

# The Trauma Of Cephalic Shock

Clinical Case Study in Which a Portuguese Man-O'-War Faces the Jaws of Death and Thereby Reclaims His Bodily Self

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## I. PROLOGUE

The manuscript for this paper was written several years ago, for an anthology that never came to print. At the time, I was excited to be putting in writing for the first time a **fairly detailed clinical description of how I work with what I call "cephalic shock"**. But I soon found myself struggling to meld my patient's almost verbatim quotes into a manuscript that flowed. When his words came from his deeper energy and spirit, they felt too precious to omit or even edit. Additionally, my original editor urged me to include more of the heart of the encounter between my patient, "Ben" and me...the heart that was bigger than any clinical construct, including cephalic shock. The manuscript lay dormant until the time was right: that was when I read John Conger's (1) beautiful words, which brought me back to the love which underlies my work- even as it awes me:

In short term work, we can resolve crisis as "the therapist", but in long term therapy, only genuine presence and true contact brings forth the deep healing of our injured humanity. We are moved by our client's being, we are drawn forth into our vulnerability and we speak from our heart. There is no technique, no clever use of words, and no substitute for the intuitive nature stepping forth as human soul. The competent professional identifies character, but only the person of the therapist meets the client's core nature.

## II. HOW I CAME TO UNDERSTAND THAT ONE MUST DIRECTLY "GROUND THE HEAD" IF ONE IS TO UNITE IT WITH THE REST OF THE BODY.

### INTRODUCTION

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This paper is about a bodily and relational approach to working with the dissociated psyche. Wilhelm Reich (2) understood the split-off, dissociated psyche to result from the sexually repressed, somatically armored, neurotic condition of all civilized people. (Reich posited the genital character as an ideal to be striven for; when the genital character's thinking and values flowed organically from his natural sexuality and aliveness, he was at one with himself.

But somehow, when I "finished" my personal Bioenergetic therapy, my sense of peace, of having come home to myself, was far from this ideal. So, in the mid-70's, although a convinced Bioenergetic therapist, I continued my search for a deeper resolution of my own problems. I turned, among others, to the work of Michael Balint and Donald Winnicott. Winnicott (3) had another explanation for the dissociated psyche-one which made intuitive sense to me. I had no doubt that Reich was correct in implicating civilization as responsible for man's loss of organic unity with himself (I will use the masculine form for convenience in this paper). Indeed, Daniel Stern (4) and others before him have suggested that the acquisition of symbolic speech, **per se**, forever fractures our subjective experience of a unified psychosomatic self. But Winnicott (3) suggested that **only an unfortunate subset** of the billion or so humans who use symbolic speech and live in complex, "advanced" cultures, defend themselves against inner chaos and insanity from **their cerebral fortress**. Balint (5) had described such patients as suffering from a "basic fault". With Winnicott, I came to understand how coping with "unthinkable anxieties" left these same patients living in their heads-with no peace of mind. Thus the British School of Object Relations was helping me both, in my personal search for peace of mind and for a better understanding of the relational implications of touching patients and otherwise working directly with them in nonverbal ways.

As I increasingly incorporated my understanding of early development into a practice of Bioenergetic Analysis, I began to feel that the head was a misunderstood part of the body, which needed to be worked with in a new way. Traditionally, in Bioenergetic Analysis, we literally tried to get patients out of their heads and into their bodies: this "anti-head" emphasis in Bioenergetics had never made anatomical sense, and now it no longer made common sense to me.

### (B) TRAUMA- CEPHALIC SHOCK DEFINED

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When we say that a person "lives in " his head, we mean by this that he is **holding on in shock with his head... It has become a cerebral fortress: it no longer feels like a part of the living body: it is barely moved by the wave of breath that expands and contracts the rest of the body. The mind within this shocked head becomes dissociated- divorced from the living process. It is perhaps counterintuitive, but nonetheless true that a patient in this shocked state does not experience his head as a three-dimensional part of his body: it**

**is numb, so he cannot feel its weight, its warmth, its flesh and blood substance. What he does come to realize( if he is fortunate) is that the mind within his head never rests, and that he is cut off from deeper contact with himself.**

One can understand the desire to escape this state, but "getting out of one's head and into one's body makes no sense. If one thinks Bioenergetically about it, only a dissociated mind that does not feel, does not experience its frozen, shocked head as part of its body, could come up with this psychosomatic impossibility. It is indeed the cephalically (traumatically) shocked head that does not feel like part of a body: a body breathes--as it expands and contracts with the respiratory wave- it feels alive. A head that is a cerebral fortress feels like stone, not flesh blood. It is guarded by an ever-vigilant "left-brain". What creature that still longed for peace, unity and spontaneity would not want to escape this tyranny? But you cannot escape your own flesh and blood (stone-hard as it may be) any more than you can escape your shocking (traumatic) past. You have to face the nameless dread head on.

