

TRANSFERENCE IN BIODYNAMIC PSYCHOLOGY¹

Gerda Boyesen interviewed by Michael Heller

MICHAEL HELLER: Last May, the French speaking association of Biodynamic Psychology organized a meeting on how transference phenomena are dealt with in a body-oriented psychotherapy such as ours. We are now preparing a volume based on what has been discussed during this symposium and would very much like to publish your views on the subject at the end of this volume.

GERDA BOYESEN: The first thing is the transference from the group to the group leader/therapist, which is an even more complicated and unusual transference, as usually only one person is involved in the transference to the therapist. The psychoanalyst keeps this completely clear. The patient does not see him outside the session, nor knows about his home, his situation, or whether he is married, etc...

In groups, group leaders come closer, so that their patients usually also know about their lives. Group transference to the group leader or therapist can be very heavy; it can be positive, it can be negative... it can also provoke an emotional plague. Particularly when the therapist exerts a deep provocation of the unconscious.

Talking about students in training groups, there are two different areas. One is when they come together one weekend a month - or four days, three times a year... that's more Lowen style. Here in London, students come once a month for teaching, once a week for treatment in the clinic and for their clinical practice as an apprentice. This gives a tremendous soil for pathological transference.

There is also a difficult situation with people who live negative transference towards those with positive transference. If the negative transference is very intense and deep, then the people who live a positive transference will suffer. I have a deep experience of such situations, because they have occurred when we worked too deeply with our groups. At such moments, the whole unconscious material is provoked, insufficiently integrated through individual therapy and not harmonized with psychoperistalsis.

In training groups also, people worked with each other and were not so good at handling this, so they went too deep; too much red energy came up which caused this very deep transference.

An interesting aspect of those situations is that they can be characterized in the following way. First of all, there is this raising in the emotional canal of the unconscious energy (like hatred, envy etc...) and these feelings are not worked out of the system because:

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- They don't have the right therapist. For example the therapist continues to go deep and to provoke further.

- There occurs what I call a recycling. The students speak with each other all the time - and it provokes. In such situations there is not enough neutral space, because of all the conflicts and unconscious pressure... and they get physical symptoms, psychosomatic symptoms. It is important to be aware of that danger. I have to speak of my experience, and we had two such situations here in London which were particularly bad.

One was an American group leader who worked here. He was psychoanalytic orientated and based a lot of his work on transference analysis. He would also put the group in a semi-hypnotic state and then work with the "pressure-cooker principle": he would provoke, then work during the whole session with a few people, while the others were sitting around, so that the watchers had no chance to work through the provocation. This brought along a lot of fear. In psychoanalysis you are happy when the patient starts to hate you, and the psychoanalyst will say maybe after six months "ah, now it's going well, because he is angry with me or hates me!". This is not the case in a provocative massage, dynamic massage, other massage techniques, or in our vegetotherapy. In my work I prefer to work directly with the hatred of the mother and the father... or whoever. I don't use techniques where the patient hates me. It can happen of course.

When one uses my methods, negative transference can create a disturbance and complicate the treatment. One cannot go further in deep vegetotherapy, if there is a negative transference. It has to be dissolved first.

M.H.: What do you do in such a case?

GERDA BOYESEN: We have to speak about it - using Gestalt when they speak to me. It is important to distinguish if it is a transference, or if it is an actual situation. If I have done something wrong with the client, then it is not a transference. It can activate deep transference, but it is a reaction to something I did. In such a case, one must not work with the mother and father, but sit and talk until it's worked out. Once this is done, I can again become their midwife. If there is a transference and they are angry with me, then I use - for example - the following technique.

I ask the client: "Close your eyes and see if you see me." When they see me, I ask: "Say if my image changes, or if you see anything more". And then, very often, they see either their mother or somebody else.

This happened right before I started a new training group. A man from the group came to me in the corridor, and said: "I want to go home, I don't want to take the training".

I asked him: "Why?".

"Because I don't like you, you are too fat, your lipstick is too red", he said.

And I answered: "Alright, but just come in and sit". He then sat next to me. I then said: "Close your eyes, see if you see me, see if you see anything more... or if it changes".

And he started to laugh. He saw his piano teacher when he was six years old. She was fat, her lipstick was too red, and she was hitting his fingers with a stick.

I also use other techniques with my clients. For example, I can get them to do Gestalt with a pillow. I remain seated and guiding. If they become furious with me, I ask them to express whatever they feel on a cushion. I ask them to close their eyes and to do as if this cushion were me. With this technique they can feel their anger, they can say whatever they want to me, they can abreact, kill me, or whatever. Such a technique can also be very successful to deal with that negative transference.

M.H.: And what do you do when an over-positive transference occurs?

