



## A conversation with Stanley Keleman

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Stanley Keleman is the founder of Formative Psychology, an approach that views life as an organising and formative process. The Spring 2007 issue of *The USA Body Psychotherapy Journal* was devoted to Stanley Keleman's work and its practical applications in psychotherapy, medicine, neurobiology, acupuncture, organizational development, literature, poetry, and personal growth. Stanley Keleman is based in Berkeley, CA, where he directs the Center for Energetic Studies.

The *Somatic Perspectives* podcast explores somatic psychology, relational therapies, mindfulness and trauma therapies. It is edited by Serge Prengel, LMHC, who is in private practice in New York City.

*The following is a transcript of the original audio. Please note that this conversation was meant to be a spontaneous exchange. For better or worse, the transcript retains the unedited quality of the conversation.*

*Serge Prengel: Maybe a good way to start would be to tell us about how you arrived, starting from emotional anatomy, to Formative Psychology.*

Stanley Keleman: You know, actually, in the early chapters of *Emotional Anatomy* there was embedded the “formative” concept. Because that actually was in *The Body Speaks Its Mind*, my book, in *The Body Speaks Its Mind* there’s a whole chapter on the formative process.

*S.P.: So, Stanley---*

*S.K.:* And emotional anatomy was laying the foundation for how the body grows into the shape that it is, that we use as a diagnostic category as a way to appreciate what it is that we’re working with. So the seed was there, about what Formative Psychology is, and why it’s grounded in the life of the body. So that’s a background for it. What I understood, that is, when I wrote *Emotional Anatomy* was that the central truth of human life is that we’re bodied, and that having a body has different shapes over time, in child and adolescent and adult and older adult, and that these shape changes are built in. They’re our inheritance. And I saw that actually, shape—and now I mean body organization—is our inheritance and that it’s the manifest principle of all animate existence and as far as we know, the living and the living environment is driven by anatomical form.

*S.P.:* So I want to just stop you for a minute here because there’s a lot in what you say, and some of the people who listen to this are intimately familiar with it and some are much less so, are not aware of it, so I want to just bring in what I’m hearing you say is that, we go through different shapes and these shapes are not just “shape” as we use the word in everyday language but shapes as a principle of organization.

*S.K.:* Correct. And these are organized forms of existing. And they’re anatomical in nature, whether that anatomy is cellular or molecular.

*S.P.:* And one of the things, the statements I think you sometimes make is “anatomy is behavior.” So how does this relate to transformative psychology?

S K: Well, once you realize that when you see any anatomical form, when you see, say, a cell, and when you look at the cell as inside a microscope with a structure, you see that it's doing something. It's behaving. And if you excise say, the nucleus, or other things, the cell behaves differently. So you get the idea on that small level, on a microscopic level, that anatomy is in fact not pictures in a book, but a living behavior that's doing something. You can say that it's expanding and contracting, you can say that it's moving liquids, you can say that it's making chemical exchanges, you can say that it's making cellular relationships from one cell to another, and so forth. But it is behavior. So then you recognize that a body shape is already a behavior. Standing upright is a behavior. And then you realize that anatomical behavior, anatomical organization is a behavior, and as a behavior it's an experience, and that as anatomical change happens, so does behavior and so does experience and so does meaning and value..

*S P: Ok, so that focus on the body is really where you see that the body reflects experience, and reflects value and that that's the interface, that's where everything comes into place.*

S K: If you say that anatomy is behavior, and that behavior generates experience so that experience is anatomically-based, then of course embedded in that statement is that there's sensation, there's feeling, and there's primitive and sophisticated cognition as well as expression. And so you already have a subjectivity that's inherited in that statement. It's not exactly that you're talking about a robot or a silicon chip, that the behavior is self-regulating, it knows itself about what it does, and how it does, and what the consequences are. Now this has an enormous practical and clinical application, Serge.

*S P: That's great, do you want to maybe talk a little bit about the practical side of it?*

S K: Well, the practical side is that when you begin to work physically with a person, whatever your methodology is now, you are engaging immediately anatomically. A contraction, a spasticity, or a porosity or a lack of tonus, you are addressing that, either by touch, by exercise or whatever. And that the minute you impact an anatomical organization by behavior on that level, you are altering it. And in altering it, you are creating new experiences and new behaviors, even though they're short-lived.

