

SELF, BOUNDARIES AND CONTAINMENT: AN INTEGRATIVE BODY PSYCHOTHERAPY VIEWPOINT

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Introducing IBP

Integrative Body Psychotherapy (IBP) is a developmental model of body psychotherapy. By this we mean that we see relatedness to self and others as the main goal of therapy and of life. We call this model "Relational Autonomy". We value the natural human state of connectedness to others equally with the ability to have boundaries, a separate sense of self and to be the center of one's own initiative.

I and other IBP practitioners work with the attainment of this mutual state of being - relatedness and autonomy - through somatic experience and body awareness. Bonding and separation are not seen as stages of development with individuation/separation as the goal. This model follows a male trajectory of development and doesn't honor the need and longing for connection to others and to the universe. We see these needs as ongoing throughout life and not a stage to be grown out of. We feel that relationship and autonomy are developmental themes rather than stages and exist in a state of homeostatic balance.

My particular method and style of practicing IBP stresses awareness primarily as the most basic tool of change. I work body to mind, honoring the client's EXPERIENCE in the moment of the therapy session. I have described my work as tracking (following) the client's awareness of his/her connection or lack of connection to his/her own energetic flow of aliveness in the body. My goal is to work toward expansion of the client's ability to stay connected to greater flows of energy and well being in the body. However, the work has no stated goal, except greater awareness. I trust that awareness of "what is" allows for opportunity for greater choice (Paradoxical Theory of Change-Arnold Beiser, M.D.).

History of IBP

The developers of IBP realized that in order to experience a complete and integrated model of psychotherapy which treated the whole person, they had to go to at least three therapists simultaneously; A psychoanalyst for insight into the past and to work on the transference relationship, a Reichian therapist to address and release the muscular armoring, and a Gestalt therapist to follow the process and integrate the various aspects. Each alone was not complete. IBP was created to address these aspects of a person in one therapeutic process. IBP is a combination of methodologies, not theories, into a implementation of a system of psychotherapy.

I met Jack Rosenberg and was in his first training group in Los Angeles in 1976. We collaborated to organize, systematize and articulate the work we were doing. The work loosely consisted of Gestalt Therapy, Reichian Therapy, Yoga, Object Relations therapy and Transpersonal therapy. We called this work Integrative Body Psychotherapy. We developed a training manual and after 6 years, in 1982, we opened our first training Institute in Los Angeles of which I was Executive Director from 1982 until 1994, when I became Director of International IBP Institutes.

In 1985, we co-authored and published *Body, Self and Soul, Sustaining Integration*. In 1980, I received my Ph.D. degree, writing my dissertation on IBP. From 1980-1987, I studied and received supervision in Self Psychology on a post-doctoral level.

In 1985, 1986 and 1987, I studied shamanism on-site in Peru and Brazil with several noted South American healers. This study led to a comparison of Western Body Therapy Energetic Methods to Native American healing methods.

IBP Basic Assumptions¹

1. Body, mind, and spirit cannot be separated and must be worked with simultaneously.

Correlate: Nutrition and exercise affect emotional as well as physical stability and are an essential part of the therapeutic process.

2. Access to the emotions is in the body.

Correlate: Breathing intensifies the experience of emotional and muscular patterns.

3. Character structure is in the body; fixed muscular patterns, emotional responses, and belief system are held in the body.

Correlate: When these patterns are released, early experiences are re-lived.

4. It is possible to interrupt and change these patterns.

5. Our view of time is circular and non-linear; early experiences are repeated ("primary scenario").

Correlate 1: The presenting problem is a symptom which can be relieved but cannot be resolved in the current situation without directly addressing the primary scenario.

Correlate 2: There is a compulsion to repeat early experiences (primary scenario) in the present.

¹ Rosenberg, Jack, Rand, Marjorie, and Asay, Diane, Body, Self and Soul:Sustain Sustaining Integration, Humanics, Atlanta, GA 1985. (Available in German and French)

Correlate 3: The primary scenario cannot be eliminated, but obsolete responses to it can be extinguished and new responses can be chosen.

6. The therapeutic relationship is healing.

Correlate: Through relationship with the therapist (transference), an individual is able to recreate the early scene and release obsolete behavior patterns (detach from the primary scenario).

7. The sense of Self is a non-verbal experience of well-being, identity, and continuity and is felt in the body.

8. The body is an energy constellation.

Correlate 1: There is an energy field which extends beyond the body.

Correlate 2: It is possible to influence this energy field.

9. Blocked energy creates disease.

Correlate: Healing occurs through a correction of energy imbalance and a return to the natural flow of energy in the body.

10. A focus on sexuality is essential to this therapeutic process.

11. Enlightenment is a neurophysiological event.

Correlate: There is no place to go; the here and now is experienced in the body.