GERDA BOYESEN: Positive transference is good, but over-positive transference is dangerous, because it can turn into hatred, and it can also have a sort of fog over it. So, with the over-positive transference patients, you have to speak about it with them until they have sorted it out and the situation has become more normalized. There is a big difference between over-positive transference and gratefulness, and a big difference between neurotic gratefulness and healthy gratefulness.

Positive transference during massage is good. But when the over-positive develops and becomes neurotic gratefulness, one can expect a latent negative transference. And then I can't massage: how can you be massaged by somebody you hate?... you will contract, the psychoperistalsis won't work. The therapist may eventually use more the Reichian techniques based on manipulation. I distinguish between massage and Reichian manipulation. I only use positive manipulations in a massage. But when one presses on the jaw muscles so hard as to get aggression and negative transference out, it is not massage, but vegetotherapeutic manipulation. One can work with transference when one manipulates, but not during massage.

M.H.: During the symposium, I had the impression that most Biodynamic Therapists who were present often confused projection and transfer. Do you see an easy way of differentiating these two phenomena?

GERDA BOYESEN: One projects, for example, one's hatred onto another. When he does this, a person does not feel his hatred, and imagines instead that another person is hating him.

One projects a feeling on another person, but one transfers a mother, a father, or another person of one's past to someone else. If I attribute my anger to someone else, I project my anger. If I react to someone as if he were my father, I transfer my father onto this person. Of course, you can have both, but that is my definition.

M.H.: Let us take the example of a patient expressing sexual desire for the therapist. When is such an expression a projection, and when is such an expression a transfer? And once such a difference has been perceived by the therapist, how should it influence his way of reacting to the client?

GERDA BOYESEN: During my therapy with Ola Raknes, he always irritated me because he told me that I had a sexual desire for him or that I was sexually attracted to him. You see, I was not. Because he was an old man, it did not

occur to me. And one can say this is a repression, that irritation is a denial, a defense mechanism.

But I went to another therapist afterwards and I was madly in love with him. But that was not transference, because he was very good looking: I fell in love the moment I opened the door and he fell in love with me too. It was really an enormous attraction which again was no transference. So we have to take into consideration that when a man and a woman of the right age conceive an attachment, it does not have to be a transference; however, you can have a transference in an attraction. A woman will marry a man because, when he is proud, he does something with his nose that reminds her of a boy she was in love with when she was six. This is, of course, a positive transference.

M.H.: How much attention does a Biodynamic Therapist give to projective and transference phenomena?

GERDA BOYESEN: I think the Biodynamic work is very near psychoanalysis in its orientation. For me Biodynamic work is more psychoanalytic than psychoanalysis itself, because it comes closer to providing examples for Freud's theory of the Libido and Aggression of the Unconscious and of all the stages of Psychosexual Development. Oedipal situations, for example, come up in experiences, not in interpretation and I have always been amazed how they prove Freud's theories.

You see, if you are on the patient's side and you lead the patient into all the conflicts, and emotions and abreaction towards the mother and father occur spontaneously, there won't be so much transference, because the therapist is on the patient's side, helping and guiding... while very often the therapist puts himself in the parents' place. With more verbal therapy, and in a sitting station, there can come a lot of transference. Transfer is also strengthened if you work deeply without solving it. But if you can manage this art of provoking and solving, not over-provoking and not bringing too much unconscious towards the borders of the ego, then there won't be so much transference.

M.H.: Could you say a little more about why you think transference is more of an issue in verbal psychotherapies, than in body-oriented ones?

GERDA BOYESEN: I am speaking mostly of energetic therapy which works near the ego, and dissolves; not of bioenergetics, which go deep. I think transference is stronger in verbal therapy, because verbal therapy creates processes that do not often lead to - as in Reichian vegetotherapy - a melting. That harmonization follows a charge is an important element. This principal was central in Reich's thought, and is central in my work. It could easily be used in other techniques, even verbal ones. Last time I was in Brazil, I met some of the patients of a psychiatrist / psychoanalyst who had also trained with me. They told me that each time he came up with an interpretation, they had psychoperistalsis and streaming. Because of this, they were grateful to him and did not feel hatred towards him. Freud stressed that "you should always work with what is nearest to the ego". When you do not follow this rule, there comes more transference because you reach layers that are not ripe. To measure how

deeply you work is really an art, and a very difficult one. Many psychoanalysts come up with interpretations that often are not right in the first place, and even when they are, often come up with them too early.

Some therapists are more prone to get transference than others and that is very interesting. Some therapists I know of, have a personality that attracts transference, whilst others have a personality on which it is not so easy to transfer. I have been working with different levels of massage and with psychoanalytic orientated techniques, since many years. I therefore have a lot of experience in trying to find which therapeutic attitude is appropriate towards each type of work. When I do not want transference, I often become the "Gerda Boyesen I do not show to my psychoanalytic patients": a sort of feminine, chatty person who usually destroys transference. And then there can be other cases when I have destroyed it without wanting to. In these cases I am on a razor's edge, on slippery ice; I feel then that I might go to the edge and fall.

