



## **Each Morning Anew**

Dr Elya Steinberg

### **The Continuum We Refuse to Discuss: Pleasure, Meaning, and What Is Missing in Psychotherapy and Medicine. When Did Doctors and Psychotherapists Forget About Joy?**

Imagine entering a therapy session carrying not a problem, but a moment of genuine happiness. Imagine your therapist or doctor waiting — pen in hand — for the difficulty to arrive.

For many patients and doctors, this is precisely what happens. And for many therapists and physicians, however good their intentions, the training, theoretical frameworks, and even the language of their work orient them almost entirely towards suffering. Pathology. Wound. Deficit. What is broken, and how to mend it.

But what if repair is only half the story?

## Two Pathways

The medical sociologist Aaron Antonovsky (1987) spent entire decades asking a question almost dangerously simple: instead of asking what makes people ill, why not ask what keeps them healthy? He called this direction salutogenesis — from the Latin *salus* (health) and the Greek *genesis* (origin) (Mittelmark, et al, 2021). The salutogenic question is not "What is wrong with this person?" but "What sustains their vitality?"

And yet, most psychotherapeutic and medical training is organised almost entirely around the pathogenic pole. We learn trauma, defence mechanisms, developmental wounds, dissociation. All of these are necessary. But what about the other end of the continuum? What about resilience, pleasure, vitality, love, and meaning?

Perhaps this need not be so?

Let us consider a few further thoughts on the matter.

### Reich and Boyesen: The Body's Birthright

Surprisingly, this was not meant to be. Wilhelm Reich — a physician and psychoanalyst who worked extensively with Freud, the father of body psychotherapy — placed pleasure, not pathology, at the centre of his thinking.

In *The Function of the Orgasm* (1942), Reich argued that the capacity to experience full and uninhibited pleasure — what he called orgonotic streaming, the free pulsatory movement of life energy in the body — is the primary measure of psychological health. The armouring we develop in response to early pain and emotional suppression does not block only suffering. It blocks everything. Joy. Spontaneity. The ability to move. Releasing a person from their armour was not merely a matter of releasing pain — it was releasing the body's birthright: pleasure and vitality.

Gerda Boyesen, inspired by Reich, deepened this understanding considerably. In her seminal paper "The Primary Personality and Its Relationship to the Streamings" (1972), she described how the bodily streamings, when unblocked, constitute a natural reservoir of vitality, available for emotional challenge, ecstasy, and the simple everyday feeling of being alive. When a person is free from armouring, the streamings flow freely and generate what Boyesen called independent well-being: a sense of vitality and security that does not arise from external relationships or circumstances, but from within the organism itself. This is the foundation of the primary personality — the deepest and most authentic layer of the self, beneath all social adaptation and survival patterns.

When the streamings are gradually restored through psychotherapeutic work, people do not merely feel less pain. They begin to know, often for the first time, what they want and who they are. They recognise that the lives they have built do not fit them. They reach towards something more real. This is the movement from secondary personality — compliant, duty-filled, submissive — towards primary personality. A movement not away from difficulty, but towards aliveness.

And yet, at some point, this truth was lost within the tradition that grew from his work. The cathartic methods proliferated. The breakdown received emphasis. The rebuilding — what comes after the armour dissolves; constructing a self that can live within pleasure and move with purpose — received far less attention. Expression without re-construction is incomplete.

And therapy oriented solely towards suffering is, paradoxically, a betrayal of the tradition it claims to represent.

### **The Workshop on Pleasure**

For several years I led a recurring workshop in Israel for psychotherapy students on a single topic. The title was simply: pleasure.

Each time I wrote the word on the wall — just the word, nothing more — about a third of the group was already in retreat. Weeping. Frozen in place. Before a single exercise had begun. Pleasure is not an easy subject. We live in cultures bearing deep ambivalence — and sometimes outright prohibition — towards bodily joy, towards a person's happiness. And then there is trauma. For children of Holocaust survivors — a population I know from within — the moment something good arrives, catastrophisation begins. Goodness cannot be trusted.

