



Robert Lewis

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Robert Lewis, M.D., in private practice in New York, is a senior trainer on the International Institute of Bioenergetic Analysis faculty, and a member of the clinical faculty of the NYU/Mount Sinai Medical Center. He has published extensively on the integration of early developmental and relational issues into the basic Bioenergetic approach. His elucidation of Cephalic Shock and way of working with the head, voice, and diaphragmatic connections to the pelvis, are beyond words. Bob finds the data of recent neuroscience confirming of his emphasis on an implicit, bodily-based approach to what is healing in the therapeutic relationship. He leads workshops in Europe and the Americas, and residential intensives on Long Island, NY.

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.

Serge Prengel: This is a conversation with Bob Lewis. Hi Bob.

R L: Hi Serge, nice to be here, yeah.

S P: So you're a psychiatrist and bioenergetics analyst.

R L: That is the case. I've been doing this work for about 40 years. Still enjoying it.

S P: So do you want to talk a little bit about the work?

R L: Yes. I think the spirit that moved me when you suggested this conversation was to share some of what my work is about, the bodily implicit dimension of being in the room with another person that way. But not to neglect, I want to raise my consciousness and maybe others about some of the existential issues that contribute to our not helping the people we work with to not being able to help them to change as much as we both would desire. So I wanted to include that.

S P: Yeah, yeah. So not just focusing on the success, but also the frontier, the edge of where it's difficult.

R L: Right, right. You know, I start with the premise that, I don't know about most of us but I certainly am a wounded healer, and I have my counter-transferences or blind spots or whatever you want to call them, that I continue to be a work in progress with. And to the extent that I can be with some of my sense of having been broken in some ways, and at the same time cherish my core, life positive aspects I can see those same things and abide with them in my clients. At times when the therapy is not going as well as we both like it to happen, it's because I'm trying too hard. I'm impatient, I want to be helpful to the patient, the piece of me wants to be important in their life by making them better, instead of somehow accepting that we are going to start where they live. That is to be a generic issue that will never quite go away, because I tried to make myself feel more

worthwhile originally than I was, just as the human person I was, by becoming a therapist. So that inherent tension is something I will work on if I am blessed and able to continue this for a while. It will always be there but I can share a vignette or two about the very positive dimension of the body orientation that at times I think gets to a place of depth and true self, etc. that sometimes words alone do not carry us to.

S P: Yeah, yeah. Let's go there a little bit.

R L: I'm thinking there was a man I worked with for a number of years, and at one point when I would work with him he had a lot of rigidity, and at times I would put my hand directly over his left chest, on his left chest over his heart, and there were times when he resisted it, and he was in the rigid defense and there were times when it melted him and he would even have an experience of feeling loving feelings that was very palpable in the room. And at one time he was able to just look at me and say "you must be" ...I don't remember the exact words...but he was able to express his love, or his valuing of me, that this work must be deeply gratifying to me and I must be a really good person to do this. And I was able to tell him that I thought he was a really good person, but the point is that the physical contact, the human touch, melted a kind of rigidity that I don't know if even just the relationship and the verbal relationship was tough to get to that place.

S P: Yeah, yeah.

R L: I'm thinking of another man...

S P: So in that one, you were touching him, and as you were touching him he was touched, and as he was touched you were touched.

R L: Yeah, in his mind, being touched, the words that he actually spoke were from a deep place in him, they were not just from a kind of head dissociated consciousness.

S P: Yes, definitely. So that brought from you, that sense of wanting to tell him in response from him telling you that you are a good man, that he's a good man and that's part of the exchange. And when we started you made the point that you became a therapist in a way that was a positive role. But this is a part of not hiding behind the positive role and finding that existential contact between the two people. We started, in a way, with the vignette you were describing. You're a therapist and you have that skill and technique of paying attention to the body and touching. But then as the emotion comes in and the strength of the client's emotion comes out you were also touched as a person, and then there's an authentic person who responds.

