



## Alice Ladas

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Alice K. Ladas, Ed.D., is a pioneer in body psychotherapy, educated childbirth, breastfeeding, and sexuality education. She is co-author of the New York Times best seller *The G Spot and Other Discoveries About Human Sexuality*. In 1980, Alice and her husband released their study, *Women and Bioenergetic Analysis*. Alice has been the chair of the research committee of the USABP since 1999. She is a licensed psychologist in both New York and New Mexico.

Serge Prengel, LMHC is the editor the *Relational Implicit* project (<http://relationalimplicit.com>).

*The following is a transcript of the original audio. Please note that this conversation was meant to be a spontaneous exchange. For better or worse, the transcript retains the unedited quality of the conversation.*

Alice Ladas: I would like to read you a quote to start, and I want you to guess who said it; “Not protection of old financial or political privileges, but safeguarding the planet, Earth, and transforming its technological structure is the task of today. Let us hope that the great industrial powers of our planet have retained their pioneering spirit.” Who do you think said that and when?

*Serge Prengel: I would assume it’s somebody predating the 21st century.*

A L: That’s true. This is a quote from Wilhelm Reich’s brief to the US Court of Appeals which he wrote himself in October 1956.

*S P: I guess it would go to show how relevant body psychotherapy is.*

A L: Reich was very much aware of desert formation and the problems that the planet’s facing, and I think in his description he was saying—I wonder if global warming and global dimming, and air pollution are related to what Reich called DOR. I don’t know if they are, but I suspect they are. Reich, when he was working on desert formation in Arizona, was talking about the UFO’s that were coming around to see what he was doing, and he was reporting about it to the Air Force. And I wonder if they aren’t some of the same things when he was trying to reverse desert formation—I think that what the government is trying to keep secret from us today is something he was always talking about in the 1960’s.

*S P: So in other words there’s always a link with something larger than just the little units we’re accustomed to; something to take into consideration, the larger context.*

A L: Right, and larger than body psychotherapy. Then I wondered if Reich was not quantifying what the Chinese call chi.

*S P: So orgone would be similar to chi. So you’re talking about that part of the world and actually these days you live in New Mexico. I’m just curious to see if actually there is any kind of relationship with your interest in Reichian approaches and living in the Southwest.*

A L: The Southwest isn't the important factor, the fact that I live in a co-housing community is important because I learned from Reich about the importance of the very early years—moments—of life. I worked for a brief time in the infant research center, of Reich, so I became interested in educated childbirth, and taught the first Lamaze course in this country. And then I also became very interested in breastfeeding and wrote many articles, and then wrote my doctoral dissertation on the role of information and support to outcome of breastfeeding. I now live in a co-housing community which is multigenerational and the young couples here are practicing all those things I worked for. They practice educated childbirth, they all breastfeed, they practice attachment parenting, and they parent each others' children. You know Margaret Mead was the one who rescued me from Columbia because they said my thesis topic on breastfeeding wasn't important and I should do something like risky shift or cognitive dissonance and I was going to be so delayed because nobody would be on my committee, until Margaret Mead said she would be.

*S P: So you were studying psychology at Columbia . . .*

A L: I was in a department called Home and Family Life which was a combination of anthropology, sociology, and psychology. And Margaret talked about "the deadly nuclear family." And I think she was probably right, and so I live in a co-housing community, now, which is a small community and we practice integrated task management, there's no smoking, there are no cars inside, and it's safe for kids. Kids from the time they can walk can run around on their own. So it really is a safe-haven for raising kids in the way that Reich talked about and that A.S. Neill talked about.

*S P: So what you're talking about is very much about figuring out a way to practice what you preach. Not just finding principles about how to live life but really figuring out a way to find a place to live that way.*

A L: Yes, that happened very late in life but I did study the Lamaze Method of educated childbirth and attempted to practice it myself and succeeded with my second child. And I breastfed both my kids for about 3 years and we quit by verbal agreement. So it's really very satisfying to see the younger generation doing what I worked so hard for.

*S P: So one of the things that you made a big impact with is The G-Spot. How do you feel now, looking back on it, of how it has permeated the culture?*

A L: Well it's very interesting because many, many people that I meet have heard of the g-spot, but they don't know there was a book about it; they don't know that's how it came about. And the other thing that, really, people don't know, is The G-Spot grew out of my work with body psychotherapy.