This shock first occurred when the patient's young mind could not grasp the trauma which his body experienced- there were no words or images to adequately encode his body sensation. As an adult, such a person is holding on for dear life with the muscles of his head, neck and diaphragm. He thinks incessantly. He is not capable of creative reverie. He has no peace of mind. Naturally, he longs for a more spontaneous, vital experience of himself, and so he often turns to a body-oriented therapy that promises to get him "out of his head". But what he actually needs is to get **"into his head"**, and through it, more deeply into the rest of his body. He must face the inner chaos, which he will likely experience as insanity. So I invite him- via my eye contact, presence, and quality of touch, to stop holding onto himself for dear life and risk falling forever, by literally putting his head in my hands. If he risks letting me hold that part of his being which he has entrusted to no one, the threat is that his mind will fall to pieces before the support of my hands delivers the peace of mind which comes from surrendering to someone outside of himself. Deep work at the head end of the organism sets up a resonance in the diaphragm and pelvis. This is then an unsettling but powerful approach to opening the connection of self to heart and sexuality.

### (C) MY STORY

A Reichian-based theory of therapy which likens us neurotic humans to complex amoebas who can essentially be reduced to streaming protoplasm, would seem to powerfully invite us to un-and disorganize our armoring, so that we might get down to the core level of biopathy (Fig. 1). This would then allow us to reorganize a truer Bioenergetic self.

But again, the amoeba was way ahead of me. Somehow when I "finished" my personal Bioenergetic therapy, I

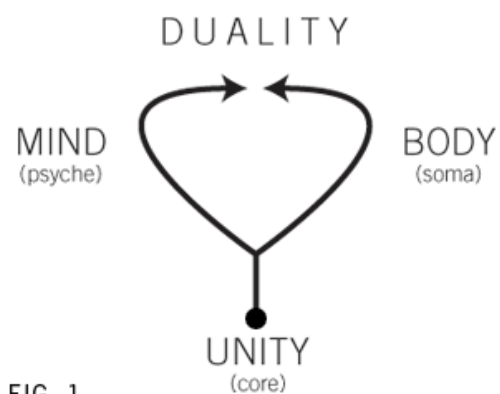


FIG. 1

doubt that I had ever been fully able to stop watching (from some place in my head) myself "do" therapy. And thus I do not think I had begun to exist in a truer, more unified way from somewhere closer to my center. Or at least if I had, it seemed as if it took about two decades of living with myself, a wonderful wife and two great children. I like to think, though, that my therapy had made it possible for me to show up for this real-life workshop. It is nonetheless my cherished and never-to-be-tested conviction that had I been able to work with Balint and/or Winnicott, for instance, they would have understood how to invite me to abide with them in that place of unspeakable terror-where one comes apart at the seams and is shaken to the depth of one's being. Although they were psychoanalysts, they would, have better understood and worked with the dreads that settled into the cells of my young body before I had thoughts or words.

#### (D) OUR STORY

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But my conviction is actually speculative; what I do know is that I was given a chance, this time as the therapist, to share a profoundly moving process with my patient, "Ben". So some of my excitement and, inevitably, some of my counter-transference helped Ben to go where I had never been. I will share a piece of his story with you, as he shared it with me. I was at times thrilled and at times terrified of the depth to which he let his process take him (us). At times Ben's words seemed like echoes from those depths...like utterances from a man buried deep below the earth's surface. I found myself intuitively holding onto his words as if they were precious vessels from a place where spirit and matter are one. One can only approach, never hope to touch directly this inner flame. As I have said, in my own Bioenergetic therapy, I believe I never reached this place of inner pulsation: my wise, caretaking, little man-child [Ferenczi (6)] was always watching and whispering messages which I could not quite make out: their meaning became clear to me long after my therapy was over. Even if I had heard them more clearly, I doubt that I would have dared to share them with my therapists...the therapy did not seem to be about caretaking inner little men.

