

Individuation, Mutual Connection and the Body's Resources: An Interview with Lisbeth Marcher

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Full Text: Because of new research into child development, the developmental perspective has captured the attention of the therapeutic community for the last 15 years, and it is transforming the way therapy is being carried out. Most schools of body psychotherapy have also been deeply impacted by this shift, but most have had to rely on theories that address primarily psychological development to inform their work. In this interview I discuss the formation of a truly somatically based theory of human development with its founder, Lisbeth Marcher. While this theory complements the ideas of Mahler, Stern and other modern developmental theorists, it has also arrived at unique conclusions about the nature of being human. Marcher is a Danish body psychotherapist who has conducted her own extensive research into psychomotor development over the last 20 years. By testing the psychological content of each muscle independently of others, and by studying when each of these muscles first becomes activated in the sequence of psychomotor development, she has acquired enormous range and accuracy in interpreting body structure and process. She is comfortable on the one hand exploring intrauterine, birth and early infant states, and on the other, having done original research on somatic aspects of peer and group relations, she is at ease exploring the territory of later childhood and adolescence, areas often ignored by other developmental theories. David Boadella, the noted Reichian scholar, has called her "the Scandinavian legacy of Wilhelm Reich" and goes on to say that her system, called Bodydynamics, offers one of the most advanced character structure models to come out of the new generation of body therapies emerging in Europe. In this interview we focused on what might be called the "metasomatics'Other theory, the over-arching ideas from which she works. One of these is her belief that the driving force in humans is the desire to be connected to others and to the larger oneness that surrounds us. She calls this the drive toward mutual connection and holds that the essential field for this connection resides in the body. Another central idea is that of somatic resource which relates to the potential integrating function of the psychomotor patterns which she evokes in her clients. It is not enough, she says, to re-experience traumatic situations to heal them. We need then to go on and create a new psychomotor imprint and activate resources hidden in the body. I spoke with her as she was preparing a presentation of her work on rebirthing infants and children at the 1991 pre- and perinatal-psychology conference in Atlanta, Georgia. Peter Bernhardt: As I see it, body psychotherapy has been in something of an identity crisis for the last ten years. Many therapists I know have distanced themselves from the emotional release work so prevalent in the sixties and seventies, and are moving away from working with the body to a more purely psychotherapeutic stance. On the other hand, I see a number of systems emerging that reeducate or retrain the body which don't really make the therapeutic-in the sense of resolving "psychological conflicts"-a clearly stated goal. From what I know of your work, it seems that you have managed both to keep therapy at the heart of what you do, and to have kept the body at the center of the therapy process. How is this possible for you? Lisbeth Marcher: It comes from my belief that our basic drive is toward being connected to other people, what I have called the drive toward mutual connection. This means that people who come to me are ultimately struggling to be in relationship. Opening relationships is the essence of therapy-and of life-so I can't abandon that goal. And I can't separate my understanding of relationship from the body and body awareness. It is through body awareness that we sense ourselves in relation to the other. The more body awareness we can attain which includes an awareness of sensation, energy and emotion-the more we are able to establish deep connections to others. So these two things, mutual connection and body awareness, are inextricably linked for me. Therapy that doesn't deal with body awareness will always lack

something. Body awareness work that leaves out relationship will always lack something. PB: Your idea of mutual connection seems to have something in common with Reich's idea of two energy streams merging- which he called cosmic superposition-during the orgasmic pulsation. Is it similar? LM: I always felt that Reich was wrong to make the sexual experience the core of his idea of relationship. He, like Freud, took sexual energy to be the primary drive inside us. I don't agree. To me the human experience is much broader than that. I feel it took him down a certain path that he got stuck in. Everyone running around trying to have the most intense orgasm, missing all the mutual connection around them. But it would be a mistake to make a caricature out of Reich, to simplify his idea too much. He was really the first to come up with a truly integrated therapy including the body, and his ideas are very important, very strong. And of course sexuality and the orgasm are profound forms of connectedness and are key aspects to any therapy. Let me say too, that I don't see myself as a Reichian so much as I see myself in a