called the "orgasm reflex," it isn't a true orgasm but something that can occur when the breathing is completely free and a person surrenders to the energy or the charge in his body.

The ability to be flexible enough to expand muscularly and to sustain one's charge is called *containment*. To go back to the balloon analogy, imagine a balloon with a tiny hole in it. It can be blown up, but it won't stay that way because the pressure is released in a thin stream from the pinhole. Some people release the charge the same way, letting it dissipate before it's even fully built up. Containment is an important ability to develop in this early stage of the work because maintaining a sense of well-being is necessary to facilitate and sustain the therapeutic relationship.

Emotional interruptions may occur in Phase II when a client is flooded with the emotions triggered by the release of old, fixed patterns. It is important to stay with the emotion until it subsides, allowing it full expression without cutting it off prematurely.

The physical and emotional interruptions are different expressions of the same inability to tolerate the excitement and pleasure of the charge. We discuss them separately to aid in recognition, but they may occur simultaneously and for the same purpose.

As the client begins to develop the capacity to tolerate higher levels of excitation and oxygenation through deeper breathing, the tingling of the charge tends to diminish, leaving only a charge of energy. This is a feeling of excitement and pleasure, a sense of vitality not unlike the feeling that follows an orgasm. The pleasure is in a profound sense of Self and well-being, and this can support a more intensified exploration of emotions. When a client has this sense of well-being deep within his body, he can begin to grow, to move forward both in therapy and in his life. Without this, he won't be able to sustain the changes he makes.

[1] Wilhelm Reich, *Character Analysis* (New York: Farrar, Straus & Giroux, Inc., 1949, 1961).
[2] Reich, *Character Analysis*.
[3] Hans Selye, *The Stress of Life* (New York: McGraw-Hill, 1956).

Chapter 5
Looking at the Body

Energy flows in the body from head to feet and feet to head. When that energy flow is blocked by fixed muscular patterns, it is called armoring. Muscular armoring runs laterally across the body and divides the body into segments. Each of the segments represents areas of the body where blockages of energy can occur.

The Segments

Reich organized the body into seven lateral segments as follows:

1. Ocular (eyes, brows, and forehead)
2. Oral (mouth and chin)
3. Cervical (neck, throat, and upper shoulders)
4. Thoracic (chest and back)
5. Diaphragmatic (lower chest and diaphragm)
6. Abdominal
7. Pelvic

In addition to Reich's seven segments, we divide the ocular, oral, and part of the cervical segments into four bands (see Figure 8).

It is interesting to note that in Hindu and other mystical traditions, the body is seen as seven energy centers, which correspond to these segments. We will discuss the possible implications of these similarities in the Transpersonal chapter.

All these segments are connected with varying degrees of interdependence. In a chronic state, armoring usually involves more

than one adjacent segment. Therefore, even though we work with the segments separately, we keep in mind the whole body concept. As the armor in each segment is softened we work with associated and adjacent segments to maintain the openness and to prevent the armor from reforming.

Figure 17
Segments

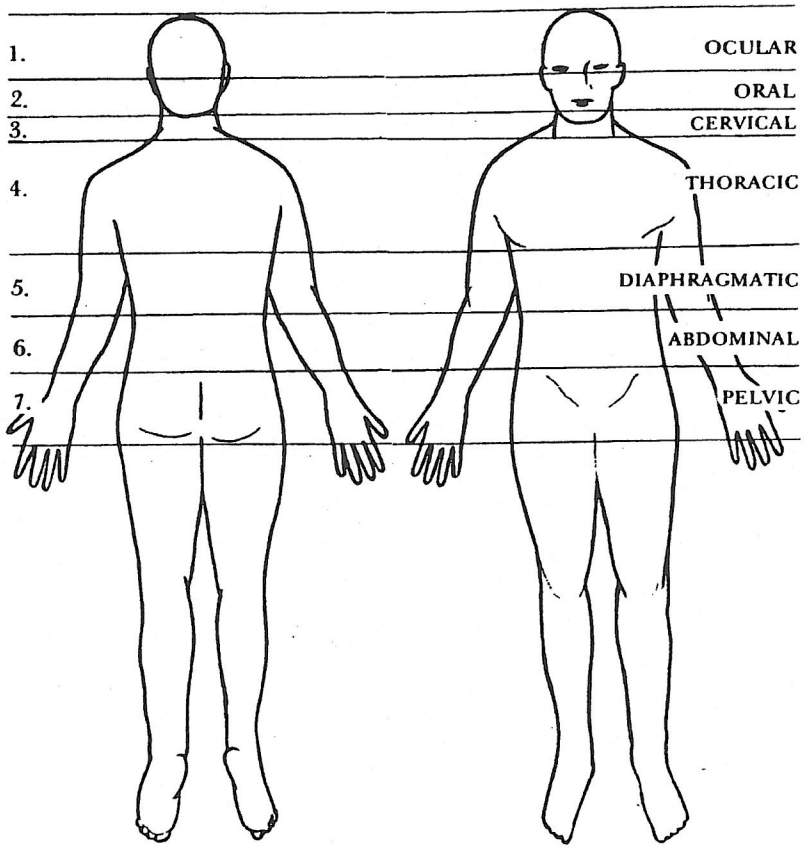
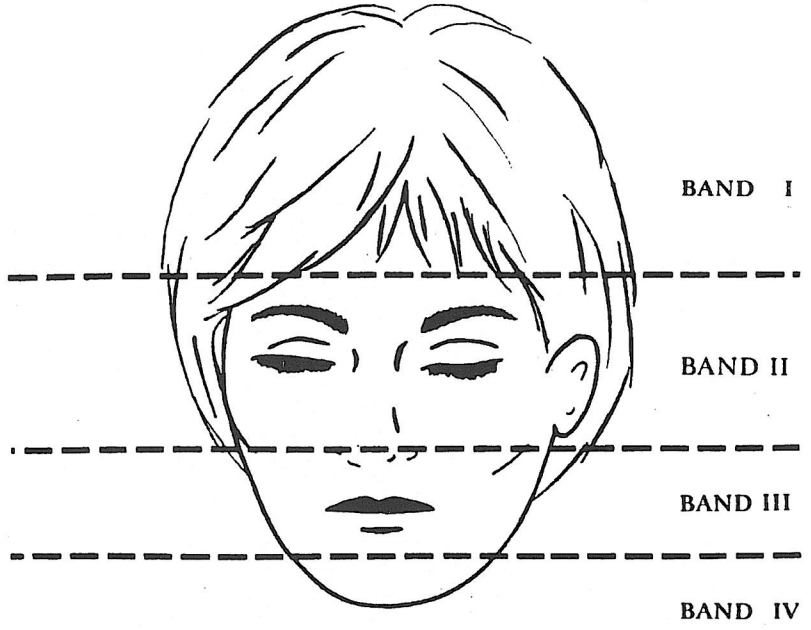