The echo from Ben's trapped inner flame seemed to come from a deeper place-closer to his heart. It was audible to both of us. He used metaphor, analogy to render essences from a core bodily self -essences that cannot be fully encoded linguistically. He also erupted many, many times in energy-movement-sensation-pre-emotion from this same inner place, as his shocked organism struggled to come down from his head into his heartland, and into a new way of being with another human being.

### III. BEN'S STORY

#### (A) THE BEDROCK OF THE PROCESS

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The body of this paper is a case presentation which details how cerebrally anchored shock thaws in response to physical warmth and contact in the therapeutic relationship; the patient lets go to and grounds in the therapist's touch and presence. Ben was a patient with the clinical construct I have called Cephalic Shock. I have changed some of Ben's biographical data, thus protecting confidentiality. Since the material is focused on data from the sessions that illuminate what I mean by cephalic shock, inevitably some of the richness and diversity of our actual work will be lost. The richness of therapeutic process cannot be rendered with words, let alone words about a clinical construct!

Ben, my patient, is a thirty-seven year- old minister, married ten years, with two daughters, two and five years old. His chief complaint:

"I need to slow down...thinking and acting over other people. My head is separate from the rest of me."

In the first session, at my direction, when he nuzzled into the rug with his snout and head, he then felt:

"peace...empty head...sad in belly...this is different, my head lives, even without me thinking, my brain breathes."

This was followed by an impulse to scream, and to throw up, and then a longing for "something". The mobilization of his head and neck in the nuzzling, had additionally made Ben aware of his body as an "inner tube...a big hole...surrounded by a sheath of muscle." The scream was connected to a "metallic taste...like a charge of ions into my head."

In Ben the profound split or void between his head(and brain within) and the rest of his body, resulted directly from the lack of a bond, a secure ground(placental) out of which he might have grown with a clear boundary of separateness. This was the story told simultaneously, interlockingly in his bodily carriage, spontaneous movement, heart-wrenching cries, tender looks and poignant words. Ben's eyes were very important. When he did body work, it slowed him down and he felt less eye strain. As a young adult, his tall thin body had filled out from 160 to 200 lbs. when he did the Charles Kelly eye work:

"If I stop protecting my eyes, I feel bewildered, very vulnerable. I made a profession out of taking care of myself. It feels like there is a fist in back of my head all the time...I couldn't relax or they'd(his parents)think I didn't need them...If I got to enter them(his parents), I'd feel a moment of ease in my head"

Here Ben tells us how the spasm around the base of his skull is(expresses) both his body's involuntary self-holding and his poignant belief that his willful vigilance would make his parents better attuned to his needs. Ben tells us more later about his magical weaving of a "mental cocoon" in which he held others and was simultaneously held. Ben continues:

"I was clumsy, my body sense was off until I was twenty-five yrs. old- didn't know quite where I was in space. My eye-hand coordination was bad. I am always somewhere behind my eyes-I don't know if I am seen. Part of my mind is always somewhere else. I need a shock to make me see what I really want to be doing. "

As a boy, Ben feels he intuitively tried to ground himself by heading down a steep incline on his bicycle in a downpour and landing headfirst:

"...because I fly so far away from myself...**there is a whisper (an echo) within ..but I cannot hear it because of the clutter**...the impact makes me see rows of fluorescent teeth."

Ben would nuzzle his head into my body and say:

"I missed grounding in my mother's body...I got on my feet too early...was told to walk...fell down too quickly...not picked up...my eyes and lower legs are deeply cramped...words don't do it here...the bone feels cold inside-parched-like desert-dead...my legs cry 'feed me'...nothing comes up into me from the ground or out of me through my head"

Ben invited me to lie next to him on the bed...he felt "close...like we were two monkeys". He called it "a baboon mode". **This mode felt like the bedrock of the therapeutic process for close to two years** (two sessions per week). Typically, I sat with my side pressed up against his torso, as he lay on his back on the bed. We might speak, I might work on an area of his body with my hands, but what we "did" emerged out of the constant, firm, warm contact of our two bodies. Ben's phrase for all this was, "The only thing I trust is a warm body". Eye contact between us seemed almost as important. Ben was additionally very sensitive to my emotional presence, and would often notice breaks in my concentration...(i.e. my mind wandering). In this regard, let me note that although in this paper I will not discuss the contributions of Bowlby, Ainsworth, and others, I believe Ben's story both embodies and is illuminated by Attachment Theory.