Happiness feels like an opening to disaster.



And during wartime, or the threat of war — a state in which Israel has existed more or less continuously since its birth in 1948 — all the more reason to emphasise this point. How can resilience and pleasure take place and occupy space despite the precarious security situation?

If pleasure poses a threat to the therapist and physician, it will never be offered as a resource to the patient.

### **The Will to Meaning, the Belief in Agency**

Viktor Frankl (1946), writing from the Nazi concentration camps, argued that the primary human motivation is neither pleasure nor power, but meaning.

He described how he watched prisoners die — not always the physically weakest, but those who had lost their reason to continue living with the suffering. And he described others, weak in body, who endured because they had something to live for. The meaning of their lives gave them hope.

Albert Bandura (1977), approaching the same question from an experimental psychology perspective, arrived at a complementary truth. His concept of self-efficacy — the belief in one's capacity to act effectively in the world — is not merely a cognitive matter. It is, in bodily terms, the psychological expression of what Boyesen called the streamings reaching the muscles, enabling self-assertion: the bodily feeling that one can stand, move, and shape one's life. Bandura demonstrated that without this belief, capable people do not act. They remain contracted, waiting. With it, the organism reaches outward physically and not just mentally — towards goals, towards others, towards life itself.

This is Maslow's (1943) self-actualisation reformulated in bodily language: the natural movement of a living being towards its fullest expression — not as an aspiration imposed from without, but as an organic imperative from within. Reich saw it in the streaming body.

Boyesen saw it in the primary personality pushing through the armour. Frankl saw it in the prisoner who still had something to live for or who entered the gas chambers with the Shema Yisrael prayer on his lips. Bandura saw it in the person who still believed they could act. Together, they describe the same figure: a person who, despite everything, still reaches out.

### **Hope as Bridge: The Recovery Paradigm**

Contemporary psychotherapeutic research has arrived precisely at this junction — though it reached it by a different route.

Since the 1990s, the recovery paradigm has fundamentally reshaped mental health services' understanding of their purpose. William Anthony (1993), one of its foundational voices, defined recovery not as the elimination of symptoms but as: "Recovery is described as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness" (Anthony, 1993, p. 15).

Recovery, in this framework, is not a destination. It is a direction.

A foundational systematic review by Leamy and colleagues (2011), which synthesised nearly a hundred studies, identified five core processes characterising personal recovery. They called them CHIME: Connectedness, Hope, Identity, Meaning in life, and Empowerment.

From a biodynamic perspective, it is worth noting how precisely these five processes map onto the restoration of the primary personality. Connectedness is what becomes possible when armouring softens. Identity is what grows when the streamings reach the muscles and the person experiences the strength of their muscles — self-assertion. Meaning and empowerment are what Frankl and Bandura, respectively, described as the fruits of the inward reach. And at the centre of all five — the component without which none of the others can take root — stands hope.

Hope, in this research, is not optimism. It is not the cheerful insistence that things will improve. "The roots of hope, unlike optimism, are embedded in absolute reality," says Dr Jerome Groopman (2004) in his book *The Anatomy of Hope*. It is something more bodily, more primitive: the bodily sense that the future is open. That one's actions can make a difference. That the self is not frozen. This is, in bodily terms, precisely what Boyesen's streamings restore. When the organism can feel its vitality — even for a brief moment, even partially — the future is no longer blocked. A body that can feel pleasure is a body that can imagine tomorrow. And a body that can imagine tomorrow is a body in which hope becomes physiologically possible.

This is the connection that psychotherapeutic training rarely presents explicitly: pleasure is not the opposite of therapeutic seriousness. It is the bodily substrate of hope. And hope, as recovery research demonstrates convincingly, is not an addition to the therapeutic process. It is its engine.

### **Camus and the Climb**

Albert Camus (1942), in *The Myth of Sisyphus*, asked the only question that truly matters:

Are our lives worth living? And he answered it — not through hope or transcendence, but through radical embrace of the present moment in all its absurdity.



