

# ABOUT RELATIONAL BODY PSYCHOTHERAPY





#### RELATIONAL SOMATIC PSYCHOTHERAPY

### An Interview by Nancy Eichhorn with Robert Hilton<sup>1</sup>

If it is bad human relations that created the problem then it must be good human relations that can provide the cure. (Guntrip, 1994, p. 401)

There's grace in feeling met, sensing another attuned to you. You feel heard, but more than that, you feel as if the person you're with totally gets you. The term attunement is often used to describe the ability to react to one another's moods and feelings—to detect what another person is feeling and to reflect those emotions back through facial expressions, gestures, vocal features, and other behaviors. When two people are attuned, both tend to experience positive emotions; when they are out of sync, feelings of discomfort and distress often result.

Attunement has been associated with mothers and infants, as well as with therapists and patients. In terms of psychotherapy, attunement is a central part of the healing process. The therapist's ability to perceive the nuances of a patient's response and respond in a way that accurately captures the sense of how that patient felt in the moment is essential to creating a healing relationship. Therapy is not about technique; it is about relationships.

"Theories and techniques are what we use until the therapist shows up," says Robert Hilton PhD, therapist, teacher, author, and co-founder of the Southern California Institute for Bioenergetic Analysis (SCIBA) (celebrating

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its 40th anniversary this year). "I have witnessed the ever changing constancy of Body Psychotherapy. Techniques change but the goal remains the same—the integration of mind and body," he shares. "The first big change in Body Psychotherapy (for me) was the understanding for the need for relationship. Whether it was through attachment theory or object relations theory, I realized the critical importance of the relationship with the therapist to the discovery of our true Self."

"It takes two to make one," Hilton continues, citing an oft-used quote by Donald Winnicott, a British paediatrician and psychoanalyst. "The counter transference of the therapist—how he or she influences the client or patient—is critical in this process of becoming. When the therapist experiences what he is trying to get the patient to experience, the patient gets better. This happens when the therapist can ask himself, 'What feelings does this client create in me that I am resisting acknowledging. Is it fear, anger, sadness, longing?' And almost always that is the feeling that the patient is resisting experiencing with you."

"My first supervisor in graduate school was a Freudian analyst. There were four of us graduate students in a small group who would work with clients and then present our cases to him for supervision. On one occasion he said to me, 'Bob, you think your clients would be better served if they had me, or Freud, for a therapist. Well they don't have me, or Freud, they only have you, and the problem is you are not giving them who you are. You are trying to be someone else.' At that time I had no idea that who I was in my authenticity could possibly be a healing agent."

Hilton initiated his Body Psychotherapy training in 1968 with Alexander Lowen, MD, a former student of Wilhelm Reich. Lowen was an American psychiatrist, and developed Bioenergetic Analysis, a form of mind-Body Psychotherapy, with John Pierrakos, MD. Hilton also worked with Stanley Keleman, who later developed Formative Psychology™, which teaches individuals how to participate in their own (somatic) formative process. By 1972, Hilton and his colleague, Renato Monaco, MD, had founded the Southern California Institute of Bioenergetic Analysis (SCIBA).

"Renato and I began our training program, and we didn't charge anyone the first two years because we didn't think we knew enough," Hilton says, then laughs at the newness of their belief and the passion behind their process. This was the beginning of an in-depth curriculum that Hilton

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created for the Southern California Institute that he continues to develop today.

Working with the Bioenergetic techniques that were taught at that time, Hilton felt something was missing – namely, the sense of an open and deep connection between therapist and patient that could be utilized as part of the therapeutic process and recovery of the real self. Whether the gap was due to the Bioenergetic theory or the personality of the therapist, the reality was that a relational process with the therapist was not available for exploration.

In regards to the relational aspect of therapy, Hilton stresses that in relation to others we are constantly forced to face our own love and our own helplessness at the same time. However, before our clients will acknowledge this truth, they need to know that we can accept this dilemma in regard to them as well as to ourselves.<sup>2</sup>

Hilton's work focuses on the development of the Self and the relational constructs that go with it. He notes that everyone who comes to see him as a therapist has a conscious or unconscious cry that says, "I want my life back. Help me remember and recover what I have lost." He recalls in his early days as a therapist working with a client for several years who finally suggested that they stop. Hilton says he had a mixture of feelings. He knew she wanted something that somehow he could not give and there was a certain relief in her leaving—he wouldn't have to face his own self-perceived inadequacies. She stayed away for about a year and then came back. During their first session, she broke into sobs saying, "You let me go."