Ben often helped me to feel his existential dread by demonstrating that I ceased to exist for him. At such times, I felt myself floating away...no up or down...in a void. He did this, for instance, by blanking out and "forgetting" our appointment. I would phone him, and his message would explain that he was out of town. Other patients missed appointments at times, but their misses did not engender in me the vague and

threatening experience that Ben's did. I was not as clear about all this at the time, probably because it was embarrassing and frightening. I regret I was not more courageous in sharing with Ben the feelings that he was asking me to contain and integrate with and for him. Instead I went over our upcoming schedule very carefully, and leaked irritation and blame in his direction. When he disappeared, and I felt lost, Ben was showing me what had happened to him as a child. For a long time he had no words for it. Then we found the word "void". Naming it made it less frightening for both of us, but I know it was still scary for me.

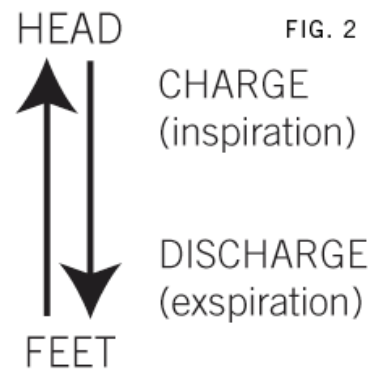
Sometimes his words were dry , and had no bodily resonance. I would collude with his false self and get caught up with him in his airy words. This way we could hover above his core contraction (void) and avoid the heartbreak that lay below and within it. But at other times the physical and emotional warmth and attunement in our contact threatened to bring up the buried terror and anguish from Ben's (and my) void: When I realized that once again I had pulled away to adjust my air conditioner, I despaired of ever being able to help this man more than I was hurting him. I feared the depth of his void (deadness), but the intensity of his feelings (life) left me envious and awestruck. Still, whether it was projective identification, or just a miracle, I felt that a positive purpose was being served by my relative failures and his core reactions to them: he did not freeze.. I was not destroyed...reparation was made...life flowed on.

Ben's metaphor for his bodily (or out of body) experience of himself was a PORTUGUESE MAN-OF WAR: he drew a diagram for me of his head as an inflated bag floating on the water's surface:

"When no energy reaches my head, I'm seeing the world from above. My head is neuter...an information machine"

In a previous Reichian therapy Ben had learned over some years to let go to streaming in his body below his neck--now he wanted to feel some life move up into his head. Lying on the bed and kicking, he would now sense vibration in the hard, metallic armor of his back, feeling a mixture of anger and grief as it moved into his arms. As he continued to kick, Ben would cough deeply and feel energy move into his head, along with a wave of joy and fear. At such moments, new to him, Ben felt part of a wellspring...a whole-body feeling.

Ben had a way of swallowing a lot: one could sense that this simple act was important in keeping him trapped in his head: he was literally swallowing down his life feeling. At first he did not know what to do with this information. Then he noticed how crazy he felt if he resisted the swallowing...it was resisting "something primal...like the desire to have an orgasm". Ben sensed an inner voice or attitude that was both primitive and demanding. He located it near his collar bone in the bed of his neck (he gave this place the name "truncus"). In a bullying tone the voice demanded, "do it, swallow it". The more he resisted swallowing, the more he began to cough, and the more he felt the front of his body as a kind of "uterus": he felt his perineum



below, and above, the deep band of tension, like a sphincter, where his neck came out of his torso. At the same time that it was maddening not to swallow, swallowing was never quite satisfying either; it never went deep enough, so Ben had to do it again and again. It may be helpful to refer to this schematic diagram (Fig. 2) of the pendular longitudinal flow of energy as one tries to follow Ben's increasingly freer inner movement:

His coughs frightened Ben: energy would rush into his head--he saw stars:

**My head could be my head...and not be confused with stuff from my body...how scary if my head was for me...if it didn't have to keep track of others...of where the warm bodies are.**

Ben then explained a sense of wanting to rearrange his head:

"It's exciting...my eyes and mouth want to flip around so that I can feel the inside of my head...the body part of it, wants to do something."

He whirred his hand in a circle to show me:

"It's the same as crazy--a very young feeling. I never had a peaceful day in my life (he jumps up and down). My brain is always doing this (he knocks his head with his hand)...the impact makes me see rows of fluorescent teeth."

