

mechanism for character reorganization, successful outcomes of psychotherapy are much more likely.

And when will this search for better psychotherapy end? Hopefully never. Turning around a crippled or endangered life is truly a miracle-like achievement, but the process takes too long, is often tedious and painful, and is very costly too. But as everyone knows, it is and has always been very difficult and dangerous to scale a high mountain in an attempt to conquer its top. The effort is made tolerable by the enormous joy of discovery, as previously unseen, new peaks always reveal themselves when we reach higher. Fresh and unsuspected landscapes, not seen from below, always lie ahead as a challenge. The same here. Climbing mountains requires stamina, perseverance and courage, which explains why relatively few have ever scaled Mt. Everest, and it also explains, without condemning, why many psychotherapists and the psychoanalytic establishment essentially still tread on the meadows first discovered by Freud almost 100 years ago, and why so little venturing forth occurs.

But new vistas do exist, and as he has it in his data to show...

On Diaphragms and Deer...
a response by Paul P. Shultz

In the years Dr. Bar-Levav and I have worked and learned together, we have enjoyed many successes and agonized over our failures, searching for new and more effective ways to help our patients get better. His observations on the central importance of breathing and its associated musculature help me understand more clearly why some of the things I have been doing with patients are so helpful to them. My work in combined individual and group psychotherapy sometimes may look traditional, but my interventions are aimed at altering the patient's physiology, not at analyzing the past. I often think of psychotherapy as a process of slowly "reprogramming" the stimulus/response patterns the autonomic nervous system developed as it adapted to early life experiences (Gordon, 1963).

The comparison to a deer frozen in the headlights of a car is most apt. Faced with danger, the options are not only "fight or flight," but "fight, flight, or freeze." Both "fight" and "flight" involve activation of the sympathetic nervous system. The third

alternative of "freeze" may be considered as a blocking of sympathetic responses: the breathing becomes shallow, the musculature very still and the gaze fixed. Yet while breathing is ordinarily regulated autonomically, it is the one autonomic system most easily modulated consciously. (From the meditative disciplines of the Orient, we know that heart rate can also be controlled consciously, but only after years of training.) For this reason, breathing is the most readily available autonomic system for direct, conscious intervention. It is therefore the avenue of first choice to directly modify the autonomic nervous system. Experience in my own practice confirms that active work with the breathing apparatus does indeed lead to an "unfreezing" that is a step towards permanent alteration of the physiology (Reich, 1945; Lowen, 1965, 1975; Kelley, 1992). In addition to breathing, however, one other critical factor should be added: work with vision in assessing reality. For while breathing is key to helping a person "unfreeze," vision is key to developing an accurate picture of reality.

The I-thou relationship referred to often is not available when the patient is caught in the "third alternative" of freeze, particularly when this occurs in the psychotherapy group, which is not so readily experienced as safe as is the individual session. Letting go on the ex-analytic couch is more akin to letting go in a trusted mother's arms. Yet it is in the group setting that the more significant and lasting physiologic work is done. Being completely vulnerable with a good mother is relatively easy, but with my fellow man in general? Here, in the "big wide world" of the group, the patient repeatedly takes small steps forward, finding out if it is safe to be vulnerable with those other than his therapist. Critical to this process is the patient's contact with reality, here and now, as he works his way through sometimes extreme degrees of fear.

Our primary organ for reality contact, the eyes are our basic tool for searching out the world around us, and literally seeing what's out there. They are also a direct link to the most primitive side of our nature; phylogenetically, the optic nerve is itself part of the central nervous system, as is the retina. Behind the optic chiasma, most of the optic fibers end in the thalamus, an element of the limbic system, that part of our brain closely associated with raw feelings (Gardner, 1969, pp. 29, 205). At those "frozen" moments, we humans are indeed like deer, reacting reflexively, primitively. The deer caught in the headlights of a car is not only very still in its musculature, its breathing shallow, but as we know from moments when we look at eyes reflecting back our headlights, the gaze is fixed, unmoving. It is of critical importance that the eyes of our frozen patients see where they actually are, here and now, and not be glazed over or averted as they experience intense waves of affect. They must see their therapist, their fellow group members, the painting on the wall, and so forth, to inform their nervous system that there is no actual danger in the present, even though their physiology sends them screaming messages of almost panic dimensions from the distant past. "Look around the room," I ask. "Look in people's eyes. What do you see? Are they friend or foe? Can you truly see them?"

Many times patients in the midst of profound fear literally cannot focus their eyes so they cannot truly see what is in front of their eyes. It may take conscious effort to focus the eyes and attend to the sensory input. Like breathing, humans are able to exert conscious control over this function and with a good coach become adept at seeing present reality in spite of intense anxiety. This represents a major step toward the physiologic resolution of the separation/individuation process. By literally forcing oneself to attend to the here-and-now, one treats oneself much as would a kindly mother who turns on the light and insists that the child, wakened by a nightmare, look around the room to see that he is indeed safe. Without coordinated work with vision, work with breathing could be reduced to a self-coupled state, or at best a dreamy, symbiotic-like state of union with an ideal mother. Sadly, since many human beings never learn how to actually *see* where they are, or who they are with, the old Hindu maxim that "life is a dream" is largely true.

Paul P. Shultz
4000 Town Center, Suite 1345
Southfield, MI 48075

An associate of Dr. Bar-Levav's for more than 15 years, Mr. Shultz opened his own office in 1991. They still do two groups a week together.

REFERENCES

- Gardner, E. (1969). *Fundamentals of neurology*. Philadelphia: W.B. Saunders.
- Gordon, J. (1963). *Personality and behavior*. New York: MacMillan.
- Kelley, C. (1992). *The radix* (Vol. 2). In *The science of the radix process*. Vancouver, Wash.: Kelley/Radix.
- Lowen, A. (1965). *Breathing, movement, and feeling (lectures)*. New York: Institute for Bioenergetic Analysis.
- Lowen, A. (1975). *Bioenergetics*. New York: Coward, McCann & Geoghegan.
- Reich, W. (1945). *Character analysis*. New York: Farrar, Straus & Giroux.
-