its individual rather than social aspect, one thinks that it is oneself who is doing the scolding or punishing, perhaps unconsciously. Metapsychologically, we call this individual aspect by the name Freud gave it, the superego, and we say it is an intrapsychic agency. But by resorting to this language, we no longer say (what is perfectly adequate to the occasion) that sometimes one judges one's own actions in an irrational, infantile, severely moralistic, or punitive manner, and especially that one does so even unbeknown to oneself, that is, unconsciously; we say instead that it is one's superego that (or who) judges one's ego (or one's self) in these ways. Thereby we set up superego as a personified entity of another sort: a so-called psychic structure that sets standards, prohibits, judges, and punishes cruelly just as the parents of one's childhood once did or, with the help of exaggeration, seemed to do or seemed ready to do. The obsessional neurotic is our best example in this connection.[42]

41.The ego ideal has grown in importance with the writing of Heniz Kohut on narcissism wherein it is termed, variously, the idealized parent imago or the idealized self-object.

Similarly, Moore & Fine (1990, p. 189) speak of the superego thusly:

> One of three hypothetical systems of the tripartite (structural) model, the superego sets up and maintains an intricate system of ideals and values, prohibitions and commands (the conscience); it observes and evaluates the self, compares it with the ideal, and either criticizes, reproaches, and punishes, leading to a variety of painful affects, or praises and rewards, thereby raising self esteem. Freud introduced the term Ü*ber-Ich* (superego) in 1923, used it synonymously with his earlier term *Ich-Ideal* (ego ideal), and described it as a step *(Stufe)* or differentiation within the ego. He viewed it as largely unconscious, reflecting the clinical observation that in many patients self-criticism and conscience were as much outside of awareness as the drives: "not only what is lowest but also what is highest in the ego can be unconscious.

I think we have covered this enough, at least from the classical Freudian point of view. But there are two other theorists I want to introduce into this witch's brew. First Edmund Bergler (1949, 1960, 1961) and then Karen Horney (1950).

B. PSYCHIC MASOCHISM, THE CONTRIBUTION OF EDMUND BERGLER

Edmund Bergler is a much under-appreciated theorist. Yes, he had his nutty side; but then what theorist does not have a nutty side? I'll skip the nutty and get right to the pecan pie.

42.In the original German, Freud used the terms das Ich (the I) and das Selbst (the self) seemingly interchangeably. When Strachey in 'The Standard Edition' translated Freud into English, the single term Ego was used for both das Ich and das Selbst. I have deliberately in this book avoided the issue of the Self as it is still a term lacking of any generally accepted definition (Kirchner & David, 2003; Kohut, 1977).

There are two concepts of Bergler's that I think add greatly to this discussion of the superego and the ego ideal. The two concepts are: (1) psychic masochism and (2) injustice collecting.

I'll start by letting Bergler speak for himself (1961, p. 31-2):

> Now being the object of "self-aggression" is painful and humiliating, to say the least. Every human being lives on the basis of the "pleasure principle." What pleasure, if any, can be derived from hitting oneself? Obviously none, unless one makes a pleasure out of displeasure. That is exactly what the future "psychic masochist" does. *The only pleasure one can derive from displeasure is to make pleasure out of displeasure ("psychic masochism").*
>
> . . .
>
> *Nobody can* go through the protracted helplessness of childhood without acquiring some traces of this psychic poison. Psychic masochism is a universal human trait; to deny it is just as naive as to deny that every human being possesses an organ called a heart.
>
> The genius of the infant, baby, small child solved one of the most complex problems of the psychic economy. It created the *"genetic picture"* in psychic masochism, dealt with in part by Freud. Unfortunately the process does not stop at that point.
>
> The next development simply confirms the already established trouble. The aggression of the child is not directed against indifferent people; its targets are parents and their representatives, "people with a halo." Why exactly parents? They are "just around." . . . They invoke the "triad of retribution": punishment, moral reproach, guilt.
>
> The problem of guilt is of decisive consequence. It acquires a double representation: mother (father) *and* the *inner conscience* (superego).

> The origin of guilt dates from the earliest phase of development when the inexpressible fury of frustration rebounds against the ego. The first results of this ricochet, a feeling of helplessness and unease and subsequent depression, are the pre-stages of guilt.
>
> It is against the background of the inescapable accumulation of this rebounding aggression that we must view the child's pathetic attempts to cope with *external* troubles. His first inner expedient for dealing with the outer world was described by Freud as the *"ego ideal."*[43]

One could only wish that Freud were as concise. In a few short paragraphs Bergler has posited the 'reason why' both the superego and the ego ideal are formed and, in the process, has added to our understanding by adding the concept of psychic masochism.[44]

But Bergler has another important point to make about the ego ideal. It is a point we will address again in this chapter. Bergler writes (ibid p. 33)

> The ego ideal, therefore, is composed of the child's original and indestructible megalomania (later attenuated to narcissism and self-love) amalgamated with internalized parental prohibitions. In its introjected[45] sectors, however, the ego ideal is *not an exact* copy of the parents. The precise formulation is "parents as the child perceived - them." Since a good deal of the child's aggression was projected on the parents their images have already been colored and altered by a patina of this projected aggression.

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43. In the list of coping (defense) mechanisms at the end of this chapter, this mechanism is "turning against the self."
44. An earlier variant of this concept was called "moral masochism" (cf. Fenichel, 1945; Freud S,. 1924/1959).
45. Introjection as a coping (defense) mechanism is in our list at the end of this chapter.

> The narcissistic sector, the larger ingredient of the mixture, has the purpose of protecting the ego from humiliation and maintaining the needed assurance of all-power. It contains the child's braggadocio, his boasting of what he can do, his grandiose promises for the future, his "dreams of glory," amusing to an adult sense of reality but utterly serious to the child. These high-pitched aims, created and advertised in childhood, later become one of the most fertile sources of self-torture.

Now before we turn to Bergler's second important contribution (I do not mean thereby that Bergler's only contributions to theory are the two presented here) I want to highlight some issues in the two quotes.

First, note that the development as Bergler lays it out is based on the parental inhibition of the child's aggression. Since many people reading this book will have previously steeped themselves in Reich's contention that the issue is childhood sexuality, the difference needs to be emphasized that it is the natural aggressive drive of the child that is prohibited, not his sexuality.[46]

The second, and more salient, issue is Bergler's emphasis on the child's megalomania and its time-transformation into narcissism. Narcissism is a crucial issue in all of therapy (Morrison, 1986) and is a psychological component not dealt with at all, in any direct sense, by body-based psychotherapy. Narcissism is largely ignored by Reich[47] and was totally ignored, to his shame, by Lowen.

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46. In this, Lowen (1958) comes closer to the mark. Where Reich put all the onus on sexuality, Lowen has placed all the onus on aggression.
47. Reich's postulation of a phallic narcissistic character is nearly the whole of his interest in the subject. Phallic narcissism is one of five recognized narcissistic characters: (1) primary narcissism, (2) secondary narcissism, (3) pathological narcissism (Kernberg, 1975), (4) phallic narcissism, and (5) Kohutian narcissism.

Lowen, when the psychological world passed him by as it started increasingly to focus on narcissism, tried to play catch-up by publishing a book entitled *Narcissism* (1983).[48]

Finally I should like to emphasize that the over-riding emotion, as it is recognized by the person and therefore is a feeling, is guilt. It is not that aggression is repressed, it is simply that the aggression is turned against the self giving rise to an intra-punitive superego and ego ideal. The claim put forth both by Reich and Lowen that aggression is "repressed" is not supported.

At this point I want to draw a distinction that Bergler did not draw but which, in my opinion, is closer to the observed facts. Guilt, as such, is a fairly mature emotion. Its predecessor is shame. Guilt, as formal feeling, does not arise until somewhere about the age of seven; prior to that time it is shame (Morrison, 1989).[49] The distinction is observed by parents when they confront young children with "aren't you ashamed of yourself?" or "you should be ashamed of yourself." It sounds foreign to the ear to confront a young child with "don't you feel guilty?" A child who has urinated in his bed or failed to get to the toilet in time experiences shame at his act, he does not feel guilty about it.

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48. The book is, frankly, an embarrassment to the whole field of body-based psychotherapy. By the time Lowen wrote it he had already published eight other books. Since he had exhaustively analyzed character in terms of the body in his first book, to suddenly find 'oh, by the way, there is also narcissism in the body' can only work to discredit the whole field.

49. (p. 2) "As guilt invites confession and forgiveness (ref.), shame generates concealment out of a fear rendering the self unacceptable (ref.)." However for a different view, and one tying both shame and guile to a genetic variable called field-independence and field-dependence, see Lewis, 1990.

In explaining injustice collecting, a component of psychic masochism, again I will let Bergler (1960, pp 47-8)[50] present the case:

> Nobody, as I have said, is entirely uninfluenced by the unconscious pleasure-in-displeasure pattern. But there are some people who *unconsciously* feel at home in one, and exclusively in that one situation: behind the eight-ball. These are the confirmed *psychic masochists.* Their daily mental diet is incomplete unless it has included an offense against them, a humiliation, an affront they have sustained. Invariably, they have been "innocent victims" in these encounters with unaccountably "malicious" people. These psychic masochists expend a great deal of productive energy in achieving that *externally* unproductive aim. So attuned to rejection and humiliation are these "injustice collectors" that they either provoke a rebuff or misuse a situation to attain their purpose. A merciful fate permits them to "overlook" their own initial provocation or misuse of circumstances. As they see it, the "situation" begins when their imaginary opponent "unwarrantedly" attacks them With good conscience, righteous indignation and "justified" fury, they fight back ostensibly in the cause of self-defense. Inevitably, they meet defeat, after which the revel in self-pity. Defeat is inevitable in every argument every battle, for the psychic masochist unconsciously and unknowingly has been careful enough to choose an opponent stronger than himself, or cunning enough to maneuver himself into an untenable situation.
>
> To people who found the generalization on self-damaging tendencies difficult to accept, this outline of

50.Bergler is well worth reading. I recommend *The Basic Neurosis* which you can find in the reference list. If the material from Freud which Bergler employs liberally is beyond your knowledge, there is an excellent introductory book to Freud: Hall, C. (1955). *A primer of Freudian psychology,*. New York: Signet. Unfortunately this book is now out of print but can be easily acquired on the used book market.

> psychic masochism in action undoubtedly appears more than incredible. It takes time, perhaps, to adjust to the presentation of so "unrealistic" a state of affairs, but perhaps a reminder will help: Only *consciously* is every person, his own friend and well-wisher. *Unconsciously*, the story reads differently. If a person *unconsciously* runs after the proverbial kick in the jaw, he is sure to get it—and more often than he bargained to.

Why did I include this theorist and these two ideas here? Simply because I find it presented so frequently in my therapy practice that I can well accept Bergler's claim that it is endemic. It deserves to be presented and emphasized if I am to present a model for you to use in your cognitive work along side the body work.

C. THE TYRANNY OF THE SHOULD, THE CONTRIBUTION OF KAREN HORNEY

Karen Horney was analyzed by Alfred Adler and there is a close similarity between her theory and that of Adler[51]. Horney was one of the "neo-Freudians" along with, notably, H. S. Sullivan, Clara Thompson, and Frieda Fromm-Reichmann. The neo-Freudians based their approach not on a drive model as Freud did, but on an interpersonal model.

There is much to recommend Horney, and her writing is deserving of much more space than it is accorded here. The issue addressed here, the tyranny of the should, is drawn from one book (1950)[52] where the issue forms a chapter title.

If legally I could I would include here the full 22 pages of this chapter. Instead I have clipped and cut, even omitting the ellipses. Please understand that what follows is my butchering, for space reasons, of what Horney actually wrote. For those of

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51. Horney, in turn, analyzed Albert Ellis. Ellis is recognized along with A. Beck as founders of the now most prevalent form of evidence based therapy, cognitive-behavioral therapy.
52. This is another book that I recommend to your purchase.

my readers whose curiosity is piqued, the book is readily available in trade paperback and is well worth purchasing.

> Neurotic claims are concerned with the world outside as the person asserts the rights to which his uniqueness entitles him. His feelings allow him to live in a world of fiction. And whenever he falls short of being his idealized self, his claims enable him to make factors outside himself responsible. The inner dictates comprise all that the neurotic should be able to do, to be, to feel, to know and taboos on how and what he should not be. He should be the utmost of honesty, generosity, courage, endure everything, like everybody, love his parents, his wife, or, he should not be attached to anything or anybody, nothing should matter to him, he should never feel hurt. He should be spontaneous; he should always control his feelings. He should know, understand, and foresee everything. He should be able to solve every problem of his own, or of others. He should be able to overcome every difficulty.
>
> But to speak of too high demands on self does not reveal the peculiar *characteristics of inner dictates*. What strikes us is the same *disregard for feasibility* which pervades the entire drive for actualization. Other demands on self may not be fantastic in themselves yet show a complete *disregard for the conditions* under which they could be fulfilled. The inner dictates operate with a supreme *disregard for the person's own psychic condition.* The more a person lives in imagination, the more likely it is that he will simply spirit away difficulty. Thus the inner dictates do not aim at real change. They aim at making the imperfection disappear, or at making it appear *as if* the particular perfection were attained. This becomes especially clear if the inner demands are externalized. Then what a person actually is, and even what he suffers, becomes irrelevant. Only what is visible to others creates intense worries. The shoulds *lack the moral seriousness of genuine ideals.*

There is one further quality of the shoulds that distinguishes them from genuine standards. That is their *coercive character.* Ideals have an obligating power over our lives. This means violent emotional reactions to nonfulfillment, reactions which traverse the whole range of anxiety, despair, self-condemnation, and self-destructive impulses. Reactions of anxiety often escape attention because the customary defenses against anxiety are set going instantaneously.

But there are *great individual differences* in the *attitudes toward this tyranny and the ways of experiencing it.* They range between the opposite poles of compliance and rebellion. The expansive type tends to identify himself with his inner dictates and to be proud of his standards. His arrogance may be so great that he does not even consider the possibility of failure, and discards it if it occurs. The self-effacing type, for whom love seems to solve all problems, likewise feels that his shoulds constitute a law not to be questioned. But when trying to measure up to them, he feels most of the time that he falls pitiably short of fulfilling them. The resigned type to whom the idea of "freedom" appeals more than anything else, is, of the three, most prone to rebel against his inner tyranny. Because of the very importance which freedom has for him, he is hypersensitive to any coercion.

Sometimes a person who usually complies with the shoulds may go through a phase of rebellion. It is usually then directed against external restrictions. Finally, others may go through alternating phases of self-castigating "goodness" and a wild protest against any standards. Whatever the prevailing attitude, a great deal of the process is always externalized. Roughly, a person may primarily impose his standards upon others and make relentless demands as to *their* perfection. The more he feels himself to be the measure of all things, the more he insists upon his particular norms being measured up to. The failure of others to do so arouses his contempt or anger. Again he may primarily experience his

expectations of himself as coming from others. And, whether these others actually do expect something or whether he merely thinks they do, their expectations then turn into demands to be fulfilled. He may try to anticipate or guess at their expectations in which case he usually also anticipates that they would condemn him or drop him at a moment's notice if he fails. Or, if he is hypersensitive to coercion, he feels that they are imposing upon him, meddling in his affairs, pushing him or coercing him. Or, if his rebellion is more aggressive, he will flaunt his defiance and believe that he does not in the least care what they think of him. The most general disturbance on this score is hypersensitivity to criticism. Otherwise the kinds of disturbance in human relations depend upon the kind of prevailing externalization. They may render him too critical and harsh of others or too apprehensive, too defiant, or too compliant. Most important of all, the shoulds further impair the spontaneity of feelings, wishes, thoughts, and beliefs, that is the ability to feel his own feelings, etc., and to express them.

We are accustomed to think that we cannot control feelings but only behavior. But if the shoulds issue an order as to feelings, imagination waves its magic wand and the border line between what we *should* feel and what we *do* feel evaporates. We consciously believe or feel then as we should believe or feel. The creation of make-believe feelings is most striking in those whose idealized image lies in the direction of goodness. Love readily makes way for indifference, or for resentment and contempt, when pride or vanity is hurt. An irruptive anger often is the only feeling that is really fair. At the other extreme, feelings of callousness and ruthlessness can also be exaggerated. The taboos on feelings of tenderness, sympathy, and confidence can be just as great in some neurotics as the taboos on hostility and vindictiveness are in others. Their emotional life then is less distorted than plainly impoverished.

What Horney has done here is address the issue of the ego ideal, but in a form much expanded from Freud's conceptualization.

Freud saw the ego ideal as only the internalization[53] (culminating during the oedipal situation) of the parent (or, to use his wonderful terms, the internalization of "the beloved enemy"). Horney has expanded that to consider the full range of ideals derived from the family culture and the general wider culture. In fact, recent research, summarized in Pinker (2002), indicates that the peer group has more influence on the final outcome of the person than do the parents.

What I would like you to take away from this discussion of Freud's formulation and both Bergler's and Horney's amplification is the pervasive (and corrosive) nature of the superego and the ego ideal. There is no single more important issue in all of therapy than is the issue of, as I call it, defusing the superego. More than any putative repression or armoring or lack of grounding or other such neologism, it is the destruction wrought by the imperious demands of the superego and the ego ideal that constitute the major impediment to an enjoyable and self-directed life.

D. CHARACTER

1. Introduction

I have cast this whole book in terms of the issue of character. In doing so I have done with Reich what he did with Freud. Reich thought the early Freud was correct and Freud's later repudiation and emendation of his prior theories was a mistake. I think Reich's original formulation of his body work technique in terms of character ("character armor") was correct and his later revision in terms or either orgone or emotion (either or both, take your pick) was incorrect.

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53. Internalization is the general process of which there are three components listed in the coping mechanism table: introjection, incorporation, identification.

While I defined character in Chapter one and provided the story of Betty (page 6), the subject, as the major focus of this book and the *reason d'être* for the body work, deserves elaboration. This is especially true in this chapter where I will be supplying you with techniques to explore the derivative effects of character and, if consciously applied, cleanse yourself of these derivative.

2. On The Definition Of Character

I would start with quoting what I wrote in Chapter one: "Character is the basic statement a person makes (unrecognized) about himself, the world and the relationship between the two."[54]

But before I get into a discussion of character, it is important that I differentiate between several concepts: (1) character disorder versus neurosis[55], (2) ego-syntonic versus ego-dystonic, and (3) Freud's concept of character as opposed to the concept used here.

a. Character disorder versus neurosis

Originally, in the literature of Freud's time, there was a distinction drawn between character neurosis and symptom neurosis. Character, as we will discuss below in looking at Freud's view of character, was considered to be a result of the operation of certain defenses. When those defenses failed to deal appropriately with the intrapsychic conflict (for which purpose they were employed) then symptoms emerged in the form of a

54. The term used by Reich, character neurosis, is outdated and is no longer used. It was an acceptable terminology in 1933 when Reich wrote Character Analysis, but the compound term of character with neurosis is no longer used.

55. Current fashionable terminology is to replace the term 'character disorder' with the term 'personality disorder' and to drop the term neurosis while retaining the distinction between a character disorder and a neurosis. Thus, for example, the contemporary diagnostic manual (DSM-IV-TR) lists "obsessive-compulsive disorder" separately from 'obsessive-compulsive personality disorder.'

neurosis. Thus the character was viewed as asymptomatic and the neurosis was viewed as symptomatic.

That distinction is still valid and, as noted in footnote 55, is still employed in current diagnostic manuals (though not with those names). That a character disorder is differentiated from a neurosis by the absence or presence of symptoms does not mean that both can not be present in the same individual. To the contrary, the presence of a (symptom) neurosis almost requires that the like character disorder lies beneath it. Thus being presented with an obsessive-compulsive neurosis, one makes the working assumption that there is also an obsessive-compulsive character disorder.

However, to treat (or work on) a neurosis is not to treat the character disorder. The treatment of the two is different as is the objective of the treatment. One expects, and usually finds, that when one has corrected a character disorder that the related neurosis lessens or disappears; but that expectation is not guaranteed.

The reason it is not guaranteed is due to another concept: the concept of "functionally autonomous." It would take us astray to discuss that here, so just keep it in mind for our later discussion.

Just to ground this distinction in history, here is what Freud wrote about the distinction between character and neurosis:

> "In the field of development of *character* we are bound to meet with the same instinctual forces which we have found at work in the neuroses. But a sharp theoretical distinction between the two is necessitated by the single fact that the failure of repression and the return of the repressed—which are peculiar to the mechanism of neuroses—are absent in the formation of character. In the latter, repression either does not come into action or smoothly achieves its aim of replacing the repressed by reaction formations and sublimations. Hence, the processes of the formation of character are more obscure and less accessible to analysis than neurotic ones. (Freud 1913/1958, p. 323)"

b. Ego-syntonic versus ego-dystonic

Character is who you are as a person, it is your natural way of operating in the world. As such, you, in general, do not recognize that you are the way you are. It is simply you. You are probably aware of traits like friendly or shy, like neat or messy, like adventurous or cautious; you might even not like some of those traits and wish you were different; but most of what you are as a person are so 'just you' that you are not even aware of them.

As an example, I am messy. I know it, but I also am comfortable with it. I keep a messy desk, I keep a messy home. But it is just more work, more time, to be neat then it is worth to me. So I accept that I am messy. My messiness is ego-syntonic. But, then, so are all my other traits, the ones I am not even aware of. They are all ego-syntonic, they do not disturb my ego's equilibrium.

Ego-dystonic, by contrast, are traits that a person wishes he did not have. Traits that he is, as it were, forced to do but that he knows get in the way of his life. He wants to correct them, get rid of them, but he can't. They are ego-dystonic.