Ben's work here brings to mind Winnicott's (6) patient whose mind had become the locus of her false self. She regressed through stages that included:

"...destruction of the head(including mind and False Psyche)...there was a loss of consciousness which could not be assimilated to the patient's self until accepted as death... when this had become real the word death became wrong and...eventually the appropriate word was 'not-knowing'(p. 250). The gap in continuity...now became something urgently sought. We found a need to have the head broken into, and violent head-banging appeared as part of an attempt to produce a blackout." ( Winnicott, D.W. (1949). 'Mind and it's Relation to the Psyche-Soma'. *In Through Pediatrics to Psychoanalysis*, (1975; New York: Basic Books)

In Ben's case, because his physically abusive father had beaten him in the head, I did not initiate active head work, but rather responded to his spontaneous gestures and helped him to open to energetic change by becoming aware that he was literally swallowing down his orgiastic aliveness.

## (B) THE FORTRESS CRUMBLES

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One might argue that this is active enough on my part, even if there were no history of physical abuse...but I find that there are times when the patient really seems to need me to drum resonance into a numb skull or otherwise create a little chaos (ruckus) in their “rational fortress”. But Ben’s fortress was beginning to crumble as the energy pulsed and coughed its way up into his head and down again. It became terribly important to him that I “really pay attention”, because, as he put it:

"I'd rather lose myself than you. Taking back my head", he explained, "is losing people, being alone... I remember all the names and faces of every one I've ever known; they are up in my head all the time."

It seemed that Ben’s holding people in his mind had substituted for the experience of being attended to, attuned to and retained (held) in the minds of his significant others. As the fortress crumbled, Ben said:

"I feel all bruised...clenching my teeth, grimacing is a way to have an impact on my head... I can feel stuff more- warmth moves into my eyes and head, but it tightens the back of my head"

And as the cerebral crumbling continued, Ben increasingly had flashes of what would coalesce into moments and minutes of peace of mind:

"I awoke and let go for a while to the dreaminess of half-sleep...this was new; I usually push it down. I AM NOT HAPPY WITH AMBIGUITY...I HAVE TO NAIL THINGS DOWN... TAKE A STAND IN MY HEAD...I WAS ABLE TO STAY DREAMY THIS TIME WHEN I AWOKE BECAUSE I'M REALIZING I HAVE A BODY AND IT WILL TAKE CARE OF ME AND IT'S O.K. FOR MY MIND TO WANDER "

He tries to “go crazy” with his eyes, but cannot: “there is a maddening vigilance- I took LSD 100 times, but never lost it- I was too clenched.” He emits a high-pitched whine: “ the sound of the speed at which my mind works- it feels good to hear it outside me.” Coughing still threatens Ben with what he calls seeing the “jaws of death”, but he is excited to be feeling more alive. That night Ben stretches his ankles and feet, spontaneously--and notes that something exciting is going on. Next morning he feels heavy in his body, and, for the first time he can remember, he is depressed - for about one hour. **This is organismic work: each crack in Ben’s cerebral fortress reverberates in the rest of his body- his belly, his heart, his pelvis. He is able to tell me that “all the people I hold in my head are not held in my heart”. Once it is not all anchored by the fortress, his guts and heart begin to spew out in pulsatile waves the trauma and toxicity he has lived with.** I support his upper body when movement gets blocked in his chest and neck. Ben says, “death is in my chest.. how would anyone know what’s wrong in there?” Pointing to his chest, Ben emits such a pained sound that it is hard for me to listen- perhaps partly because, as the sound comes out, his face looks like a mask of Batman --powerful and with a fixed smile. We work often with Ben’s cold legs and

feet; grounding them into my abdomen feels to him like “nursing at the breast.” He has been deprived of contact on a core level such that “I want to put my feet through a ringer made up of people’s bodies”.( I feel this quality on occasion when Ben somewhat playfully crushes me to him, or pins me under him- at these times it feels O.K. that Ben never quite loses his head).

A homework assignment (to do less work) may have helped: Ben was to stay more on the surface with people-work less at being hyperempathic i.e., allow some space between them and him, versus holding them in his head in order to ground himself. Next session Ben said:

“I don’t know how to relate to people- I can approximate contact -there is a void-I don’t know if I can feel you if we are not touching physically- I hate you- I hate everybody.”