Figure 18
Bands



In Reichian therapy, the general rule is to follow the segments sequentially from top to bottom. We follow a different sequence because the Reichian system seems too rigid, too contrary to the natural emergence of the client's repressed material. Instead, because contact is such an important issue in IBP, we begin each session by focusing on the ocular segment. Then we focus on the chest to facilitate breathing and to promote the sense of Self and well-being associated with this area (the heart). Opening these two areas is all that is needed for the client to be a full participant in the therapeutic process and to foster the therapeutic alliance.

We are very cautious in approaching the pelvic segment since such

powerful emotions are held there that any premature opening may intensify resistance to the therapy. (In chapter 8 we will discuss particular ways of working with sexuality.) What we are talking about, in essence, is the Gestalt theory of Organismic Self-Regulation. This means that the repressed material will emerge in a natural way and that the unfinished Gestalten, or situations, which are closest to the surface will be expressed first. By following and trusting the natural rhythm of the organism, we guard against moving too deeply and too quickly into the defended painful experiences, thereby respecting the defensive boundary of the client.

As we discuss the segments, it is important to remember that the person is an organismic whole. For purposes of explanation we present the segments separately, but it is the relationship of the segments to each other and to the whole body that gives us the clues to each person's unique character.

Release Techniques

There are a number of ways of working with the armor in each segment: verbal/cognitive, muscular, energetic, and stress movements, and subtle energy level (Kundalini). All of these approaches may be used at one time or another.

Verbal/Cognitive

Any therapy that directly involves the body leaves the client extremely vulnerable. Approaching the client on a verbal level is the least invasive method and leaves his defenses most intact. Therapy begins at this verbal level to establish contact and rapport. The therapist's empathic responses and acknowledgment of the client's pain can help him release his feelings. Only with this contact is it possible to address the body.

Muscular

Muscular release techniques are the most invasive and should be used only with certain character structures and when chronic armor resists other methods. When we discuss the muscular approach, we mean direct manipulation of the muscles through deep massage. There are five different ways of releasing tension in a muscle: stretch, press, massage, vibrate (shake), and stress (fatigue).

Energetic

Another way of releasing the body is the energetic approach,

which is similar to the Oriental practice of acupressure. According to this system, energy moves along pathways called meridians and can be influenced by finger pressure applied to specific points along these pathways. Our approach differs from formal acupressure in that we do not follow the meridian system of stimulating the specific points related to various organs. Our method is similar to the Tantric system: we are concerned with moving energy *through* the body. The energetic pressure points that we use are usually relative to each specific segment in which we want to release blocked energy. Once a person has developed a charge through breathing, we can then move energy through blocked muscles by stimulating relevant pressure points (Figure 19), thereby allowing the charge to distribute evenly through the body. We use this method more often than the muscular or stress/movement approaches.

Stress/Movement

The stress/movement approach refers to positions and movements used to induce muscle fatigue in specific segments in order to release blockages and the underlying emotions. These positions and movements (see IBP Release Techniques, Chart A, Appendix) push the muscles at a maximum stress so they will tire enough to release their chronic holding patterns. We use this approach with chronic, long-term holding that doesn't respond to gentler methods.

The major problem we see with this method is that it releases large amounts of emotional energy too fast, so that the repressed material associated with the holding cannot be dealt with in a subtle way. This approach can be overwhelming to the client, as opposed to the slower, more subtle approaches.

The Subtle Energy Level

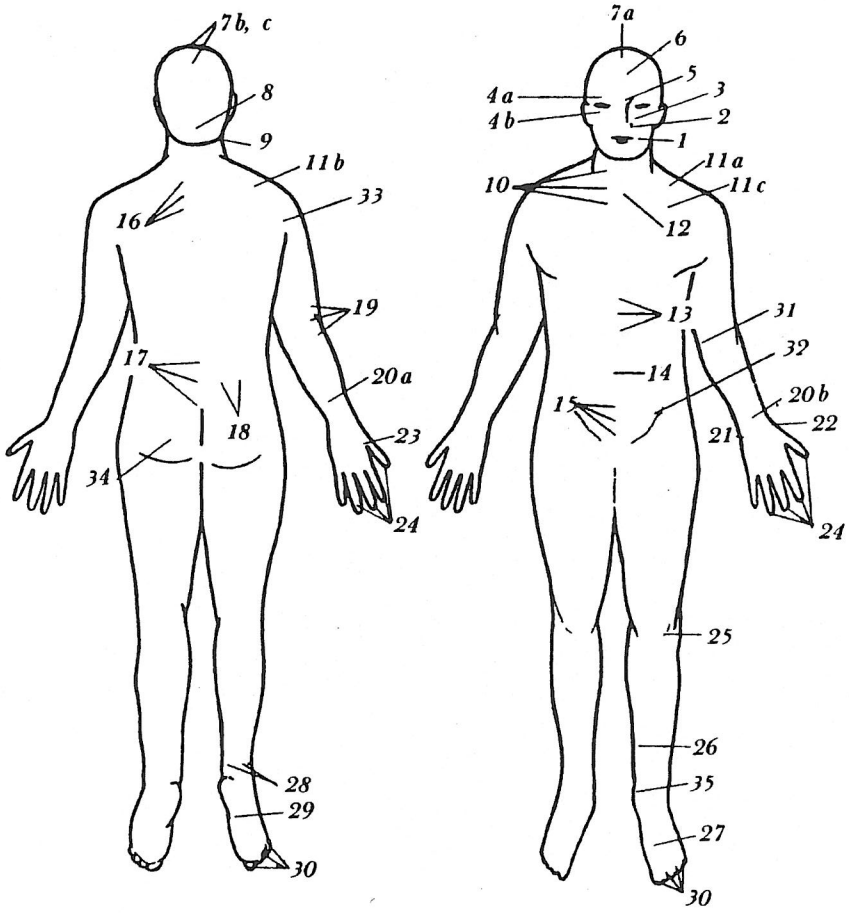
The subtle energy level is defined by the building of Kundalini energy which is often experienced as heat in the body, usually along the back. The energy field around the body expands dramatically as well. This type of energy release is usually spontaneous, and if it occurs, it will be after most body blockages have been dissolved. We discuss it at more length in chapter 9.