I know this question not only as a clinician, but as a patient. In January 2025, I was diagnosed with cancer. What followed was a year that taught me, from within, what suffering means on the pathogenic continuum — and why the other end of that continuum is not luxury, but lifeline.

### **Fifty Shades of Pain**

An entire year since January 2025, when I discovered the cancer, and since then, a course of pain in which the meaning of my life dissolved.

In medical school, we did not learn about these fifty shades. No one told us, us cold doctors, what a patient actually goes through — what pain actually is. Surgery. Chemotherapy. Radiotherapy. So many types, so many intensities. Physical and emotional — together. The neuropathy began in my hands — as if someone were pulling out my nails twenty-four hours a day, without respite.

Each finger alone, each toe separately — different pains, different digits, simultaneously.

Muscles screaming. Knees weeping. Losing strength. Losing grip. Losing will. Internal death creeping inward. Fingers trembling. Wings broken.

And yet — still here.

**And yet — still here. In that sentence lies everything.**

Because within this year of dissolution, something else was also present: the paradox that every depth psychotherapist knows. To truly feel that meaning has dissolved — that chemotherapy is dismantling not only the cancer but the very fabric of the sense of self — and to know, on another level, that life continues alongside the feeling of creeping death. That the dissolution is also, in Zen language, emptying. And an empty cup can be filled anew. From that year came this:

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I wake to daily aches of differing strengths — fifty shades of pain. I fire up the engines of self for the daily Sisyphean climb.

But as Albert Camus wrote in *The Myth of Sisyphus* (1942), the most vital question — perhaps the only one — is: Do our lives hold meaning?

And I awaken to the meanings, not merely to the pains and frailties, thereby allowing the will's force to begin the climb each morning anew and to shape my day.

"To create is to fashion one's destiny." "To create is to live twice over," Camus continues in that same book. Sisyphus, Camus insisted, must be imagined as happy. Not because the stone is light. But because the act of rolling it is his. This is also self-efficacy in its most primitive form: not the absence of suffering, but the unbroken recognition that one's effort is one's own — and therefore worth making. And in the doing and in the physical sensation that a person experiences when there is streaming within them according to biodynamic psychology — pleasure is embodied — not in opposition to suffering — but simply as an essence in its own right.

**Choosing Life - I'm not a leg**

Many years ago, whilst still a young medical student, I was part of the "Perach" project — an initiative in which medical students accompanied young patients along their journey. Thus, I came to a fourteen-year-old girl, whose heavy fate weighed far more than her years — and who, without knowing it, was about to change me no less than I was about to change her.

A few years earlier, she had been diagnosed with osteosarcoma — a malignant tumour in the femur. Long years had preceded this diagnosis, years in which she wept her pains into indifferent ears, until one day, in the emergency room, a doctor sent her for an X-ray and there, etched in cruel clarity on the grey film, the tumour revealed itself for all to see.

She underwent radical surgery that saved her life but took her knee. However, whilst she was recovering, infection spread in the bone in the operated area — osteomyelitis, a cunning and hard-to-conquer enemy. Further surgeries, long courses of antibiotics, and hope hanging by a thin thread.

When I met her on that grey winter evening of 1989, before me stood a beautiful girl with wise eyes — but eyes that had nearly forgotten how to sparkle. Her entire world had contracted around a single axis: surgeries, treatments, illness. She, in the bloom of her youth, was scarcely living a real-life outside hospital walls. And I, sitting across from her, felt how keenly an entire life awaited her within — like light behind a heavy curtain, seeking to break through.

So, I turned to her, and words emerged from within me that I had not planned in advance — words that flowed from a place of truth:

"It's true — you have one leg that is very ill, and you may need to carry this burden for many days. But listen to me: you have been granted life. You are cancer-free. And the life you have been granted is not a partial life — it is a whole life. Because you are more than a leg. There is great health in your body, and there are worlds in your soul that have not yet been revealed.

You deserve to laugh, to love, to fall in love, to quarrel with friends and make peace, to dance — even if your dance looks different. You deserve to learn, to dream, to grow. The doctors will treat your leg — and together we shall care for all your other parts, which are immeasurably greater than it. The illness is a chapter in your life story — it is not the story itself. And you — you are the story."