So ego-syntonic are character traits, whether known or (mostly) unknown, with which you are comfortable, that are just you. Ego-dystonic are traits or behaviors or conditions with which you are uncomfortable but can't stop. Put another way, ego-syntonic is character, ego-dystonic is neurosis.

c. Character in Freud's thinking versus the concept used in this book

Lets start with two quotes. First from Moore and Fine (1990) published by the America Psychoanalytic Association (the underlining is mine to draw attention to the salient issue).

> [Character is] The enduring, patterned functioning of an individual. As perceived by others, it is the person's habitual way of thinking, feeling, and acting. Understood psychodynamically, character is the person's habitual mode of reconciling intrapsychic conflicts. Character stands beside, but may be differentiated from, other terms for global aspects of personality, such as *identity*, *self*, and *ego*.

> A person's character is made up of an integrated constellation of *character traits*, each a complex admixture of drive derivatives, defenses, and superego components. Character traits, like neurotic symptoms, are compromise formations. But character traits are more stable than symptoms, are better able to bind anxiety, and are experienced more as part of one's self (ego-syntonic). Character traits can be thought of as behavioral patterns that develop over time as the result of an attempt at resolution of intrapsychic conflict. Character is most closely related to the concept of an individual's defensive style.

And now a quote from a recognized reference by Laplanche & Pontalis (1967/1973, pp. 67-8)

> The mechanisms most usually invoked to account for the formation of character are sublimation and reaction-formations. The latter 'avoid secondary repressions by making a "once-and-for-all", definitive change of the personality'. In so far as it is the reaction-formations which predominate, the character itself may appear as an essentially defensive formation intended to protect the individual against the emergence of symptoms as well as against the instinctual threat.
>
> From the descriptive standpoint, character defense is to be distinguished from the symptom particularly by its relative integration into the ego: there is a failure to recognize the pathological aspect of the character-trait; rationalization and a defence originally directed against a specific threat is generalized into a pattern of behavior. It is possible to see such mechanisms as so many characteristics of the obsessional structure, in which case character neurosis would mean, first and foremost, a particularly common form of obsessional neurosis typified by a predominance of the mechanism of reaction-formation and by the discrete or sporadic nature of its symptoms.

There are two things to notice from the above two discussions of character. First, in traditional Freudian theory the formation of character involves (in fact is the result of) the application of defense mechanisms (compromise formation, sublimation, and reaction formation). All of these defense mechanisms are in the table of defenses at the end of the chapter. However, in passing, I would also point out that in neither discussion is repression mentioned as formative.

Second, the impetus to develop the character is the presence of "drive derivative" and "instinctual threats." Since Freud's theory is a drive theory, it follows coherently from there that the character would evolve as a means for dealing with the drives and the threats that arise from these drives (the oedipal conflict is one such instinctual threat).

The theory of character used in this book and upon which I shall shortly elaborate (see below: ON THE FORMATION OF CHARACTER) is one derived from the concept of coping and from a recognition of the primitive nature of the child's brain. In short, character develops out of the child's attempt to conceptualize the data of his little environment. In that attempt he makes a host of errors, unknown to himself or to his parents, which errors in turn become the foundation of his character.

I wrote, page 370, that "Character is the basic statement a person makes (unrecognized) about himself, the world and the relationship between the two." There are four issues raised by that statement of character: (1) unrecognized basic statement, (2) about himself, (3) about the world, and (4) about the relationship between the two.

3. Unrecognized Basic Statement

The first approximately two months of life are a stage that the researcher and theorist, Margaret Mahler (1962/1979) calls the autistic period. During this period the infant is not yet aware that it is separate from the mother.[56] No 'I' has yet developed, the world is simply an 'it.'

During the next four months the child is in what Mahler (1967/1975) termed the symbiotic phase. The infant deals with itself and the mother as a symbiotic pair, neither can exist without the other. They are in omnipotent union.

It is only at the age of six months that the child begins to recognize that it is separate from the mother. That there is an I and an It. This phase, starting at six months and lasting until 36 months, Mahler, Pine, and Bergman (1975) termed separation-individuation with four sub-phases.

There is a reason why I am bringing in this issue. For the present just keep in mind that the child will pass through four phases of development (ending at three years of age) and that these four phases, taken as a whole, are termed separation-individuation. Placing the beginning of a sense of "I" at six months of age as Mahler and colleagues do may be a bit optimistic. The baby's brain waves do not display the characteristic adult pattern until the age of nine months.[57]

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56. The neo-Freudian, Harry Stack Sullivan (1953; see also: Mullahy, 1952) also draws particular attention to this period as does Melanie Klein (1961/1975, 1932/1975; see also: Grosskurth , 1986).
57. Personal communication from Dr. Edward Gibbs, the father of modern electroencephalography.

That fact gains significance in that prior to that degree of neural organization of the brain (that is, prior to the age of nine months) it is not possible to have long- term storage of memory.[58]

But the lack of memory, as such, does not mean that the infant can't be affected by its surroundings. The baby's brain is maturing and some circuits (called: neural pathways) are being strengthened by the development of new synaptic connections (called: facilitation) while other connections are decaying because of the death of brain cells and synapses.

Thus, for example, the amygdala, which is the main brain organ mediating fear (LeDoux, 2002), is growing, maturing, and developing. If the infant is exposed to many fearful events those circuits in the amygdala will be potentiated. The child, by the process of maturation (a combination of nature and nurture [Ridley, 2003]) can develop a life-long sensitivity to fear and/or anxiety. This hypothetical child can subsequently display high startle reactions, shyness, caution in its play, unwillingness to undertake new activities, high ambient anxiety levels; and subsequently health problems as a result of a constantly high level of cortisol.

But none of that is character, it is temperament. Just as we have to distinguish between emotion and mood, so we must distinguish between character and temperament. Temperament is either a genetic predisposition or a pre-conceptual modeling of the brain. Temperament is permanent and unchangeable, character is acquired and changeable.

By the time the child has passed about the 18-month mark, the child can begin to form permanent memories and has rudimentary cognitive skill. By this time primitive, yet intelligible, language skills are developing. The presence of

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58. The appearance of stranger anxiety, also called nine month anxiety, provides evidence for the growing recognition that the baby and the mother are separate and that the mother is a single unique big thing (i.e. adult).
Obviously choosing nine months, even if it is coincident with an adult pattern of brain waves, is not totally correct. Maturation is a process and so any end point (here, nine month) means that the process started at some earlier stage but it was not apparent.

beginning language skills indicates the maturation of the brain that allows for the beginning of the process of conceptualization.

During the period of nine months to 24 months there is the first of several explosions of cognitive abilities. By the time the second year has passed, the child is now well into what Mahler and her colleagues termed the separation-individuation process. Motoric skills allow the child to master the first phase of separation-individuation, the distancing sub-phase and also begin into the second sub-phase, the practicing sub-phase[59]. Further, motoric skills allow the full emergence of aggression as expressed in biting and hitting.

Now, this is important. What started out as suckling develops into biting. What started out as nearly random motor movements is now fully coordinated in confident walking and confident manipulation of physical objects.

The child, by 24 months, enters what is commonly referred to as "the terrible twos." The ability to say "no" to instructions and invitations is clearly indicative of the maturation and presence of a sense of 'I' or ego. While the child by 24 months can form some permanent memories, the ability to recall these memories is limited (i.e. by five or six years of age it is rare that the child can recall anything prior to his third birthday).[60]

Being in the distancing sub-phase of separation-individuation, the child is able to and does form permanent but primitive

59. In Mahler, Pine and Bergman's (1975) account of the development of borderline psycopathology the sub-phases of practicing and rapprochement are critical periods.

60. Cognitive psychology draws a clear line between memory storage and memory recall. We all learned things in early school which we can no longer recall. That we once knew these things speaks to memory storage. That we can no longer remember them speaks to memory recall.
It is exactly the same thing as when you put something away but can't now recall where you put it. It is stored somewhere (memory) but where (recall). It is the same process we are all familiar with when we know someone or some word but can't, at the moment, recall the name or word. Later, it comes to us and we say "Oh, now I remember .... ," but it is not really remembering it is recalling. The memory was there all the time, we just could not recall it at the moment.

concepts about himself and about the world (as manifest by the parent(s)). The content of these concepts is critical. They begin the formation of the character. Let me provide an example that I use when I am teaching parents about how to relate to their child.

All children, as they learn to walk, climb stairs, etc. will have many occasions to fall and bump their head. The child will cry from the pain. An issue of character formation arises at that time (not in a one-off experience, but in the general response of the parent). The child has personal knowledge of the extent of the pain. What the child does not know, and what it looks to the parent to tell it, is "is this pain important" or "is this pain not important?" If the parent responds in an exaggerated manner to the trivial bump on the head, the child is told by experience and observation that (1) pain is an important variable in life and (2) he is fragile. In just that one kind of response (to the bump on the head) the parent is communicating something about who I (the child) am (fragile) and what the world is (pain, more broadly, illness, is important).

This is a basic statement about self and world, but it is not conceptualized in this clear adult-like form; it is simple learning in the same context as the child is learning language. That is, it simply becomes part of the fabric of the child's being in the same sense that his native language does. In a sense, it is associational learning.

if pain -> attracts people
if pain -> important

That is but one example of the process of forming basic statements, but statements that, as specific concepts, are unrecognized.

The child during the first three to four years of age is a learning machine. Not only does language explode in both vocabulary and syntax, but so does its understanding of itself and the world. Pre-verbal concepts like "am I competent" or "can I function on my own" or "do my likes and dislikes make a difference" are all forming (along with a host of like pre-verbal concepts).

The crucial point in all this development is that the concepts are only minimally verbal (due to the limitations of the child's vocabulary and due to the primitive nature of the child's cognitive process) and as such in being minimally verbal and overly global[61], they are unrecognized and yet form fundamental or basic statements about the self, the world and the relationship between the two.

a. About himself

While the child enters the world with a pre-formed personality[62], he enters the world with little else. Plato (Secretes) and their progeny in the past-lives community not withstanding, the child must learn everything. He is biologically programed to learn language (Pinker, 1994) as he is biologically programmed to learn many other concepts (Gazzaniga, 1992; Gruber & Vonèche, 1986).

One of these learning tasks is to learn who he is. This learning task involves much experimentation and trial-and-error learning. But he also learns by mimesis, by observing parents and siblings, and attempting to copy their behavior. These leaning tasks

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61. One of the characteristic of the toddler's undeveloped cognitive abilities is the characteristic over-generalizations that children make. Thus all-four legged animals are doggies. Another characteristic of the child's cognitive world which causes no end of character related problems is that ALL children consider themselves to be both the source and the object of everything that happens to them. While one can not, in logic, be both source and object at the same time; still this is the way children inherently think and thus innocently form a host of wrong concepts which, over time, go to form their character.

62. 60% to 80% of who a person is, is genetic. The word "genetic" includes both inheritance as such and effects of a host of factors during gestation. Thus if the male child does not develop testosterone producing gonads and produce appropriate levels of testosterone and certain enzymes at the appropriate time during gestation, or the mother over-produces estrogen, 'his' brain will evolve a female brain pattern and we will get a genetic homosexual or trans-sexual (Panksepp, 1998, pp 231-236)

involve an interaction between genetics, parental behavior, opportunity, and happenstance.

Take as an example the issue of competence. The question that the young child must answer is: am I competent to deal effective and properly with the world or am I incompetent either in doing most things wrong or in not being able to do things without being told how to do them.

An eloquent testimony to this issue is presented by Holt (1964/1983). Holt points out, with criticism, the tendency of parents to interfere with the child's play with a toy to tell him how to play "the right way." The child, playing with the toy in the manner which to him seems appropriate (and thereby competently), is now told that his method is wrong, he is incompetent or he has to be told how to do things properly. This, in general, is not one time learning; it is a repeated lesson until he knows ahead of time that unless he is instructed in the proper way to do things, he will do them wrongly (incompetently).

Through repeated experience in various areas (including, later, school) he forms a concept of himself that becomes one of the fundamental building blocks of character.

But I don't want to leave the impression that it is only what the child is taught. It also includes ideas that the child forms on his own as a result of maturation and happenstance.

In this connection, I would relate a story about myself. The data for this story was obtained by my use of the first of the self-exploration techniques I will present later in this chapter.

I was in my fourth year. It happens that two things occur during this period. One is the development of the pride system. This system develops as a function of brain maturation and is influenced by the biological IQ[63]. The other thing that happens is that at this age the child is 50% of its adult height.

I was playing in the tub and, being proud of how big I had become, in my mind I projected myself up to the height of my father. That just required a mental doubling of my size. What I did not know is that the penis develops disproportionately to the rest of the body. So in doubling my height, I innocently (child's lack of knowledge) doubled the size of my penis. I was mortified

63.Data indicate that IQ is 60% to 80% genetic.

(it was a strong feeling, strongly experienced). When I got to be as big as my father, I would have a tiny little penis.

I won't go into all the ramifications of this erroneous concept of myself, but it influenced my behavior all through adulthood until, using the recovered memory technique presented later, I recovered the memory of that four-year-old experience and was able then to explore its effects on me over the years and thus correct them.

b. About the world

For the child, the world is made up of two parts. There is the physical world which is predictable and there is the world of people which may or may not be predictable (depending on the consistency of the parents).

The child has to learn how the physical world operates. That learning process goes all the way from the early pleasure of the "peek-a-boo" game to the more advanced learning of the conservation of volume to the yet more advanced concept of cause and effect.[64]

The child learns how to ride a bike, now to use tableware, how to tie his shoes, how to use a chair to reach something in the kitchen beyond his reach, how to manipulate objects in his mind[65] and all the other things we all know about the physical world.

The child must also learn about the world of people. This is a far more complex task than learning about the physical world. The problem is that people are unpredictable. Parents have psychological problems that impact their parenting and they have moods that prohibit a task today that was allowed yesterday. Far more important, however, is that parents are adults and that is a serious problem.

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64. The concept of cause and effect can not be taught. It is acquired automatically as a function of brain maturation, usually somewhere in the child's ninth year (Gruber & Vonèche, 1986).
65. Mental manipulation of solid objects is one of the sub-tests in the WISC IQ test.

Before you throw away this book at this point, let me explain. I will start with the issue I raised in footnote 64. Prior to somewhere in a child's ninth year, he does not have the concept of cause and effect. That requires a bit of amplification before I continue. The proper concept of cause and effect is: because of the properties of an object, when subject to a particular operation (cause) it will respond in a given way (effect)[66]. Note that (1) the concept of cause and effect is not statistical, it is statement about the properties of an object such that when subject to a particular operation the result is *a priori* predictable, (2) it is temporal only in the sense that at some time in the future the effect will occur given that the cause has already occurred, and (3) it is a statement about things, not about people's actions.

Now prior to the child's biological-maturational acquisition of this concept, the only concept that the child has is one of temporal contiguity. That is to say that event (effect) B follows after event (cause) A. The child may or may not observe regularity of the sequence, but his only context of understanding is that of first one and then the other (temporal sequence).

One of the few authors on child raising books who explicitly took account of this phenomenon (even if his advice, as we will see, was wrong) was Hiam Ginott (1969). Ginott, in giving examples of his recommended style of parenting, presents the scene where a child is sitting in his high-chair. He has had a glass of milk but is still in the high-chair. As will any child, he soon

66. Windelband, W. (1901/1958). *A history of philosophy, Vol II.* New York: Harper. pp 399-425. Here Windelband discusses the modification of the concept of cause and effect from entity and action to action and action. At page 410, he writes: "This succeeded in the corporal world in a relatively simple manner. In this domain, the *idea of cause had acquired a completely new significance* through Galileo. According to the scholastic conceptions... causes were *substances* or things, while effects, on the other hand, were either their activities or were other substances and things which were held to come about only by such activities: this was the Platonic-Aristotelian conception of the *airia*. Calileo, on the contrary, went back to the idea of older Greek thinkers who applied the causal relations only to the *states* – that means now to the *motions* of substances – not to the Being of the substances themselves" [italics in the original].

starts playing with the glass. Shortly it falls and shatters on the floor. Ginott's recommendation to the parent is to say: "Now, darling, glasses are not for breaking."

Kindly, sweet, understanding; but wrong. It is wrong because it assumes the child has the concept of cause and effect. A bright five-year-old, when hearing this[67], will say: "I didn't break the glass, I pushed the glass off and it broke itself." To say that if you push the glass off then it will break assumes the concept of cause and effect (glass is such that given the imposition of rapid large force (hitting the floor), it will break). The child has the concept of temporality: I did act one (push glass off) and it did act two (broke).

As adults, we use the concept of cause and effect so routinely in our thinking, that we are not even aware that we are using it and even less aware that our child does not have that concept.

Now another example to illustrate another cognitive defect of children relative to their adult-thinking parents.

The child is playing in the living room. The mother sees that he is playing with the lamp on an end table. Sternly, she says: "Don't play with the lamp, you'll break it." She leaves the room and a few minutes later: crash! She runs back in to see the lamp smashed on the floor. She scolds, or hits, or demeans or otherwise punishes. Her child has directly disobeyed what she just told him.

Except that he didn't disobey. She said not to play with the lamp; and he didn't. He was playing with the space ship. For children, reality is not fixed; it is flexible.[68]

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67. This is not hypothetical. A patient of mine many years ago after reading Ginott did start talking in this way to her child. What I report of what the child would say is exactly, word for word, what her child did say.
68. That is why a child can color the sky purple and does not color only within the lines in his coloring book.

For an adult a lamp is a lamp and it is always a lamp, even if it is sitting on the floor unused in the garage. But to a child, a lamp is whatever you fantasize it to be. Reality is not fixed.[69]

Adult parents are continually using adult concepts with children who either don't know the concept at all or have a grossly different context of the concept. Just to emphasize the degree of this disjunction, here is a true story about a teen ager and her mother.

It happened once when I was sitting in a coffee shop and overheard two mothers talking in the next booth. The one mother was relating to the other the big fight she had with her high school daughter the previous night.

The mother had reprimanded her daughter for being such a "conformist." Her daughter vehemently denied that she was a "conformist" and the fight followed. "But she is a conformist," the mother in the next booth said, "she does everything her friends do."

What the mother did not realize was that she and her daughter had different definitions of the word "conformist." To the mother it means: doing what everyone else does. To the daughter it means: doing what your mother tells you to do.

The mother was right to say her daughter was a conformist and the daughter was right to say that she was not a conformist. They had a fight over a difference in the definition of a word; but

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69. I used to use a therapy technique which I found to be so dangerous that I no longer use it. The technique was to sit the patient on the floor in front of a low table. I asked the patient to let himself feel as though he were a young child. I then watched the face and the body language to see when the patient had "regressed" as much as he could. I then put a glass on the table and in the sing song voice of a parent to a child, said "Here's you milk, dear." As with any child, my patient would shortly start playing with the glass (I was standing behind him or her). At the right point I would approach the patient (from behind) and scream "I told you not to play with your milk." It was very effective in producing fear, even terror, as the patient responded as a little kid with a big parent standing over him and screaming. I stopped using this scene when one of my patients was thrown into a full-blown schizophrenic attack in response to the scene and I had to spend the whole rest of the session bringing her out of her schizophrenic decompensation.

neither of them was aware that the whole of the conflict was simply over the meaning (definition) of a word. This example is just to emphasize that this conflict of concepts, the adult concept versus the child concept, does not stop; it continues up to the mid 20s when the child's brain finally reaches its adult form.

Yes, that's right, the human brain continues to develop and rewire into the mid 20s[70]. The last part of the brain to mature is the prefrontal cortex that deals with logical thinking, evaluation of the nature and importance of feelings, long-range planning, and interpersonal empathy. Teenagers are impetuous and generally operate with short-term goals because their brain is not yet ready to think otherwise.

Now with that immature brain and with a massive lack of knowledge, the child is tasked with making sense of adult statements. Mostly, adult statements to a child are pure gibberish or are just plain wrong. Yet the child is supposed to make sense of them and, inherently, does try to make sense of them. But most of the conclusions he draws, most of the concepts he forms, are wrong and neither he nor his parents know that the concepts are wrong.

In time, if the concepts are concepts about things, reality may correct the wrong concepts. But if the concepts are about people, no such reality correction is possible. People are so variable, one to another, or one over time and circumstances, that the concept(s) once formed sets in (into the subconscious) and becomes solidified in the character.

There is no issue of repression, or even, directly, issues of other defense mechanisms; it is simply knowledge that the growing child employs in the same way he employs any other knowledge.

Just as I employed the mistaken idea of the eventual size of my penis as an adult and had no conscious memory of the incident (until I recalled it by the memory technique presented below), so there are for all of us a host of mistaken ideas which we have incorporated and retained as elements of our character.

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70. Recent research has shown that the brain continues to mature until about the age of 25 (Strauch, 2003).

c. About the relationship of the two

I've taken quite a few pages to get here, so let me review. Character is the result of the unrecognized basic assumptions about the self, the world (of things and people), and the relationship between the two.

Given who I am and given what the world is, now how can I operate in that world? This is the last but most important step in structuralizing the character. It is at this point that the defenses[71] come forcefully into the picture. That is not to say that defenses are not employed all along the way, it is only to say that this final step cannot be accomplished without the wholesale use of defenses.