*S P: In what way?*

A L: Women in bioenergetics began to meet separately from the men in 1977 and I served as secretary to 10 meetings in NY. And the women were reluctant really to be open about what they really felt; particularly in the presence of two powerful female trainers. So Harold [Ladas] and I decided that we would give them a chance to speak anonymously and we created a mail questionnaire and we gave it to all the women bioenergetic therapists: all people who had experienced bioenergetic therapy and had given it. And we asked them a lot of questions about what they felt the value of body psychotherapy for them was. And I took the results of that study to

a meeting of the SSSS (Society for the Seismic Study of Sexuality) under the title, "From Freud through Hite or Partly Right and Partly Wrong" because the bioenergetic theory up to that time, Lowen's, was that the mature woman would be vaginally responsive. And indeed bioenergetic therapy helped many women become more responsive vaginally, but they thought that both, the clitoris and the vagina, were important. Now I have been on the boards of both the Bioenergetic Institute and SSSS and they believed opposite things; one said only the clitoris matters, the other said only the vagina matters, and the fact is they both matter. So when I took this study and gave a presentation, I met our co-authors, Beverly Whipple and John Perry. And they were talking about the g-spot and female ejaculation. And that seemed to me the clue to how everything belonged together. That's how The G-Spot came about. And I wanted people to know that body psychotherapy played a major role in the development of this book and I fought very hard to get the study put in as an appendix. I finally won, but boy I had to fight hard for that. It sold over 1 million copies worldwide, so in a way it advertised bioenergetic therapy rather widely.

*S P: And, in a way, when you point out that many people don't even know it's a book, it's a proof of how successful it is that it's penetrated the culture.*

A L: Yeah, it was a question in Trivial Pursuit and words were named after it, so it was interesting.

*S P: So actually what you're describing is that you found it was through research. And you've been a very, very strong proponent of research.*

A L: Well, John May, in one of the issues of the Journal of USAPB says it very succinctly. He says, "First you have your own experience, your own personal experience, and then you have the observation of other people. And that's what you base your theories on. But then if you don't test them, then you have a belief system which says, 'I happen to be a humanist. I don't want to have another belief system that isn't supported by research.'"

*S P: So you're talking about 3 stages: one is the personal experience, two is the observation, the clinical observation, and three is the experimental approach in order to test things.*

A L: Yeah, but it took me 50 years to get the body psychotherapists to give an award for research. It was a long struggle and the bioenergetic people didn't cop to it.

*S P: So is there a way that, as an individual psychotherapist, I, or other people who listen to this, can have a more research-oriented attitude in our ordinary work-day?*

A L: That's a tough question, because the Europeans, for example, have to have research in order to get the government to pay for the work that they do; they've collaborated in major ways. And it's a tough thing to do here, but it has to be, I think, a collaborative adventure.

*S P: So really what you're saying is that as long as we remain isolated in our offices, just working as one clinician to one client, there is not enough perspective in order to go beyond our own experiences and have something that's research-oriented.*

A L: Well you can do case studies. I did it, I think, it was a sort of beginning research when I first started out to do bioenergetic workshops: I did an initial thing, asking people what they wanted from the workshop and then I did a report at the end asking them whether they got what they

wanted, what they liked, what was bad about it, what was really downright not good. And I kept a record of almost all the replies I got and submitted those and they were dismissed! There was a whole anti-intellectual thing, "the head is not a part of the body." In the 60's and 70's people were tending to want to deal with their feelings but not with their thoughts.

*S P: So, in other words, you're talking about reclaiming the head as very much a part of the body.*

A L: Well, now that we know a lot more about neuroscience, there's no way we can dismiss that. But when Charles Kelley used to do workshops in feeling and workshops in purpose, nobody wanted to go to the workshops in purpose, they all wanted to go to the workshops in feeling. And that's understandable because in our culture we've been taught to suppress the feeling part of ourselves. But to dismiss the thinking part of ourselves is sort of like throwing out the baby with the bath water.

*S P: So you're calling for finding a balance between the two approaches. And actually what you're describing is this process where you were asking clients to think about what they had wanted and what they got, also, maybe, fostering an experimental approach in the clients, having them be involved in thinking about what they had been experiencing.*

A L: Yeah, and individual therapy can do that, but I think we need a big collaborative effort that's well financed and well thought out in order to become a division of APA. I get very frequently from HMO's and other things, questionnaires to fill out about what kind of therapist I am; I'm never given the choice of body psychotherapist. It's like it doesn't exist. I could be a rational-emotive therapist, I could be a psychoanalytic psychotherapist, I could be a family and marriage counseling doctor-therapist, and nobody says, "Are you a body psychotherapist?" but they should. We're not recognized and until we do the research, and get it out there, we're not going to be.

*S P: And the research would be to show how a body oriented approach is actually effective in helping people deal with problems.*

A L: And, you know, there are actually people who are not actually body psychotherapists, like Candice Pert, who are interested in body psychotherapy, and know about it, and have experienced it.