The Face

The face is a particularly important segment because it shows the most direct affect. Tomkins' views the face as a primary organ of manipulation and explorations. The face (and to a lesser extent the hand) is engaged in a very heavy two-way traffic communication.

Whatever it sends via tongue and facial muscles it also receives as feedback. For example, changes in blood flow to the face which produce changes in the temperature of the face are also received as feedback, most notably in the blush.

Figure 19
Pressure Points



A person's face leads directly to his core; too much manipulation of the face is invasive. We would like to share a piece by Ranier Maria Rilke to help the reader get a feeling for the importance of the face:

> Have I said it before? I am learning to see. Yes, I am beginning. It still goes badly. But I intend to make the most of my time.
>
> To think, for instance, that I have never been aware before how many faces there are. There are quantities of human beings, but there are many more faces, for each person has several. There are people who wear the same face for years; naturally it wears out, it gets dirty, it splits at the folds, it stretches like gloves one has worn on a journey. These are thrifty, simple people; they do not change their face; they never even have it cleaned. It is good enough, they say, and who can prove to them the contrary? The question, of course, arises, since they have several faces, what do they do with the others? They store them up. Their children will wear them. But sometimes, too, it happens that their dogs go out with them on. And why not? A face is a face.
>
> Other people put their faces on, one after the other, with uncanny rapidity, and wear them out. At first it seems to them they are provided for always; but they scarcely reach forth — and they have come to the last. This naturally has something tragic. They are not accustomed to taking care of faces, their last is worn through in a week, has holes, and in many places is thin as paper; and then little by little the under layer, the no-face, comes through, and they go about with that.
>
> But the woman, the woman; she had completely collapsed into herself, forward into her hands. It was at the corner of Rue Notre-Dame-des-Champes. I began to walk softly as soon as I saw her. When poor people are reflecting they should not be disturbed. Perhaps their idea will yet occur to them.
>
> The street was too empty; its emptiness was bored; it caught my step from under my feet and clattered about with it hither and yon, as with a wooden clog. The woman startled and pulled away too quickly out of herself, too violently, so that her face remained in her two hands. I could see it lying in them, its hollow form. It cost me indescribable effort to stay with those hands and not to look at what had torn itself out of them. I shuddered to see a face from the inside, but still I was much more afraid of the naked flayed head without a face.
>
> – *The Notebooks of Malta Laurids Brigge*

We find it useful in IBP to divide the face and head into four bands, which fit into the Reichian ocular, oral, and cervical segments. All affect shows in a person's face, but some emotions show more in one band than in others.

Hand-face gestures are extremely important because they often show affective expression not understood unless seen in combination, such as hand over eyes, hand over mouth, hand to head, etc.

Working with the face is delicate because more efferent nerve fibers lead from the face to the brain than from any other part of the

body, and they can easily be overstimulated. Also, because facial muscles attach directly to the skin with no protective fascia, massaging the face must be done with great care lest muscle fibers be injured. The face is composed of a multitude of very fine muscle fibers making great subleties of movement possible in displaying affect.

Band I: Top of Head and Forehead.

Included in this uppermost section are the entire scalp, temples, and occipital area (see Figure 18). A fascial sheath connects the forehead muscles (frontalis) with the muscle at the back of the head (occipitalis). Thus, the frontalis and occipitalis are one muscle, running across the front and around the top to the back of the head. The therapist must massage the occipital area in order to release the frontalis (forehead). It is very useful for the therapist to observe the forehead since it reveals tension at the back of the head and the base of the skull. Mental states associated with the contraction of the forehead include: wondering, worrying, perplexity, despair, any intense form of thinking, and feelings of suffocation.

Another muscle connected to this area is the temporal muscle or temporalis. This muscle fans up alongside the head connecting the temple and the jaw, and is one of the five muscles that closes the jaw. It is possible to keep this muscle contracted even when the jaw is relaxed. Not surprisingly, anger is often associated with the release of the temporalis. To relieve temporal headaches, massage the temporalis horizontally above the temporal ridge.

The release of Band 1 allows the client to move energy into Band 2 (the eyes) for contact and expression. At this point in the therapy, our main interest is in helping the client to make contact with us, for it is of no use to do therapy with a person who isn't present. While the release of energy in the top of the head provides relief of headaches in this area, the treatment of psychosomatic disorders is not our focus. Releasing Band 1 often releases pent up emotions held in this area, which can result in a client "blowing his top." This is of value only if the client can make contact with the therapist as the venting occurs.

Other noninvasive ways of releasing the head include deep relaxation and sensory awareness. These techniques work especially well for migraine, since they relax constriction. Sensory awareness work allows the person to create a sense of space inside his head. Most people come in feeling as though their heads were stuffed with thoughts and emotions. Just creating some space in that area seems to provide relief, and it is a technique that people can learn to do for themselves whenever they feel pressure building up in their heads.

Band II: Eyes; Ocular Segment

The eyes are probably the most exciting place to work because this is where the sense of aliveness, soul, and being shine through. Even before a client is able to cry, or to smile fully, we can make some contact with the person that we're seeking in his eyes. There are two levels of working with the eyes. First, contact: a softening of the intrinsic muscles of the eyes to allow the person to see you. Second, expression: allowing the aliveness to come through.

There are two levels of ocular blocking. One is superficial, and the other is deeper. Blockage of the intrinsic muscles will cause a deadness of the eyes. In this case there is no expression or affect coming through — it is as if no one is there. A glazed look in the eye is more superficial, and when removed, the deeper level of blockage must be worked with as well. In the deeper block there is "no one home," and this is symptomatic of the split-off personality (see chapter 6).