As I will discuss in greater detail in the following section on defenses, defenses are the method the mind uses — and inherently so — to solve logical contradictions. An easy example: (1) I am competent and (2) I don't understand people. Now if I am competent then how can it be that I don't understand people? To not understand people is to be incompetent in at least one area of living. So how can I be both competent and yet be incompetent at the same time? It is a logical contradiction. The defense of partitioning solves the problem for me. I am competent (with things) and I am incompetent (with people). All I have to do (in my character) is to break the world apart into the logical categories of things and people and then I can retain my assumption of competence by saying that while I am competent, people are unpredictable and thus the issue of competence no longer applies.[72]

Since most of the concepts the child forms are erroneous (by reason of an immature brain, inadequate knowledge of language, and inadequate general knowledge) contradictions between concepts are numerous. The greater the number of contradictions,

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71. Later in this chapter I will come to call these "coping mechanisms" rather than "defense mechanisms." The idea of 'defenses mechanisms' is a highly theory-dependent concept. All that theory sub-structure and super-structure is unnecessary once one comes to regard these mental operations as means whereby the person copes with his environment.

the more complex the character and the more it tends to be present in layers. It is also the case that the method for resolving contradictions is heavily influenced by the child's native IQ. More intelligent people have more complex character systems because they are more able to solve contradictions in ingenious ways.

In my work as a therapist, it is rare that I have only one (character) diagnosis for a patient. To date the record stands at six distinct and operative character structures in one person. The most common number is three.

Before I turn to the issue of "character as destiny" let me point out that I have gotten here without ever invoking drives or energies or instinctual conflict or other of the paraphernalia of Freud or Reich or Lowen or Boadella or Keleman or Kurtz and Prestera or Kelly[73]. Just looking at the nature of a slowly developing cognitive animal has provided an explanation of character, its development, its vicissitudes and the place of defenses (except repression).

4. On Character As Destiny

It is difficult to communicate in words, absent personal revelation or experience, quite how pervasive character is. Freud, famously, said "biology is destiny" referring to gender; to this I would counter that character is destiny.

Without reservation, everything you are and do is a function of, a consequence of, your character. It determines the type of work you seek, the romantic attachments you seek, your style of

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72. Obviously a simplified example. Other issues like narcissism and injustice collecting can well enter the picture. I can solve the issue of other people by projection, as Bergler points out, and hold that I am, in fact, competent with people but they are devious and therefore set out to hurt me for the very reason that I am competent. I can then employ the defense mechanism of either reaction formation or counter and enjoy my interpersonal injury as proof of the validity both of my competence and the perfidy of other people.
73. The one author I can recommend is Totton. He is the author or co-author of several books, all of which merit reading.

dress, your preferences in food and music and leisure, the presence or absence of hobbies and your involvement with that (those) hobby (hobbies), your style of parenting, your choice of friends, your religion or lack thereof, your general demeanor, your relationship to your parents and siblings, your reading, television watching and movies (liked or disliked), your politics (Redding, 2001; Block & Block, 2006), your goals (mainly your long-term goals), your philosophy including ethics and morals, your attitude toward money (save or spend), your attitude toward going to a dentist, your concern with your appearance, all your many interpersonal attributes (e.g. self-sacrificing, stubborn, suspicious, trusting, gregarious, quiet, etc.) and even, to a not insignificant degree, your health (Rossi, 1993).

Is there anything I have left out? Well, include it. I simply over looked it; but it is included.

Oh, by the way, it even effects your choice of dream symbols and the general nature of your dreams. I have two favorites to illustrate the principle.

This female patient brought in a dream where she was standing on the top of a tall hotel building in Las Vegas looking down at the people splashing around in the pool. Her husband was with her but he seemed uninterested in the pool scene. She was not afraid of falling nor did she have an impulse to jump.

Just abstract and you have her character right before you. Her sense of superiority (looking down on the ordinary people), her sense that her superiority was such that anyone connected with her was thus also raised to the heights (her husband). Other people do not realize the extent of her superiority (her husband did not look down). She is confident in her being above everyone else (no fear of falling or impulse to jump). Other people are frivolous (splashing in the pool) but she is above such mundane matters. She knows how to enjoy herself properly (she is in Las Vegas) but she has no intention of taking any chances (she does not see herself gambling, rather she is at the top of the hotel).

It is all there, in a nutshell as the phrase is.

Now a very different dream but one that strikes closer to our subject. This from a patient in Reichian therapy.

He had been making good progress in the therapy. Not so much progress that it worried me; I was comfortable with his speed.[74] Then he brought in the following dream.

He is driving down an elevated freeway. Suddenly there is an earthquake and part of the freeway in front of him collapses and disappears. He makes a U-turn onto the freeway in the opposite direction. He reaches an exit ramp and pulls off. He then drives into a fenced in area like a parking lot and turns off the motor. He then just sits there until the possible earthquake is past.

In all my years as a therapist I have never seen a clearer resistance dream. He is making progress (driving down the freeway), but his whole life is changing (the earthquake) and ahead is real danger (the road has collapsed). So he wants to go back to an earlier place in his life (the U-turn) and get away from the danger of progress (exit the freeway). He wants a safe and quiet period (the fenced in lot) where he can rest until the danger is over (turn off the motor).

It was nine months before he brought in another dream that said he was ready to being progressing again.

5. The new view in psychoanalysis

I would close with one more quote showing the changing view of character, a view in concert with the one I have been presenting (Barnett, 1981, p. 47-49). This change represents a

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74. In Reichian therapy, if a patient is progressing too rapidly he is put on vacation from therapy for six months to a year. Recall: ALWAYS TOO SLOWLY. The subconscious is a homeostatic mechanism with far more power then the conscious and far greater access to the body. If it gets too upset by the impact of the therapy, it can react by causing physical illness (I make it a practice to always get a medical history in the first session) or it can create massive levels of upset in the person's life causing loss of a job (and thus a way, for money reasons, to quit therapy) or a break up of a marriage. The job of living is living. Therapy that gets in the way of living is bad therapy. Whether therapy is done in a professional office or is done by ones self at home, if it gets in the way of living it is bad therapy.

recognition that character is more than simply the by-product of the interaction of drive derivatives and defenses.

> The concept of character has always been undervalued by theorists. Commonly defined as the aggregate of traits that distinguish a person, character has been seen as superficial and peripheral to the main concerns of psychoanalysis. The early instinct-versus-defense model of psychoanalysis defined character as expressions of or defenses against instinctual pressures. As a result, character has usually been assigned an epiphenomenal role—at most, it has been considered a derivative of the functions of the ego and superego. It has remained an ambiguous, poorly defined notion, peripheral to our theories of mind and of therapy.
>
> The recent growing concern of psychoanalysts with epistemic and cognitive issues, however, is beginning to effect a change in the orientation toward the concept of character. This concern promises significant reevaluations of the concept and of its importance to psychoanalytic theory and practice.
>
> This chapter will examine the nature and function of character as a structural phenomenon related to the architectonics of knowing. It will extend observations that have been made regarding the central significance of cognition to the understanding of the functioning of the mind and the relationship of the concept of character to issues of cognition. It will also examine the implications of these views for issues of psychodynamics and the therapeutic process.
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> Psychoanalysis is the study of what, how, and why the individual knows and does not know. Its theoretical premises include both the fact that early experience affects knowing and meaning and that subsequent behavior and mental functioning reflect these earlier patterns, of meaning. In essence, psychoanalytic therapy may be considered an exercise in personal epistemology, in which the patient's ways of knowing and systems of meaning are explored and understood in

order to correct dysfunctional mental processes and behaviors.

Because its roots lie in clinical observation, psychoanalysis, more than the academic psychologies, has recognized the importance of sensate experience on the organization of meaning in a person's life. Yet, like the academic psychologies, psychoanalytic theory too narrowly defines cognition as being related simply to processes of thinking. Affect, or feeling, has been considered an opposing phenomenon to thought, which has led, unfortunately and arbitrarily, to the creation and institutionalizing of the dualism of thought and feeling.

This dualism and its attendant dialectics have assumed unwarranted prominence in psychoanalytic theory and practice. In our conceptualizations of personality, cognition is equated with thought and is then contrasted with affect as 'an exclusive process.' Rapaport (1951), for example, considers thought and affect as alternate results of delay in the gratification of drive tension. The implications of 'either—or' in the production of thought or affect pattern may affect many of our clinical and therapeutic concerns. Clinically, although it is often contrary to observable clinical data, the implied dialectics of this approach to thought and affect dominates our attitudes toward the problem of character. The oversimplification of this approach leads to theoretical and clinical impasses.

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Character as a central structural concept

To be truly dynamically significant and not just a nosological afterthought, character must be distinguished from presenting style (Shapiro, 1965)—it must be freed from its definition as merely an aggregate of superficial traits. Character is an underlying structural phenomenon whose design and formal attributes determine much of an individual's mental life. From a structural

perspective, character may be viewed as a behavioral and cognitive reflection of the organization of experience in a person's life. Character is a template, formed by the impact of historical experience. It functions to determine the individual's perception, interpretation, and organization of ongoing experience, as well as designs of expectation and anticipation, behavioral tendencies, and interpersonal operations.

In its cognitive aspects, character represents relatively durable patterns of relationships between sensate and syntactic experience and the organization of these patterns into systems of apprehension and comprehension. It reflects the individual's ways of knowing and systems of meaning. Ideally, the state of cognition in character organization would be an expanding interchange between levels representing both sensate and syntactic structure, with each level enriching and renewing the other, and each dependent on the other for optimal functioning. This ideal model would be an open-ended system in homeostasis with the environment, restricted only. by the inherent limitations of the human organism.

From a practical viewpoint, however, the study of character is more often the study of the limitations and distortions imposed by various sources on these systems during their development. The delineation of a character type implies the existence of a skew in the organization of experience, a dysfunctional relationship between sensate and syntactic experience that leads to closure rather than to open-ended homeostasis. To distinguish, therefore, between hysterical characters and hysterical neuroses—or between obsessional characters and obsessional neuroses—would be arbitrary and would ignore the fact that both are structural deformations differing only in extent or in the cultural or personal bias of the observer.

E. CHARACTER AND LANGUAGE

This might seem like a strange topic to include here or perhaps anywhere. But, it turns out that language is crucial to

understanding character and especially the relationship of character to emotion.[75]

75.For a recent book on emotion as a function of cognition, see Kennedy-Moore, E. & Watson, J. C. (1999). Wong et. al. (2006) writes: “The first step of the model concerns a preconscious processing of emotional information and automatic physiological arousal resulting from a potentially emotion-provoking stimulus. For example, a man who is informed about the death of a family member might react with affective arousal, resulting in his heart beating faster. Nonexpression of emotion can occur simply because a person has little or no primary affective reaction to the stimulus. Disruption at Step 1 can be measured using physiological instruments. . . . The second step refers to one's conscious perception of one's affective state. Disruption at this step can occur when a person is motivated to block the experience of negative emotions from one's consciousness. For instance, the desire to avoid perceiving oneself as weak might motivate some men to repress their feelings of sadness. Because an individual does not consciously recognize these negative emotions, the emotions are not expressed. . . . The third step includes labeling and interpreting one's affective response, for example, “I feel sad.” A disruption at this step occurs when one lacks the skill to label or interpret one's emotional experience, thus leading to the nonexpression of emotions. For example, some men might recognize that they feel something in response to an emotion-inducing event, but they are unable to interpret their feelings. Some scholars have suggested that the construct of alexithymia, a deficit in one's ability to put emotions to words, best captures the disruption of emotional processing at Step 3. . . . disruptions at Steps 4 and 5 of the KM-W model can be referred to as the inhibition or suppression of emotions. Inhibition and suppression are fundamentally distinct from repression (disruption at Step 2) and difficulty identifying feelings (disruption at Step 3) because the nonexpression of emotions at Steps 4 and 5 is conscious and volitional (Lumley et al., 2002). Specifically, the fourth step involves an evaluation of one's affective response in terms of one's beliefs and goals. Disruption at this step takes the form of nonexpression resulting from negative evaluations concerning emotional expression, for example, “It is wrong for me to feel frightened.” In the fifth step, one perceives whether one's immediate social context permits the expression of emotions. Disruption at this step involves the perception that one lacks socially accepted opportunities to express emotions.

There are three issues to address: (1) language and metaphor, (2) language and identification for the child, (3) language and identification for the adult.

1. introduction

Any discussion of language must begin with a discussion of the nature of words and the nature of definition. Except for proper names, conjunctions, interjections, indefinite articles and the like, all words are the verbal expressions of concepts. That, of course, includes verbs and, important in our context, emotive words or feeling words [In philosophy a distinction is made between words that describe feelings and words that express feelings. That distinction is ignored in this discussion.]

A word (that is, a concept) has an explicit definition and an implicit definition. The explicit definition is the **denotation** of a word. To denote is, in effect, to point to. The implicit definition is the **connotation** of a word. To connote is, in effect, to imply. It is critical that this dual nature of concepts (words) be kept in mind in the following discussion.

The denotation or explicit definition of a word is what one finds in a dictionary. Any valid explicit definition has two parts: the genus and the differentia. The genus says what class of thing the concept belongs to. The differentia says what is unique about this concept versus the other member of the class.

The usual example of this is the word (concept): table. To be formal, here is what my Webster's says of table: "a piece of furniture consisting of a smooth flat slab fixed on legs." The genus, almost always, as here, stated first is: "a piece of furniture..." The differentia is: "... consisting of a smooth flat slab fixed on legs."

So a table belongs to the class: furniture and is different from beds, couches, chairs, etc. by reason of the smooth flat slab fixed on legs.[76]

That takes care of the denotation part of a definition, but most any definition carries with it connotations, that is, implications. Sometimes these connotations are ethical or moral implications, usually these connotations imply a context of use such that to use the word is to not only convey a concept but also to convey associated issues which are not, in a formal sense, part of the definition.

Take a word now frequently in the news: hero. The genus of hero is "person." The differentia is "who puts his life in danger in order to aid another person." But there are also connotations. Being a hero is good (ethical implication). Another connotation is that being a hero means that the person knowingly, not accidently, put his life in danger. Yet another connotation is that the person had choices available, at the time, in relation to the act(s) he undertook. He could, without penalty, have acted otherwise.

It is the connotative nature of language (other than pure fabrication) that allows for the existence of propaganda.

But we have not exhausted this topic, for there are two types of definitions. One is termed "ostensive" the other is termed "formal."

An ostensive definition is one where the definition is accomplished not by genus and differentia, but by pointing. A formal definition is one containing the standard genus and differentia.

As you'll see shortly, this discussion of the nature of definitions is not without immediate relevance to our topic; the

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76. Obviously, the definition is wrong. A table does not need to be fixed on legs. One of the more sophisticated aspects of a definition is that it must be based on essential characteristics rather than happenstantial or irrelevant criteria. Tables do not need to have fixed legs. It does have to have a flat slab and it has to be raised off the floor; but there is no reason why a table can not be suspended from the ceiling by cables or be a sold block such that there are no legs as such.

more so, to foreshadow the coming discussion, in that emotions are defined ostensively.

2. Language and metaphor

If the fact of definitions, if, perhaps, not in the formal sense described above, is generally well known, the metaphorical nature of language is not as well recognized. The metaphorical nature of language is currently a topic of considerable academic interest (Lakoff & Johnson, 1980; Lakoff, 1987). Communication, in fact language, without metaphor would be impossible.[77] But, for all the necessity of metaphor, it is also prone to gross misuse. In the field of body therapy, to keep to that, Lowen bases his whole theory of grounding on metaphor. In doing so he erroneously converts metaphor into a statement of reality rather than what it is: a device of communicative language.

Reich, of course, does the same thing in translating, after Freud, the words: flow, energy, dam up (or block), character, etc. from the metaphor they were into statements of fact (that is, statements about reality). As we will see when I discuss defenses, Reich also made another all too common error of using a relatively well defined word in a completely new context (i.e. with a completely different definition) without either redefining the word (a perfectly acceptable operation) or probably even realizing that he was changing the definition of the word.[78]

It is crucial in critical thinking that both the metaphorical use of a word and the connotative versus denotative use of a word be ever present in the forefront of one's thinking.

3. Language and identification for the child

Consider how, in every culture, we go about teaching our young children the meaning of words. Irrespective of where one

77. Personal communication via email from Dr. Steven Pinker.

78. Reich also had the unfortunate habit of repeatedly using words that were totally undefined (e.g. "functional thinking") or making up new terms for well defined concepts (e.g. "work democracy").

starts, whether it is things or animals or parts of the body we point to it and say the word, subsequently quizzing the child with "show me ....." (your nose, the dog, the table, etc.). The general and crucial principle is that things that are purely sensory can only be defined ostensively. Can you image trying to give a formal (genus and differentia) definition of the color: mauve. Or a formal definition of D flat as opposed to D natural on the piano. One could formulate, and a dictionary does, a formal definition of the word "nose" but think about the range of concepts which underlie any attempt at a formal definition of the word "nose." The child might well be nine years old before he could being to learn the word "nose" if we had only formal definitions to call upon. But pointing to it or touching it (a form of pointing) and saying the word "nose" and the child has it down by age two.

But there is a better example available to us of this issue and how important it is to the process of self-understanding in therapy (here, Reichian therapy). Throughout this book I have spoken about the 'ah' sound. Perhaps you have, or think you have, some idea of what that sound sounds like. But you will have no question of what it sounds like when you listen to the audio that goes with this book. You will then have an ostensive definition of that sound. Or take, as similar examples, when I was discussing the moan and groan sounds (page 109). There I even used the dictionary and, as you may recall, it was little help. But listen to the audio and you will know the sound; ostensive definition. Any concept which applies to sensory data can only be defined ostensively.

Now there are three crucial issues involved here which bear directly on the whole process of therapy (whether verbal or body-based therapy).

The fist issue is that all important emotive words are only defined ostensively.

The second issue is that children have a poverty of language.

The third issue is that the ostensive vocabulary of a child is a function of the ostensive vocabulary of the parents and of the capability of emotive empathy by those parents.

4. Emotive words have ostensive definitions

Emotions[79] are internal experiences. They are not only sensory and thus have to be defined ostensively; they are a particular kind of sensory experience: they are a private sensory experience. When we define the word "red" to a child by pointing to it, we have a shared sensory experience; it is publicly verifiable. Not so with emotions. How does a child learn what "shame" feels like? How about sad, happy, lonely, bored, unhappy, homesick, guilty, anxious; the list could extend over nearly the whole of those over 550 emotive words in the English language.

The emotion-word vocabulary of any given individual becomes a major factor in a therapy process. Whether it is a self-directed therapy process as in this book or a formal therapy process with a therapist, the process depends on the vocabulary of the person having the experience. And that vocabulary, in turn, depends on the degree to which they have been taught these words and, even more, the extent to which what they have been taught is conformant to the common cultural definition.

This last issue, the validity of an emotive vocabulary, becomes particularly problematic in self-exploration (whether formal or informal). Consider the issue in normal vocabulary. If you do not know the meaning of a word, you can go to a dictionary. If you think you know the definition of a word, but your definition is wrong, perhaps someone will correct your misuse of the word. But none of that exploration or correction can occur for emotions, for words that can only be defined ostensively. Even if, one adult to another, someone says "gee, that must make you sad," the person hearing that statement relates the word to his internal felt state. If, previously, by the parents, that particular state has been given a different label (definition), then one is likely to get an answer such as "no, not really" (for him, this emotive state is called futile not sad). The difficulty with emotive ostensive definitions, different from all other ostensive definitions, is that

79. The correct word here is not emotion, it is feeling. I will correct that mis-use of the word shortly. I raise the issue here since the confusion of emotion with feeling is a rampant error in books on body-based psychotherapy.

once a state is mis-identified (mis-defined) it is almost impossible to correct that wrong definition.

5. Children have a poverty of language

Genetically, by our nature as humans, we have built into our brains modules whose task it is to acquire language and syntax (Gazzaniga & Heatherton, 2003; Pinker, 1994). All children in all cultures acquire vocabulary, syntax, and semantics in the same way and in the same order. Obviously they start with nothing and by age five have a vocabulary of roughly 2,000 words. However, how many of those words are words for things or actions as opposed to words for emotive states? It is far easier to learn the correct meaning, and to check the accuracy of that meaning, for words that are inter-verifiable than it is for emotive words. Here the child's poverty of language can, and often does, extend throughout life. This is even more true if the parents have a poverty of language. A parent can not teach what the parent does not know. Moreover, as noted, if the parent has a mis-identification of an emotive word that wrong definition will be passed on to the child; with no way to check or discover that the child (adult) has a wrong definition.

6. The ostensive vocabulary of the child is a function of the ostensive vocabulary of the parents and their emotive empathy

That acquisition of definitions of emotive words depends on the willingness, sensitivity, and relatedness of the parents to the child. The parent teaches the child the definition of emotive words by reading the child's body language, knowing something of the circumstances, judging what the child is thinking, and having sufficient empathy to the child's world that the parent is aware of the emotional state and is willing to name it.

Thus parents say to the child things like "you look sad", "does that make you unhappy?", "does that scare you?" etc. Thus the child's internal state is given a word label by the parent; that is, this sensory experience is defined for the child by the parents statement.

But, like parents teaching a normal vocabulary, irrespective of the ability of the parent to emulate the child's emotive experience, they can not name (define) any emotion if it is not part of the parent's vocabulary to begin with.

7. Language and identification for the adult

As someone who is a practicing therapist, the extent to which people actually have a poverty of language in reference to emotive words never fails to surprise me. This happened just two days ago. Looking at a patient on the couch, I said (commenting on his facial expression) "that looks like anguish." His response was: "what is 'anguish?'" Whether I was right or wrong in my judgment of his feeling state, he had no referent for what I had said. The feeling of anguish had never been defined for him.