field that has been defined by Reich. So much of what has followed has been in response to his ideas. My own route to body psychotherapy was actually initially quite independent of Reich's influence. It was only later that I took on and integrated his work, and understood where it could help my thinking. PB: How is your work different from Reich's and neo-Reichians'? LM: Well, the core of Reich's ideas is pulsation and establishing a free flow of energy in the body through releasing what he calls the armor and also through activating the breathing system in a conscious way to build a charge of energy to evoke an energetic/emotional discharge. I don't disagree with Reich's concept of pulsation, but I don't think the best way to get to it is through turning the tap on full blast and seeing what happens. To me that is not an integrated therapy. Essential parts of the self get split off in that kind of work. I see the same problem with Stan Grofs Holotropic Breathwork. I admire what he has done in uncovering birth issues, but I don't believe you need to hyperventilate to work through birth trauma. In fact what happens in that work having experienced it myself and seen a number of others who have gone through it-is that so many issues from so many age levels come up that they can't be fully integrated. In that sense, I am concerned about what therapy is-what actually helps a person change their life, not just have an intense, unintegrated experience. Therapy is a long term, slow process. We may get better at it, we may deepen it, we may extend its range, but we can't shorten it by much. PB: You said so many age levels come up in the holotropic breathing. Can you explain that? LM: Well the way I work is to activate specifically those muscles related to an issue or psychomotor pattern, and not others, because I want to work with just the one issue at a time. This allows it to be experienced more fully and worked through. High activation breathing techniques activate all the muscles from all ages at once, which means that all these issues will pop up at random, like a roman candle, and you don't really know what's going on, where it's coming from. Often the content is split off from the emotion, or something will emerge that is too far away from the person's ability to handle it so that we dissociate from what has emerged. We come away thinking, "that was the deepest thing I've ever experienced," and then we forget about it, or treat it as an icon: we worship emotionality per se, or "Aliveness," or Orgasm or Birth. Big things larger than life, larger than our own self. We all want something to follow. PB: Isn't your focus on mutual connection just another form of that? LM: Well I'd like to think that the idea of mutual connection is a broad enough, flexible enough way of thinking about human experience that it avoids that. I suppose any theory risks being used to avoid coming to terms with ourselves. And of course it too is a limited way of thinking where we need to look at life in many different ways. But I see mutual connection as a way of organizing what so many of us are looking at into a larger picture. I see different people mapping out different aspects of mutual connection. Freud looked at the oedipal situation, and the child's wish to connect to its parents, Reich looked at the nature of orgasmic connection, Mahler and others looked at the separation/individuation process in early childhood, Klaus and Kennel looked at infant bonding, now we speak of intrauterine bonding, and so on. Each of these stages is important, but it is the whole picture that I want to emphasize. There is no time in our lives when the experience of connectedness is not a crucial aspect, and finally it is a spiritual aspect we are talking about. At the same time, I am fascinated with the different aspects that gain ascendancy at different developmental stages, and as a therapist it is very important and

enjoyable to illuminate these particular qualities of mutual connection. PB: Can you say more specifically what you mean by "mutual connection"? LM: First, I see mutual connection as the natural state of our relationship to all life, to the universe. So it is always this larger picture that I come from. But in a more here and now sense, mutual connection is a state where two people can be themselves and also be together with another, with a group: "I can be me and have my emotions and perceptions and my spiritual aspects, and you can be you with yours." Being together doesn't take away anything from the other, and the feeling is that each person is recognized for who they are. I see mutual connection as the basic drive in humans, and as the basic task of development. It is when there is a break in mutual connection that development becomes blocked. The task of therapy as I see it is to help the client heal these breaks and get development back on track. PB: How did you come to the idea of mutual connection? LM: In retrospect, it was something I always felt in my own life in my relation to other people and to nature. Then when I began to develop my own ideas of body psychotherapy in the sixties, I felt strongly that I needed an idea of connectedness at the core of what I saw myself doing. I also read Konrad Lorenz, and before I was aware of Bowlby's work on attachment and Mahler's work of the separation/individuation process, he was talking about the bonding process in animals, how crucial it was for their existence, for survival. We