We agree with Ellsworth Baker, when he says that armoring in this area "consists of a contraction and immobilization of the greater part of all the muscles around the eyes, eyelids, forehead, and tear glands, as well as the deep muscles at the base of the occiput — involving even the brain itself."[2]

The eyes have both expressive and retentive functions. As the window to the soul, the eyes are always expressing, even when they appear blank. The eyes are a very private place, and much emotion is held in them. The predominant emotions manifested or suppressed in the eyes are love, joy, shame, anger, fear, and sadness. Anger is often shown by a wide-open glaring look, or a contracted look, while fear looks similar, but without the glare. With sadness we see misty, red, moist constricted eyes, and with shame we see moist downturned eyes.

At the onset of breathing work, the first area of blockage will be the sphincter muscles of the eyes. Since the eyes are so important, this is one of the first places we work in order to relieve the contraction, and to make contact. We ask the person to look at us, and make sure that he can see us (i.e., to make contact). We ask him to use his eyes: to look around the room and then look back at us.

To work with the eyes we massage the top and back of the head because holding in the eyes often results from stiffness and rigidity in the neck and head, since the ocular band goes all the way around the

head. We also massage the temporal area around the eyes, allowing the Self to be expressed.

According to Reichian theory, if certain emotions have been chronically repressed, protective patterns patterned in the eyes are created and visual defects such as nearsightedness (myopia) and farsightedness (hyperopia) may develop. We believe that myopia is similar to splitting off: keeping others out, withdrawal from contact. Conversely, hyperopia is pushing others away with the eyes. Since much tension is necessary to do this and this tension is released when we begin to work with the eyes, there is often significant improvement in vision with IBP work.

When someone has a fixed stare, we attempt to break this pattern by mobilizing the eyes. We ask the client to limber up the eyes by rolling them up to the top of the head on inhalation, or looking around to the corners of the room without moving his head.

We want to determine which is the client's dominant eye. By looking into the dominant eye, we can contact the individual's intellectual side; by looking into the passive eye, we can more readily contact his emotions. To establish which is the client's dominant eye, we ask him to look through a rolled paper. He will spontaneously look through the dominant eye and close the other eye.

The most obvious place to see that a client is split off (out of contact) is in his eyes. We watch for a change in pupil size to indicate intellectual or emotional activity, which signifies interruptions of the charge, and we ask the client what he is experiencing. If the client has a blank or glassy stare, this indicates splitting off, and the first task is to get the client present. We use Gestalt awareness techniques to ground the client, asking him to look around the room and name the colors of objects, and so on. When a client seems to be withdrawing from contact by not looking at the therapist, we ask him to make this behavior explicit by stating his refusal to make contact or by closing his eyes and actually withdrawing from contact.

No one can stay in continual contact. Actually, true contact is a shuttling back and forth between contact and withdrawal. The withdrawal is to give a person a chance to make "inner" contact. He may need to go inside to check his reactions or find an answer or just to feel. Then he has something to take back to the outer contact. When a person becomes glassy-eyed and stares at the person with whom he's in contact, he is split off behind his eyes. Other people cannot get present at all and are withdrawn. So, when asking people to make contact with us, we allow them to withdraw explicitly, to avoid their splitting off behind their eyes when they can't remain present. When

a person closes his eyes, he is instructed to go inside himself so that the withdrawal is not a splitting off but a conscious moving from outer to inner contact, a definite going towards something rather than a going away from something. Once people are able to make contact, we begin to work with boundaries and other emotional issues: issues of contact and confluence.

The best way of releasing the eyes is through crying, and depending on the client, we almost always encourage this. People who cry very easily may have to learn greater control (containment). Cupping the hands over the eyes is a good way for the person to contact the feelings inside and allow him to choose whether to express them or not. Again, working on the muscles at the back of the neck then will also reduce ocular constriction.

In general, glasses should be removed during body work. The only exception would be if the correction were so strong that the client would not be able to see clearly at close range without them. If he has soft contact lenses, he can leave them in. If he has hard contacts, the situation is the same as with regular glasses. The problem with hard lenses is that if the client becomes tearful, the fluid buildup makes them slide around the eyeball, causing irritation.

There are great subtleties of expression possible in the eyes. Releasing an ocular block will result both in greater freedom of movement of the eyes, and most important, a greater ability to contact and express the emotions within.

Band III: Jaw and Mouth; Oral Segment

Band 3, the mouth, is an extremely important aspect of our whole being. This is the part of the body that has the most and the earliest contact with the world. A baby gets his first nourishment and nurturing from the mother with his mouth. Later he puts everything he can into his mouth to test. The mouth has many functions: expression, aggression, nourishment, respiration, sexuality. The mouth is a very vulnerable area, so it is important to be aware that much emotion can be released when a block here is opened. Some of the expressive functions connected with the mouth are talking, crying, laughing, and smiling. It's also used for biting, spitting, gagging, swallowing, and sucking. Some of the related attitudes are aggression, helplessness, dependency, holding on, and sexual feelings.

It is thus understandable that so many problems are associated with the mouth. In the beginning it is probably advisable to work by

stimulating expression through exaggerated movement of the mouth, rather than massage of the mouth itself, since too much affect can be released when the therapist works directly on a muscular level.

Since the mouth is such an important area, it is necessary to observe whether there is a split between the person's eyes (Band 2) and his mouth (Band 3): is the person smiling, but expressing sadness in the eyes? When beginning to work with expressions of the mouth, we may notice that the eyes start to harden again. This is due to the association between the two bands and is true of any and all adjacent segments. So, it will always be necessary to go back to the eyes, rerelease the ocular block, and make contact again as we work with each segment. In this way we will keep the emotion flowing through the eyes. Since the eyes are the major organ of affect, they will close up most often, so it is important to remember to return to them.

The mouth is also involved with the pelvis and is considered a sexual organ, so the mouth can be used to release the pelvis by sucking and so on. Sucking is an earlier developmental pattern than biting, and is associated with earlier repressed memories than is biting.

The mouth and jaw can also contain repressed anger and rage, due to withheld aggression. According to Perls' theory of dental aggression,[3] the development of teeth causes the interruption of the pleasurable activity of sucking at the mother's breast. The infant must withhold his aggression (biting) in order to receive nourishment. This causes enormous frustration and rage. If a person represses his aggression and is stuck at the earlier stage of sucking, he will tend to "swallow whole" ideas and attitudes without really "chewing" (assimilating) them and making them his own. This aggression is often retroflected (turned back on the individual), as in fingernail-biting. Many people exhibit, as adults, infantile oral patterns such as lip biting and sucking, tongue thrusting, as well as the more obvious activities associated with the mouth, such as overeating, smoking, and alcoholism. In IBP, we see evidence of Perls's theory very clearly as we work with Band 3.