In dealing with character, and especially in dealing with emotions that are associated with childhood experience, the fact that the child and now the adult has no vocabulary with which to identify or communicate the emotion is of considerable importance. It is to be appreciated that while memory storage of events is ideographic (i.e. pictorial) the accompanying thoughts and emotions are stored linguistically. Lacking the necessary vocabulary, the meaning of the event or the thoughts that occurred concurrent with the event and which go to create the character are not only usually wrong (by reason of the child's limited knowledge and limited cognitive ability) but also are often mis-identified by reason of the poverty of language.

The implication of this fact — that you, too, might have an unknown poverty of language — will become important subsequently when I discuss cognitive self-study.

F. DEFENSES

1. An Introduction To The Idea Of Defenses

The idea of defenses started well before Freud, but it was he and his colleagues, especially his daughter, Anna Freud, who elaborated on the concept (Freud, A., 1936/1962; Laughlin, 1979). There is no universally accepted list of defenses (that is,

coping mechanisms), but the set that I use is presented in a table at the end of this chapter.

Entomologically, the very name defenses indicates an attacker and a defender. In Freud's early writing the attacker was repressed material from the system unconscious (Ucs) and the defender was the system conscious (Cs).

Later, as Freud revised his theory, but still in his single drive theory mode, which was later to be replaced by a dual drive theory, the attacker was the drives or drive derivatives from the id and the defender was the ego.

In the final dual drive incarnation of Freud's thinking, the attackers were drives and drive derivatives from the id but also the unconscious part of the superego while the defender was still the ego.

As readers of this book are probably well aware, Reich put forth the idea that the character was also a defense, in fact the main defense. I will examine that idea subsequently but at this point let us just look at the logic of the position (which is not to say it is wrong, only, as you will see, that it greatly muddies up the water).

2. Reich's Redefinition Of Character

In Freud's formulation (see page 372) the character was the result of the operation of defenses; the ego defending against drives and drive derivatives. Thus there was an attacker (the id drives and their derivatives) and there was a defender (the ego). Now, however, in Reich's addendum, where is the attacker and where is the defender? Put another way, if character is the result of the operation of defenses, how can it then itself be a defense?

Note, further, that defenses were an intra-psychic phenomenon. They served variously to decathect[80] ideas, memories, or the affective component of those idea or memories; to handle conflict between the id and the superego; to placate the id with compromise formations where the id got some of what it sought if not quite at the moment it sought it or in exactly the

80.The word "cathect" can be translated as "attach to" and to "decathect" is to unattach.

form it sought it; and to protect the ego either from emerging memories or affect from the subconscious or to protect it from un-fulfillable demands of the id.

But the character is not itself an intra-psychic phenomenon; rather it is the result of intra-psychic phenomena. To say that character is a defense is to redefine, without notice, the concept of defense. That the unrecognized redefinition of words is a hallmark of Reich's thinking hardly needs elaboration. One can find it all through his writing.

How, then, can we reconcile Reich's redefinition of the word "defense" with its normal and accepted meaning?

The answer is that Reich was using the word "defense" in a metaphorical way rather than a literal way. The answer becomes clearer when we recall that Reich came to the centrality of the issue of character both by way of normal free-association psychoanalytic practice and by his early (and life-long) focus on resistance. He saw, not inappropriately, that the major form of resistance to therapy could be found in the character of the patient as opposed to the well-known form of resistance in psychoanalytic practice: silence or the refusal to accept the therapist's interpretations.

Unfortunately for conceptual clarity, instead of retaining the label of "resistance" for the character, he borrowed the word "defense" and in doing so redefined the word.

3. Reich's Use Of Redefined Concept Of Character

Defense now became, in Reich's terms, not an intra-psychic process but an inter-personal process, one that could be seen in the therapeutic process. Evidence for this is found in Reich's writings as well as in logic. In saying that the therapist had to first interpret the character before interpreting the associations, he was saying that the first issue of transference to be explored was form rather than content. Since the associations contained defenses and since the form of the associations was contained in the character, therefore character was itself a defense. It was a metaphorical use of the word "defense." Defense now stood not just for the way the ego operated under attack by the id or the superego, rather it stood for all interactions between the patient and the therapist.

In saying that character was the main defense, Reich was actually saying: character is the main resistance. To make such a claim is not, in itself, inappropriate or theory-defying; to relabel it as a defense, however, is to seriously muddle the issue and to invite the kind of criticism to which Reich was subjected.

Had Reich spoken of character as the main resistance instead of the main defense, there would be no issue; but he was following closely in the footsteps of his mentor, Freud. Thus Reich, silently and probably unrecognized by him, was redefining a word without notice and using it in a totally theory-defying manner.

All of this Reich laid at the feet of repression. Then the other body therapy theorists followed Reich into this confusion. But Freud's use of term "repression" was so sloppy that to this day no one is able to say what the term means.[81] No doubt you, my reader, have a personal definition of repression. You think you — perhaps from reading, perhaps from personal experience, perhaps from both — know what repression is. There are, however, two big problems with that knowledge. One is that it is not what Freud wrote in defining and using the term. The definition in use by trained professionals is Freud's attempt at a definition, not your personal one. The second big problem is that your definition is colored by your character. Since character (and temperament) underlies everything, it also underlies your personal definition of repression and that definition, being personal, is not public.

Nor does it solve the problem to say you are using Reich's definition. Reich never explicitly defined repression, he simply used the term in an uncritical acceptance of Freud's use of the term and, as mentioned, Freud's use of the term was so sloppy and inconsistent that to this day no one is able to say what it means.

4. Defenses And Their Role

a. A cognitive theory of defenses

81.See: Madison, 1961; Erdelyi, 1990.

The concept of the defense mechanism, while it started out as virtually a synonym for repression, was gradually elaborated over time and over non-compatible theories to become a general method whereby the ego (in Freud's last revision of his theoretical system) protected itself from demands by the id and/or the superego.

Once Freud started out on the path of energy buildup and discharge, of cathexis and counter-cathexis, he was trapped in his own Helmoltzian[82] quagmire. As Webster (1995) shows with majestic prose and wide erudition, Freud's attempt to surmount religion was actually an unrecognized and thus covert expression of his Judeo-Christian ethos. The Judeo-Christian split of good and evil, of fallen and saved mankind, was recast in the form of the evil id and the struggle to surmount the inherently untamed and fallen id by the rational ego whose job it was to resolve the conflict between the devil in the id and God in the superego. God, the father, became god the male parent whose praise and love we sought by taming our fallen base nature in identification with our father god.

There is another answer to the human condition. But not just another answer; more an answer that recognizes the immense and arguably beautiful complexity of human behavior. One that, while recognizing the presence of defense mechanisms (I'll rename them shortly) also recognizes that we are neither fallen nor risen up but that we, each of us in our own time and way, does the best he can to cope with the life he finds presented to him by evolution, by his unique genetics, by his culture, and by the happenstance of his life.

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82. It is widely noted that Freud developed his concept of energy movement and blocking from the physicist, Herman von Helmholtz. The concept of energy employed by Freud and accepted by Reich was modeled on the way that water flows. That is the water has a certain energy, direction, and obstruction.

The term “defense mechanism” is hallowed by age and use. It has now a history of over 200 years. Yet, I submit, still it should be abandoned since it carries with it the baggage of Charcot’s[83] manifest errors and Freud’s elaboration on those errors. It carries with it the idea of unmeasurable and unobservable energies that are subject to laws of movement and stagnation, of push and counter-push, of flow and blockage, of build up and release; all the while subjugating humans to be but little more than passive objects of these energies which we can, at best and often unsuccessfully, attempt to channel in constructive ways.

I suggest in the place of defense mechanisms, the phrase: “coping mechanisms.” As humans we have potentialities and limitations, we find ourself as babies, toddlers, youngsters, teenagers and adults in an ever-changing environment presenting new and unlearned challenges with which we cope, with greater or lesser success. We, each of us, do our best to find a path through the labyrinth of life that leads to other than another dead end. Through all the challenges, we have but one constant companion, we have but one companion that gives us some surcease from the challenge that the events of each day present: our magnificent mind, our ability to think, conceptualize, analyze, learn and understand, view with awe, with amazement, with pleasure, and, often and unfortunately by our nature, with failure. We seek, each in his own way and to the best of our ability at any given time, in success and failure, in health and in sickness, in celebration and dejection, to puzzle out a way to cope with what life has thrown at us.

But for all the wondrous scope of our minds, our ability to look back 13.7 billion years to the beginning of time and see how time and evolutionary adaptation have brought us to this pinnacle, still that mind is burdened with the remnants of that heritage. Evolution does not discard, it modifies. So we find a frontal brain that can lay plans for a lifetime and a primitive amygdala (to pick just one of the many residues of evolution) that engenders inappropriate and unnecessary fears. The point is,

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83.Freud was very heavily influenced by the French physician, Jean-Martin Charcot. For a discussion see: (Ellenberger, 1970; (Macmillan, 1997; Sulloway, 1979).

humans are a magnificent mess. One of us can create a statue of David while another can create a Koran that proclaims hatred and death. One of us can secrete himself for years in an attic to solve Fermat's Last Theorem (math problem) while another figures out how to kill and maim as many as possible with a personal bomb.

Freud's postulation of an id, an ego, and a superego is not a bad metaphor. If the structures as such do not exist, their function does in the form of many structures communicating over 100 billion neurons and synapses; and from that melange comes our greatness and our pathology.

The psychology of coping provides a way to not just discover — something that would in any case be a first step in the process in that for good thinking facts must proceed theory — but actually to logically derive the coping (nee: defense) mechanisms. I will not take you through the whole process here for that would be more tedium than enlightenment; but I will deal with just one to display the process.

The human mind, by its nature, seeks coherency. As one neuroscientist put it "Humans are pattern-seeking animals." Where explanation is lacking, an explanation will be supplied. It is that brute fact that accounts for the fact that in every culture ever studied we find religion. If I find rain and lack of rain, I will invent a rain god that prevents or brings on the rain. If I find death, I will invent a spirit or soul that does not die. If I find people whose behavior is inexplicable, I will invent daemons that have invaded the person and are causing the strange behavior.

As a child you are presented with a multitude of incompatible concepts and told that all these incompatible concepts are true. When you are very young, you just accept because your mind is not yet sufficiently developed (that is, matured) for you to clearly recognize that the ideas are incompatible. But by the age of between seven and ten (7, 8, 9) you do start to recognize logical incompatibility[84].

For discussion purposes, we will label two concepts as are θ and λ. You are told by the all-knowing adults that both are true. But you have reached the age where you recognize that both can't be true. They are incompatible. The mind goes to work to solve the conundrum.

Now θ and λ can not, in logic, both be true at the same time. How can that child cope with the contradiction? One way is to dismiss (deny) either θ or λ. We have the coping mechanism of denial. Another way is to say that θ is true for me but λ is true for you. We have the coping mechanism of projection.

In this way, and adding a bit of learning theory, all the coping mechanisms can be derived from logic and the simple proposition that the human mind is cognitive. We have no need of unobservable energies, of cathexis and counter-cathexis, of energy build-up and build-down; no need of all the definitionally and logically sloppy paraphernalia of Freud or Jung or Reich or Lowen. Human beings make sense and, in the process, we can retain our all too human admiration for the adaptability and the inventiveness of this crazy animal, the human (Kagan, 2006).

b. Why focus should be on the 41 coping mechanisms other than repression

The concept of repression is, at best, dubious. Even if present and even if in wide use, therapy focus on this mechanism is fruitless.

First, I remind you that the theory of repression is and was a theory of willed forgetting of memories or ideas. The claimed reason for repression was that the memory or idea produced unpleasant affect. By removing the memory or idea from consciousness, the resultant or accompanying unpleasant affect was prevented.

Reich started his body-based psychotherapy as a way to get at the character. As he developed his Orgone theory, he changed his theory of the therapy from a way to deal with character to a way to de-repress blocked emotions (or blocked Orgone streaming if you prefer). His rationale is summed up in a series of diagrams he

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84.f presented concepts are blatantly obvious contradictions, then the mind even as early as age two can recognize the fact of contradiction. Contradictions can also arise between one's inherent needs and desires and what is in-the-home accepted or sanctioned. The book by Mahler, Pine and Bergman (1975) is highly recommended.

drew showing anger being prevented ways to vent and thus turning back on the Rousseauian natural self.[85]

Let's suppose that one works in the therapy, or approaches the therapy, in the emotion-releasing paradigm of, after Reich, all the body-based psychotherapy modalities. Further let's suppose one is constricted in thinking about this emotion-releasing model to just anger, fear, and self-pity (weeping). In this model of human psychology, what has happened to learning? what has happened to thinking? what has happened to insight? what has happened to morality? to ethics? to esthetics? what has happened to temperament (James, 1880/1918)? what has happened to organic pathology of the nervous system (even as simple an issue as having pollen allergies impacts one's work and even one's place of living)? but especially, what has happened to the very real possibility (I would say, the fact) that Reich's developmental scheme is wrong?

If Reich and his progeny are correct that emotional acting-in is somehow curative, then the therapy will do its work irrespective of any argument I have put forth that the relevant issue is cognition, not emotion. On the other hand if what I have put forth on the cognitive issue being central to human psychology and

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85. For argument's sake, let me grant Reich's model of human psychology and his idea of blocks to Orgone flow as being the essential element in human psychology. Here is what is missing from this picture: (1) what of the other over 549 emotions; do they have no effect and no relevance?; (2) what of the fact that Reich found that the method did not, in fact, cure (his 'bent tree' analogy)?; (3) what of all the other defense (coping) mechanisms that everyone else finds present in human psychology; they quietly disappear without comment; (4) what of the total lack of empirical evidence for Reich's anger postulate?; (5) what of evolution and genetics and the fact that they are missing from Reich's formulation?; (6) what of the reductionism contained in Reich's formulation, that his theory reduces human life to blocks or the orgasm reflex leaving no room for the immense variability that one finds in practice (7) what of Reich himself, being raised in a sex-negative (his term) patriarchal system, and yet claiming that he was orgasticly potent thus inherently saying that the theory either is false or does not work in the if->then axiomatic way that he postulated.

that the therapy simply facilitates one's ability to discover his own cognitive errors by removing habituated patterns of character that conceal the erroneous errors of thinking, then one has by utilizing the techniques put forth in this chapter on the cognitive work of self-therapy gained the benefit of both theories. Put briefly, the theory I have put forth in this book is a no-lose proposition.[86]

If repression is real, important, and is addressed by the body-based psychotherapy; then you have that in hand. If repression is a false concept or is of marginal importance then by focusing on the postulated cognitive issues involved in psychopathology you have the best of both theories. You can't lose in thinking that thinking is the crucial issue. And, in our context here, thinking means focusing on at least a few of the more important of the at least 41 identified coping mechanisms other than repression.

c. The most important of the coping mechanisms in terms of self-therapy

Different people characteristically employ different coping mechanisms. Even within the same person, mood can change the prevalence of observed use of coping mechanisms. Moreover as the Reichian therapy proceeds, one can measure the change of character by the change in the use of coping mechanisms. What I am going to do here is highlight only the most important of the list of coping mechanisms (page 461). These are the ones that are most frequent and which will, by your learning them and learning to observe their use, provide you with the maximum benefit with the minimum of psychic cost.

Before I start on this list, I want to issue a caution. I will discuss this at greater length in the **TECHNIQUE** section (starting on page 418) of this chapter, I want merely to mention it here as a precaution. The tendency of anyone seeking to

86.n using the word 'curative' I am aware that I am not addressing the argument put forth in a life-time's of writing by Thomas Szasz and his trenchant claim that we have erroneously medicalized choice and morality. To use the word 'cure' is to presume that psychology is a medical issue rather than a moral issue.

understand and correct himself is to make changes whenever he locates a mistaken or non-functional aspect of himself. DON'T DO IT! The goal of self-study is to gather data. I repeat: the goal of self-study is to gather data. If you volitionally make changes in yourself all that you will accomplish is to hide the issue (what Freud termed: symptom substitution). As I discussed previously, character is destiny. Your character is pervasive in all the big and little things in your life. If you stomp on one manifestation, you will simply be missing the other manifestations.

On the other hand if you simply collect and collate data, you will, in time, simply change at the character level and it will be permanent and pervasive. This is just a heads up, I will spell this out in the section on technique.

In this section, I will present only the most important coping mechanisms. In the technique section I will discuss how to learn to watch for your use of these mechanisms and how to manipulate the data.

i. projection

To project is to place your own state into another person. By use of the word 'state' I mean ideas, opinions, moods, desires, intentions, feelings, expectations, intentions or, in general, any other mental content. Projection is ubiquitous.

ii. introjection

To introject is to take a perceived or imagined or hypothesized aspect of another person and put it into your self.

Empathy is a sophisticated form of introjection where one judges or imagines another person as having a certain feeling state, one introjects that feeling state and then responds to the other person from the point of view of having that feeling state.

iii. reaction formation

In reaction formation one converts something into its opposite[87]. The choice of what-is-the-opposite-to-what is a

matter of some subtlety. I will address that question in the technique section.

iv. life-style repetition compulsion

There are two forms of the repetition compulsion[88]. The statement of the life-style repetition compulsion is one of the few coping mechanisms that has an exact definition. That definition is: any condition that has been experienced for an extended period of time comes to be regarded as the natural, the normal, the to be expected.

You can read an example of the life-style repetition compulsion in the story of Betty that I presented in Chapter one (page 7). For example: "her preferences... were either of no consequence or were wrong... Betty soon stopped trying to form her own judgements... she grew to ignore any desires of her own."

Betty's desires, her likes and dislikes, were always ignored and thus she came to regard her own desires as of no consequence. As her mother treated her, so she treated herself[89]. Because of the life-style repetition compulsion, in life as an adult Betty would display an indifference to her clothes; she would have little preferences in food; she would rather be directed than make a decision; she would be generally passive; she would — and this is the most important issue in life style repetition compulsions — be anxious if she had to depend on her own decisions.[90]

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87. The mechanism of 'counter' is very close to reaction formation. The subtle distinction is not relevant to our discussion.
88. Freud did not draw this distinction. However, the psychodynamics of the life-style repetition compulsion and the incident repetition compulsion are sufficiently different that a distinction is important.
89. Yes, one could also say that this was an issue of incorporation or of identification, but life-style repetition compulsion is a wider concept than are incorporation or identification.

v. incident repetition compulsion

An incident repetition compulsion is the repeating, in symbolic form, of an incident wherein you, as a child, did not get the desired result.

As you study yourself, and if you do it with appropriate dedication and focus, you will, over time, find that incident repetition compulsions are found repeatedly. Unraveling your incident repetition compulsions is arduous work. The degree to which the incident is symbolized makes discovery difficult.

Another sticking point of significance about the incident repetition compulsion is that it can never be satisfied. Even if one were exactly to replicate the initial scene and get exactly the response one initially sought, the incident would not be closed. Even though the scene is exact, you wanted the response when you were seven (to give it an arbitrary age) and getting it at 25 does not (internally) make the scene complete. But, more than that, the scene can never even be exactly repeated. It happened when you were seven and replication at 25 is not an exact replication.

I'll make up another 'patient' story to illustrate the point.

Mark liked to play baseball. Generally he was not that good at it, but that did not stop him from enjoying his time in the field and his time at bat. Then there was that one play; that one time that he caught a ball that, he thought, no one would ever have guessed he could do. He expected everyone to be very impressed by his special accomplishment. What he got was just one of the other kids saying: "hey, good catch."

Now he did not continue through life playing baseball. To the contrary, since he was not that good at it, he soon realized that he was not a sought-after player and he turned to other activities. As far as his parents knew, he "simply lost interest in baseball."

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90. Contrary to what Reich, Lowen, and some of the other body-based therapists have written, the most important emotion is anxiety. Humans do more to avoid anxiety than any other emotion or feeling.

But baseball was only the setting for the incident, the essence of the incident — the plot of his life's novel — was that you do things that other people expect can't be done and you don't get the recognition for it.

There is much more to say about this mechanism, but I'll hold that off in order to start the techniques section. We'll come back to Mark.

G. EMOTIONAL EXPERIENCE

The word "experience" is ambiguous. In some contexts it means an event, synonymous with the word "occurrence." If we ask someone: "have you ever experienced a death in the family?", we are using the word in the context of occurrence. In other contexts it means the subjective state accompanying or resultant from an occurrence. An example would be "how did you experience the death of your father?" In other cases, it is used as though the only response to an occurrence could be an emotion; as in "what did you experience when you attended the funeral?" The concept underlying defense mechanisms employs the word "experience" in a broader context. It includes: (1) the occurrence, (2) the thoughts present at the time of the occurrence, (3) the emotions present at the time of the occurrence, (4) the thoughts and emotions arising subsequent to the occurrence but resultant from the occurrence. Thus the four steps following the loss of a loved one[91] of denial, depression, anger, resolution are all part of the same "experience" in the context of understanding defense mechanisms. To avoid this ambiguity, the word "experience" when used below should be taken to mean all four of the above elements. The "experience" means (1) occurrence, (2) thoughts at the time, (3) emotions at the time, (4) subsequent thoughts and emotions directly resultant from the occurrence.

1. Feeling(s)

91. First enunciated by John Bowlby and taken up and popularized by Kubler-Ross.

If the term “experience” is filled with ambiguity, the word “feel” is almost so definitionally over-loaded in English (and perhaps in all languages) that its very use becomes problematic.

Here again we must look both to the denotation and the connotation. In denotation, to feel is to have a sensory experience. We can, properly, use the word for tactile sensations (“feel this fabric”), for issues of physical health (“how do you feel”) or for emotions (as sensory experiences)[92]. But that is only the denotation.

