Psychotherapy Guidebook

BIO SCREAM PSYCHOTHERAPY

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Bio Scream Psychotherapy

DEFINITION

Bio Scream Psychotherapy, also known as Bio Psychotherapy, is a direct, responsible way to help a patient learn to feel safe with his deepest emotions.

HISTORY

Two schools of psychotherapy that elicit screaming, associated with the names Casriel (New Identity Group Process) and Janov (Primal Therapy), originated independently in the early 1960s. A few years later, Bio Scream Psychotherapy evolved from the New Identity Group Process at a time when Casriel groups, still strongly influenced by the Encounter Therapy for drug addicts at Synanon, were often filled with hostility and the threat of humiliation.

My purposes in creating Bio Psychotherapy were to provide greater emotional support to my individual patients and to structure my groups to encourage warm, empathetic exchanges among group members. What was therapeutic, I came to believe, was that the patient experiences his climactic screams, which can be uttered only at a moment of abandonment of defenses, thus bringing about rapport with others.

TECHNIQUE

The principal process of Bio Scream Psychotherapy involves eliciting emotional cries in a setting where they meet with a validating response. I call this process "Scream/Love" or "S/L." The "Scream" referred to is one of several kinds human beings can produce: it is a biological expression of emotional pain, the intense form of the need for love. "Love," or good feelings toward the patient, is abundantly available (from the therapist in one-on-one Bio Psychotherapy and from fellow patients in the group form) when the patient's expression is the open scream of emotional pain. Similarly, in response to the scream of fear, comfort and reassurance; to the roar of anger, at least an acknowledgment of the anger, and often much more, an empathetic sense of a common triumph; to the cry of joy, a sharing of the joy.

Here are three techniques of Bio Psychotherapy, briefly sketched. (At the end of this section I list a number of others.)

1. Helping the patient achieve climactic emotional expression. A patient isenabled to identify his emotion, perhaps using one of the modal phrases — "I'mscared," "I hurt," "I'm angry," or "I feel good." He is asked to repeat the phraselouder and more rapidly, that is, with less time for recovery between phrases.

The therapist knows what a biological expression of emotion looks and

sounds like. He guides the patient toward the movement and vocal resonances that allow a complete release. For example, when a woman with a lot of suppressed anger beat at her thighs in frustration at not being able to sound angry, I said, "You don't have to punish yourself anymore. Hit out with your fists!" I urged her to scream louder, more angrily, and to "blast out" with her voice. My own voice, crackling with anger, suggested the staccato quality she was striving toward.

When the therapist hears the naked resonances of the scream emerge in the modal phrase, he says "Just say, 'Ahhh,' " and urges the patient on to the climactic release.

The goal is for the patient to learn (or relearn) to feel safe with his emotions so that they are no longer fearful and painful to him. Thus, the therapist may say, "It's safe to express all that fear," or "It's safe now to let out all that pain." When the patient works through the complete expression of one or more of the emotions, he generally feels very good, even exhilarated. The therapist shows his own pleasure in the patient's work, embracing him if appropriate and, in the group setting, inviting him to go around to receive the love (embraces) of his fellow group members.

What has this to do with real life? Everything. One who has learned (for example) to feel safe roaring out his anger can say, when necessary, "I'm not

going to stand for that — cut it out!" and his voice will have an assertive edge to it. One who has screamed out his pain, and felt safe with it, can say to a friend or lover, "I need you," and his voice will have a quality that draws others to him.

2. Paracatastasis, or projecting a significant figure in order to deal with him as though he were present. To elicit feelings toward a spouse or lover, or a parent, who may even be dead and so unavailable for a confrontation, the therapist may say, for example, "See your mother in that chair." (The therapist looks to the empty chair as though seeing her there.) "What would you like to say to her?" Thetherapist helps the patient identify his emotion and urges him through the complete expression as in technique #1, above. Afterward, the therapist may say, "Look ather again. What's she doing now?" It is a remarkable aspect of the mind that the patient will often be able to see his mother as though she were present, and making a characteristic response. "She's turning away"; or "She's saying 'How dare youopen up your mouth to me.' " "And how do you feel about her saying that?"Thus, a long, overdue emotional dialogue may be initiated.

3. Abreaction of early trauma and deprivation. Some patients come to the first session ready to deal with a lifetime of pain and emotional deprivation. Others swiftly reach that level in the course of attempting to organize an emotional expression, or in projecting a parent into a chair. The

therapist asks the patient to lie down on a mat. The therapist often takes his hands. I sometimes cradle my patient's head against my side or chest when he is screaming out (abreacting) early pain.

The heart of Bio Scream Psychotherapy is this: the therapist gives love to the patient. The love evokes the patient's pain, fear, and rage at never having gotten what he needed in infancy and childhood. He is able to scream out his early emotions and learn once more to feel safe with his own needs.

Paying too much emotionally for love, or playing Don Juan, or drug, alcohol, or junk-food addiction, or impotence in men or lack of orgasm in women — these and other self-defeating patterns serve to avoid situations in which some feeling must be expressed. Often the feeling is so fundamental that it would scarcely be said in so many words, such as, "I have the right to be loved." Bio Scream Psychotherapy, in allowing the patient to learn once again to feel safe with his emotions, prepares him to engage in rewarding love relationships.

(In the cassette set referred to in the Bibliography, I discuss the above techniques in much more detail, and also treat many others. Space limitations permit me only to list a few here: eliciting emotions from dreams and memory fragments; changing dysfunctional attitudes and expectations in love relations with scream/love methods; confrontations.)

APPLICATIONS

Bio Scream Psychotherapy works for a wide range of neurotic and character/disordered patients. It does not work well for psychotic patients outside of a residential setting. It has not been adequately tested for psychotics in a residential setting.

It is not a miracle cure. It may be considered a miracle that it exists at all, that with hard work and love a therapist can help a truly committed patient effect great changes, even a new integration of his character in a briefer time than a conventional therapist could have imagined. One reason for the very high rate of success of Bio Psychotherapy is that we skim off the cream of the patient population. We do not attract patients who merely want to mark time. Those who want a "miracle cure" bounce out in a session or two. Those who throw themselves into the work make the miracle happen.