R L: Absolutely.

S P: Not someone who plays the role as the omnipotent therapist.

R L: I think you captured that beautifully Serge, and I think that there are many ways to touch, and some of them can convey a sense of impatience. I was touching him in a way that permitted this exchange to happen, and the words that came out of him almost felt a little bit like poetry. Because he is sort of a British kind of a rigid man and he was speaking from his heart. I touched physically over his heart and he came from inside from his heart. And as you say, a resonance was set between us. I'm thinking of another man who came from Lebanon and had a terrible sense, he had studied

the priesthood, and attempted to try to rise above his sexuality and his body, in an attempt to escape this sense of his being damned, and a very dark place. We had a kind of therapeutic encounter, he was built very powerfully and he's standing opposite me, and I feel fear. I feel there's a tremendous amount of torment and rage in this man.

S P: Yeah. So you feel your own fear?

R L: I feel my own fear. But I've been at this long enough, I listen to my intuition and something tells me that it's okay to move towards him. So I move into his near space and he kind of puts his arms around me and starts to hold me strongly. And I am a kind of pretty physically small guy, I don't weigh too much, and I put my arms around him and met him with my embrace. I sort of matched and responded. He told me afterward that he felt that he could of put a bear hug on me and hurled me across the room, but that there was something in how I met him that was just profound for him, instead of damned and evil, an internal sense of evil, that I met him and that the subsequent sessions were powerfully anchored by the simple act of feeling my flesh and my touching him as an antidote to this sense of the evilness of the body and sexuality. On another occasion, he was about a 200 pound person, he surrendered his body and let me, I was sitting on the ground, but he let his head and then the rest of his torso rest on me. So this fundamental bodily exchange, embrace, encounter can be dynamite and as I say, its intuiting how we are related in the room, and what messages we are sending each other. It enables me to go into this space with the person. It's not a technique, I never did anything like that with another person, because it was uniquely tuned to the mix of rage and torment and what was going on inside of him and how that was transmitted to me, on an implicit, nonverbal level.

S P: So as I'm listening to you I have a very powerful image of this much, much bigger man, with a lot of anger, facing the therapist who is aware of his fear and also aware of a sense of feeling some trust to go in. And then you say that he puts his hands around you, so I assume there was still some anger in him, some strength and some anger at the moment that he does. So we're not talking about feeling each other's presence or emotions or sharing the space in an abstract way through words and with a safe distance of being 10 feet apart.

R L: Right.

S P: But you're talking about something where you are very physically vulnerable in that moment and he's feeling both your vulnerability, you said he had the sense that he could so easily hurl you across the room, but at the same time a sense of your presence. You're not running away, you're standing in place, you're being solid. So that very, very physical sense of that sharing the space and interacting feels very powerful.

R L: Correct. What came to me in my openness to my intuition was that this man has a frightening presentation, but he needs to be held. So that I hugged him back in a very definite and firm way and he instantly read the affirmation of himself in that, he was not an evil person. He had a demonic aspect to him, but there was an innocent child that had become demonized in the process of this repressive culture and all kinds of other things. And I was able to....I was feeling the life positive force or something like that.

S P: Yes.

R L: When I wrote up this case, I summarized it by saying: “My advice to you as a therapist is: take your demons to lunch.” Because there is something about having to see them.

S P: Yeah. You know it's actually also as you tell it, you talked earlier about the word implicit and the implicit. It feels also like a very beautiful case to illustrate all that happens in an implicit way. There's not a tremendous amount of explaining at that moment, the actions are there. And the communication that you have about him is happening in the action that happens very quickly, but is very, very intense.

R L: That's right. He is a highly articulate, intelligent man and highly organized. So he was able to describe afterward beautifully how this affected his cells, his tissues, his core sense of badness, etc, etc. In the actual exchange there was nothing sad, nothing sad explicitly.