*S P: Yes, I think among the people who are members of USABP, some people were trained in traditional psychotherapy and came to body-oriented psychotherapy through personal experience of Yoga, or other ways of discovering that they had a body, and then deciding that they had to incorporate some of that personal finding in the way they dealt with clients. How did you get interested in Reichian approaches and, later, in Lowen's work?*

A L: Well, originally, the first place I studied, after I got out of political science, it was in the early Civil Rights Movement and I had a case in the Civil Rights Museum. But I was studying at the Washington School of Psychiatry with Eric Fromm, Frieda Fromm-Reichman and people like that and then I had a Washington School type of psychoanalysis and I wasn't satisfied with the results on me. I became a social worker and I was working with Nathan Ackerman, we were starting family therapy, and I wasn't satisfied with the results. So I sought out Theodore Wolff who was Reich's translator, and started becoming interested in orgone therapy.

*S P: And so you started being interested from your own, personal sense of what was good for you.*

A L: And what was good for the people I worked with; I didn't think that we were effective enough.

*S P: And so your own experience and your clinical experience were that: by paying attention to the body and following the approaches of Reich, you started seeing things being more effective.*

A L: Well, I thought so, but it was a very difficult time—I don't know how much of the history you know. I actually had one of the orgone energy accumulators that were made at Orgonon. I didn't send it back when the FDA ordered all the accumulators sent back. And I had experienced the accumulator with my mother and I had a lot of involvement with that. And then Reich refused to testify in court and refused to have the American Civil Liberties Union represent him and lost the court case and was put in jail for contempt of court, actually, where he died. Well people were getting sick in Orgonon because he was experimenting with radiation and the effect of orgone energy on radiation and everybody got sick, and those were very difficult times. And so I just quit the whole thing and went to work as head of the child guidance department in a public school system where I could be my own boss and do whatever I thought was useful for the kids. And then I was dating a psychoanalyst and he was living in his head and working in the dark and I suggested that maybe get in contact with Al [Lowen], or John [Pierrakos], because they had just opened an office. Then I heard about the Tuesday evening seminars and that's how I got back into body psychotherapy, after sort of leaving it because of the stuff that was happening with Reich and the whole orgone movement.

*S P: The same way that Lowen and Pierrakos had left the Reichian fold at that time. So we are talking about your experience as a therapist, would you maybe give a sense of what it's like for you to work as a therapist?*

A L: Well, I've talked about, in this thing I wrote for Jacquie, I talked about "inside-out" and "outside-in" therapy, and I think of the Reichian heritage as being, sort of, outside-in.

*S P: Could you elaborate on that?*

A L: Well you look at people from the outside and see what they're like, and then you do things to them and that's what Reich did. He poked and prodded them, in Pierrakos's office, they squeezed peoples' jaws, had them gag and did all sorts of things, and I find a lot of what they did was useful, but a lot was not. When Bob Lewis talked at the last conference about the time that he finally said to John Pierrakos one day, "would you like to know what's really going on with me?" And John stopped pounding on his chest and said, "Well, yes I would like to know." And Bob said, "Well, I would like to knock your head off your shoulders" or something like that and that's when therapy began for both of them. Because I think that there were two trends; there was the trend that came from Reich and the trend that came from Elsa Gindler which was traumatic experiences, but there was the whole group of people who were asking you to find out what you felt inside. And I think that that's coming together now, in a way, I mean there was a whole time when people in bioenergetic therapy were worried, were concerned because too much was being done to the client, and not enough attention paid to what the client was experiencing and wanting to say. And I remember when Martha Stark, psychotherapist from Boston, was talking about one-person, one and a half-person, and two-person therapy, and the two-person therapy is the . . . therapy which everybody knows is what really makes the difference now.

*S P: So what is it like when you do therapy, when you're with a client?*

A L: I do an awful lot of different things, but I still find a lot of the stuff I've learned very useful, to ask a person to move their pelvis and see if they have a moveable joint there or not. But I also do a lot of the other kind of work and a lot of verbal work and a lot of relational work. Sometimes I use cognitive-behavioral therapy if I have, like I had today, a person with a severe personality disorder whose life is going to continue being a shipwreck unless they change their behavior. And after they have their behavior a little bit along, then we can work on the anger that's behind, and the "lost-ness" that's behind it. So I work in many, many different ways and I work with couples and I sometimes work with families. I don't do a lot of group work today, but I did a lot of group work early on.