can't live without mutual connection. Another place I got confirmation was from the work on Niels Bohr, the Danish physicist, who discovered that when nuclear particles were split, they would move away in opposite directions from each other at the speed of light. But the amazing thing was that these particles would mirror each other exactly, turning right or left in unison instantaneously, without any perceivable force connecting them. This says to me that we are always connected in some way to all life, and we are never alone in an absolute sense. You are always part of a wholeness. For example, at certain ages children appear to want nothing but to be away from their parents, to be independent. But in fact, while they truly seek this independence, they are still desiring a kind of connectedness. One of the tasks of life is to learn to recognize, tolerate and enjoy a multiplicity of styles of connectedness in ourselves and in others. PB: How does this relate to body psychotherapy? LM: Well how is it that we experience this mutual connection? We can know it in our minds of course, and that is important, but it is through the body, through body awareness that we know it most profoundly. Though maybe I just fell into a dualism that I don't believe in; it is a whole experience. But certainly the body is a huge field of our experience, without which we would live narrow lives. It is also that mutual connection is an energetic process for me, not just an idea. And our body is the conductor for this energy. PB: How do you work therapeutically with mutual connection? LM: Well, there are many parts to that answer, but the most important part is that I always work with body awareness as the beginning place. By building a careful field of body awareness, you have a base to work from-and it is what ultimately I want people to take away with them-the capacity to sense themselves in different life situations. That IS mutual connection. The capacity to experience ourselves in relation to others. You might say that what I do is look for the holes in body awareness and from that, I infer a break in mutual connection. I then track that break to the person's present life, in their character structure, in their body and finally in their own life history. Then I help them work through the emotions that are unresolved there. And finally, what is very important, is that I help them find new resources so that they can build the impulse that was missing or blocked. For me it is not enough to work with the unfinished emotions. We need to find and activate the resources that were given up. In my system, this is done by knowing precisely the developmental movements from different stages, and the specific muscles that are used at that stage, and activating them. PB: You said earlier that a break in this connection in the child leads to a break in their developmental process. What exactly is a break in mutual connection? LM: I come to this question from a number of viewpoints, but the most important is the developmental perspective. I've come to believe that the child goes through 7 major stages from the womb to adolescence. Each of these stages offers crucial resources to the formation of a whole self, and thus to the maturing of the capacity for mutual connection. I think of each stage as organized around a particular need or right. They are, beginning with the earliest: the right to exist; the right to have needs; the right to be autonomous; to be intentional, directed and willful; the right to feel loving and

sexual feelings; the right to have your own opinions; and finally the right to be a full member of a group without having to be special on the one hand and being able to perform, shine and compete on the other. Each of these needs or rights is social in nature, that is to say they happen in the context of a relationship. If these needs are thwarted, it is because the parents or the social group can't tolerate something in the child, so there is a break in the sense of connectedness between them: connected in the sense that "I can be me and you can be you and we can be together." We then form a character defense, which as Reich pointed out is a compromise we make. I will do this, or give up that in order to stay connected to you. I will give up my boundaries, or my sexuality or whatever, as long as I can remain a member of this family or this group. But even though we compromise, there is still a break, because we are no longer ourselves, and the only way to have the deep connection with others is when we are ourselves. PB: Can you give some examples of breaks in mutual connection? LM: The first stage of development takes place in utero, during the birth process and in the first month of life. During this stage, the most central task for the child is coming to sense its own existence, physically, psychologically, and spiritually. If there is a trauma in the womb, such as the mother becoming ill, or if the parents are struggling to make psychological space for the child, or if there are any number of difficulties in the birth or the first month or so of life, the child's sense of a secure existence is threatened, and thus there is a disruption in the foundation of mutual connection. After this time, the child may have many good experiences, some that may even begin to heal this basic break. But until these experiences are worked through, the child will always feel a basic struggle to exist. This would certainly create