Fixed patterns of the jaw are often associated with the characteristics of holding on and of repressed anger and may have to do with maintaining control. When a person is clenching the jaw, the therapist may suspect the person is repressing expression of this anger.

Circling the mouth is the orbicularis oris. This muscle is attached to a number of smaller muscles, which can be massaged to release

tension in the mouth. These muscles are responsible for movement of the mouth and, in fact, create expression of the mouth. The orbicularis oris is a sphincter, and like other sphincters, it will tend to contract early in the breathing process. Having a client move his mouth (by pursing his lips, extending his lips and tongue, or making any sort of grimace using the mouth) or suck on something are less invasive release techniques for the mouth and are preferable to massage. Certain exercises can be used to stress the holding patterns of the mouth and jaw and cause a release. One such exercise is to ask the client to bite down with the molars on a towel held by the therapist (much like a puppy playing with a towel) and pull against the therapist. When the therapist tells the client to let go suddenly, the client falls back onto a pillow and can experience a sense of release that he may never have experienced before. (Be wary of damaging bridgework or dentures when this exercise is tried.)

Much emotion may be released when the mouth and jaw are freed. It is important to focus this emotion by making sure the client keeps his eyes open and stays in contact with the therapist. Since anger, screaming, and so on may be expressed with the release of this area, it is important to emphasize again that venting the emotion alone is not our goal. We want to remember to focus on the injury that underlies the anger.

To get clients in touch with emotions associated with biting and sucking, we have them use the heel of their hand to either bite or suck on. They can bite fairly hard on this area of the hand without causing pain. The web of the hand can also be used for sucking, and of course the thumb or fingers are always available! Sucking may result either in very pleasurable feelings or in anxiety.

When the mouth is held in a pattern of disgust, we may ask the client to release this by poking his fingers down his throat to stimulate the gag reflex. Gagging will also release the diaphragm.

Band IV: Mouth and Throat

This band contains the supra-hyoid muscles of the floor of the mouth and connects the mouth to the throat. Blockage in this band is formed to resist crying as well as other forms of expression. The floor of the mouth often holds sadness from times when tears have been held back and swallowed. Releasing this area can result in crying and also in expressions of disgust, since the muscles that pull the corners of the mouth down reside in this segment. These muscles can be massaged externally by using several fingers and pressing up into the floor of the mouth under the jaw. Pressure

points at the back of the head and neck also release this segment (#9).

The mentalis is a small muscle on the bottom of the chin. This muscle often controls crying and can be seen to quiver, especially in children when they resist crying.

Cervical Segment (Throat and Neck)

In the throat and neck there are many vital and sensitive structures: the jugular vein, the thyroid and parathyroid glands, the carotid arteries, and the carotid sinus (which regulates blood pressure). It is better to use acupressure and movement with this area than to massage it directly. Muscular release can be done at the back of the neck.

The functions of the throat include: swallowing, speaking, crying, screaming, and so on. There are a number of ways to release the throat: gagging, hanging the head backward over the edge of a bed or pillow, or by protuding the tongue on inhalation. An important diagnostic factor in locating a throat block is to listen carefully to the quality of the breath, especially the exhalation. Notice where the breath is catching (making a rasping sound), and this will show where the throat block is located. Screaming, yelling, coughing, and crying will also release the throat and are valuable if done for release and not just for the sake of venting.

There are a number of deep muscles in the throat and neck segment, but we center our attention on two of them: the trapezius, a very large muscle that runs from the back of the neck across the shoulders to the center of the spine; and the sterno-cleido-mastoid, extending from the mastoid bone (behind the ear) to the sternum and the clavicle. Stretching the trapezius is really the best way to release the neck. Rolling the head from side to side will often also loosen the neck.

The intrinsic muscles of the throat are important because a reciprocal relationship exists between a throat block and a pelvic block. Removal of either of these blocks may intensify blockage in the other area. That is, if the neck loosens, the pelvis tightens, and vice versa. This relationship between the throat and the pelvis will be discussed more fully in the pelvic segment (see p. 134). It is not merely a theoretical relationship, but an anatomical, functional, and energetic one as well, and this relationship can be found as a concept in all body systems.

Thoracic Segment (The Chest)

Besides its function of breathing, the thoracic area is important as the home of the heart, doorway to the sense of Self, well-being and compassion. Opening the eyes is the first task of therapy, but opening the heart is of equal importance. When this is done, a connection is made between therapist and client that is often the start of the trusting relationship. Never consider opening other segments (especially the pelvis) before the heart center is opened. This creates a softening and releasing that allows the work to proceed. When we move to the pelvis, there may be a separation between the feelings of the two segments (love vs. sex, for example) so we will have to open the thoracic segment again.

Once the person has opened his chest and felt the concomitant sense of well-being, it is always possible to return to that area and to reestablish the connection between client and therapist in order to continue further opening of the rest of the body. Building the sense of Self in the body is important because it becomes the support for doing the psychological work (see chapter 5). Splitting off will often occur with the opening of the chest as well as with the eyes. Here is where we will see a connection between the eyes and the chest. This is a withdrawal of the Self from the world, in a protective mode. Opening the chest will reduce splitting off and will further the relationship between the client and therapist.

The thoracic segment extends from the diaphragm to the clavicle and consists of the rib cage, lungs, heart, arms, and hands. Remember that the arms and hands are extensions of the chest and are used for reaching out and for protection.

This segment is, of course, concerned with breathing, which we have discussed in the first half of this chapter. Psychologically, because the chest contains the heart it is the seat of interpersonal, passionate, soft, yielding, trusting, joyful, compassionate, affectionate, and loving emotions. An injured or "broken" heart may also harbor sadness, longing, pity, pain, and sorrow. The chest, hands, and arms express these emotions. The individual who holds tension in the chest shows a protective attitude that guards against injury but also keeps out warmth and nourishment. This protective attitude can be seen in a concave chest with shoulders rounded forward or raised in fear. This tension develops into fixed muscular patterns that limit expression, cause pain, and affect breathing, thereby affecting health. These fixed muscular patterns also reduce the flow of energy and feeling to the area resulting in underdeveloped pectoral muscles and

breasts. The collapsed chest shows reduced breathing activity, with minimal inhalation, making it difficult for the person to build and sustain a charge. People with this fixed pattern may have feelings of insecurity, sadness, depression, fear, inferiority, and passivity, as well as low energy levels due to insufficient breathing. Releasing the chest allows the person to breathe properly and to begin to feel.