"I knew in my belly exactly what she meant," Hilton says. "I had to admit that I did, and hearing her cry was like hearing me cry out to my own mother. I had become my mother to her, and she was crying my tears. We sat on the floor, and I held her as we both sobbed. In not having been able to fully mourn my own loss, I had not been able to help her face that same loss when she left. Her courage in coming back and confronting that loss was now giving us both a chance to be with, and eventually to leave, each other in a different way than we did with our parents as children."

"I cannot over emphasize the importance of having the capacity to mourn

<sup>&</sup>lt;sup>2</sup> Editor's Note: There is a significant case history, which has been omitted from the interview, here, as Hilton relates it, in greater depth, in his main article.

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and then surrendering to it. Early in my therapy, I was told that my tears were my life. In order to mourn, you must have had an internalized good object. You cannot mourn what you have never had. For the traumatized child, tears only lead to further isolation. We, as therapists, must provide the contact and the bridge to the deepest loss of our clients. Grieving is the body's way of renewing and maintaining our love and allowing our softness to return."

"Our longing needs to be embodied. We need to allow it to find expression in our eyes, mouth, face, and arms. When you watch a newborn nurse, you discover that his whole body is involved from the top of his head to the bottom of his feet. As he nurses, over time, he eventually makes eye contact with the mother, and, in the contact, he begins to experience how safe it is to be so vulnerable and needy. He also tests her commitment over and over to know if this contact, that is so essential for his life, is really for him and not for her. The mother needs to have a belly full of love in order to allow herself to give without demanding that it be returned."

Five years ago, a former Bioenergetics student combined Hilton's teaching materials and lectures and published, *Relational Somatic Psychotherapy:* Collected Essays of Robert Hilton, PhD. "It was a gift of love," Hilton says, a sense of honor present in the quiet touch of his voice. He underscores in the text the importance of giving in to the body to release the deepest cries, saying that with this release we reconnect with who we are. "Our cries," he writes, "are essential. They are affirmations of our wounded selves, which allow the reintegration of the split in our personalities, bringing ego and body together as a single self-affirmation."

Over the past 40 years, as Hilton continues to experience and explore, to learn and share, he emphasizes that crying alone is not enough to *sustain* contact with the Self. In the same way that our cries alone are not enough to keep our psyche/soma or soul together as children, they are not enough now as adults. In the same way that we needed certain responses from our caregivers then, to keep body and soul together, so we need them now. We need to allow the tears, but we also need a relationship that will provide a certain kind of nurturing environment where we can sustain contact with our fragile self.

"I am a privileged partner in another person's journey of life," Hilton says. "My task is to wait, watch and wonder at the mystery of another being,

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like myself, in their struggles to be who they are or want to be. From this perspective, I have a deep felt body compassion for my fellow sojourner, which I describe as love. I offer a quotation from A General Theory of Love where the authors say, 'Loving is mutuality, synchronous attunement and modulation.' All of our interactions with each other are relational and somatic but not all of our interactions are therapeutic. They become therapeutic when we are able to incorporate the experience of love within them. To get there we must constantly open ourselves to the expression of our anger, grief and longing. We can only do that if in fact someone cares deeply enough about us to join us in that journey."

#### References

Guntrip, H. (1994). Personal Relations Therapy. Northdale, NJ: Jason Aronson Inc.

#### Editor's Note

To learn more about this particular type of Relational Somatic Psychotherapy, you can listen to Robert Hilton's May 1, 2012 conversation with Serge Prengel, on 'Somatic Perspectives' (http://somaticperspectives.com) a series of conversations sponsored by the USABP and the EABP. There is also another earlier article by Robert Hilton, later in this volume.

## ABOUT RELATIONAL BODY PSYCHOTHERAPY

This volume contains a number of previously published articles all 'About Relational Body Psychotherapy'. This is a generic aspect of Body Psychotherapy focussing on the relationship between client & therapist and what is happening in each of their bodies, and how this affects the other.

After an introduction from the Editor, this volume contains substantive articles by: Nancy Eichhorn, Robert Hilton, Nick Totton & Allison Priestman, Michael Soth, Angela King, Julianne Appel-Opper and a themed series of 4 articles by Asaf Rolef Ben Shahar. There are then further articles on different aspects of Relational Body Psychotherapy from Julianne Appel-Opper, Angela King, and a case-history with a highly dissociative client by Asaf Rolef Ben Shahar & Kate Wood. The Nick Totton & Allison Priestman article is new (written especially for this volume), and the other articles have all been revised, edited and updated.

Courtenay Young – the Editor and Director of Body Psychotherapy Publications – is a Body Psychotherapist who has been working in different ways, with different client groups, and in many different settings for over 30 years. He currently lives and works near Edinburgh, Scotland.

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