difficulties later in life feeling connected to other people. Let me offer an example from later in development. At around 8 months, the child's motor skills, and thus its ability to explore the world take off, almost explode. Crawling moves to standing and walking, and fine motor skills lead to grasping, picking things up and to games of give and take. At the same time, the child is learning to move away from mother and develop a sense of its own boundaries. I call this the age of the development of the capacity for autonomy. Here mutual connection means something quite different from what was needed at the existence stage. Here the child needs a relationship where it is helped when needed, but also allowed to explore the world. The child wants someone to share the joy and excitement of this exploration without feeling taken over, and without being expected to be able to do more than it really can do. A break in mutual connection here would lead to either a feeling that the child can never really be on its own and play in the world, or to a flight into activity to get away from feelings of engulfment or helplessness. And so it goes through each stage. A particular aspect of relationship becomes a focus of development. During the next stage, what I call the Will stage from two to four, the child is learning to DO things, to plan and complete tasks, and this leads to a sense of the power to do things and this leads to the power to say "no"-but also to choose to do things for another, the beginning of the feelings of altruism. Parents often confuse this capacity to say "no" with a power struggle, the child wanting to control them. I certainly don't see it that way. Of course there are often power struggles, but it is the parents who are struggling! (I don't mean to imply that this is an easy time for parents, but I do believe there is a way through it which allows the child's sense of will to be affirmed.) Next comes what I call the Love/Sexuality stage from three to six, where the child develops its deep sense of romance on the one hand, and sexuality-more a sensuality at this age-on the other. Often parents promote one aspect over the other-either affirming the child's love and denying its emerging sexuality, or somehow activating the child's sexuality but de-emphasizing the child's feelings of love. (I am not speaking here of incest or sexual abuse, which I see more as a shock issue rather than a characterological one.) After the Love/Sexuality stage comes the Opinions stage, between six and eight. Here cognitive development has brought the child to the place where he or she develops a view of the world, and starts to have strong beliefs and ideas of things in a new way. The next stage, from seven to twelve I call the Solidarity/Performance stage. Here the major task in terms of mutual connection is how to be in groups. The child wonders, "am I good enough to be a member of a group?" and "can I shine in a group, compete and win and still be included?" In Denmark, solidarity is very strong, and we are able to support each other deeply, but beware the person who wants to rise up and have different ideas or really compete. In America, it is

somewhat the opposite. There is a lot of support for doing your own thing, but little sense of creating community and deep support. So this is my map-though there is one thing I would add about breaks in mutual connection, and that is shock. If people receive deep shocks, which can come from physical and sexual abuse, severe illnesses, accidents, surgeries, and so on, then this too can create a break in mutual connection. Shock needs to be worked with differently than do "character" issues, issues that evolved gradually in the family and cultural atmosphere. Again, at each of these stages the child gains resources; cognitive, social, emotional and psychomotoric. It is a whole integrated process. In my system, Bodydynamics, we make particular use of the psychomotor patterns that become active at each stage. There is research that shows that at least in some cases, psychomotor development actually precedes cognitive development, that psychomotor patterns act as a foundation from which other capacities emerge. If there are problems in psychomotor development, there will be problems in cognitive, emotional and social development. Our theory is that whatever good or bad environmental influences are happening at a given stage, they will be embedded in the psychomotor processes of the grown adult. This connection to the psychomotor process is especially true at the earliest developmental stages, where motor development is so rapid and where language is less a resource. PB: Can you say more about how you use the idea of resource in therapy? LM: I see the biggest problem in body psychotherapy to be integration. We know through Reich, Lowen, Grof and others, that deep emotion and memory in us are actually relatively accessible. The problem is what actually helps people to change. For me the answer has come through understanding what "resource" is. Reich was the first to conceive of the muscular "armor" and he saw it as something to be free of, something that restricted the free flow of energy. This is true as far as it goes, but it misses the fact that the armor is in effect one kind of resource in that it helped us to survive. Take it away, and people have no defenses, no resource. Lillemor Johnsen, a Norwegian physiotherapist, was the first to use the term "resource" in the