The opposite thoracic pattern — a barrel chest — is large and overdeveloped from being stuck in expansion. This can be seen in someone who is "holding himself up" and putting up a "front" in order to repress feelings of fear. He presents an attitude of aggression, power, strength, and toughness, but it's all just a cover for the injured child beneath. This fixed pattern is often accompanied by a narrow pelvis, indicating an excess of energy held in the upper portion of the body with a lack of energy in the lower portion. This results from a habitual overretention of air when breathing and creates a tight, rigid diaphragm and abdomen, cutting off feelings from these areas and below.

Both of these positions result in rigidity of the chest caused by the suppression of anxiety and fear. Bronchitis, asthma, and other related respiratory dysfunctions are often psychosomatic manifestations of this rigidity. Optimal functioning of the chest must include the full range of mobility, with unrestricted inhalation and exhalation.

Even though the chest is seen as one segment, we sometimes divide it into upper and lower segments because often we see that only one portion moves freely, while the other remains rigid. Frequently there is little movement in the upper chest. We want to open this portion of the chest, because breathing here will stimulate the sympathetic nervous system and help to build a charge. At the beginning of the work, we indicate certain reference points on which the client may focus while breathing. These points are between the clavicle and the first rib. These are pressure points #11C (see Figure 19, page 120) and can be tender to pressure. The therapist should ask the client to bring the breath up to these points so he can feel his chest expanding under the therapist's fingers. We may ask the client to pant or to use other breathing techniques to deepen either the inhalation or the exhalation, depending on which is appropriate for the client.

Remember to think of the chest as a band that goes all the way around the body and includes the back. Since the back is less sensitive than the chest, deep massage and other muscular release techniques are appropriate for releasing it.

A way of determining which back muscles are blocked is to run your hands over the back and note areas of coolness, or small bumps or knots on the back. These knots may be released by firm pressure with fingers or thumb. Pressing on the rhomboids will also open the chest. The therapist should massage the paraspinal muscles (along the spine). When massaging the back, firm pressure should be applied; these are solid muscles and they respond to a vigorous approach. Holding, squeezing, and massaging "dead" areas brings awareness and energizes these areas.

It is important that the therapist remind the person to breathe deeply at all times when using release techniques. This will greatly assist in the release of the muscles and the held emotion.

For a person with a very tight back, there is a technique called the "back roll" or finger roll/pinch process. The therapist gently pinches some tissue between the fingers and thumb and rolls the tissue up the person's back to the shoulders. The skin is connected to the parasympathetic system, which is why stimulating the skin of the back, the largest area of skin on the body, relaxes and releases a person. Nipple erection and goose bumps indicate a sympathetic release leading to a parasympathetic condition. It is important to remember that the client may encounter his repressed anger when his back is released (as with the jaw), and it is essential that the therapist have him maintain eye contact during the discharge of the anger. Possibly the expression "getting his back up" comes from this common tendency to harbor anger in the back. Shoulders may be held up, arched, and rigid in an attitude of fear, with the body frozen in this attitude. Bowed, rounded shoulders indicate overburden, and the inability to reach out indicates repressed longing.

The next techniques are the most invasive. These are the stress positions and movement patterns (hitting and so on). Stress positions work to exaggerate an open position of the chest. Rolling back over a barrel, accompanied by breathing, (see *Total Orgasm*, by Jack Rosenberg, and the IBP Release Technique, Chart A) is one of the best ways to open the chest. Each roll back or arch should always be followed by leaning forward. This facilitates the breathing process by expanding the chest and diaphragm. Twisting a towel with the arms exaggerates the closed chest and retroflected anger and tiring these muscles facilitates release.

One way of releasing the shoulders and arms is by reaching out. This should be accompanied by deep breathing, and making a sound. When the urge to strike out has been inhibited, chronic tension in the shoulders, arms, and hands may be the result and can

be released by striking and hitting (a pillow). Growling, yelling, and so on will facilitate the release.

We would like to caution again that venting or catharsis is not the goal of IBP. It simply allows us to uncover the underlying emotions and injuries so we can work with them. These blocks originated to defend and protect the organism against the pain of these early injuries. Our purpose is not to remove blocks, but to help the client to understand their function in protecting him from psychic and physical trauma suffered during formative times.

Diaphragmatic Segment

The diaphragm is directly related to breathing, so it is a very important segment and extremely resistant to change. The diaphragm itself is a broad, flat, sheetlike muscle that attaches directly under the rib cage and extends through the body to the spinal column. It rests below the lungs and just above the abdominal organs.

The diaphragm functionally separates the two halves of the body. Deep diaphragmatic blocks are very common and certain activities may lead to diaphragmatic rigidity. Many practitioners of certain types of yoga, for instance, have learned a breathing technique as part of their training that effectively immobilizes the diaphragm by locking it in one position. Wind instrument players and singers also often have diaphragmatic blocks.

Because the diaphragm controls breathing, any tightness and rigidity restricts feeling as well. Because of its position as a "lid" over the abdominal cavity, the diaphragm can hold down "gut" feelings in the belly and sexual feelings in the pelvis. When it moves freely, the energy from the lower half of the body is allowed to flow to the upper portion of the body (chest, arms, throat, eyes) for expression.

The diaphragm plays a central role in the breathing process. It is the place where the autonomic and central nervous systems come together, meaning that breathing can be either unconsciously or consciously controlled. It is extremely important to the whole organism that the diaphragm be healthy and move freely. The interrelatedness of the belly, diaphragm, and lungs becomes very apparent when we understand the functioning of the diaphragm. The healthy functioning of the thoracic and abdominal segments depends upon unrestricted movement of the diaphragm. Many people experience anxiety as they begin to breathe in therapy and

may attempt to lessen the anxiety by tightening the diaphragm. Releasing the diaphragm may bring these feelings of anxiety into awareness.