There is a far more pernicious use of the word when we examine its connotation. The error of use is contained in two common phrases: “how does that make you feel” and “I feel that ... .” The error is present in both phrases, but in a different form.

a. How does that make you feel

The major connotative (actually, logically implicit) error in that use of the word “feel” is the idea that feeling are effects of which others actions or events are the cause. In this context one is speaking of a physics concept of cause and effect; of action and reaction. It treats the person possessing a given feeling as the passive recipient, the effect of a cause outside of the person’s discretion. In another way of looking at it, it is a Skinnerian concept of one behavior resulting as a reinforcer or inducer of another behavior (here the behavior being a “feeling”.)

The “feeling” is not the responsibility of the person having the feeling, the feelings is simply an axiomatic, even if individualized, response to a stimulus. There is no context of being able to think (in which case the appropriate question would be: what did you think about that?). There is no context of judgement or of opinion or of evaluation, there is only an idiosyncratic (and omnipotent) response.

As I have implicitly argued in this book, the major operative fact of the human, the one fact which is requisite to any study of

92. Recall that emotion and feeling are different concept. One can have an emotion without a feeling. Feeling is the cognitive or conscious recognition of an affect or an emotion.

sociology or anthropology or education or psychology, is that humans are thinking animals. We are not **made** to feel anything.

Eloquent testimony to this fact is the response of people in New York interviewed in the immediate aftermath of the Twin Towers incident. When asked by television reports "how do you feel?" many people responded with "I don't know what to feel."

Consider that response. What does that answer say about the nature of emotion? "I **don't know** what to feel." It says, obviously, that thinking is involved in feeling; but more importantly it says that feelings are partially a social construct.[93] One has to know before hand what feeling is culturally approved before one creates that feeling and reports it. I will shortly (page 421) discuss current competing theories of emotion and note that one of them is that they are social constructs.

But above all, that "I don't know" response indicates that the "made to feel" concept is erroneous.

Allow me to contrast the "made to feel" concept with a recent incident with a patient and my response and why that response changed the whole issue.

The patient's father had died in the week between sessions. Not surprisingly, his first comment to me at session was "my father died last week." Had I said to him "how do you feel about that?" or "how did that make you feel?", I would have been linguistically demanding that he have an emotion in respect to the death[94]. To either question, he would by social convention, have had to locate and give voice to some feeling. At most, had he been socially daring, he might have said: "nothing much."

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93. Like all things in psychology, alternate explanations would appear to have equal validity. It is extraordinarily rare in psychology that any study or proposal is not challenged by alternate explanations. Here, "I don't know what to feel" might just as well mean that there is such a mixture of feelings that the speaker is unable to settle on just one. By a like token it can mean that while the feeling are, in fact, known to the speaker, he (she) is unwilling to give voice to those emotions lest the answer reflect badly on the speaker.

94. For how this component of language led Freud into a major error in understanding "little Hans," (Freud, 1909/1955) see: Bilge, 1999.

Instead my question to him — a question that freed him from the whole incident — was "is that a good thing or a bad thing?"

That caught him off guard. He considered it for a moment, and said "it's a good thing." In other words, I asked for an evaluation of the incident rather than an emotional response to the incident. Recognizing that the death was actually better for both him and his ailing father, allowed the whole incident, the death, to pass without any need to fabricate any emotional response.

b. I feel that...

This is a term used by women almost exclusively (though men are starting to learn to use it). The connotative meaning of the phrase is that feelings are (1) unquestionable, (2) a justification for any action and (3) a magical incantation that dispenses of any judgement, evaluation, opinion or thought.

Worse, it turns the word "feeling" into a metaphor. Consider this phrase: "I feel that he doesn't like me." Now search as you will through the list of over 550 emotions or though books on emotion, you will never find an emotion called "doesn't like me." The word "feel" here is being used instead of "I think" or "in my opinion" or "as far as I can tell" or "it appears that." But when the issue is cast in the form of a feeling instead of an opinion or evaluation of evidence, it then becomes unquestionable; it is a magical incantation to ward off any inquiry. Yes, the interlocutor could say "what 'makes' you feel that?" but the response of "that is just the way I feel, that's all" is considered acceptable and again unchallangable. The question in response to "I feel that he doesn't like me" would never be "what evidence do you have for that opinion?"

Feeling are treated as private, unquestionable, and inherently valid: "I feel that way, that's all!"

2. Emotional Lability

Emotions, as discussed in this chapter and in Chapter one, are the result of cognitive appraisal. Further, emotions are circular in that one emotion can be subject to a coping mechanism and be converted into another emotion which, in turn, can be subjected

to another coping mechanism and appear as yet a different emotion or attitude. Thus one can take anxiety, apply the mechanism of reaction formation to convert it into bravado. The bravado can then be subjected to the mechanism of secondary gain and be converted into pride.

The pride can then be subject to the mechanisms of projection and introjection where it becomes haughty[95]. Then the attitude of haughty can be amplified by the coping mechanism of justification and then subjected to undoing and/or denial and/or sublimation to become the character trait of condescension. In condescension the underlying character trait of haughty is disguised under the personality trait of being willing to give everyone a chance to be heard[96] when, in psychological fact, the "hearing" is only an excuse to (justifiably) dismiss. A cascading of mechanism on mechanism is the rule not the exception.

III TECHNIQUES SECTION

95. The pride is projected into a parent where it becomes, in terms used by Heniz Kohut in his writings on self psychology, an "idealized parent imago." This idealized parent is then introjected where it becomes a conviction that our family is superior to other families. Thus we get to haughty.
96. This corresponds both to Jung's "identification with the persona" and with Adler's "superiority complex as a defense against an inferiority complex."

First, I am going to present a technique for recovering memories (not repressed memories, just not remembered memories which formed the basis of your character)

Then, I will present a fine but almost ignored technique developed by Alfred Adler (Ansbacher & Ansbacher, 1956; Stepansky, 1983).

Next, I will discuss a technique put forth by George Weinberg (1969),

Finally, I will attempt to put it all together and lay out a plan for you to use to deal with the mass of material that body-based psychotherapy does not deal with.

A. RECOVERING MEMORIES

Now this is, strictly, not part of Reichian. It is an extension based on the underlying theory of the therapy (which was not known to Reich who, after all, died 50 years ago and was educated about 85 years ago. We have come a distance since then).

The purpose of this technique is to recover the memory of the incident or thought that now forms a part of your character (and your emotional reaction to events)[97].

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97. The evidence from psychological research is uniform and overwhelming in quantity that memory is not veridical. That is, memory is not true to fact; it is a reconstitution out of distortions and fragments rather than being accurate. It is distorted by time, by emotional states (both at the time the event supposedly occurred and subsequently), and it is very highly subject to suggestion. For an investigation of the (in)validity of recovered memories, see the references in footnote 111 on page 446. That memory is not veridical makes no difference to psychology. That is to say, you have and believe the memory and therefore whether it is or is not accurate makes no difference as far as psychology and character is concerned. The importance of realizing that memory is not veridical is that when you recover a (supposed) memory, don't treat it as a fact. Rather treat it as a valuable tool to explore your own psychology. The issue is not what happened to you; the issue is what purpose does this memory serve in my psychology and character. A further use of memory is explored in section III C, the Adlerian Early Memory Technique.

Contrary to some of the Reichian exercises, there is no danger in this technique and, aside from becoming obsessive about using it, you can apply it at any time.

Rather than making you read through the theory before getting to the technique, I am going to present the technique first and follow it with the theory. When you get to the theory, if you like, you can just skip it and go on to the rest of the chapter.

This technique will not work when you are in the grip of conflict or strong feeling. However, you can make a mental note of the conflict or feeling, come back to it latter when things have calmed down, and then apply the technique.

Some people are successful right off with this technique, others require years of the Reichian exercises before they are sensitive enough to their body states to be able to use the technique. In either case it does not hurt to try it right after you read this part two of the chapter and see whether it works for you.

1. The Technique

1. Sitting quietly and without distraction turn your attention to your body. Just sense all the parts of your body: your neck, your arms, your legs, your feet, etc.
2. Find any little area of tension in your body. It can be strong tension or minor tension, it does not matter. It can be your fist, it can be your calf, it can be your chest; it can be any large or small part of your body.
3. At this point there are two ways to proceed to arrive at the same data. What you want to do is name the tension. That is you want to put either a single emotion word on the tension or a short action-descriptive phrase.

One technique is to ask yourself: what does that part of my body want to do if it had its own will power, its own ability to perform an action. This is good for people who think verbally.

The second technique is to picture a blank black board and let a word be written on that board that names or describes that tension.

Keep in mind that the goal is to put an emotive word on the tension or a short action-like phrase (at most three words, hopefully one word). Some made up examples to illustrate. I find

tension in my right calf muscle. I ask what it wants to do and find the answer is that it wants to play "kick the can." The emotion: child-like fun. I sense my body and find some hard to pin down feeling in my abdomen. What does it want to do? It wants to cry. The emotion: sadness or depression. I sense my body and find the back of my neck is tense. What does it want to do? It wants to keep my head attached to my body. The emotion: stubborn control.

4. Having identified the feeling, now spread that one feeling over the whole of your body. Let every part of you want to do or feel the same thing. It you find that this scares you, makes you very nervous; just stop the exercise. There is always tomorrow.

5. Now that one feeling is everywhere in your body. While holding on to that over all state, now again sense your body. You will find a new area of tension.

6. Again by using 'what does it want to do' or 'what word gets written on the black board', name that new tension (as a feeling or an action).

7. Now put the two emotions together. When did you feel both of these emotions together at one time? Usually with just two passes (initial emotion and subsequent emotion after spreading) you will recover a memory. Sometimes it takes three passes but usually two is enough.

8. Hold on to that memory and examine in what way it has influenced your life, in what way has it been or is it being expressed in your way of being in the world. What you have accomplished here is finding that incident in your life which got built into your character and is today determining your way of being.

That's it. That's the whole technique. But, boy, can it yield dividends if you make real use of the recovered memory. The technique was one I developed, but it is based on loads of research in psychology, on major theorists of emotion, and on philosophers who have taken the issue of emotion as a major area of study.

2. The Theory

There are six major theories of emotion (Cornelius, 1996): (1) Darwinian, (Darwin, 1872/1965), (2) James-Lange (James, 1884; Lange & James, 1922; cf Schacter & Singer, 1962), (3) cognitive (Izard, 1977; Lazarus, 1991; Ben-Ze'ev, 2000), (4) social constructivist (Harre, 1986; Gergen & Davis, 1985), (5) emotive neuroscience (Panksepp, 1998; Lane & Nadel, 2000) and (6) evolutionary psychology (Barkow et. al., 1992). All of them have evidence for them and evidence against them. We are still feeling our way when it comes to emotion. The theory here is agnostic about which of those six theories is the most correct; to the contrary the theory here is mostly a blending of all six theories.

The technique is based on a theory of both the way the mind works and on the nature of emotion in relation to man, a cognitive animal.

This could be an immensely long discussion dealing with all the variables and their interaction; but the only purpose I have here in presenting any theory at all is to justify the utility of the technique. To explain how I came to it, why it works, and why it is useful.

I take it as proven that there is a subconscious. It is the repository of our experiences and our thoughts about those experiences.

I also take it as proven that each person is 60% to 80% genetics and 20% to 40% environment. Our personal life experiences, our personal environment, works on our personal genetic predispositions to form who we are at any given time.

Now I need to introduce a concept put forth by a once famous and now obscure philosopher, Sir William Hamilton. He proposed that we store information as a gestalt. That is, we don't store in our subconscious isolated bits of data, rather we store complete scenes as a unit. Sir Hamilton's term for this was "redintegration."

Let me illustrate that. I would ask you to recall the first two wheel bicycle you ever got. It you picture that bike, you will find that you don't just see the bike, you see a complete scene. For me, it is the basement in which I stored the bike when I was not riding it. It is also riding alone down the street without my hands on the handle bars; I see the buildings on each side of the street,

the summer sun and the clear blue sky. I store these scenes as gestalts, as whole scenes.

But that is not the whole of the gestalt. It also contains the emotions I was feeling at the time. It was the pleasure of seeing the bicycle in the basement, it had not been stolen. It is the joyous freedom and pride of riding my bike without my hands on the handle bars and the freedom of doing things my way; with no parent or adult to tell me I could not do it.

Now one more basic element of the theory. Data in the subconscious is stored as a branch tree structure. I'll try to make this clear, but if I lose you just skip this and go on to the rest of the chapter.

If you use a web search engine (and who does not now), then you have used a branch tree structure. Here is, diagramatically, what it looks like (on the next page).

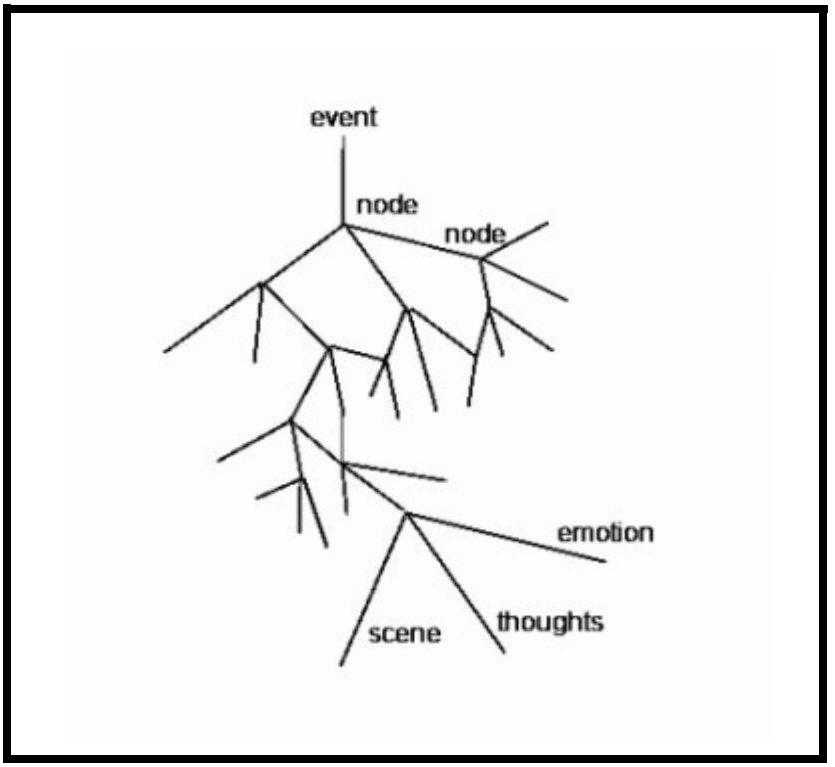

Figure 158

Each time four (or five) lines come together we have a "node." Obviously I have drawn only a simplified diagram. There is no reason, in theory, why one node cannot give rise to many branches, not just three as shown above. The important point, however, is that each node in the diagram represents a gestalt scene. Each node in the diagram (that is, in the subconscious) contains all the elements of a scene; but most importantly it contains the physical scene, the thoughts at the time and the emotions at the time.[98]

For illustration, let's take my memory of riding my bicycle. We have the physical scene; we also have my thoughts at the time of observing my own competence to ride without holding

98.For the professionals among my readers, you can recognize this as a simplified version of the connectionist and neural net theories of mind.

onto the handlebars; we also have my response to that observation: pride; and we have my thoughts that I was not under the watchful eye of any adult and my response to that thought which was joy.

Now a memory like that is easy to recall. But the incidents that go into making up our character are often forgotten or not even recognized at all.

Now to this stew, we add the James-Lange theory of emotion as modified by cognitive neuroscience (Damasio, 1999, 2003).

In brief, an 'affect' is what occurs in the brain, an 'emotion' is what occurs in the body, a 'feeling' is what we have when we recognize and evaluate that body state.[99]

And that is where Reichian comes into the picture. One of the things that this therapy does is to make one much more sensitive to his body states. That is, it allows one to be much more aware of emotions and be able to name them as feelings.

Just one more step and then we can put it all together. Back to the branch tree structure of the unconscious. Let's continue with my bicycle node. It has three elements stored in it: scene, thoughts, emotions. Each of those three elements gives rise to a branch from the node. In turn each branch contacts another node which also has at least three elements in it. Then that node gives rise to branches which connect to other nodes and so on. If a particular node is accessed (by the subconscious) then the next node can be from any one of the three branches. In turn that node will have at least three elements and any one or more of its branches might be followed to another node by the stream of subconscious thought.

I know that's messy; but hopefully it will become clear as I continue with an examination of my bicycle memory. I had pride as an emotion in my bicycle gestalt. Then at school, I got the highest report card in the class and, of course, I felt pride. The two gestalts are linked by the common element of the emotion of

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99. There is a medical/psychological condition called alexithymia in which there are no feelings or in which they are severely blunted. The condition can result from injury to or malformation of the prefrontal cortex. It is the prefrontal cortex that evaluates emotion to result in feelings.

pride. That second gestalt has a branch that contains the school setting. That branch leads to another school gestalt but here I was proud of my test score until I found out that it was not the highest score and then felt shame. The result: I have an experience in the present time where I start to react with pride; but my subconscious, following the branches, ends up with the bad test scene and instead of feeling pride, I feel shame.

Here is an incident where I would expect to feel pride, yet I am feeling shame. The conclusion: emotions are irrational. Where one would expect me to feel pride, I feel shame. But are they irrational? No, not at all. The subconscious simply followed the branches from node to node and ended up where it ended up; the whole process is completely logical. I just don't consciously know the connections. All I know is the end result and I am mystified by it.

What the technique is doing is making use of all of these concepts and theories to work backwards, to go from an emotion to a memory.

The technique identifies two (or more) emotions that are linked (in the subconscious) and by that means recovers the memory where both emotions were present at the same time.

Recovering that memory I now can reevaluate that shame I felt and anew judge whether it was appropriate. I can also understand why in life I tend to shy away from situations where I might be the best and why I regard pride as shameful.

Just to clear my name, all this is simply an example. Any relationship to me is a subconscious accident.

That's nice. If you are good with this technique — or learn to be good — you can recover incidents in your life that, over time, formed the basis of your character.

"Ring and the rosey, a pocket full of possey, we all fall down" goes the old English nursery rhyme. So you have a pocket full of memories, now what do you do with them? I'll come back to that. Just keep reading.

B. TAKING THE BLAME, DEALING WITH INJUSTICE COLLECTING AND PSYCHIC MASOCHISM

This is something that I have tried to teach to every patient I have seen for the last 35 years; it is that important.

The statement is simple: whatever happens to you, assume first that it is your fault.

There are a number of reasons for this and a number of benefits. First, let's deal with Bergler's discussion of psychic masochism and injustice collecting (page 359).

Recall that in the quotes from Bergler, it was pointed out that this malady is found in nearly everyone and that it is based on projection. To collect injustices, you have to start with the assumption that you are the innocent victim of someone else's malice. But if you take the blame, there goes the injustice and there goes the projection. Assuming that whatever happens to you is your fault in one step breaks the pattern of psychic masochism[100].

That is one advantage of this technique. A second advantage is, once stated, more obvious. It has three parts. First, you can change yourself, you can not change the other person. Blaming the other person leaves your behavior unexamined and therefore unchanged. You have gained nothing by the experience. Second, no matter what the other person did, there were things that either you did that contributed to it or things that you failed to consider that allowed it to happen. Finally, by blaming yourself first, you can start to see patterns in your life such that this type of thing tends to happen. In other words, by blaming yourself first you get a window into your character.

A third advantage is based on our discussion some time ago that emotions are a result of cognitive evaluation. Outside of evolutionarily inherent fear reactions to physically threatening events, all emotions — in this case your emotional reaction to the event or the series of events — does not say anything about the event; it says something about you. Again outside of inherent fear reactions, no emotion is inherent in any situation. Any emotional response you have to any event is not a function of the event; it is

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100. But be careful that you do not then start to use the idea of taking blame as a new form of masochism (that would involve a coping mechanism I am not discussing, the mechanism of secondary gain.)

a function of your nature in relation to the event. To the extent that you hold yourself blameless and the other person guilty, to that extent you are treating your emotional response as not of your making, not of your (subconscious) choice. To the extent that you blame the other person for "what he (or she) did to me," to that extent you are viewing yourself as passive and without choice.

Three good reasons to blame yourself first. Now what do you do with that approach? How do you use that technique to get at your character?

Before I can address that issue, there are some basic rules of self-study and self-restructuring that I need to lay out.

1. gather data, don't make changes
2. behavior is over determined
3. data needs constant reanalysis to be useful
4 . you are fighting your own character
5. wants become functionally autonomous

1. Gather Data, Don't Make Changes

The goal is to gather data, not to make changes. The changes will come by themselves as you work back to the underlying concepts. Without data you will never uncover the underlying concepts. Change simply leads to symptom substitution and to the exact same character system being presented in a different form. Pictorially, if you are looking for the rabbit in one hole, you won't see him escape out another hole.

2. Behavior Is Over-Determined

Behavior is over-determined. We get the concept of over-determined from Freud. It means that a given behavior or set of behaviors does not arise from a single source; it or they arise from the confluence of several sources. Finding one mistaken concept that undergirds your data will not result in change. You need to chew the data, always looking for yet another and then another concept that feeds into the observed data.

3. Data Needs Constant Reanalysis To Be Useful

You observe something about yourself. You, properly, ask: why am I doing this?; why am I feeling this?; in what way is this given behavior characteristic of me?; in what way is this behavior unusual for me?; what part of this behavior is ego-syntonic and what part ego-dystonic?; what were other possible response and why did I either (a) not choose (what prevented me from choosing) any of those other possible responses and/or (b) what personal catastrophe would I expect to happen if I chose any given other response (mainly, why do I expect that other response would result in anxiety)?; what other ways can I label or group or view this behavior?