Such a situation is dangerous, not only because I destroy a transfer, but mostly because I also destroy the psychotherapeutic bond between the patient and myself, the impulse that makes us want to go on exploring together... and that is very serious! For example, I often work verbally without touching the patient, using a psychoanalytic orientated approach. I know that by becoming too trivial, I can destroy a serious treatment with a deep transference to me. When this occurs it is not therapeutic, but accidental. Such an accident happened twice, in moments when a patient was speaking about aspects of her life which were so similar to those I had lived, that I started to say that I had also experienced them. This completely destroyed the therapeutic transference, but then a personal friendship developed. Nevertheless, to destroy a transfer this way is a deadly sin and I have had to learn when I am about to say something I shouldn't say, and to know the stages.

Freud said "take away all symptoms of the patient and you lose the patient". However, you then have to balance, because with the psychoperistaltic work you take away the symptom; the patient thinks he is fine and stops. In my old work with Deep Draining², patients went back to chain reactions, during which new symptoms would appear in succession. It was therefore crucial for me to find a way of melting, and peristaltic regulation of tensions. Part of myself found this attitude unethical, but you have here to find a very fine balance, because if you know the patient is not where the patient should be, and if the patient asks you to go beyond just symptom treatment, then you have an obligation to the patient.

M.H.: How long is a therapeutic process in Biodynamic Psychology?

GERDA BOYESEN: The way I work now I can take many symptoms away in one, two or three sessions. With ongoing treatments, I think more in terms of two years and even this is short, because it takes six or seven years before psychoperistalsis regulations really find their way.

Psychoanalysis conflicts are sometimes solved on an intellectual level, but are still in the body... people may have finished their therapy thirteen years

² A deep muscular massage created by Gerda Boyesen. (Editor's note)

ago, and their conflicts are still in their bodies. We open a process in the body. Sometimes we think we have solved all the problems during the therapeutic sessions with a patient, because at the end the person is happy, well-functioning and doesn't have any more symptoms. But recently, I met in my Deep Draining courses people who had been trained with me more than six years ago, and during the Deep Draining sessions, new insights, new sensations, new feelings came from the body. So, for me it's more of an endless process. You can go on and on, because you want to develop; you get rid of the symptoms for which you came, you forget them and you discover new things about yourself, and that is when the patient becomes "hooked" to the fascination of their own development, which is actually a good thing as then, they are not stuck. I remember when I first came to London and went to a few groups. In one of these, there was one therapist going through a birth experience. Seven years later, I met him again. He was still going to still Bioenergetic groups, where he was still working on his birth because he was split off.

M.H.: Can you say more about the difference between Bioenergetics and Biodynamics, and on how you prevent this?

GERDA BOYESEN: The way I prevent this is always to fulfil the vasomotoric cycle³ (2), and not to work with the deeper layers which are mechanical. The work I just referred to is an example of what I mean by mechanical layer. This man contacted his birth reflex, but without feeling, so that dissolving was impossible. In this work, therapy opened the foundations while the building was still standing. So that birth feeling had to learn to find the way of existing as an underground river. But as this river could find no outlet, it kept pressing upwards. In my book I give an example of such a mechanical feeling, when I write about my visit to Dr. Harvey. He said "I want to see your breathing; we can speak about your family, mother-in-law and so on, lie down and let me see your breathing". I lay down. While I was lying there, my body went into movements, but there were no feelings. That was mechanical. As he loosened my breathing, energy pressure rose, but could not find an outlet. It took many many years before I got down to the feelings in many things; I mean a feeling with abreaction, with crying, with anger, with talking, with memories. Only then did these movements split from feeling, become filled with energy, with libido. Only then energy tensions became ripe, could follow the vasomotoric cycle, and connect with peristaltic mechanisms.

An insight which is of therapeutic value is an insight ripe enough to find a solution... for example in a transference dream. For instance, I was once in therapy with a person with whom I experienced both transference and love. It was of course futile, as he was married. During this process, I dreamt that I was walking in a street - a particular street, in Oslo. And along he came in an open car with his wife! He did not want to look at me and that was a terrible situation for me; but then, he took his hat off and threw it on the road, just where I was. Looking at its brim, I noticed it was very wide. The message that came across to me from this image was that he had stretched himself as far as

³ 2. Simply: to follow the charge / discharge formula. (Editor's note)

he could. The fact that the brim was so wide told me of his concern and love for me, but also of the impossibility of the situation. I found that message so fantastic! I started to laugh, and laughter is often a dissolving thing. Psychoperistalsis came with this insight. When the insight is on the right level and when it is ripe, then comes the psychoperistalsis.

So this was a big big experience for me.

London, 14th of November 1986.