12. Catharsis alone is not curative.

Correlate: Containment allows choice. The body expands to contain more energy instead of discharging it.

Boundaries

The goal of IBP is to sustain our awareness of and connection to this experience of energy which flows through us and which we call Self. IBP therapy contacts and expands this energetic Self through establishment and awareness of boundaries². The IBP therapist always does boundary work

² Rosenberg, Jack, Rand, Marjorie, and Asay, Diane, Body, Self and Soul:Sustain Sustaining Integration, Humanics, Atlanta, GA 1985. (Available in German and French)

in therapy sessions, and as part of the therapeutic relationship and, we also teach clients how to utilize boundaries in the world.

The defensive layers rigidify through repetitions of the initial injury and become chronic, structural and fixed in nature. The person soon comes to identify with these defensive structures as the Self. This has been referred to as the "false self"³. The false self is presented to the world, and the true (energetic) Self recedes from awareness, often for the rest of an individual's life.

Without boundaries we cannot live in our bodies in the here and now. Without boundaries there is no Self. If there is no Self there can be no relationship. This is paradoxical and can be confusing, since we are taught to believe that relationship is a state of merger and loss of Self in the other. The truth is that it is only by having boundaries that one can establish a mature relationship to another; a relationship where both people can be uniquely themselves and be intimately related to each other without loss of Self.

The Self is an experience which is more or less fragmented (split-off and unbounded) or cohesive (contained) at any given moment. We are more or less connected to this energetic experience, depending on the situation, our defensive style (past history of relationships), our degree of presence, groundedness and body awareness. Awareness in and of itself is curative⁴, and gives us choice.

Presence, in IBP means awareness, groundedness in the body and consciousness. Without presence there can be no contact with self or other. While energetic presence can be sensed in the energy field, it is most clearly seen in the eyes. When the eyes are open and clear, energy exchange can occur with the environment and with others.

In IBP, boundaries define the Self. The Self, as we define it, is a sense of well-being, identity and continuity which is experienced IN THE BODY⁵. Boundaries are primarily an energy field, which is an extension of the body. If we can become aware of, feel and expand into this boundary, we can have autonomy, relatedness and most of all, CHOICE. If we do not have adequate boundaries as we grow, we construct defenses as a substitute. Boundaries are always centered in present experience; defenses are rooted in the past. Boundaries are not only energetic in nature, but are also physical, concrete, verbal, emotional and spatial. Most important, they are flexible, while defenses are rigid.

Boundaries allow the body to expand while defenses promote rigidity and cut off experience. Boundaries are both intra-psychic and interpersonal. The internal dimension of a boundary enables a person to be grounded, energetically present and responsive. Boundaries create our existence!

³ Winnicott, D.W. (1965) The Maturation Processes and the Facilitating Environment. New York: Int. Univ. Press. Chapter 12 (False Self) 1960

⁴ Perls, F. S., Hefferline, Ralph, and Goodman, Paul. Gestalt Therapy. New York: Julian Press, 1951.

⁵ Rosenberg, Jack, Rand, Marjorie, and Asay, Diane, Body, Self and Soul:Sustain Sustaining Integration, Humanics, Atlanta, GA 1985. (Available in German and French)

Without boundaries, there is no individual existence, and therefore no relationship. Oneness, merger, symbiosis are not a relationship, but a loss of separateness, individuality and Self. A relationship implies two people. Often we consider a unboundaried relationship close and intimate, when in fact there is only one Self present in this relationship, the other having given itself up, because of fear of abandonment. This pattern of merging can begin with infancy and continue throughout life.

Rigid boundaries (defenses), on the other hand, prevent true intimacy. Issues of closeness are dealt with by creating a wall of distance and cutting off of feelings of longing for closeness because of invasion anxiety. Healthy boundaries allow two people to be in contact, connected and yet separate, each with her own thoughts and feelings. This healthy boundaries style is modeled in the therapist/client relationship in IBP. The importance of this in terms of transference and counter transference issues in therapy cannot be overestimated.

Since most infant/parent relationships are fraught with either abandonment or inundation injuries, these boundary disturbances are found to a great degree in everyone. Very often both can exist at the same time. For instance a parent who is not energetically present and in contact with her infant may incorrectly assess the infant distress signal and feed the infant when the infant is not hungry. This creates a true double bind. The infant's defensive solution to the injury of simultaneous abandonment and inundation, psychological or physical, is to split off consciousness from the body. Establishing boundaries that are appropriate for each individual, taking into account defensive processes and injuries to the developing self, will allow the person to be available for the therapeutic relationship and healing process to take place. Continued attention to ever-changing boundary issues in both the therapist and client during the therapeutic process will allow this.

Development Of The Self

The Self cannot exist except in a relationship since it is in a relationship that the Self is developed. It is in the body that we truly sense and experience our Selves. Without body awareness ("inside" as opposed to "insight"), we cannot establish deep connections to others.