sense that I have come to use it. It came out of her work with poorly functioning clients who seemed to have no resource, no ability to function in the world. She discovered when she did physical therapy with these people, that instead of a predominantly tense muscle pattern, their muscles were in fact undertense, or hyporesponsive. When she used a very gentle kind of touch with these muscles, she found she could reawaken the resigned impulse in the muscle and it could find its lost function; the client then had more resources. She worked a lot with schizophrenics and other hospitalized patients using this approach and found they got better. This was somewhat the opposite of Reich's rigorous, aggressive touch, which can actually break down what resources a person has. But even a soft touch brings with it the problem of integration. In my own original training in the Relaxation Method (the Relaxation Method is a very developed system of body awareness and massage originating in Denmark. We know it in the US through Charlotte Selver who pioneered sensory awareness in this country. -PB), we used a very fine deep touch that brought up a great deal of emotion in my clients, but the work remained in many ways incomplete. In fact there too some people nearly had psychotic episodes with the amount of material that was activated. Seeing Johnsen's work, however, I began to formulate my own ideas. She also worked to understand child development, especially very early development, and this sent me on a journey to map out very clearly the psychological content of different muscles and link them to the time of their first activation. PB: How is this actually useful in therapy? LM: Well, it is the key to integration. Each time we form a character attitude, it is in relation to our own impulses. At the body level, this means that we either give it up to some degree, and thus form a hyporesponsive muscle, or we fight for it in a rigid way, forming a hyperresponsive muscle. Integration comes when the muscle can come back into its normal "healthy" range of response, neither giving up nor rigidly fighting. We have our own impulses, our own movement toward life, toward mutual connection, but we also come to have choice. The impulse can come to consciousness, we can assess what reality has to offer and make our choice based on knowing what's happening inside us and outside us. You see, character defenses create illusions. I may have the fantasy that it is hopeless to reach out. This comes from a memory I have about bad experiences reaching out in the past, but also I get a feeling in my arm when I reach out that it is hopeless because the hypo-responsive muscle has no

life; it wants to give up; it gets no good feeling from reaching. So the muscle confirms the fantasy: "it is too hard, too much to ask for help." But if I can help the person sense that his muscles can actually do it, that this muscle can come to life and allow the impulse to reach to come alive again, then I can work also with the fantasy. Now there are the resources in the body to change the fantasy, and there is the basis for deep lasting change. I call this "developmental holding," holding someone in a developmental activity, and working it through till the impulse is reawakened and practiced. In this way my therapy is very different from therapies that focus just on what happened or didn't happen. For me integration happens when a new decision is made based on new motor and cognitive abilities or resources. In some ways it is a lot more boring to watch and it is hard work. The tendency is often to regress to an earlier place to get out of the hard work. In that way, my work is not "process" oriented, because process work usually means regression, which in itself can become a defense. PB: Can you give me an example of what some specific resources are? LM: Well, the movement of development is toward greater and greater individuation and independence, greater sense of oneself as whole. This takes place in many arenas, in cognitive, emotional and motoric and perceptual realms. But at a body level, one crucial example is that of learning to create boundaries. I think of boundaries ultimately as an energy field around the body that if we learn to sense, can become a profound resource in our daily life. It is also crucial for a healthy mature capacity for mutual connection. Mutual connection does not have to take place in a merged state. This is one of our greatest confusions. It is possible to have deep profound connections to others while maintaining boundaries. In fact for adults, boundaried contact is a prerequisite to more merged forms of contact. Especially people with problems from very early in life have never learned to form secure boundaries and thus always feel invaded or that they have to give all of themselves in order to be loved or cared for. Developmentally, we know that certain muscles are activated at certain times that relate to boundary formation: the iliotibial tract is one example in the legs. The triceps in the arms help push people away, and the medial deltoids help create a sense of personal space, and so on. Once we had established that boundaries were an issue with a client, at the appropriate time we would activate these muscles through touch or movement, and also work with the psychological issues at the same time. Once this is sensed in the body, it then needs to be practiced, and we might give homework on it, try using boundaries in