The most common error in self-study is to observe a behavior or an emotion and use a now familiar and timeworn label and explanation. That is not self-study, it is rehearsal of pathology. We will examine this again when we get to the language of emotion, but the principle is general. Keep trying to describe the situation using new words.

At this point, when teaching this to the people I treat, I always have to deal with an unasked but implicit question: how will I know when I am right, how will I know if I have chosen a right word or a wrong word?

There are two answers to that question. The first and most important answer is: it doesn't matter. Just assume you are right and examine the situation, behavior, emotion, etc. You won't know whether you are right or wrong and it doesn't matter. The important issue is the investigation, not the answer.

The second answer is that if you hit on a good one your body will tell you. When you hit on a new description or a new conceptualization that is close to the right one you will get a body response. Perhaps a shiver, perhaps a flush (hot or cold), perhaps a tightening in the pit of your stomach; you will get some body response.

That is one of the beauties of a Reichian approach. It makes the body more responsive to affect and it makes one more sensitive to their feelings (that is, more sensitive to changes in body sensation)[101]. Speaking for myself, when I happen on a good way to think about something (in a different way) I get a shiver up my spine; that tells me I am on to something.

4. You Are Fighting Your Own Character

This is the old "lift yourself up by your bootstraps" problem. You are using your own flawed character to study your own flawed character. Your own character stands in the way of you discovering your character. There is no way out of this conundrum. The only thing you can do to fight this circularity problem is to try ever new ways to think about an issue. The more outlandish your new way is the more likely you are to hit on a valuable and right answer.This problem is especially intense when it comes to dealing with feelings. The answer is the same, but I will hold off a full discussion for a few pages till we get to language and emotion in the techniques section.

5. Wants Become Functionally Autonomous

The principle here is easily stated — and thus easily ignored.

<u>You never want what you want you want the wanting!</u>

Don't just read the above sentence and pass on; give yourself a few minutes to concentrate on it and examine yourself in light of the principle.

Initially a want starts out as just that: something we want. But over time, the want itself becomes autonomous (independent) of the original stimulus and takes on a life of its own. It become its own life-style repetition compulsion (page 411). As adults we have character-based things that we seek. But, it turns out, that by the time we are able to actively seek to satisfy those wants, they

101.See footnote 3 on page 15 for the distinction between affect, emotion and feeling.

have already become autonomous of their original stimulus and we only act "as if"[102] we want a result. In fact the want itself has become its own motivational element and we now live out the wanting as its own dynamic.

Examine your own wants (marriage, kids, money, fame, security, etc.) and you will, hopefully, discover in what way the want has become functionally autonomous. Let's take children as a example. Initially you had dreams or phantasies of what it would be like to have a child. You envisioned teaching the child things, of family trips, of revisiting Disney Land now as an adult such that your children could experience the same joy you experienced when you were a child.

Then the child comes and you never have time for family trips, teaching the child all the things you have learned becomes conflicted instead of the imagined fun, and the trip to Disney Land becomes a nightmare of long lines and a bored child. But the reality of having a child does not quiet the want. If this child is not the one you wanted, the next one will be. The want (for a child) has become functionally autonomous and continues with its own dynamic.

Having laid out the rules of self-study, now I can get back to the issue of using the technique of blaming yourself first to discover your character.

102.This phrase is historically associated with Alfred Adler, who took it from a philosopher of the time.

6. look for incident repetition compulsions
7. look for life style repetition compulsions
8. look for patterns which means gather as much data as possible and group the data in as many ways as you can
9. check your assumptions. All ideas have implicit assumptions; the major source of character concept errors lies in these unrecognized implicit assumptions
10. ask why you are acting or reacting in this way rather than way (a) or (b) or (c) or (d) or ...
11. apply operations on coping mechanisms
12. when you absolutely can not ring anything more from the experience, then you can look at the other person's contribution to the situation

6. Look For Incident Repetition Compulsions

When I get to the discussion of the Adlerian Early Memory technique (page 444) I will give you another way to discover your incident repetition compulsions. For the present we will stick with blaming yourself.

I would start by emphasizing how symbolic the incident repetition compulsion becomes. Recall Mark, our baseball player. His catching the ball and not getting the praise he sought became a formative incident. Let's look at some of the ways he, over time, came to symbolize this incident and thus covertly to repeat it.

Obviously, at work he was driven to outstanding performance. But somehow the praise of his boss never seemed enough; he always left the evaluation with a feeling tone of disappointment. That is a fairly straightforward repetition.

He was also a "good friend." In his own mind that was just who he was, and praiseworthy for it. You could count on Mark for help when you needed it. But for all the pleasure he seemed (to himself) to take in his helpfulness and for all that he regarded

that trait in himself as one of his virtues, he also (likely unrecognized) always had an undercurrent of resentfulness in response to each good friend act.

He was doing exceptional things and he always got a heartfelt "thank you." for it, but he also quietly and unnoticed also felt taken advantage of. Perhaps he was too good a friend and other people used him (injustice collection).

He was also a thoughtful husband. He especially liked bringing unexpected gifts to his wife. She was always surprised and never failed to be effusive in her gratitude. But that did not last. There was always another gift to bring and another chance to get the praise which his incident repetition demanded.

When he had a son, he could hardly wait to teach him baseball. He went to every game if it was at all possible to attend. Finally it happened, a catch of a hit ball that no one would have expected that his son could catch. At the game, after the game, on the way home, Mark could not stop praising the catch and what an amazing feat it was. He proudly told his wife about it. He proudly told his coworkers about it. If he could have gotten a trophy for his son, he would have[103]. But, then, how to explain that a few days later he felt compelled to buy his wife a new pair of diamond earnings?

Incident repetition compulsions are never satisfied. In their symbolic form, they fester. Note that it is not the case that simply because a behavior is motivated by the mechanism of the incident repetition compulsion does not say that it is a bad or non-functional behavior. One can well find its manifestation to be utilitarian or admirable. And, after discovering a repetition compulsion you may well decide that you want to retain the behavior; the issue is not the cultural or moral worth of the behavior, the issue is the motivation behind it.

Fine enough, but, still, how do you learn to spot these repetition compulsions? We start with a principle so fundamental to self-study that it deserves to be set off in a comment box for emphasis.

103.Technically, this is also an example of the mechanism of 'magical thinking.'

All behavior is motivated! Take it as a basic principle of life that anything you do or do not do is because it serves an intra-psychic purpose. It is motivated.

And I do mean: all! You may think saying “good morning” at work is just good manners or it is simply what we do each morning. But there are people who do not do it. Thus it is motivated behavior. Yes, it is good manners; yes, it is a cultural custom; but it is also volitional, it manifests a choice on your part. It may be so trivial and habitual that you think it is not worthy of the effort of study and analysis. Very well, take one morning and don’t say it. Now notice the discomfort, the sense of being rude, the concern that you are offending and “what will people think?”. Even as simple as saying “good morning” is not just habit, it is motivated behavior.

But, still, how do you find these hidden highly symbolized manifestations of your incident repetition compulsions? As always, it starts with data gathering. Just note, and add to your mental card catalogue, each incident, big or small. Then, when you have a sufficient list, start to corollate them; try to find something, anything, that might constitute a common element. Don’t look at the details, the minutia, look at the overall picture. Treat it as you would if you were a novelist and you were working out the character and dialogue of one of your characters. In short, take yourself out of the picture and just observe it as though it were someone else doing or not doing it. In doing so, keep in mind that this process of abstraction looks to the form of the behavior, not to the explicit content.

7. Look For Life-Style Repetition Compulsions

Life-style repetition compulsions are both cruder and more pervasive than are incident repetition compulsions. That is, they are manifest in more basic choices and patterns.

They also have clearer indicators, clearer sources, than do incident repetition compulsions. You spent probably eighteen years living with the same parents and siblings. By definition that qualifies as a life style[104]. Now the question is: what was that home situation really like? Parents never see their children as they are; children never see their parents as they are (were).

Again, the basic operation is to step back from the details, the minutia, and look at the pattern. Let's say, as an example, that your mother followed one of the currently fashionable child raising books and gave you "unqualified positive regard." She was unfailingly supportive, unfailingly praising, unfailingly taking your side in any disputes (a problem with a friend was always that the other person had done you wrong; that you were right and had been the victim of the other child's meanness).

Just an example, but not an unusual one in my experience.[105] What might, given this home life experience, be the result? You always expect support. You look for friends who are supportive. You tend to avoid conflict. You choose work that is well within your competence. When you find someone of the opposite sex who seems, in glance or words, to admire you; you are quickly smitten. You are a sucker for praise and never seem to be able to spot the treachery that might lie beneath the praise. You are frequently disappointed by others and "your feeling are easily hurt." You quickly take in new people as good friends and just as quickly drop anyone who disappoints you. I could go on; people are, as it were, infinitely variable. But the point, I hope, is made. When you start to blame yourself first, you then have the basis for asking what did I do wrong and why did I do it? Where can I find like behavior in other situations and/or with other people? I think I know what happened and why; but let's try out for effect completely different ways of looking at the situation.

104.life-style repetition compulsion: any condition that has been experienced for an extended period of time comes to be regarded as the natural, the normal, the to be expected.

105.I have a special name for this situation. I call it "the white hospital syndrome." The resultant pathology is especially serious and especially hard to treat.

As I try each new way to conceptualize the whole experience, I am looking for patterns, not minutia. I won't know if I am on the right path or off to a dead end; and it does not matter; the issue is the exploration not the answer.

Because behavior is overdetermined, there is not one answer to any such inquiry; there are many answers. Some answers might be central and others tangential; it does not matter. Whatever you can guess at as a new way to conceptualize the situation is another path that just might lead to new insight and, in any event, it can't hurt to try it on for size and see where it goes.

8. Look For Patterns

I've said this twice now, but here it gets its own heading. A single incident can, on occasion, lead back to a memory but the usual condition is that the data lies in many seemingly disparate and unrelated interchanges or incidents and the crucial analysis lies in being able to step back from each incident and see some type of pattern. Obviously patterns emerge only when there is a sufficient number of cases that they can be grouped and summed in various ways. So finding patterns presupposes analyzing many incidents, all in a "it might be" tentative way, and then keeping track of the speculative answers until you have enough data to start making speculative groupings.

If you are not good at filling out mental filing cards then use actual physical filing cards (or put a note on your portable device).

Since character is pervasive (as are the two forms of the repetition compulsion), you will have occasion to find many data points. However, it is also the case that (1) character is not unitary, you will find that the data can be grouped in a number of different ways and (2) keep in mind that the average person has three characters structures all operative at the same time.

Therefore one rule of study is, as it were, to keep trying new and unique ways of conceptualizing the situation and keep all possibilities open in your mind. One grouping, when you get to that point, might give you data about one character structure

while another grouping might give you data about another character structure.

Keep in mind also that issue of ego-syntonic and ego-dystonic. Recall that character is ego-syntonic and thus your "just me" way of doing things is not only also data, it is important data. Never allow yourself the easy out of saying "that's just the way I am" or "that's just being responsible" or "that's simply being polite, that's all" or "that's simply what is expected of me as a ... ." All those are statements of the fact that the behavior is ego-syntonic and thus are more statements of your character than would be other observations.

9. Check Your Assumptions, Part One.

All human concepts contain hidden assumptions. Often the assumptions are so much a part of our thought process that it is difficult to ferret out those assumptions. I provided an example of that earlier when I wrote about the assumption of cause and effect that is part of the adult's automatic thinking while the child does not even have the concept.

Here is where books on logic and philosophy can provide valuable insight. In logic I would like to recommend *The Art of Reasoning* (3rd ed.); David Kelly, 1998, New York: W. W. Norton and *Art of reasoning: readings for logical analysis*; Stephen Hicks & David Kelley 1998, New York: W. W. Norton. In philosophy I happen to like Brand Blanshard's *Reason and analysis*, 1962/1991, La Salle, IL: Open Court.

There are, of course, innumerable other books on reasoning, on logic, and on philosophy. However, it will not help to read a given philosopher expounding his theories. The goal of the reading is to learn how to think critically, not to learn what Heidegger or Nietzsche or Sartre said.

10. Check Your Assumptions, Part Two.

In choosing this as a sub-topic I know I am repeating what I said above; but the principle bears repetition.

Emotions (feelings) are not automatic. Why am I experiencing this emotion (as opposed to some other emotion)? "Well,

everyone would feel this in this situation" is not an answer, it is the avoidance of an answer. That fact is that it is not everyone, it is you and there do exist other possibilities, even to feeling nothing.

If you can't seem to lose weight, it is not just that it is hard, or that fat runs in your family. The fact is that it is you that is fat and all behavior is motivated.

If you enjoy one television show and not another, you have data. Something about the plot, the characters, the politics, the life style; something about the show that you like fits with your character and the show that you do not like challenges your character. Ask why. "It's a funny show" is not an answer, it is the avoidance of an answer.

The same goes for movies you like or dislike, activities you enjoy or do not enjoy, people you like or don't like, magazine you read or do not read, news shows that you watch or don't watch, religion that you have or don't have, clothes that you like to wear or don't like to wear, foods that you like or don't like, music that you like or don't like. I don't need to continue with this all too easy list. The point is made: everything you do or don't do speaks to who you are; speaks to your character and/or your coping mechanisms.

11. Apply Operations On Coping Mechanisms

Make the assumption you are using the coping mechanisms I have highlighted: incident repetition compulsion, life style repetition compulsion. projection, introjection, and reaction formation. I have already separately discussed the repetition compulsions, so lets turn here to the last three.

a. Projection

Start with the most common: projection. Projection occurs when the person takes a thought, emotion, desire or impulse of his own and puts it into (projects it onto) someone else.

Every time you have a thought about someone else, stop for a moment and ask yourself why you are projecting that thought into that other person. The thought or opinion is actually yours

and you are disowning it by projecting it to someone else. Why? What is it you are avoiding, or, alternatively, what is it you are trying to accomplish by the projection?

You notice a colleague at work and think: he looks tired. Your question: why am I tired today? The answer to that question is never: I'm not tired, I feel fine. The only acceptable answer is: I am tired today, now why? Start by searching for all possible reason why you would feel tired today. Come up with as many answers (or reasons) as you possibly can; and then start translating the word 'tired' into other words. Tired becomes bored, or becomes impatient, or becomes uninterested, or becomes annoyed, or become preoccupied, etc. You get the idea. The easy answer is the wrong answer; that principle follows directly from the concept of character and that character is pervasive. Your character will immediately supply the ego-syntonic answer; you want the ego-dystonic answers. That is where the gold lies. Pay attention to any body reactions as an additional guide to when you might have hit on a major answer.

b. Introjection

Introjection as I am using it here is the opposite of projection.[106] In introjection we take something that we believe we see in another person and take it into ourself.

The thought: that was a strange look he gave me, I wonder what he saw? The answer: he did not give you a strange look, you were seeking something from that person and, not getting it, you introjected a negative thought about yourself. It is not he who gave you a strange look, it is you who gave yourself a strange look.

The thought: that meeting was a total waste of time. The answer: I am behind in my work and now I'll never catch up; I just wasted an hour in that (silly) meeting. I've got to figure out some way to budget my time better.

The thought: all Barbara wants to do is gripe about her boy friend. The answer: what is it about my relationship with Tim that

106.Introjection also has a different meaning where it is one of the three stages of internalization.

is so displeasing to me?; what am I missing?; what do I want that I am not getting?

The general process: take any event, idea or conversation and treat it as part of you, not part of anyone else. Assume that any thought you have is really saying something about yourself.

c. Reaction formation

Recall that a reaction formation is to turn something into its opposite. The question I posed, to be answered here, is how do you discover what the opposite is?

For some ideas or feelings, it is pretty evident; at least at first glance. The opposite of strength is weakness, the opposite of assured or confident is insecure, the opposite of admire is disdain, the opposite of respect is disrespect. But, two things, one: those are the easy ones; and two: they are incomplete.

Most opposites are not that obvious. You've heard that the opposite of love is hate. It is not. The opposite of love is disinterest or indifference. The opposite of lonely is the contentment or security of not having to deal with anyone. The opposite of proud is unsure of the quality or value of your claimed accomplishment. The opposite of angry is hurt. Most opposites are not obvious.

So how do you find the opposite? You don't. You make as many guesses as you can, use as many even remotely possible words and explore each one in turn as though it were correct. If you can't get anywhere with a given possible opposite, you can always discard it and pick a new one; if you never give an opposite a chance to be explored, you are simply living out the ego-syntonic functions of your character and refusing to learn. So simply keep trying new words (new concepts, new opposites) and see where you can take each of them (after making the working assumption for exploration purposes that it is 100% correct).

d. Combinations

Now we get to the fun part of this exercise, the place where it really starts to pay off. Now we put these coping mechanisms

together and make mud pies. There is no set order, there is only experiment and "lets see what happens if ... ."

I fully appreciate that this quickly gets confusing. But it reads worse than it lives. I'm going to go over combinations of coping mechanisms here; but you can't master all of this on initial application. My recommendation is to start with a single mechanism, let's say: projection, and just use that constantly — applicable or not, just apply it anyway — for a week or two. Then go to another single mechanism. Depending on how self-reflective or introspective you are and how observant you are, this may take you a month or it might take you six to nine months. It makes little difference; it's a long life and the job of living is living. If self-study aids the job of living, like any other learning, it is good. If it gets in the way of living, either just drop it or put if off till later.

Another note in the same vein is that life has to be lived moment to moment. You can't function well in life if you are constantly spending all your time second guessing why you did or did not do something; why you said or did not say something. If you just make it a mental habit to note things as they go by — just make it a habit to jot down mental notes — then there will be time later for reflection and analysis. As long as you are gathering the data, then the mental work of disassembling the data and looking for patterns and coping mechanisms can be done at your leisure. One note here, however, a memory of acts that are ego-dystonic is much easier to store than is an act that is ego-syntonic. Inexorably, our character blinds us to the important ego-syntonic data and yet that is the most important data.

Now to the combinations of coping mechanisms. I'll start with an easy (and common) mix: a reaction formation followed by a projection.

You are in a bad mood today. The reaction formation is that you are in a good mood. You project that onto a co-worker and say: "you look happy today."

You just received a notice from the IRS that you owe back taxes. You can barely pay your bills as it is and now you have this hanging over your head. You feel defeated. The reaction formation is that you can overcome any obstacle. You project

that onto your child and say: “there is nothing that you can’t accomplish.”

You were just told about a promotion at work. You are proud and just a bit scared. The reaction formation is that you are sure you can handle the new job (opposite of the ‘scared’ part). You project that confidence and say to your best fiend at work: “boy, you’re really knocking out the work, aren’t you?”

Now lets try a reaction formation and an introjection.

You notice that your oldest girl is paying a lot more attention to her clothes. The thought is that she is primping for a possible boy friend. The reaction formation is that she is not interested in a boy, she is only starting to realize that appearance is important in the world. You introject that idea and say: “I really need some new clothes.”

You notice a colleague at work looking at you. Your initial thought is that there is something wrong with your clothes. The reaction formation turns that into your colleague is looking at you because you look so good today. You introject that praise, and say: “I’ve been loosing weight recently.”

I’ve give you two easy ones, just the use of two mechanisms. Now, for practice, let’s go to three mechanisms. The combination is (1) projection, (2) reaction formation, and (3) introjection[107].

You are concerned about your mounting bills. You project that concern into your husband (wife). You then do a reaction formation on the projection and the concern about bills becomes a confidence that the money situation is going to be fine. You then introject that confidence and say: “I wonder if we might replace that couch at some point.”

Another example. You have just had a call from your mother and, true to form, you are angry (you always feel that after talking to her). You project your anger onto your mother. You then do a reaction formation and the anger becomes love. You then introject that love and think: it’s nice that she calls so often, I really must learn to respond to her love with my love.

107.This combination is actually fairly common. It is identical in result to the primitive mechanism listed in the table of coping mechanisms as projective identification.

So, coping mechanisms are, as it were, all over the place. But how do you learn to spot them and how do you go about analyzing them in action in yourself?

The first principle is something I have already mentioned. You just assume that you are using them all the time and then work with several combinations of coping mechanisms to see what comes of it. That means: 1) you assume that they are present, (2) you assume that you are using any given one to four of them at any given time, (3) you treat the assumption as valid for the purpose of investigation, (4) you are not concerned (since you virtually can't know) whether you are right or not; it is the investigation that is important, not the conclusion.

The next principle is that oft-repeated statement that the job of living is living. No one can or should spend all his (her) time trying to analyze his (her) every action. That simply gets in the way of living. But, by a like token, not constantly doing the analysis does not yield the reaction formation of never doing it. On your mental file cards, write down just one or two or three exchanges per day and take some time away from the TV or the computer and chew over those file cards. The more you practice this, the more it will become a mode of thought such that you can catch yourself in the act of using them.

The third principle goes back to that body reaction. In general, and especially as you get deeper into the body work and get, as I promised at the beginning of this book, more emotionally sensitive you will have more body reactions to correct guesses (assumptions) and this work will get both easier and more productive.

I am not done with this section. First I just want to present a table of some of the combinations of the more commonly used coping (defense) mechanisms and then there is one last subsection in this discussion of Blame Yourself First.

Table 1 lists some of the possible combinations. It is not exhaustive, but does give you some feel of how you can chew over your behavior.