*S P: So what you're saying is that you use a lot of different approaches so very much like what you were saying at the beginning of not being a faith-based person. You're very pragmatic in your approach in terms of figuring out what the situation is and what seems to work for it.*

A L: And like I said to you before, when you meet a new person it's really an exciting adventure and it's also like a detective story to find out what is really right for this particular person. And always if they don't breathe that's the problem, or if they don't breathe deeply, or if their diaphragm is stuck, I agree with Al in that sense, but I don't think that's the whole story.

*S P: So what kinds of things, say, when you see a new client or when you see a client come into your office, maybe that you see regularly, what kinds of things does your eye go to or your ears go to?*

A L: The first thing I ask the new client is, "if we were successful in our work together, what would that look like?" So that gives me an idea of where they want to go; not where I want them to go, but where they want to go.

*S P: And so the answers can be all kinds . . .*

A L: ... It could be, "I'll stop fighting with my spouse." It could be, "I will have sexual feeling again." It could be a whole bunch of different things. But I also do a lot of integrated work with doctors because very often there are medical components to the things that people come to me for and I don't want to be treating a person for emotional problems when there's a physical problem that needs to be handled first.

*S P: So what happens in practice is that you have some sense of what might be the physical problem and you ask the client to check with a doctor? Or how do you handle that because I'm sure that's something that a lot of body psychotherapists deal with—paying attention to physical symptoms.*

A L: Well if a person is living on coffee and doughnuts and is feeling fatigued, you can't really deal with the fatigue without dealing with their diet habits. If a person is taking anti-depressants of certain varieties and has no longer the capacity to enjoy sex—I had a client recently and the couple thought that the reason that she stopped feeling sexual after her father died was from the death, but it turned out that was the very time she started taking an anti-depressant which is known to eliminate orgasm. So the connection between the medical and the psychological, I am very aware

of. I send people to nutritionists, for massage, I ask men who get erectile problems to get their testosterone checked. So I work collaboratively with a lot of different people.

*S P: So what is it that feels really satisfying in your work with people, you know, what is it that gives you a deep sense of satisfaction in what you do?*

A L: Well when we connect really well and have fun in the sessions, as well as moving in the right direction. And you know, people are astonished, because they don't know what body psychotherapy is and, I think there's only one other body psychotherapist in Santa Fe who works with Somatic Experiences, but there are a couple of Ron Kurtz people, but really people don't know when they come to me what a body psychotherapist is and when I start to work with them with the body, people say to me something like, "my god this is the first real therapy I ever had!" You know, people have had a lot of therapists, but it's only been talking therapy.

*S P: So in other words, your experiences, despite how you're well known as a body psychotherapist, actually among the clients who come to you, many come just because you're a therapist and don't really know . . .*

A L: I'm known as a psychologist, that's my license here, and many people come to me for sexual problems because they find me on the internet and in connection with The G-Spot. But they had no idea that I do something apart from working with just words. You know when I ask them to stand up and take a comfortable stance, I see their knees are locked. So I tell them, "if you're going to get nothing else out of the therapy, remember to keep your knees soft" and I tell them why. It astonishes them.

*S P: So even one thing that you can share with members of USABP is that even if people don't come to you specifically looking for body psychotherapy, there's a way that using body psychotherapy you can just show them how the approach is useful for them.*

A L: Well I tell them that unlike some of the therapists they may have been to, or heard about, I don't just use words, I work directly with body; with muscle tension, with breathing, and I ask if that's ok with them. And I will sometimes touch them and I will always ask, "would it be all right if I touch you on your back or if I touch the muscles on your neck." But they don't come to me always knowing that I'm a body psychotherapist.

*S P: So what would you say as we're approaching the end of the interview, what would you want to say to other members of USABP?*

A L: I think we have to do research that we can publish in peer-reviewed journals, widely known, because I think everybody should be trained. I think every person who works with emotional and physical problems should have some training as a body psychotherapist so that they can help people breathe more easily, so that they can help people move more easily and get in touch with their bodies.

*S P: And what would you recommend to other members of USABP, individually as people, to get in touch with their own bodies?*

A L: I hope we all practice what we preach, work with our own bodies, and help get people get help. I personally get a massage about every week, I do at least 2 or 3 hours of exercise, and I pay careful attention to what I eat because if I eat the typical diet that I see in NY, it's because when I'm in NY, I see people on the street drinking coffee and eating sweets. And you can't thrive on that, your body isn't going to stay in good shape. And so I hope we all pay attention to those things as well as keep our bodies in good shape and paying attention to our feelings and handling them appropriately. There was a whole era where you'd just let your feelings all hang out, and I don't think that that's so useful. There are boundaries that we need to know how to keep, but that doesn't mean that you implode your feelings. So I think we all have got to do our own therapy once in a while, and I do that, too.

 *This conversation was transcribed by Calin Cheznoiu.*

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