S P: So very, very tense moment, and that presence in the moment that is coming, it feels like a very beautiful part. Earlier you were talking about the existential quality of this work and tales like this captures it very beautifully. And also what happens in the dyadic experience in therapy and that is something you have a lot of interest in.

R L: Absolutely. When I first, little confession here, the first ten years I was a therapist I was a pretty bad copy of Dr. Lowen. I was able to stay in the room with my patient in large measure because I distracted myself from my anxiety about being close and intimate, an intimate space by thinking about the character structure of the person, I kept myself busy with some sort of clinical model in my head. As I have grown into the work or settled into it or found my way I actually discovered that I enjoy making contact with people in a very immediate way. Its healing for me, and I think its healing for them, but I did keep people busy with exercises and the patient would leave the room and I often would go, I would hit myself on the forehead as I said oh my god, why didn't I pay attention, why wasn't I with them, what was right between us? What was I thinking about? So I learned to take my forebrain a little bit and put it into the background, let my limbic system do a bit more of the work. I wanted however, to move a little bit to this other issue of, I hope you can feel from what I've said I am very enthusiastic about my work and I agree with Dr.'s Lowen and Pierrakos that bioenergetics is a powerful modality a wonderful way of working, but my emphasis on the actual therapeutic relationship is such that I want to suggest that if I were willing to make the life choices, in terms of the amount of money I earn to support myself and my family, and earn less money, and see a number of my patients instead of once or twice a week three or four times a week, that I think there are outcomes that I might have that I don't have now. And a number of people that I work with over the years I wasn't able to be there through the dark night of the soul so to speak. When I read some excellent case histories, some of the good books that are out or presentations, the presenter will be presenting a case with a four or five times a week session. They see the person many times a week. And it's taken for granted, they don't put a footnote saying the patient was very wealthy or I saw this patient at a very reduced fee out of my generosity or because I knew I would write them up in the book and it would be a great case. So I find there is a certain, I don't know, it's almost a duplicity. How many people can you see four or five times a week, if you are earning your livelihood from it? And I am thinking of a man specifically, one of a number of people.

S P: I want to just restate this because it's a practical point but it's also, what you're saying is that yes, we do good work with the one time a week type of thing, but it has limitations. That it's a little bit like the debate for raising children about quality time versus time per say. You can't just raise

children with quality time; you also need a certain amount of time spent with them. You're saying there's a very real limitation of the therapy for many people, not having enough time with them.

R L: Yeah I mean don't have the scientific empirical experiment of having some that I do give the time and some that I don't, but I infer partly because of this evolutionary biology argument that explains that we grew up for thousands of years, we operated before we became a society. In the hunter and gatherer phase, we were in groups and helped each other. It was not just a dyadic experience. You were part of a kinship, part of a clan. There was a sense of cultural continuity and belonging that in our urban society now many of us have lost. And we are the medicine men and women, the gurus as the therapist. I'm thinking for instance of a man, I found him to be a good person, an attractive human being. I worked with him for three or four years, but I never worked with him much, occasionally we may have seen each other twice a week, but it was mostly once a week. He went through pretty awful emotional trauma in his family of origin. He felt identified with the Nazi concentration camp victims; a simple mini vignette captures something what his life was about. When he was 9 years old or so, his mother inadvertently backed over the dog, his dog...he had two siblings their dog...but he felt it was particularly his dog, and killed the dog. When you hear the story its sort of stunning or chilling, when he got home his father had thrown the body, the dog's body on sort of a garbage heap, and he does not remember ever having been apologized to, or in any kind of reasonable way taken into consideration as for the...so there was a grotesque experience. He had made a resolve that the only revenge that he could take, and he used that word, was to not have a life.

S P: Wow.