Table 1: Some combinations of coping mechanisms

incident repetition compulsion
life style repetition compulsion

Table 1: Some combinations of coping mechanisms

projection
introject
reaction formation
projection and reaction formation
reaction formation and projection
introjection and reaction formation
reaction formation and introjection
projection and introjection
introjection and projection
projection, reaction formation and introjection
introjection, reaction formation and projection
life style repetition compulsion and projection
life style repetition compulsion and introjection
incident repetition compulsion and projection
incident repetition compulsion and introjection
life style repetition compulsion, reaction formation and projection
incident repetition compulsion, reaction formation and introjection

12. Now Look At The Other Person's Contribution

To review: the approach of blaming yourself first (1) tends to short-circuit psychic masochism and injustice collecting; (2) allows you to focus on what you can change (yourself) instead of what you can not change (the other person); (3) allows you to recognize (as a habit of mind) that you are the source of your emotional reactions, you are not the passive object of events that is 'made to' feel anything; (4) allows you to learn to apply coping mechanism thinking to your own behavior; and (5) once you have fully examined how and why you caused the incident — and that most definitely includes looking at why you did not see the potential for the incident to occur — why you were blinded to the nature of the other person(s) involved — then you can always look at what the other person did or did not do that caused the incident.

C. THE ADLERIAN EARLY MEMORY TECHNIQUE

When Freud returned from his adulatory time with Janet in France, he was convinced that the cause of all mental illness is childhood forgetting[108]. The technical term is childhood anamnesis and the 'reason why' that Freud settled on was repression rather than the term "dissociation" that was used by Janet.[109]

So children repressed ideas and memories that did result or might result in unpleasant affect (that is, in the final analysis, feelings). In a characteristic form (for Freud) of circular reasoning, the fact that we don't recall much from our childhood was because of repression and the proof that repression existed is that we don't recall much from our childhood.

Alfred Adler took the opposite side of that situation. If we don't recall much from our childhood; still there are for each of us some memories from our childhood that stand out. Why is it, Adler asked, if we forget most of our childhood that we do remember some of it and usually in particular detail?

Freud wanted, through psychoanalysis, to recover these repressed memories and Adler wanted, through individual psychology[110], to understand why we remember specific scenes from our childhood.

If we forget most of it, there must be something about the remembered memories that make them especially important. These stand-out memories, Adler wrote, give rise to what he termed "the style of life." Now, even before proceeding, it is important to understand that it does not make any difference if these memories are veridical or whether they are, in Freud's term, screen memories.That is, it does not make any difference whether the memory is of something that actually happened or

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108.Freud was so taken by Janet's hypnotic recall method that he translated Janet's works into German. Freud started his psychotherapy practice by using hypnosis as he had seen in use by Janet.

109.Whether dissociation and repression are just two different words for the same thing or whether they are different mechanisms is a subject of continuing debate in the psychology literature.

110.Individual psychology was the name Adler gave to his approach to therapy.

whether the memory is an invention of the subconscious which, of course, the person thinks most definitely did happen[111].

If, as Freud maintained, we repress because an idea or memory would result in unpleasant affect; then, by like reasoning, we remember because the memory results in pleasant affect. Now before you dismiss this because you have early stand-out memories that were anything but pleasant; recall the issue of the incident repetition compulsion. The memory, for Adler, is pleasant in that it explains and justifies our character (our style of life in Adler's terms).

I'll give you one from my store of Adlerian early memories. I am with my parents and sister at a winter resort outside of Chicago where I grew up. It is getting late in the day and I am playing with the other children in building a snow man. My father comes over and says it is getting late and we have to go home. I don't want to, I want to continue building the snow man. My father grabs my wrist and drags me off to the car.

That is the clear memory. But what does it mean? Why that memory? It took me several years of periodically returning to that memory to figure out its meaning, its relation to my style of life.

In being dragged off, I was (1) helpless before superior strength and (2) my sense of justice was violated. Looking at myself as an adult I recognized that I had never in my life engaged in any physical violence (I had never used my superior physical strength to impose my will on anyone) and I had an exaggerated, perhaps overdeveloped, sense of justice. I had a profound distaste for our gladiator system of courts and my politics was libertarian, a political philosophy that eschewed as a basic moral principle the imposition of state authority on anyone who was not himself employing physical violence. Thus this early memory served to explain and/or predicate my style of

111. This phenomena does not relate to the "recovered memory syndrome." Recent study of recovered memories – memories that were ostensibly repressed and then recovered, often under hypnosis – shows that the recall is, at best, dubious. Research on memory shows that it is seldom veridical (true to fact). For further study see: Loftus and Ketcham, 1994; Ofshe & Watters, 1996; Baker, 1998; Pendergrast, 1996; Crews, 2006.

interpersonal relationships and my sense of justice/injustice and my politics[112].

As a therapist, I routinely employ the Adlerian Early Memory Technique. Early in my work with someone, often in the first session, I solicit my patient's early memories. I ask for the following: (1) describe the scene — it may be just like a still photograph or it may be just like a few moments of film, (2) what approximate age where you, (3) what were your thoughts at the time, (4) what were your emotions at the time, and (5) what has this memory meant to you since (that is, what meaning do you attach to the memory in terms of your life)?

The beauty of the early memory technique is that it is a quick way into the person's character. It is often the case that it is difficult to sort out the relevant issue in the memory; but the issue(s) is (are) there; the memory is important else it would not be remembered, it is only an issue of seeing all the implications of that memory.

In your self-study, I urge you to use this technique on yourself[113]. Actually write out your 1/2 dozen or so early memories. Record the five elements: (1) scene, (2) age, (3) thoughts at the time, (4) emotions at the time, (5) meaning since.

Once you have those memories down on paper, then start to explore each one.

You may take it as a given, an axiom even, that there is profound meaning in the memory and it but needs honest study and analysis to see its derivatives manifest in your life. Further in using this technique, don't ignore the operation of defense mechanisms. True, these memories are hallmark incident repetition compulsions but that does not mean that you have not, for example, employed reaction formations and projections on

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112. Actually, there is much more in this memory that corresponds to who I am as a person, but this is not an autobiography and what I have provided demonstrates the concept.

113. One warning: don't search for memories. Take only the ones well known to you without you having to search for them. If you undertake a deliberate process of trying to recall early incidents, what you will get is defensive memories of the subconscious designed to lead you in the wrong direction.

elements of the memory. Just keep probing and analyzing; it will be worth your time and effort.

To complete the exploration of this technique, also keep in mind that as you do the Reichian work, new early memories will emerge. These new memories are not less important, they are more important. They will give you a window into deeper and more covert aspects of your character.

D. EXPLORING YOUR DEFINITION OF EMOTIVE (FEELING) TERMS

On pages 396-400 I discussed the problem of having a limited emotional vocabulary or of having emotive words which are mis-defined. I also mentioned (page 310) that emotions are rarely singular, there are, as a rough guide, six emotions all going at the same time.

I mentioned in discussing defense (coping) mechanisms, that it is not the answer which is important, it is the investigation. This same principle applies here. If you have a poverty of emotive words (nowhere near that over 550 emotive words in the English language) or you have an unknown mis-definition of an emotive term, it is unlikely that you can easily correct either limitation. What you can do is take any suspected feeling and, after exploring yourself in the context of that suspected feeling (and using the techniques presented here to find other same-time present feelings) you can then use a different word to describe or name the feeling and then start the exploration with that new word.

As always, you make the assumption for exploration purposes that any word you apply is the correct word. When you have gotten all you can from that first word substitution, try another one and yet another one.

Here is a simple example. You note a sensation in or near the stomach. At first it seems to you to be disgust. All right, you feel disgusted. Now, why?, what does it say about you that you would respond to the given situation with disgust?, is it a familiar feeling or an unusual one?, do you approve, disapprove, or are you neutral about that feeling in this situation?, what is the strength of the feeling?, is it growing, disappearing, staying with

you?, can you logically validate that feeling (i.e. it is reasonable that given the situation that one would feel disgust)?, what is the intensity of the feeling and is that intensity logically appropriate[114]?, what memories, especially early childhood memories, can you associate to that same feeling?

Now change. It is not disgust, it is revulsion. Go through the above sequence all over again now with the assumption that your are feeling revulsion.

Change again. It is not disgust, it is anguish. It is not disgust, it is anxiety. It is not disgust, it is defeat. It is not disgust, it is futility. It is not disgust, it is longing. You get the idea.

Reichian will result in your being sensitive to body sensations and thus better able both to note that they are present and to label them as particular feelings. However, we have discussed that the character is everywhere and that includes the creation of emotions which are ego-syntonic to the character. So what you think you are feeling might be a manifestation of a defensive operation and your job is to not let your subconscious get away with the deception.

E. THE ACTION APPROACH

This section heading is the title of a book by George Weinberg (1969). In this book, Weinberg makes an interesting and important point. If you are going to change something about yourself you can do it only if you experiment with the new behavior. In short, change requires practice with the change.

I am fond of quoting a passage from a translation of Spinoza's *On The Improvement of the Understanding*[115]. It is: "I was unwilling at first to give up a good, bad by reason of its nature

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114.In addressing the issue of logically appropriate intensity, don't consider yourself; consider the hypothetical person and ask whether most anyone would feel that emotion and with that intensity.

115.Sorry, I can't give you the exact translation. The translation of Spinoza's *On the Improvement of the Understanding* that I have now in my library translates this passage in a way which to me is very clumsy and lacks the lucidity of the passage as I quote it here.

but certain of its attainment for a good, good by reason of its nature but uncertain of its attainment." While Spinoza was talking here of God, the principle is a general one. What you have now in the form of your character is bad (bad in the sense that it is not working as you want it to else why would you be trying to change it) but at least you have it, it is certain; but what you are trying to achieve is a different character which will work better (or at least one hopes it will) but it is not clear that you will be able to achieve that new character.

What Reichian mainly does is remove the persistence of your present character; but it does not supply you with a new character. As the impediments to change are lifted by the therapy, you will develop and become comfortable with a new way of "being-in-the-world[116]" in part only by experimenting with the potential changes.

Are you, in your view, too passive? You are not going to become assertive unless you experiment with being assertive. You have to learn, by experience, what being assertive feels like, what ways of being assertive work in the world and which lead to trouble, and how being assertive is going to mesh or conflict with other aspects of your character.

Exactly the same line of thinking would apply to being too assertive at present. You are going to learn by experimentation what it is like to not be assertive.

This same principle applies all across the board. Since the main enemy of life is the superego, violating the superego or the ego ideal will be uncomfortable and anxiety-provoking. You can become accustomed to these new behaviors only by trying them on for size and seeing if they fit.

Consider the things that, in the past and habitually, you either did all the time or never did. How about bowling? Perhaps in high school you found that you did not enjoy bowling. Fine, try it again now; you might just like it now. How about ping pong or tennis or checkers or cross word puzzles? I gave some examples of things you might not do and how it won't hurt to try them; but it applies also on the other side. Do you usually see the latest

116.The phrase is from the philosopher, Martin Heidegger in *Being and Time*.

movies? Then try not seeing any movie, even on TV, for six months. Are you very social? Perhaps a weekend rarely passes without you attending at least one and often two social function(s). Fine, try turning down all social engagements for six months and see what happens.

The issue is: to change, take action, try it out. It can't hurt and you might discover that you are not the person you used to be and assumed you still were.

F. GUILT, VALID AND INVALID

No single emotion, not even anxiety, has a more pervasive deleterious effect than does guilt (and its cogeners: shame, embarrassment and self-disgust). Thus I have chosen to add a short discussion of the concept of guilt.

Human beings are suckers for guilt. It is built into us by evolution and parents. Guilt is corrosive and non-productive. It only stands in the way of life. Body-based psychotherapy will do nothing, by itself, to remove guilt. However, because guilt is so corrosive an emotion, it is very important that you do the cognitive work to remove guilt from your self-image.[117]

Because humans are suckers for guilt, religion grabbed hold of the emotion to use it for its value in contributing to the power of the church (Becker, 1968). They did this by the simple expedient of inverting the concept of guilt. The church put guilt as an after-the-fact concept. Properly, it is a before-the-fact concept.

The church treated guilt as something that you are (that is, guilty) by reason of you having done something[118]. That is, you did something and therefore now you are guilty. The church treated guilt as something that arises after the act. Once you

117.There is empirical evidence that shame is different from guilt and (1) shame is strongly associated with depression, (2) both are differentially linked to the genetic variable of what is called "field-dependence" and "field-independence." For a discussion see Lewis, 1990.

118.The Christian Church, following Jewish tradition, made guilt a condition of existence. By reason of being born, you are therefore guilty. The only way out of this guilt is to acknowledge the power of the church to remove the inherent guilt.

admit or acknowledge guilt, then you are in the power of the church which put itself forward as the only organization which can remove or remit the guilt.

Properly applied, guilt is a before-the-fact concept. One uses the concept (and emotion) of guilt as a way to make decisions. The simple questions is: if I do this thing am I likely to feel guilty afterwards?

However, put this way -- as a before-the-act concept -- invites another problem. It invites giving power to the worst part of you, to the superego and to the ego ideal. I don't intend that in any way.

The concept of guilt, as I will discuss next, implies not a rigid superego (you may not) or a rigid ego ideal (you must), rather it implies a coherent moral system. For most people a moral system is what has been drilled into them by their parents or by their culture. To challenge one's moral system, I teach my patients to ask two questions (on an ongoing basis): (1) how do I know (that this is wrong or that this is true) and (2) who said so (from where did I get that idea that this act or attitude or conviction is wrong and can I, by my own logic, validate it)?

Treating guilt this way, as a before the fact issue, the church (and parents) loose(s) much of its (their) power. Here is how it works.

First, we distinguish two types of guilt: (1) guilt as a guide to action, and (2) actual guilt. Our objective in this work is to potentiate guilt as a guide to action and diminish actual guilt to the point of unimportance.

Actual guilt does exist, but only if there were four things present when you did something about which you feel guilty:

1. you had knowledge at the time that there was a moral issue involved
2. you had a moral code that dealt with the issue
3. you had actual near-equal-cost alternatives and you were cognitively aware of those alternatives.
4. In the light of your moral code, your knowledge, and your recognition of realistic alternative courses of action, you choose to deliberately violate your own moral code.

Before examining each of those four issues, keep in mind that we are here addressing past actions about which you have some

guilt. Guilt is a non-productive emotion. Guilt eats at your self-esteem as the quotes from Bergler and Horney make clear. The goal is to diminish or, hopefully, eliminate guilt for past actions as a part of your psychological makeup.

Considering each of the four issues:

1. Knowledge Of A Moral Issue

Guilt most frequently arises in retrospect. Looking back at something we did or failed to do, we feel guilt. But at the time of the action or inaction, there was no thought of there being a moral issue involved. Retrospective guilt is never valid. Note here that I am not talking about the legal concept of guilt; I am addressing only the personal (and emotional) issue of guilt.

In order for one to have or be in a condition where guilt is an appropriate concept (and thus an appropriate emotion) there has to have been a moral issue involved in the action or inaction and, further, you had to have knowledge at that time that there was a moral issue involved. To say again, most guilt arises in retrospect. We look backward at something we did or did not do and applying today's moral code -- a moral code that was different or not present at the time -- we judge ourselves guilty.

2. The Presence Of A Moral Code

Next, you had to have had a moral code at the time that, to a grater or lesser degree, dealt with the situation. Many people — for all I know most people — have only the glimmerings of an extensive or coherent moral code. On the contrary, most people seem to have only a loose aggregate of moral (normative) statements that they use as a substitute for a coherent moral code:

> You should be kind to others.
> Why?
> Well, you should, that's all. It's the right way to be.
> Prove that to me.
> I can't. It's just right, that's all.

Most guilt over past actions arises out of situations for which the person had no moral code as such at the time. Thus they look at the end result, judge the end result to be bad, and then say to

themselves things like “I knew better” or “I knew I was being stupid” or “I knew I was doing something I shouldn’t do.” There are a host of cognitive errors in that type of thinking but we are looking here at only one: the presence (then, not now) of a moral code.

A bad result is not an indication of a moral lapse. Knowledge that one should not have done something or that one was acting stupidly does not substitute for an issue of morality. To live is to make mistakes. To live is to get bad outcomes of some actions or inactions. Most guilt for past bad outcomes amounts to: “if only ... .” An example may help.

You were driving badly and wrecked your father’s car.

You knew you were supposed to be careful and instead you were talking with your friends while you were driving and not watching the road.

Because of your accident your father was without a car for a month (he had to take the bus to work) and the insurance premiums were increased to the point where it was difficult to afford them.

“If only” you had done what you were supposed to do and paid attention to your driving, it never would have happened. All correct. I you had not been inattentive to the road, then you likely would not have had the accident. But where is the guilt?

As a teenager your values placed friends above careful driving. In your talking you were not violating your value system, you were following it. Your values there resulted in a bad outcome and that constitutes an error; it does not constitute a basis for guilt. Guilt, properly considered, is a moral issue and you were not driving immorally.

3. Knowledge Of Realistic Alternatives Of Action

At the time of the action or inaction you had to have knowledge of realistic alternatives available to you. By ‘realistic alternatives’ I mean that the alternative(s) is (are) in fact (not in theory) capable of being done and that the personal or monetary cost of the alternative(s) was (were) roughly comparable.

Suppose I know that Bobby stole a car. My moral code indicates that I should report that knowledge to the police. I also

believe — based on what knowledge is available to me — that if I report Bobby that he or his buddies will physically retaliate and probably seriously hurt me. Thus to report or not to report are not equal cost alternatives. The cost of reporting is too high.

The proper concept of guilt requires that there be both reasonable alternatives and that you have (or had) knowledge of those alternatives. Guilt is not a function of outcome; it is a function of possibilities and knowledge of them.

4. Deliberate Violation Of Your Own Moral Code

The final step is that in light of your moral code, your knowledge that your moral code is (was) involved in the decision to act or not act, and your knowledge of the likely cost of each alternative; you deliberately choose or chose to violate your own moral code.

Thus actual (also called, authentic) guilt requires this choice to violate your own personal moral code when you could have done elsewise and know (or knew) you could have done elsewise.

Please note here that it is your own personal moral code that is involved; not society's or other people's supposed moral code. For that reason the proper (psychologically proper) value of the emotion of guilt is that it guides you, before the fact, in making correct decisions. Is there a moral issue involved? Do I have a moral code that covers this type of situation? What alternative courses of action do I think are open to me? Given the issue, the code, and the choices; I will do X and not Y because Y would lead to authentic guilt and I recognize that guilt is anti-life, it is corrosive to my being-in-the-world.

5. Overcoming Guilt

The major error that all too many people make is to apply today's moral code to an action that occurred years ago (when the personal moral code was different). That guilt serves no real-world purpose. To combat guilt, re-examine what you did in the context of the time at which you did it. Reconstitute, as best you can, your moral code at that time, your consideration of your moral code at that time, whether you were or were not aware of

viable alternatives at that time, and whether you willfully in full light of your knowledge then made a choice which violated the moral code you had at that time.

Let's suppose that all the conditions are met. You have actual guilt. What do you do about it? Nothing! The issue is past, it can not be changed and any guilt you revel in is only a form of psychic masochism. In the older psychological literature it used to be called moral masochism. Guilt is a non-productive emotion. It leads nowhere. It is only destructive. If correction of the issue involves a simple apology, that is a no-cost option. Do it. Other than that simply recognize that you did something which violated your own moral code and resolve in the future to give more weight to your moral code and to making decisions in light of that moral code.

G. DOING THE COGNITIVE WORK

We have come to the payoff of all this watching, gathering data and collecting the data in various ways to indicate the presence of character traits that it would benefit you to change.

The method is called "psychological integration" and it consists of four steps. After I present the four steps I will explain why it works and, empirically, what I have observed in its use by myself and others.

1. Step 1: What Am I Doing

This issue arises naturally from the data gathering you, hopefully, have been doing. With enough data observed, recorded on your mental filing cards, and then grouped in various ways to indicate the presence of character traits and/or the use of defense mechanisms; you can now observe behavior which was previously ego-syntonic and recognize it not just as "who I am" but rather as the operation of your character and/or defense mechanisms.

So this first step involves simply being aware of what you are doing. Fine, except here is where the first major misuse of the technique arises.

The tendency is to continually label the same (or like) action with the same word or description. An example: I am getting angry over nothing. That might be true as far as it goes, but it does not go far enough and will sabotage the whole psychological integration process if you treat it that way.

Instead of treating it always as the same thing; try each time to treat it as something different. It is not "I am getting angry over nothing," it is "I am feeling unappreciated;" "I am feeling unimportant;" "I am feeling like I am a child whose opinions are ignored;" "I am feeling like I am a jackass;" etc. The idea is to try each time to phrase the situation in a different way.

2. Step 2: Why Am I Doing It

Taking each of the restatements of the situation, ask yourself what is it about my psychology that results in this feeling or in this action.

Again this is where misuse arises. Recall the principle that I put into a special note box: **all behavior is motivated**. Also recall the concept of "over-determined." There is not one reason why you do something, there are several reasons. The "what am I doing" question is an issue of self-exploration. There has to be some reason, in fact several reasons, why I am doing this; now what might some of those reasons be.

Again, I point out that finding the right answer is not the issue. Your body might give you a signal when you come on the right one or one close to right; but don't count on that. It is NOT the case that simply because you do not get a body reaction that you are then on a wrong path.

The issue is the honesty, integrity, and thoroughness of your investigation that is the most important issue.

One thing that you DO NOT want to do, is come up with the same answer you came up with before. That type of thinking does not correct character pathology, it only rehearses it.

Asking "why am I doing it" is where you speculatively try answer after answer, each time gathering new information. Let me hark back to the branch tree discussion (page 424). A good way to look at this is that each time you are trying to go down a

different path of nodes and connections to discover new elements of yourself.