Ben then sits up( he has been lying on the bed): “ you’re repulsive-I want to puke everybody out- get out!”, he screams. He pulls at his solar plexus and groans, “I want to reach in and turn my insides out-shake everyone out and start over again”(later, he says this was about “bad love”). He jumps up onto his feet, as though choking on all that he has taken in and swallowed down. He is overcome by deep, racking sobs, crying out that he feels he is dying. Later he says he felt “suffocated” in the throat and “poisoned” in the solar plexus; resting his head on me, he gets an erection, and comments that he’s gotten to a level where gender doesn’t matter:

“...good to feel my hatred.. I went mad. I feel some horror at it. A huge pulse went up into my head.. out my mouth, but also the top of my head.”

Ben mentions the beatings by his dad, and wonders if he almost died. He still sees the “jaws of death”( a flashing light in his brain) whenever he coughs, and senses:

“...something monstrous inside my belly...dread...sinister...black...death...ghost. The need to go crazy still drives me crazy, something has to let go, the balloon, my head with all the people. I’ve got to feel them in my heart. Since I erupted, I feel a lot less psychotically-connected to my family of origin, this time I was able to feel their pain inside of me...going crazy, erupting, reorganized me. I’m not holding everyone in my head as much...so I don’t have to push them out of my mind via the void. I am now more in touch with the void.”

I was deeply stirred by and envious of the intensity of Ben’s bodily process of change. In my own Bioenergetic therapy I had handed over my bodily self to the therapy process, and as I said at the beginning of this paper, I did not remember my “spontaneous gesture” filling the room as Ben’s often did. So my countertransference was likely to have caused me to be less than optimally attuned to his emerging being. Often, as in the above session where he fought on a core bodily level to free himself of toxic

introjects, the action was so gripping and palpable that my excitement won out over my fear, and our attunement was “good enough”.

In that same session Ben describes his developmental groping to move from our physically attuned touching to a capacity to feel my emotional and psychological presence across space - the intersubjectivity that Stern (4) has described.

Finally, all my emphasis on Ben's head and mind better connecting with the rest of his body and being, should not, let me note, be taken to mean that sexuality was being ignored: As he came down into his body, sex with his wife was fuller and more exciting; in the intervals between such peak excitation, Ben felt “more peace...my chest glows.. my legs flow”. I said earlier that each crack in Ben's cerebral fortress reverberated in the rest of his body. His clinical process thus brought to life the basic Bioenergetic principle that unity is an organismic phenomenon [Lowen(7)] i.e., if you work deeply with one part of an organism, the entire organism is affected. If you work deeply with the head, for instance, the thoracic diaphragm is activated. A partial explanation for this is(8) that the phrenic nerve which supplies the diaphragm, originates in cervical nerves 4 and 5 in the neck. The diaphragm in turn seems to be a major gateway to the rest of the body: the medial lumbo arch of the diaphragmatic muscle with the upper part of the psoas major contributes to the iliopsoas that descends to the pelvis and thigh. This anatomy sketch is offered in the spirit of a very limited explanation as to why Ben's chest was glowing and his legs were flowing.

In this therapy, as in most, deep change took time and things needed to be repeated, that is “worked through”. Many times life would erupt, only to be reburied in the pit of Ben's belly, as his cerebral fortress reclaimed the helm. At these times Ben still felt his neck and head like big corks holding sadness in his chest. He therefore had to keep “efforting” in his head, or he would lose what contact he had with the world as he was flooded with the full measure of the anguish that was in his body.

Concerning this anguish - with which Ben felt so alone, it occurs to me that although the physical dimension of our work was profound and perhaps primary, it has been very important to me to share his words with you. Ben said, for instance:

“There is a box, a place in me that I never let anyone into...I can't trust...could be too hurt...to get what I want, it feels like I must show some part of myself that was meant to remain private...in this private place in me- energy and matter are mixed in a really delicate way.. it's a shimmery thing.. I'm very fragile there...like the flame of a candle in guncky protoplasm...I'm terribly shy.. I need hope, bravery...the light mingles, resonates with an essential part of my self...I want to shine-glow out of that vulnerable place. I remember as a child running naked in the woods.. I think I made a sound...which kept something in me from being broken.”