And something in her moved. Not all at once, not in an immediate miracle — but as light returns to an eye that has been closed for a long time: slowly, hesitantly, and then fully. For four years we walked together. Step after step, between surgery and surgery, between hope and disappointment and back to hope. I watched her learning again, laughing with friends, discovering her strength. I watched her choose again and again, each morning anew to choose life.

Because this is the truth that fourteen-year-old girl taught me, on a grey evening etched in my heart: that courage is not the absence of pain — it is the decision to live within it and despite it. That the joy of life is not a gift given only to the healthy — it is a choice, available to anyone willing to reach out and take it. And that the meaning of life is not measured by what has been taken from us, but by what we choose to do with what remains.

Some two years following the conclusion of our therapeutic work together, she wrote to me. Her reflections revealed a profound inner transformation. Whilst her outward circumstances remained largely unchanged, she described a fundamental shift in how she approached life — thinking with greater depth, committing to her aspirations, and following through with a consistency she had not previously known. She had abandoned any expectation of external rescue or fortune, recognising instead that meaningful change requires active participation; she characterised herself as hopeful yet grounded in reality. Most significantly, she expressed how her sense of identity had expanded far beyond her physical limitation, concluding - she already understood that she is not a leg, she is beyond that.

And so it was — and so, I believe, it shall continue to be.

## The Invitation

There exists a surprisingly simple intervention that can transform therapeutic engagement: instead of waiting for the problem, the therapist asks — truly, with curiosity — what went well this week? Not as a technique to circumvent difficulty, but as a deliberate act of reorientation. To cultivate the growth edge, not only the wound.

Polyvagal theory (Porges, 2011) reminds us that the ventral vagal state — the neurological substrate of social engagement, play, and genuine pleasure — is the foundation from which all regulation becomes possible. One cannot build a resilient nervous system on the pathogenic pole alone. Movement practices oriented towards vitality — Feldenkrais, Shaolin kung fu, tai chi, qigong, yoga, ecstatic dance, Biodynamic massage — share one common quality: they do not ask what is wrong with the body. They invite the body towards what is right.

The continuum of human experience stretches from the deepest suffering to the most expansive joy. Psychotherapy and medicine that address only one end of this continuum are not whole psychotherapy and medicine. A therapist who cannot accompany their patient into pleasure cannot accompany them all the way to hope — and hope, as both ancient wisdom traditions and the most rigorous contemporary research agree, is what makes recovery possible — and real.

Each morning anew — the invitation is to awaken not only to the pain, but to the meaning. Not only to the wound, but to the strength. Not only to what is broken, but to what, despite everything, still reaches out towards life.

That reach is the primary personality. And it deserves our fullest attention.



**Elya Steinberg is** a non-binary British-Israeli biodynamic psychotherapist (Gerda Boyesen Centre) who perceives themselves as Buddhist-Jew. They are a medical doctor, UKCP registered, and an EABP member. They served as co-director of the London School of Biodynamic Psychotherapy for nearly 11 years (2005-2010 & 2014-2019) and headed academic studies from 2014 to 2023. They chaired the EABP Training Standards Committee from 2020 to 2024. They are a lecturer and supervisor at The Minster Centre and Regent's University in London and work in private practice.

Additionally, they are an MSc student in applied neuroscience at King's College London and a cancer survivor.

## Artwork



Photograph hummingbirds: Ehud Eliashar is a retired equine surgeon, long-distance runner, bird enthusiast, and astrophotographer.



Paintings: Prayer, Still Life Prof. Vered Rom-Kedar of the Weizmann Institute has been engaged in both painting and mathematics for over four decades. Her mathematical work in dynamical systems traces how forms evolve and transform, while her expressive figurative paintings echo this movement—revealing the human figure as both fragile and dynamic, continually shaped by and responding to the world, see <https://veredromkedar.wixsite.com/artwork>

Prof. Vered's photo credit: Michael Benedek

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