The Self of which we speak is more than cognitive, more than physical, more than emotional. It is the sum total of all our aspects, and more. It exists at the core of our experience.

When we are conceived the energy of the Self becomes embodied, but even before we are born, traumas and injuries to the development of the self can occur. These may be abortion attempts, ambivalence about the pregnancy, death or divorce in the family, or difficulties in the parental relationship. It could also be physical health problems, such as nutrition, drugs, or illnesses.

We call these injuries or traumas to the developing sense of self. This can occur as early as conception through the first three years of life. As a response to these assaults a layer of defense is built over the injury. We see these defenses as processes or styles of relating which exist to protect the developing Self from further injury. In the helpless stages of intrauterine development and infancy, defensive reactions are truly survival oriented. The problem is that the defensive styles are developed so

early (even before birth), that the true essential Self gets buried very deeply and soon is cut off from awareness.

This happens so early that it is a non-verbal, pre-intellectual, event, that can be recovered no other way than through the body. Reich stated that "Remembrances, must be accompanied by appropriate affect"⁶. He knew that the early traumatic experiences were held in the "muscular armoring" of the body and couldn't be reached by talking alone.

Containment

IBP goes beyond Reich and most cathartic body therapies. Our goal is not to release the repressed trauma held in the body, but to connect to the energetic core of Self. Boundaries are both the goal and vehicle for doing this. We believe staying with a feeling, sensation, or emotion, without attempting to decrease or increase it, but simply watching it's natural flow will increase awareness and clarity. We release the holding patterns in order to open the body so it can expand and contain more aliveness, not to discharge feelings.

The IBP energetic model of containment is much like Tantric Yoga. In Tantric Yoga, sexual energy is heightened through breathing and exchanged through genital and eye contact. The goal is to raise the level of energy to spiritual consciousness, not discharge it through orgasm (ejaculation). The holding patterns in the body are opened, not to release energy but to expand the container (body) so the system can tolerate more energy (life-force, Self). Releases of holding patterns in the body and breathing techniques serve to spread energy and circulate it throughout the system rather than discharging it through emotional catharsis. The more aliveness the person can contain in her body, the more the person can deepen and support the experience of Self.

Containment Model

⁶ Reich, Wilhelm. Character Analysis. New York: Farrar, Straus & Giroux, 1949, 1961.

If we substitute the flexibility of boundaries for the rigidity of defenses we have the way and means for both protecting and revealing the injured self beneath. This is done without confronting, attacking or otherwise removing or taking defenses away from a person. Boundaries are introduced in the very first session and over time (often even in the first session), they take the place of defenses. The body and energy field expand and we as therapists, are thus allowed to touch the true essence of a person in a non-invasive, safe, supportive way, very quickly.

When this experience is repeated over time within the context of the therapeutic relationship, deep early injuries are no longer feared, and are faced and re-lived with a connection to internal self support. Defenses then open by choice, and are no longer necessary when they have been replaced by boundaries which protect the Self and care for it appropriately in the present circumstances.

Cathartic Model

Conversely, a cathartic model of body therapy would see the underlying repressed pain and its release as the goal of therapy. Consequently defenses are confronted either verbally or physically to get at the feelings underneath. Many body therapists believe it is necessary to directly release the chronically tense holding patterns of the body by deep massage. This may work initially, but because it is being done to the client from the outside, the patterns usually return even stronger than before. This very powerful and effective model is out dated, since its invasive techniques often repeat the injury which caused the defensive holding pattern in the first place.

There is initial relief when feelings are released, but often the holding pattern in the body returns, much like scar tissue over a wound. Repeated discharges in this manner actually strengthen muscular armoring and make it tighter. Worse, the core Self doesn't seem to be reached and remains buried and estranged from the client and the therapist. Energy is discharged out of the system in a dramatic catharsis, rather than contained within the system and transformed into self-experience.

Boundaries in the Therapeutic Process

When a client enters the room, we notice her body attitudes, energetic presence, position she takes in the room and her quality of contact with the therapist. Given this information, we work with awareness of the client's experience of his/her body and making boundary issues conscious. For example, we may work with the distance or closeness between us, with eye contact, tension or relaxation in the body, breathing and the connection to early relationships issues.

The therapist often helps the client set proper boundaries, through experimentation and body awareness, thus teaching the client how to learn to do this for themselves. We also convey parenting messages through the setting of our own boundaries, providing a container for the therapeutic relationship.

Here is a transcript of boundary work with a new client at the beginning of a session:

T: How do you feel about working with me?

C: I feel nervous.

T: What do you feel in your body and where do you feel it?

C: My stomach is tight, my heart is beating, I'm not breathing and my hands are sweating.

T: Notice where you are sitting in relation to me - how does that feel? (Client is sitting about 3 feet away).

C: It feels OK.