Release techniques in this segment include massaging the diaphragm under the rib cage during exhalation when the diaphragm is most accessible. Breathing will then increase and deepen. Deep massage of this area can be painful, so the therapist should stay superficial at first and feel for the degree of tension. The therapist may place a pillow under the client's back directly beneath the diaphragm area, and this will allow the diaphragm to stretch gently. Or the client can roll backward over a padded barrel to stretch the diaphragm.

Since the gag reflex affects the diaphragm, inducing gagging will help release the diaphragm and allow feelings that are stuck in the belly and throat to be released into expression.

Abdominal Segment

This segment begins at the diaphragm and ends at the top of the pelvis. Although this is the most unprotected and vulnerable area of the body, many vital organs are contained here. So it is understandable that many people contract their abdomen during times of stress. The abdomen constitutes the core of the body in most Asian systems (see chapter 9, "Chakra System"). Many emotions originate here, and people often tighten the abdomen in an effort to control them.

The primary muscle in the abdominal segment is the rectus abdominus, which attaches to the sternum and the pubic bone, and shields the abdominal organs. Massage of this muscle should be done in a kneading manner rather than with deep pressure because of the vital organs beneath it. Caution should be used if the client has a history of back problems or injury. Weakness and lack of tone of the abdominal muscles will stress the lower back and cause pain in the muscles in the lower back.

The most important thing that occurs in releasing the abdomen is a flooding of withheld emotions, usually expressed by sobbing and deep infant-like crying. When this happens, the abdomen will move convulsively.

Release of the diaphragmatic and abdominal segments can be assisted by teaching the client how to breathe into these areas. Abdominal breathing stimulates the parasympathetic response so it has a calming effect. Remember, breathing is an activity that involves

the entire torso, and, ideally, proceeds in a wave involving the chest, diaphragm, and abdomen.

Pelvic Segment

Work with the pelvic segment is probably the most important and the most difficult of all. Opening the pelvis can be very invasive, and for that reason we have devoted an entire chapter to our approach to sexuality (see chapter 8).

As we stated earlier, the pelvis should not be opened early in therapy. Even clients who have experienced some degree of physical and emotional opening in the therapy may begin to close up and block again at the onset of pelvic release work. For example, the eyes may begin to block again (splitting off). Since pelvic blocks are reciprocally related to neck, throat, mouth, and shoulder blocks, freeing one area may be associated with increased blockage in the other. Therefore, we pay close attention to the upper body while opening the pelvis.

The important part to remember is that the holding in the pelvis is there for a reason, and we don't want to work in the pelvis without paying attention to the *reason* that a person has blocked off that area. We want to remember to *respect his defenses*. This is particularly true for working with someone whose defense mechanism is one of splitting off from sexual feelings. Often people believe that they're splitting off, but what they're actually doing is cutting off their feelings in their pelvis and in their body.

Remember that as we start working directly with the body, we begin with the *least invasive* technique first. So, in opening the pelvis, we start at the verbal level, and we address the mouth, throat, and neck area before we begin actual work in the pelvis itself.

First we have the client breathe and build up a charge. When he gets charged, we often notice tightening of the throat, or in the mouth, which will be the first sign of blockage. This is parallel to a tightening in the pelvis, but the place to work is *not* in the pelvis, but in the neck or mouth. And so, as someone breathes, movement of the neck is encouraged so that the neck becomes mobile.

Pelvic blocking may be indicated by a general unawareness of the pelvic region, or a sense of deadness. During the charging process we may hear such comments as, "I don't feel a thing *down there*," or "I feel everything down to my waist and then nothing until my knees." The first step in opening the pelvis, therefore, is to bring awareness to the area. As the work begins, the person may often report no

sensation in the anus, vagina, labia, clitoris, penis, scrotum, etc. To determine the amount of blockage, it is necessary to ask *very specific* questions regarding the distribution of the charge. Increased pelvic openness is related to the depth to which the person experiences the charge, beginning with the external genitalia, and proceeding inwards. If the charge is superficial, the person will experience what has been called a genital orgasm. If the charge has moved more deeply into the pelvis and into the whole body, including the mouth and neck, the orgasm will be felt in all the areas of charge. It is probably the extent of the charge that made Freud see two distinct kinds of orgasm in women: the clitoral and the vaginal. By deepening the charge and spreading it evenly thoughout the body, it is possible to bring awareness to the *total body*, not just the genitals and the pelvic area.

Before beginning pelvic release work, we notice the person's reaction to the knees-up, hip-width-apart position that we ask him to assume. The act of raising the knees, in itself, may bring up negative sexual connotations. We watch the legs for jerkiness and other signs of holding. Sara, for instance, unconsciously held her knees tightly together until made aware of this fact. For some people it may be a very powerful experience just to lie on their backs with their knees up. Some women may be resistant for reasons of modesty or traumatic sexual experiences.

If an emotional experience results from this position we will work with it verbally. We will discuss what kinds of experiences this position reminds the person of, such as childbirth, gynecological examinations, intercourse, and other related experience of vulnerability. Traumas connected with experiences may have been repressed and held in the pelvis and legs, and it is important to bring them into awareness. Achieving some resolution of them at the beginning of pelvic release work helps bring awareness to a person's attitude toward his sexuality.

Sometimes we ask a person to bounce his pelvis gently on the mat to bring awareness to the area. This will often awaken the pelvis and bring sensation to the anus. *It is important to remember that the pelvic block goes all the way around the body and includes holding in the buttocks and anus.*

A frequent cause of pelvic blocks for both men and women is *premature toilet training.* The child's only way of controlling his anal sphincter is to tighten the entire pelvis. The child thus learns how to stop bowel movements by developing a chronically tight pelvis, which is then cut off from awareness. According to Dr. Ellsworth

Baker, a student and colleague of Reich:

> Life is further blocked by early toilet training. . . . Sphincter control is not attained until eight months of age so that earlier toilet training (some mothers start at four months) requires contraction of the body musculature, especially the muscles of the thighs, buttocks, pelvic floor, as well as retraction of the pelvis and further respiratory inhibition. This is a familiar example of the armoring process. It effectively diminishes natural emotional expression, and especially the pleasurable sensations from the pelvis.[4]