When you find one of the many things about yourself that you think is the most dysfunctional in your life, put the rest on hold for the present and focus on just that one behavior.

3. Step 3: What Is Valid

Don't jump to step three. It will always be there. First get as much data about yourself as you possibly can. Recall that change without exploration of underlying cognitive errors only leads to symptom substitution.

What is valid follows from steps one and two. I am doing ZZZ and the reasons why are AAA, BBB, CCC, and DDD. Now, the question is, stepping outside my AAA, BBB, CCC, and DDD; what is the logically valid or socially approved way to act? This, in effect, returns us to the discussion of the action approach (page 449) and the observation that to make changes in oneself, one has to experiment with new behaviors.

So here you say, Well I am doing ZZZ but logically, when I think it through on its own merits (without my AAA, BBB, CCC, and DDD errors) likely the right thing to do would be HHH.

4. Step 4: Do It

This is the easy one, now do HHH.

Oops, well maybe not the easy one. This violation of your own character will possibly produce anxiety or frustration or even shame or guilt. No problem. That is simply more data.

Let's see. I did HHH and afterward I felt really awkward and out of place. Why? What is it in my psychology that resulted in my reacting with that feeling[119]?

The body work lets you get to this degree of emotional sensitivity and ability to undertake an honest exploration of yourself, but ability is only a prerequisite; it is not the doing. That

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119.Just a minor reminder. Emotions are not singular. There are usually about six emotions present at any one moment.

is up to you and whether you really care about clearing out the cobwebs of youth.

5. Why It Works

What this technique is doing is cognitively reprogramming you own unconscious. By your exploration you are forcing your unconscious to traverse not one familiar set of nodes and paths, but a whole set of them and at the end of each pathway you are adding new data to the redintegration (the gestalt).

The technique is powerful, it works, but it is slow and arduous work and depends totally on the integrity with which you undertake it.

6. Observations on Psychological Integration

There is a strange outcome to this process. I have no explanation as to why this happens; it is just observation, absent theory.

When you are working on one particular behavior, you will find that it takes about six weeks to change it. The change will occur organically. That is, you have been doing it way ZZZ and working on it when suddenly you find, looking back, that the last time you did not do ZZZ you did HHH. It was not that you were imposing HHH on yourself, it was just automatically the way you reacted.

But, for unknown reasons, the old ZZZ will return about four weeks later. You will be aware of the regression, you will notice almost immediately that you have fallen back into an old pattern.

No problem. Simply start again watching for ZZZ, tracing it back to “why did I do it” (thus traversing ever new nodes and paths) and after a few eruptions ZZZ will disappear and HHH will be there in its place.

But, you are not through yet. About four months later (I have no explanation for the four weeks or the four months), ZZZ will pop up again. Do a little of ‘what am I doing’ and ‘why am I doing it’; and it will disappear rapidly, to be replaced by HHH.

I suppose the old ZZZ could still return. I have never seen it happen, but it could. But, then, you know what to do with it.

H. TABLE OF COPING MECHANISMS

Because of the emphasis placed on coping mechanisms in this book, the following is supplied for those readers not familiar with the range of these mechanisms. The material is drawn from a host of sources. Reasonably, not all authors agree on the age of appearance of any given coping mechanism or on its exact mode of operation. This compilation is intended to provide a quick guide and can not replace serious literature study. These tables were prepared by the author and are used by him in understanding his patients. The tables draw on both object relations theory and on Freud.

Since the table of coping mechanisms uses Freudian terms like oral-aggressive and oedipal, it has to start with another short table that assigns ages to each of these stages[120]. In the table that follows here, before the table of the coping mechanisms, I list both the traditional Freudian assigned ages and the ages that I prefer and use.

Table 2: TABLE OF AGES

ego and psychosexual stage	traditional age range	author's age range
autistic	0-2 months	0-2 months
symbiotic	2-6 months	2-6 months
separation-individuation	6-36 months	6-36 months
oral passive	0-9 months	0-12 months
oral aggressive	9-18 months	12-24 months
anal expulsive	18-27 months	2-3 years
anal retentive	27-36 months	3-4 years
oedipal	3-5 years	4-7 years

120. We have known for nearly 50 years from the work of Harlow with surrogate mothers with monkeys (subsequently verified from another perspective by Bowlby (1969, 1973, 1980)) that Freud's postulation (in conformity to many other thinkers of the time) of an oral stage is wrong. Also we have been unable to verify Freud's anal stage and it, too, is likely wrong. The concept of an Oedipal/ Electra conflict is likely correct (Brown, 1991).

Table 3: LIST OF COPING MECHANISMS

no.	defense mechanism	**approximate age of appearance**
1	suppression	from 6 to 9 months of age
2	repression	after 9 months
3	introjection	~ 9 months, early oral aggressive
4	incorporation	24 mo., middle anal expulsive
5	identification	4 years, middle oedipal
6	regression	10-11 mo., early oral aggressive
7	fixation	not age specific
8	undoing	from birth, should end at late oedipal
9	magical gesture	from birth, should end at late oedipal
10	magical thinking	from birth, should end at late oedipal
11	denial	from birth, should end at late oedipal
12	projective identification	from birth, should end at late oedipal
13	splitting	from birth, should end at late oedipal
14	projection	from birth
15	introjection	from birth
16	symbolization	from birth, should be replaced by substitution formation and/or sublimation
17	life style repetition compulsion	8-10 months, late oral passive; but continues throughout childhood
18	incident repetition compulsion	12-14 months, middle oral aggressive; but continues throughout childhood
19	condensation	20-22 months, early anal expulsive
20	displacement	20-22 months, early anal expulsive
21	externalization	20-22 months, early anal expulsive
22	partitioning	30 months, middle anal retentive
23	isolation	30 months, middle anal retentive

Table 3: LIST OF COPING MECHANISMS

no.	defense mechanism	**approximate age of appearance**
24	compartmentalization	30 months, middle anal retentive
25	turning against the self	30 months, middle anal retentive
26	counter	34-40 months, late anal retentive
27	reaction formation	34-40 months, late anal retentive
28	intellectualization	4 years, middle oedipal
29	rationalization	4 years, middle oedipal
30	conceptualization	4 years, middle oedipal
31	justification	4 years, middle oedipal
32	somitatization	4 years, middle oedipal
33	conversion reaction	4 years, middle oedipal
34	dissociation	4 years, middle oedipal
35	compensation	5 years, late oedipal
36	objectification	5 years, late oedipal
37	sublimation	5 years, late oedipal
38	substitution formation	5 years, late oedipal
39	compromise formation	5 years, late oedipal
40	reality defensive	oedipal
41	flight into health	oedipal
42	emotive defensive	oedipal

FAILURE OF COPING MECHANISMS

1. regression
2. estrangement
   a. depersonalization
   b. derealization
3. psychotic break
4. acting out
5. psychogenic illness
6. neurosis

REFERENCES[121]

Ansbacher, H. & Ansbacher, R. (1956). *The Individual psychology of Alfred Adler.* New York: Basic.

Averill, J. (1980) A Constructivist view of rmotion. In R. Plutchik & H. Hellerman. (Eds.), *Theories of emotion* (pp. 305-339) New York: Academic Press.

Baker, R. (Ed.). (1998). *Child sexual abuse and false memory syndrome*. New York: Prometheus.

Barkow, J., Cosmides, L., Tooby, J. (1992). *The adapted mind, evolutionary psychology and the generation of culture*. London: Oxford University Press.

Barnett, J. (1968). Cognition, thought, and affect in the organization of experience. In J. Masserman (Ed.), *Science and psychoanalysis*, Vol 12. pp. 237-247. New York: Grune & Stratton.

Barnett, J. (1981). Character, cognition, and therapeutic process. In S. Klebanow (Ed.), *Changing concepts in psychoanalysis*. New York: Gardner Press.

Baron-Cohen, S. (2003). *The essential difference; the truth about the male and female brain*. New York: Basic Books.

Becker, E. (1968). *The structure of evil*. New York: The Free Press.

Bergler, E. (1949) *The basic neurosis.* New York: Grune & Stratton.

121.Citation formats follow the APA 5th Ed. standards except that journal issue numbers are included where appropriate.

Bergler, E. (1960). *Tensions can be reduced to nuisances. A technique for not-too-neurotic people.* New York: Liveright.

Bergler, E. (1961). *Curable & incurable neurotics*. New York: Liveright.

Ben-Ze'ev, A. (2000). *The Subtlety of emotions*. Cambridge, MA: Bradford Book, MIT Press.

Billig, M. (1999). *Freudian repression*. *conversation creating the unconscious.* New York: Cambridge University Press.

Blanshard, B. (1962/1991). *Reason and analysis.* La Salle, IL: Open Court.

Block, J. & Block, J. (2006). Nursery school personality and political orientation two decades later. *Journal of Research in Personality, 40,* 734-749.

Bowlby, J. (1969). *Attachment and loss, Vol. 1. Attachment*. New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss, Vol. II. Separation, anxiety and anger.* New York: Basic Books.

Bowlby, J. (1980). *Attachment and loss, Vol. III. Loss, sadness and depression.* New York: Basic Books.

Brown, D. (1991). *Human universals*. Boston, MA: McGraw-Hill.

Cassirer, E. (1946). *The myth of the state*. New Haven: Yale University Press.

Cornelius, R. (1966). *The science of emotion. Research and tradition in the psychology of emotion*. New York: Prentice Hall.

Crews, F. (1998). (Ed.) *Unauthorized Freud. Doubters confront a legend.* New York: Penguin.

Crews, F. (2006). (Ed.) *Follies of the wise. Dissenting essays.* Emeryville, CA: Shoemaker Hoard.

Damasio, A. (1999). *The feeling of what happens*. New York: Harvest.

Damasio, A. (2003). *Looking for Spinoza*. New York: Harcourt.

Darwin, C. (1872/1965). *The expression of emotion in man and animals*. Chicago, IL: University of Chicago Press.

Erdelyi, M. (1990). Repression, reconstructions, and defense: history and integration of the psychoanalytic and experimental frameworks. In J. Singer (Ed.), *Repression and dissociation. Implications for personality theory, psychopathology, and health*. Chicago, IL: University of Chicago Press.

Elenberger, H. (1970). *The discovery of the unconscious. The history and evolution of dynamic psychiatry.* New York: Basic Books.

Erwin, E. (1996). *A final accounting. Philosophical and empirical issues in Freudian psychology.* Cambridge, MA: MIT Press.

Esterson, A. (1993). *Seductive mirage. An exploration of the work of Sigmund Freud*. Chicago, IL: Open Court.

Fenichel, O. (1945). *The psychoanalytic theory of neurosis*. New York: W. W. Norton.

Freud, A. (1962). *The ego and the mechanism of defense*. New York: International Universities Press. (orignal work publlished 1936).

Freud, S. (1959). A Case of successful treatment by hypnotism. In E. Jones (series Ed.), J. Strachey (vol. Ed.), *Collected papers Vol 5*. New York: Basic Books. (Orignial work published 1893).

Freud, S. (1955). Analysis of a phobia in a five-year old boy. In J. Strachey (Ed. & Trans.), *The standard edition of the complete works of Sigmund Freud, Vol. X*. London: Hogarth Press. (Original work published 1909).

Freud, S. (1955). The Disposition to Obsessional Neurosis. In J. Strachey (Ed. & Trans.), *The standard edition of the complete works of Sigmund Freud, Vol. XX*. London: Hogarth Press. (Original work published 1913).

Freud, S. (1959). The Economic Problem of Masochism. In E. Jones (Ed.) & J. Riviere (Trans.), *Collected Papers Vol 2* New York: Basic Books. (Original work published 1924).

Gazzaniga, M. (1992). *Natures mind, The biological roots of thinking, emotions, sexuality, language, and intelligence*. New York: Basic Books.

Gazzaniga, M. & Heatherton, T. (2003). *Psychological science, mind, brain, and behavior.* New York: W. W. Norton.

Gergen, K. & Davis, K. (1985). *The social construction of the person*. New York: Springer-Verlag.

Ginott, H. (1969/1993). *Between parent and child.* New York: Avon.

Grosskurth, P. (1986). *Melanie Klein, her world and her work*. New York: Knopf.

Gruber, H. & Vonèche, J. (1968). *The essential Piaget, an interpretive reference guide*. New York: Basic Books.

Grünbaum, A. (1984). *The foundations of psychoanalysis. A philosophical critique*. Berkeley, CA: University of California Press.

Hall, C. (1955). *A primer of Freudian psychology,* New York: Signet.

Harre, R. (1986). *The social construction of emotions*. Oxford: Basil Blackwell.

Hartman, H. (1958). *Ego psychology and the problem of adaptation*. D. Rapaport (Trans.), New York: International Universities Press. (Originally published in German in *International Zeitschrift für Psychoanalyse und Imago* in 1939).

Hicks, S. & Kelly, D. (1998). *Art of reasoning: readings for logical analysis*. New York: W. W. Norton.

Hobbes, T. (1998). *The leviathan*. Oxford, UK: Oxford University Press. (Originally published 1660).

Holmes, D. (1998). The evidence for repression: an examination of sixty years of research. In R. Baker (Ed.), *Child sexual abuse and false memory syndrome.* Amherst, NY: Prometheus.

Holt, J. (1964/1983). *How children learn.* Reading, MA.: Merloyd Lawrence.

Horney, K. (1950) *Neurosis and human growth, the struggle toward self-realization*. New York: W. W. Norton.

Iazrd, C. (1977) *Human emotions*. New York: Plenum.

James, W. (1880/1918) *The principles of psychology.* Vol. one and two. New York: Dover.

James, W. (1884) What is an emotion? *Mind, 19*, 188-205.

Jones, E. (1961). *The life and works of Sigmund Freud.* New York: Basic Books.

Kagan, J. (2006). *An argument for mind.* Harrisonburg, VA.: R. R. Donnelley.

Kelly, D. (1998). *The art of reasoning.* (3rd ed.). New York: W. W. Norton.

Kennedy-Moore, E. & Watson, J. C. (1999). *Expressing emotion: myth, realties, and therapeutic strategies*. New York: Guilford Press.

Kernberg, O. (1975) *Borderline conditions and pathological narcissism*. New York: Jason Aronson.

Kircher, T. & David, A. (Ed.) (2003). *The self in neuroscience and psychiatry.* Cambridge: Cambridge University Press.

Klein, M. (1975). *The psycho-analysis of children*. A. Strachey (trans.), A. Strachey & H. Thorner (Rev. Ed.), New York: Delta. (Originally published in 1932).

Klein, M. (1961). *Narative of a child analysis*. New York: Delta.

Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.

Lakoff, G. & Johnson, M. (1980). *Metaphors we live by.* Chicago IL: University of Chicago Press.

Lakoff, G. (1987). *Woman, fire, and dangerous things*. Chicago IL: University of Chicago Press.

Lane, R. & Nadel, L. (2000). *Cognitive neuroscience of emotion*; New York: Oxford University Press.

Lange, C. & James. W. (1922). *The emotions*. London: Williams and Wilkins.

Laplanche, J. & Ponatalis J. B. (1967/1973). D. Nicholson-Smith (Trans.), *The language of psychoanalysis.* New York: W. W. Norton.

Laughlin (1979). *The ego and its defenses* (2nd Ed.), New York: Jason Aronson.

Lazarus, R. (1991). *Emotion and adaptation*; Oxford: Oxford University Press.

Lewis, H. (1990). Shame, repression, field dependence, and psychopathology. In J. Singer (Ed.), *Repression and dissociation. implications for personality theory, psychopathology, and health.* Chicago, IL: University of Chicago Press.

Loftus, E. & Ketcham, K. (1994). *The myth of repressed Mmmory.* New York: St. Martin's Press.

Lowen, A. (1958). *The physical dynamics of character structure*. (later republished under the title *The betrayal of the body*) New York: Grune & Stratton.

Lowen, A. (1983). *Narcissism*. New York: Macmillan.

Macmillan, M. (1997). *The Completed arc, Freud evaluated.* Cambridge, MA: MIT Press.

Madison, P. (1961). *Freud's concept of repression and defense, its theoretical and observational language.* Minneapolis: MN: University of Minnesota Press.

Mahler, M. (1965/1979). Mother-child interaction during separation-individuation. In *The selected papers of Margaret S. Mahler. Vol. Two.* New York: Jason Aronson.

Mahler, M. (1967/1979). On human symbiosis and the vicissitudes of individuation. In *Selected papers of Margret S. Mahler. Vol. Two*. New York: Jason Aronson.

Mahler, M., Pine, F., and Bergman, A. (1975). *The psychological birth of the infant, symbiosis and individuation*. New York: Basic Books.

Mann, T. (1947). Freud und die Zukunft. In H. Lowe-Porter (Trans.), *Essays of Three Decades*. New York: Knopf. (Originally published in 1936).

Moore, B. and Fine, B.; Ed.; (1990). *Psychoanalytic terms & concepts*. New Haven, CN: The American Psychoanalytic Association & Yale Univ. Press.

Morrison, A. (1986). (Ed.). *Essential papers on narcissism*. New York: New York University Press.

Morrison, A. (1989). *Shame, the underside of narcissism*. Hillsdale, NJ: The Analytic Press.

Mullahy, P. (1952). *(Ed.) The contributions of Harry Stack Sullivan*. New York: Hermitage House.

Nichols, M. P. & Zax, M. (1977). *Catharsis in psychotherapy.* New York: Gardner Press.

Nichols, M. P. Outcome of brief cathartic psychotherapy. *Journal of Consulting and Clinical Psychology, 42*, 403-10.

Ofshe, R. & Watters, E. (1994). *Making monsters; false memories, psychotherapy, and sexual hysteria.* Berkeley, CA: University of California Press.

Panksepp, J (1998). *Affective neuroscience, the foundations of human and animal emotions*. New York: Oxford University Press.

Passie, T., Goetzke, A., Pleske, R., Bruns-Pleske, R., Schneider, U., Wiese, B., Emrich, E., Logemann, F. Alternations of consciousness, affectiviey and blood gases during and after forced prolonged hyperventilation. *International Journal of Psychophysiology.* Accessed 11/22/06 at http:// www.ateminstitut.de/Download/forschung.pdf.

Pendergrast, M. (1996). *Victimes of memory; sex abuse accusations and shattered lives*. (2nd ed.). Hinesburg, VT: Upper Access.

Phares, E. (1992). *Clinical psychology: concept, methods and profession*. Pacific Grove, CA: Brooks/Cole Publishing.

Pinker, S. (1994). *The language instinct*. New York: HarperCollins.

Pinker, S. (2002). *The blank slate, The modern denial of human nature*. New York: Viking.

Rappaport, D. (1951). Toward a theory of thinking. In R. Holt (Ed.), *Organization and pathology of thought*. Psychological Issue Vol 5. no. 2-3. New York: International University Press.

Redding, R. (2001). Sociopolitical diversity in psychology. The case for pluralism. *American Psychologist*. *56*(3) 205-215.

Ridley, M. (2003). *Nature via nurture*. New York: HarperCollins.

Rossi, E. (1993). *The psychobiology of mind-body healing, new concepts of therapeutic hypnosis*. (Rev. Ed.) New York: W. W. Norton.

Schacter, D.L. (2001). *The seven sins of memory.* New York: Houghton Mifflin.

Schacter, S. & Singer, J. (1962). Cognitive, social, and physiological determinants of emotional state. *Psychological Review. 69*, 379-399.

Schafer, R. (1976). *A new language of psychoanalysis*. New Haven: Yale University Press

Schopenhauer, A. (1957). *The world as will and representation.* Book III. A. Payne & E. Payne (Trans.). New York: Dover. (Origionally published in 1819).

Shapiro, D. (1965). *Neurotic Styles*. New York: Basic Books.

Singer, J. (1990). *Repression and dissociations: implications for personality theory, psychopathology, and health.* Chicago, IL: University of Chicago Press.

Stepansky, P. (1983). *In Freud's shadow, Adler in context*. Hillsdale, NJ: The Analytic Press.

Strauch, B. (2003). *The primal teen. What the new discoveries about the teenage brain tell us about our kids.* New York: Doubleday.

Sullivan, H. (1952). *The interpersonal theory of psychiatry.* H. Perry & M. Gawel (Ed.). New York: W. W. Norton.

Sulloway, F. (1979). *Freud, biologist of the mind. Beyond the psychoanalytic legend.* New York: Basic books.

Tallberg, T. (2003). Transforming emotional experiences. *The Scandinavian Psychoanalytic Review. 26(2)*, 131-140.

Yankelovich, D. & Barret, W. (1971). *Ego and instinct, the psychoanalytic view of human nature - revised*. New York: Vintage.

Webster, R. (1995). *Why Freud was wrong. sin, science, andpPsychoanalysis.* New York: Basic Books.

Weinberg, G. (1969). *The action approach, how your personality developed and how you can change it.* New York: World Publishing.

Windelband, W. (1901/1958). *A history of philosophy, Vol II.* New York: Harper

Wollheim, R. (1999). *On the emotions.* New Haven, CT: Yale University Press.

Wong, Y., Pituch, K., Rochlen, A. (2006). Men's restrictive emotionality: An investigation of associations with other emotion-related constructs, anxiety, and underlying dimensions. *Psychology of Men & Masculinity, April 7(2)* 113-126.

Exercises are listed under:
- **Exercise under the letter E**
- **the individual exercise name**
- **the area of the body most affected**
  - **note: some exercises are listed under more than one entry and some are not specific to one area and are listed under 'general exercises'**

Helper entries are listed under:
- **Helper under the letter H**
- **the exercise name under Exercise**
- **the individual exercise name**

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- **Pressure under the letter P**
- **Helper under the letter H**
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