T: Would you be willing to experiment with moving a little further away? (Client looks worried.)

T: What just happened?

C: I felt rejected.

T: What did you feel in your body?

C: I feel sad.

T: Where did you feel that?

C: In my chest, throat and eyes - like crying coming up, but I stopped it.

T: So you are anxious when you are close, and sad if you move away.

C: Yes, I guess.

T: Would you try moving a few inches back and see what happens?

C: OK. (Moves, looks at therapists, takes a breath).

T: I noticed you took a breath. What did you feel in your body when you moved?

C: I'm calmer.

T: Where do you feel that?

C: My shoulders and stomach are more relaxed.

T: Look at me - what do you feel in your body?

C: I can see you better.

T: So when you move just a little further away, you are less tight and scared and our contact is better.

C: Yes.(Breathes, again.)

T: It seems like you have an idea that being close means you will feel connected, but our connection is actually better when we are a little further away. Is that true?

C: Yes, it's amazing - I'm tingling in my chest and arms now.

T: You're becoming more alive as you become more relaxed. Would you be willing to draw a circle around yourself on the floor?

C: (Becomes tense again. Draws circle very close to body.)

T: What happened? What do you feel in your body?

C: I got scared again, I didn't want to do it.

T: What is the fear?

C: That you won't be there.

T: If you have your own space, you're afraid you'll be alone.
You're afraid I'll abandon you.

C: I guess so.

T: Where do you feel that?

C: Sadness again in my chest and throat - my throat is tight.

T: Would you please be willing to do another experiment?

C: OK.

T: Erase your circle and without moving, make it a bigger circle.

C: OK. (Draws bigger circle, breathes).

T: I notice you took a breath.

C: Yes, I relaxed again.

T: When you have more space, you are more relaxed.

C: Yes.

T: Do you see me and hear me.

C: (Looks at therapist.) Yes.

T: If you have a boundary and enough breathing room for
yourself, I won't go away. I won't leave you.

C: (Cries.)

T: What's happening?

C: No one ever said that to me before.

T: So you couldn't have a separate self in your family because
you would be abandoned.

C: (Crying.) Yes, that must have been true.

T: What do you feel in your body?

C: My chest and throat are more open, I can breathe and I can see you better.

T: Now I'm going to draw a circle around myself. (Draws a circle about arm's length.) This circle means that I will be here for you. I will not abandon you. I will not cross your boundary without asking your permission.

C: (Breathes, cries.)

T: What are you feeling?

C: Grateful.

T: Where do you feel that?

C: In my heart - I feel open and safe. I trust you.

T: When we both have boundaries, we are closer and more trusting and have better contact.

Here is a group boundary exercise we use in IBP workshops:

Sit on the floor across from another person. Notice what the contact between you feels like in your body. Now take a piece of chalk and draw a circle around yourself to represent your boundary; notice how large or how small you've drawn. Does it feel like right size in your body? Make a boundary statement to the other person, something like, "This is my space. Please stay out of it unless I invite you in." What happens in your body as you say this? Notice that you now have a boundary and the other person doesn't. How does that feel? Now have him or her draw a circle and make a boundary statement. What do you feel in your body? Is our experience of the contact between you the same as it was before the circles, or different? Are your boundaries distant, touching, overlapping? Who decides what space each of you gets? For most people, having a boundary not only makes them feel more secure, it actually enhances the contact. The other person is experienced as a separate individual with whom one can connect without needing to fuse. It's as though "I know where I am, and I know where you are." For some people, usually those who have a fairly high level of abandonment fear, making the circles is scary; it brings up the fear of being isolated. Others only feel secure when they have drawn two or three circles around themselves, and delivered their boundary statements in a threatening tone: these are usually people with a fear of being engulfed by others. In any case, this simple exercise can be very revealing and diagnostic.

In IBP the concept of Self is holographic; it includes body, mind, emotions and spirit. Within the concept and experience of boundaries we find relationship, separateness, containment, groundedness, presence and awareness.

The factors necessary for therapy are:

The therapeutic alliance - A trusting, boundaried and safe relationship between therapist and client.

Presence - The ability of the therapist and the client to make energetic contact and to be grounded in their bodies.

Empathy - A way of listening, understanding and conveying that understanding, interpersonally and intrapsychically.

Self-Regulation - The clients process of opening to herself

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She is co-author with Dr. Jack Rosenberg of Body, Self, and Soul: Sustaining Integration. She teaches and supervises therapists in the U.S., Canada and Europe. Her main influences have been Sensory Awareness, Gestalt Therapy, Movement Therapy, Neo-Reichian Therapy, Object Relations and Self-Psychology. She has studied Pre and Peri Natal Psychotherapy with William Emerson, Ph.D. since 1990. She has studied Zen and meditation for many years and it is the integration of these studies that has brought about her unique way of practicing IBP.