R L: So the forces that were operating against me in being able to help him change much were powerful. His stated reason for wanting to be in therapy was that he was not able to be in a sustained, satisfying relationship with a woman. He was sort of an attractive, athletic man, he could start relationships, but he had such a false self adaptation that every minute into the relationship he was building resentments and the woman wasn't really getting to know who she was in the relationship with. There were a lot of dynamics there. But on one or two occasions with me, I'm going to give you an example of this sense that he was not going to forget what had happened to himself or his two siblings, in the sense that Ellie Wiesel used to tell people: we cannot forget what happened to those who perished and who they were and what happened. In that sense, this man was kind of a totem, a living memorial to the broken selves of himself and his siblings. There's was a movie called *My Life as a Dog*, that he would cite as...I knew what he was talking about after a while...which is a little boy who was betrayed and goes through some trauma. By the end of the movie you see a little smile coming over the little boy's face and you understand that he's going to move towards forgiveness. When my patient would see that movie, and I think he saw it repetitively, he would feel dismayed and feel "ugh" this guy he's been holding up the torch to honor the ...to keep some sense of dignity and to honor what the trauma and tragedy was and now he's forgiving...

S P: He's betraying in a sense.

R L: Yeah. He used to say to me this man: If I open up to this immense grief, will you be there in the middle of the night? Or if I open up this immense rage, I can't imagine coming into this office and what would happen to our relationship and I particularly feel I would destroy my relationship with my siblings. He was very self-effacing and he had a house and he never had his own schedule in his

house because he was always deferring to when these two siblings would like to come. He never had a weekend for himself so to speak. There was a profound protection going on. The last piece of that story: he was an elite athlete and his brother even more so. He came in once and read from a book that his brother had written, he was completely choked up, he had to make his way through these broken sentences, and I was pretty choked up myself as he described the way he had run, side-by-side with his brother through a critical five or ten miles of what was a marathon that the brother actually won. When I felt there was a bond in the real world between these two men, these two spirits that therapy knew very little about, and that's kind of what I am talking about, that there are times where we need more than we can be. We need to help people find the equivalent of what this man found with his brother, except that that was a system that did not allow the deeper surrender and forgiveness that would have allowed him to have a more intimate life in his own right, as opposed to this special thing that was preserved. So when I think about...I don't know if you have a comment...

S P: What I'm hearing is something of such depth that you really feel a strong sense that seeing him once a week there is a very real limit to what you can do. In a way, as you are describing this, not just the personal trauma, the intensity of it, probably the intergenerational component that added to it, what I am hearing is not at all a lack of faith in the power of the dyadic work or the power of your work, but actually a strong faith in it of saying it's good but you simply need more of it.

R L: An existential reality, right. You remember the earlier vignette where I touched the man on his chest, made contact on a heart level. I did that, when I read over the chart of this man, I was startled by how many deep encounters we had by the time he sobbed in my arms and when I also was in his near space and there was a deep mutual gaze. I was probably touching him somewhere over his heart, literally, and he quietly whispered to me, he said: I'm saying to myself this man is really with me. So it's not that this relationship was devoid of some powerful moments, but the forces that were aligned to keep this man living this somewhat nomadic life where he could not really have a life were very strong. I just wanted to add that element there was a lot of good and contact-full work that went on, but it needed to happen three times as often as far as I can tell. So you can encourage your patients to join a chorus and sing with a hundred voices and feel that they are part of a human resonance and try to find a way out of the depth of that isolation or towards more of a sense of community, to do things in groups. People join a karate group and they find it helps them to experience their body in relationship to other people and they are deeply connected in the kind of new family they have found. I don't think it completely solves the problem I am talking about.

S P: No, no, but it feels very powerful to put it in this way. The fact that people can need much more time is not that therapy itself doesn't work, or that you're a bad therapist, but it's really a part that they actually need more and you point out that they need more doesn't mean that you have to give it to them at no cost. But you are actually at that moment faced with a very real existential challenge of what you do, facing the limitations of what you do, and I'm very grateful that you bring this question to share with the people who are listening to this series.

R L: Thank you Serge.

 This conversation was transcribed by Michael R. Klein.

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