specific ways and so on. So it is not enough to know you were invaded and have poor boundaries. For full integration that training is necessary so that new resources become rooted in the body. I also make use of the therapeutic relationship to facilitate this. I am active about supporting these new resources both with me and in the world. I teach them how to sense their boundaries with me, and I support them to do it in the world. In that way, creating resources has a parenting component, helping to give the messages that were missed when they were a child. PB: How do you integrate spirituality into your work? LM: Again, let me come at that question from a developmental perspective. Children-as I know them-up to the age of about three or four are directly in contact with spirituality. They see auras, spirits and are in touch with other manifestations of energy. Then there is a closing that happens at around that time. This is partly from denial in the family and in the culture, but it seems actually to be more a natural developmental process. Why is this so? What is the need to have these things go underground? I don't know the answer to this, but it seems important to respect it. One idea is that spirituality closes as other aspects such as emotion, sexuality and cognition take a more forward position. Later on, in the teenage years, the child opens again to spiritual explorations. We might say that there is a "spiritual latency period," similar to the natural closing of sexual feelings around age six, which then open again during adolescence. It is important to respect this natural closing of awareness of spirituality because I think there is a lot of confusion about how we come to spirituality. What I see happening is a lot of people jumping out to their spirituality rather than expanding out to it. Their spirituality is particularly not integrated with their emotions. People try to move to a mental level of mutual connection before they know how to live fully in an emotional kind of mutual connection. This is what I would call a defensive form of spirituality. Let me explain. If a young child is traumatized during this natural time of opening to spirituality, then its experience of spirituality will be affected in some way. It may be that there is a decision to

shut it down completely, to close, to stop knowing, because it is too painful or frightening. But there also may be a decision to flee into the spiritual as a way to escape the pain of this world. The decision to go toward spirituality seems more common where there has been early massive trauma or shock, something that brings up strongly the issues of existence. Later in life this person will have remained in touch with their spirituality, but it has become a defense. The problem comes in living fully in a here and now way. They don't have a choice. They are stuck in the spiritual. For me in therapy, the integration of spirituality would tend to take place toward the end of therapy, and this is because I work in a specific way developmentally. I work with later issues moving to earlier and earlier developmental stages. This is so that the person can make use of the resources of later ages to go through the intense regressions of the very early stuff-intrauterine or birth trauma and the first year or so of life. So I would first work with someone's issues in getting group support, their ability to have strong opinions, their sexual and heart issues, their right to have strong emotions and so on, before I would work with earlier issues, including spirituality. With some people, the task is to help them open up to energy and spirituality. For others, the task would be to help them learn to have boundaries around their spirituality, so they can have emotions and arguments, and go to the movies without being flooded with past lives or without alienating their friends. I see some people make the same mistake Reich made when he focused so strongly on sexuality. They forget what it is to be a person. For me the goal of therapy is not the orgasm, not nirvana, but the experience of having choice. I believe that we have the greatest choices, the deepest choices when we are in touch with our bodies and our emotions and our thoughts and our spirituality and when we don't confuse them. If I were to be a junkie about anything, it would be for body awareness and body experience, because for me, that is how I know myself the best. PB: So we might call it your quest for "body reality." LM: Yes, body reality. Reality is very deep for me. I really want people to be in their reality because it is the only place from which you can make a clear choice. It is our defense system which creates illusions. Then these illusions create new illusions and so on. AuthorAffiliation Peter Bernhardt, M.F.C.C. AuthorAffiliation Peter Bernhardt M.A., M.F.C.C. is a body psychotherapist practicing in the San Francisco Bay Area. A former trainer with the Radix Institute, he has lived and worked in Europe and trained with Lillemor Johnsen, David Boadella and Dick Olney. He has been involved in the development of Bodydynamics since Lisbeth Marcher's arrival here in the US in 1984, is in an advanced training with Marcher and her colleagues, and now coordinates the U.S. Branch of the Bodydynamic Institute located in Albany CA. Address correspondence to the author at Bodydynamic Institute, 965 Talbot Avenue, Albany, CA 94706, USA.

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