A different kind of early trauma in the pelvic segment was described by a client:

> My buttocks are chronically pinched and the muscles contracted in the rotator area. The therapist manipulated the area, including my legs, so as to relieve the muscular contraction. He commented that the very tightly held pinched areas greatly relaxed and appeared to look markedly different. I first became aware of the difference as I was lying on my stomach. I noticed that my heels, which rolled inward toward each other when I first lay down now rotated to an outward position. For approximately an hour after the session, I continued to experience a heightened sensation of movement and vibration in my buttocks. I was aware of the energy moving through that area, giving a warm tingling effect. During this time I was in touch with a deep sense of fear. While allowing myself to have these feelings I suddenly remembered an incident that occurred when I was approximately ten years old. My brother had chicken pox and it was decided by the doctor and my mother that I should contract the disease and be given a gamma globulin injection to reduce its severity and the potentiality of scarring. When my mother conveyed this decision to me, she did so in a manner that communicated her anxiety and discomfort about it. I remember feeling a terror about this, screaming my objections, yet remaining powerless to alter my fate. By the time I finally got these dreaded shots, my body was contracted and frozen in terror. It wasn't surprising, therefore, to feel the terror and sadness when these muscles finally relaxed."

Orgastic Reflex

Since the pelvis is such a delicate area, we want to recreate, as

nearly as possible, what it was like before it became inhibited. The orgasm is simply a reflex, just as sneezing is a reflex. So we teach the body to move in a normal, healthy pattern that simulates the orgastic reflex pattern. In this way, the body will let go of fixed muscular patterns that inhibit the orgastic release.

We now begin to have someone breathe until he has a complete charge. After he has a complete charge, we begin *to pattern in the orgastic reflex*. The orgastic reflex is one in which the *pelvis moves forward and the breath goes out*. This healthy orgastic reflex will be neuro-muscularly patterned as a result of doing this movement and breathing pattern. The person's energy will begin to flow at much greater levels, and he may even have an orgastic release of the whole body in the therapy session, but not necessarily an ejaculation. If the person is not able to let go into an orgastic release in this exercise, it is important to remember that *the holding may be in the neck, throat, or mouth,* and that letting go is less threatening in the oral segment than in the pelvis. Moving the pelvis forward will also allow the neck to move, and if this doesn't happen, we help the person *move his neck on the exhalation* to make him aware of this connection as he *moves his pelvis*. The therapist may also ask the person *to suck as he does the pelvic rocking.*

Release of the throat through sucking will allow the pelvis to open. This is why orgasm is often more intense during intercourse if deep kissing is also involved. Oral inhibition or blocks may not be sexual blocks, even though they may be expressed sexually. Very often they are feelings of longing that result from early lack of nurturing and actually express the "needy child." This is because sucking is associated with early satisfaction and hunger as well as with sexual feelings. Overemphasis on the oral aspects of sex can often be traced directly to the Primary Scenario. By working with the holding patterns in the mouth and the Primary Scenario, IBP can help a client resolve deep longings that are sexualized by sucking.

Often people try to push for the orgastic release. Both men and women contract the rectus abdominus in order to move the pelvis forward. This pattern of tensing in order to achieve an orgastic release is often encouraged by therapists who view sexuality from a genital or orgastic point of view. Tensing will cause a release, but you can only release the amount of charge you have built up. What happens is that tensing or contracting begins well before enough excitement has been built up. *When we pattern the orgastic reflex, we teach the person to use the psoas (the internal muscle which surrounds the pelvis) to move the pelvis forward, and to keep the rectus abdominus loose.* The movement then becomes one of *opening rather than closing, and thereby heightens the charge.* In order to

move the psoas, the person must use his feet for leverage, and this allows awareness of the connection between the feet and the pelvis. It is extremely important *that feet be grounded in the body session and during intercourse* for heightened ability to build and release a charge.

An example of similar grounding is swinging on a tire from a tree and pumping to get the tire going. If you can get just one toe on the ground and give yourself a push, you really fly. But, if you try to move it with your stomach muscles alone by pumping, you won't get very far! We bring the energy (charge) into the feet from the pelvis by using the movement/release technique of *lifting the pelvis off the mat and pushing into the ground with the heels and rocking the pelvis* (without tensing the abdominal muscles or gluteus maximus). All the muscles of the legs and pelvis will begin to tire in this position, thus causing them to vibrate. This will allow the charge to move from the pelvis into the legs. *This can be more effective with the feet up on a wall as well as on the floor.*

One of the best ways to bring energy into any area of the body is by using the pressure points we have mentioned. *The pelvis, in particular, is sensitive to its pressure points,* so we want to remember to use them all, *both front and back,* on the pelvis, as well as the *points on the feet and legs. This will bring energy to the pelvis.* Since the points we use are similar to those in the Tantric system, they can also be used during love-making to heighten pleasure.

The pelvis should never be opened forcefully! This could be tantamount to rape. The techniques we have mentioned so far are subtle and work to bring awareness to the pelvis. *Opening of the pelvis frequently results in the release of considerable repressed emotional material, especially hurt, anger, and rage.* If the repressed anger has been retroflected (turned back on the self), this then becomes spite, and the person cannot relax into pleasurable feelings. While he may express some anger toward his partner, it is spiteful in the sense that the person prevents himself from experiencing his own pleasure ("cutting off one's nose to spite one's face"). Simply expressing the anger is not enough; it has to be focused. Often the person is really angry at a parent rather than the sexual partner. So, part of the anger that is held in the pelvis has to do with blaming the parent (see chapter 8). When that association is made, often there is a release and the spiteful behavior is given up. We also know that people become identified with their anger; they know who they are when they are angry. The work in establishing a sense of Self will help a person shift into allowing himself pleasure when the anger is released.

Although we do work with anger, we see it as a bandage to cover up

hurt. The most effective way to deal with anger is to get to the injury and hurt beneath it.

[1] Tomkins, S.S., *Affect Imagery Consciousness,* Vol. 1., New York: Springer, 1962.
[2] Baker, E.F., M.D., *Man in the Trap: The Causes of Blocked Sexual Energy,* New York: MacMillan Publishing Company, 1967.
[3] Perls, F.S., *Ego, Hunger and Aggression,* New York: Vintage Books, 1969.
[4] Baker, E.F., M.D., *Man in the Trap.*