I believe that in Bioenergetic therapy we sometimes have mistakenly equated physically touching our patients with truly touching and being touched by them. I mean by the latter, a touch that is well attuned to the patient's inner state, inner being. Ben had bravely compensated for a profound lack of early attunement with a mind and language that wrapped themselves around people and held them in his head. Now, using metaphor and analogy, his spoken language increasingly touched me from the deepest recesses of his being. His words cried out from a place of cosmic isolation. They were the vessels for the hope that his inner being could be known, held and embraced, even when our bodies were not in direct physical contact. As a child, Ben had stared for hours at the back of his father's head, wondering how he might make contact with, be taken in by him. He had given up on being seen directly, and mentally/visually tried to bore his way into being held (known, apprehended) in his father's mind. Now Ben's poignant metaphor and analogy allowed me to attune to what no one may touch directly in another human. The pain of his isolation emboldened him to risk losing his private self. I rarely found words in the moments when Ben's nascent psyche-soma touched the nascent (shy, fragile) hidden parts of my being. But I believe these shared moments brought both of us a fuller sense that we really were "insiders" in the community of humans.

## (IV) FINAL SECTION

### (A) NEW DETAILS FROM THE VOID

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Earlier, Ben had said. “If my head could be my **head and not be confused with stuff from my body...**” To clarify what he meant, I want to elaborate here on some details of Ben’s compulsive activity: at one and the same time, they mirror the compulsive muscular holding in his body, tell the story of what was missing, distorted in his family of origin, and of what he needs now from the therapeutic relationship to quiet a vigilant central nervous system whose mind and muscles never rest:

Ben remembered being in his room, after being beaten by his dad, trying to put his world back together- he calmed himself with a “resolution, a mental-set to survive even though I was not cared about”. This effort left Ben a “self-made” man, who now felt “world-creating” activity in the front of his chest...this “self-creation” was a way of handling this kind of loneliness. When he senses chaos and deep fear in his parishioners, Ben jumps in to give them mental, physical structure. He holds the people together in his mind...enters too far into them and thereby distorts them. Ben now realizes there is no “being with” space in his relationships:

“I hold people in my head, don’t leave any space between us...I don’t have faith that they’ll meet me half way...I keep efforting with my head- to keep hope alive. If I scoop people up mentally and weave a mental cocoon around them, it protects me from reaching out and being rejected.”

Ben remembered waiting for hours for his mother, and finally believing that with mental prayer he could invoke spirits that would move her into the room. Now, as an adult, he holds people in this attitude of “mental prayer”. Ben was even able to turn the suffering and hoping into something positive...a kind of mental masochism:

Being hurt in love feels so right to me: my parents didn’t feel it when I wasn’t there (when I was alone in my room), so I became better than they- by holding them in my mind, along with all the nuances of hurt and separation, unrequited love and pain.

In the sessions, Ben realizes how hard it is to reach out from this body...to do something “straight out of my heart”. He feels his heart needs to come down out of his head into his arms...he searches for a breathing exercise that will aid his” giving birth to my heart into my chest, like a baby.”

(B) REFLECTIONS ON THE COST OF THE SHOCK--A FEW FINAL PARAGRAPHS ABOUT HOW BEN'S STORY DEMONSTRATES THE BASIC IDEA OF CEPHALIC SHOCK: BURDEN ON THE HEAD, HEART AND INEVITABLY THE SEXUALITY i.e., your aliveness is not so alive when you are holding onto yourself and the rest of the world:

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As we reduced the deep tensions that had prevented his feeling his heart, Ben felt moments of joy: his sense of morality flowed more naturally (as Reich has described) from a deeper connection with his body. He could **feel** how responsible he should be to his family and his congregation. Ben was now able to get annoyed, to feel that his life was being interrupted, and to set limits on what he would do. Feeling alive inside, he no longer needed to stay connected to people via a morality in which he devoted himself to their needs. It was very important to Ben that I accept and share the joy he was beginning to feel. Although limited by my envy, rivalrous feelings and shyness, I did communicate nonverbally and with explicit words that he had touched me deeply, and that I admired the work he was doing. His demand for my warmth and presence excited me more than it frightened the hidden, nascent part of my being. The healing was moving in both directions. In tandem with all this, Ben began to listen to the counsel he gave to his congregants and to feel enriched by it. I believe this was due both to his identification with my feelings for him, and his own recognition of the more authentic place from which he attended to others.

As the life flowed more deeply into Ben's pelvis and legs, he became conscious of how deeply his sexuality had been compromised, both by the lack of structure in his mother's personality and the detachment and brutality of his father: He could hear the "pain and impotence" in his mother's voice, and feel that he was "supposed to get it up...be her sword, her penis...be the effective one". These words sent shivers through Ben as he spoke. His center of gravity these days had dropped from his head and seemed to embrace his heart, his solar plexus and his pelvis. Unburdened of the effort to hold his world together, his mind was freer to see and understand the depth of his sexual and spiritual issues. Throughout the therapy, this movement downward and toward the core (grounding and centering) was catalyzed both by my releasing Ben's deep head and neck tensions with my hands, and even more often, by his nuzzling his brow and head into my brow, my hand, my leg...my warm body. Following such a session towards the end of our work, Ben felt good for days; then, while having sex, with the charge building towards orgasm, he felt the old, deep throbbing pain in his temples and the base of his skull. This time, however, Ben sensed that the pain was about his fear of losing his head, so he dug his toes into the bed, and allowed himself to be moved by the experience (One might argue whether he was thinking on or with his feet, but all would agree that things were going in the right direction.)

Ben was soon to move to another city because of career changes, so we had a termination phase of several months. As we recapitulated, and as he came home to himself, body and soul, Ben could see the quality of disembodiment that he had lived through:

"Something kept not happening.. I was not seen...so I became immaterial...like an angel-pure-taking nothing-living in a void, suspended, with no contact...I was an invisible agent of healing and reunion...a spirit who could move into someone's cells...my folks never met me on a soul level"

As we ended, Ben's cellular and spiritual void localized in the pit of his belly as an emptiness, a horrible feeling that he was losing me. Happily, this then evolved into a sense that he was pregnant with me...that I was his "love child: That's what it's like to have you in my body...and not just in my head."

#### (V) SUMMARY AND CONCLUSION

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I have been slow to publish clinical material to put flesh and blood or at least muscle on the bones of my clinical construct, cephalic shock. In part this was due to my earlier zeal, my fascination with broadening and deepening the theoretical base of the body-centered therapies. But I also suspect that my tardiness results from a reluctance I share with Winnicott to give examples. Examples tend to coagulate the living protein of people who hold onto themselves for dear life in infinitely varied ways. For example, in addition to a mother who was insecure ground, Ben had a father who was brutally physically abusive, and beat him about the head. The "jaws of death" that Ben saw when the energy moved strongly into his head, make his "cephalic shock" unlike any that I have ever or will ever again work with.

Finally, regarding the ongoing dialogue between body approaches and "mainstream" psychotherapy- it is perhaps harder than ever in 1997 to identify what is mainstream in therapy. On the one hand, the field is still very dichotomous: a group of therapists who touch their patients and for whom work on a body level is central, and another group for whom the spoken word is central, and physical contact and discharge of impulses is proscribed. On the other hand, more and more healers of whatever cloth, know that neither the body nor the spirit do well when they are not included (integrated) in moving a person towards health.

I find that Daniel Stern's (4) work has created what should be a very important bridge across these still dichotomous waters. Through his careful observational research (and that of others reported in his book) of infants and their caretakers, Stern has provided a compelling developmental argument for body-centered therapy. He delineates early levels of self (core and inter-subjective) that exist basically at a body level. ONCE FORMED, THEY REMAIN FOR THE REST OF OUR LIVES AS "DOMAINS OF BEING". THEY ARE NEVER SUBSUMED BY, ADEQUATELY GRASPED OR RENDERED BY OUR VERBAL SELF. With this, Stern has made officially mainstream a truth so obvious and yet so elusive that Wilhelm Reich had to rediscover it in 1930 for everyone except the people healthy enough to have lived it, and the poets who had sung it for ages.

Thus, our core levels of being are part of a psychosomatic mystery that can only be eluded to verbally. It follows that what is preverbal at an early time of life, is perhaps better understood as nonverbal or bodily, even after language arrives. Even in an organism that is not shocked cephalically, the acquisition of language and with it the ability to create a mental reality, may irrevocably fracture the unity of our lived experience (a fuller treatment of this issue is beyond the scope of my paper: see D. Stern (4). Since the core or bodily self continues as a distinct form of experience as long as we live, it follows that bodily approaches to bodily problems of self remain appropriate-even privileged-throughout our life spans. The

psychoanalytic view of the bodily self as regressive, strikes one as lacking common sense. The mainstream psychotherapeutic truth that verbalization is the privileged mode of communication, is less and less self-evident. Consciousness lives in the smells, rhythms and pulses of the body. Images and words are as powerful as lasers at times--and pale reflections at others.

Ben teaches us about **the spirit of the body and the body of the spirit**. Whether via exquisite words that take our breaths away or guttural screams that seem to stop our hearts, what counts is the psychosomatic struggle to more deeply have both ourselves and each other.

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