*S P: So what also you're saying is that as you're interacting, you may not be having a quote, "body interaction," you may be talking, but you're conscious that no matter what the interaction, it's going to have a body consequence.*

S K: Yes, I agree with that, but I also just wanted to say, just as a sense of fun, the most used muscle in the body, people don't understand, is the larynx. And so speaking is a muscular act—it includes the diaphragm and the larynx.

*S P: So in other words, you cannot escape the body even if you wanted to.*

S K: That's right. And when you begin to think about the concept of mirror neurons, you realize that talking is a form of muscular gestures making particular sounds that other people are muscularly and behaviorally resonating with. So that even in talking back and forth, you are invoking basic body orientations between people. To say speaking is not anatomically based, it has consequences.

*S P: So when we started this train of thought with the idea, “how does this apply in practice?”, the first thing is to realize that no matter what you’re doing, even if you’re just talking, you’re already in the body.*

S K: That’s exactly right.

*S P: So what other consequences would this have for clinical practice?*

S K: You realize six of the people will tell you that they’re panicked, that they have panic attacks, they will tell you that they feel depressed, or they will tell you that they don’t really know how to reach out, or so forth. You realize that this is a behavior, so you are searching, looking at how a person uses themselves, behaviorally. But you see they may have a lot of holding in, stiffening in the upper body, or in the throat, or whatever. You see that segmentally. And then you realize, I’m going to ask somebody to reach out, to try and reach out to see what the experience of reaching out is—

*S P: So I want to just stop you a little bit to make sure there’s time to digest for people who are listening to it, what I’m hearing you say is first you pay attention to the shape, and that’s the embodiment of these feelings, affect or behavior...*

S K: That’s correct.

*S P: So I want to just stop you a little bit to make sure there’s time to digest for people who are listening to it, what I’m hearing you say is first you pay attention to the shape, and that’s the embodiment of these feelings, affect or behavior...*

S K: I may ask them to do that. But more likely, I would ask them to intensify the posture that they have. So let’s say you see that they’re squeezing their arms, or holding their arms limp, I would say—because this is the basis of my approach—use voluntary muscular effort to intensify the pattern that you are presently in. How you inhibit yourself, or you’re holding yourself.

*S P: And as you’re asking the person to voluntarily intensify this pattern, do you describe the pattern to people, just to help them realize what’s happening, or just let them feel it first, or...*

S K: I might just say, “How are you stopping yourself reaching out?” I might say, “Okay, you tell me you’re depressed. Would you show me the physicality as you imagine it, of your own depressiveness? Are you slouching, or are you constricting yourself?”, so that they try to note something about their own way of using their body. And when you ask them to voluntarily intensify, that is do it more, you begin by changing the anatomy. You are vivifying the anatomy. You’re giving that body shape, more muscular tone, and they will begin to tell you how they experience what it is they’re doing. The next step would be, to ask them to use less effort. Okay, let’s say you’re squeezing at 50%. So let’s squeeze a little less voluntarily. Do it, let’s say, 30%. You’re changing the shape. And then they will tell you that they have other experiences.

*S P: Ok, so first you ask them to change the movement.*

S K: Correct

*S P: And then, to vary the intensity with which they're doing it so they notice how different the experience is in the first and the second case.*

S K: Right. But both are anatomical shifts, and they get to see that how they in fact use themselves muscularly shifts the experience and that becomes like a revelation of, "Wait a minute. I can influence myself." And then they get an idea that they're not totally a victim to their own responses. And they see that a shifting of the intensity, of the activity of anatomical behavior, an expression, alters how they feel themselves and how they think about what they do.

*S P: So that's where there's a very important role to this approach in the voluntary movement, which is how a person can come to experience a sense of self.*

S K: So we can make two statements about this. That was a true sentence. They see that with some voluntary muscular cortical effort, they can influence subcortical structures of behavior, or learn habituated behavior, like don't touch that, don't reach out, and so forth, and that they recognize that an inherited reflex pattern is influenceable by voluntary muscular cortical effort. They have feeling that they can manage by changing their anatomical shape. And what they begin to learn about this is the relationship—and this is a sort of technical statement—they learn the relationship between voluntary cortical muscular effort and involuntary muscular and emotional expressions, and how there's a cooperative organization of these two different organs or organ systems in individuating a piece of behavior: "I'm not going to be so angry, I'm going to be less angry. I'll form annoyance rather than rage. I can differentiate the rage pattern, the inherited rage pattern, and make it into annoyance or anger." So that they see that with voluntary effort, that they can differentiate an inherited anatomical form. And then they begin to learn what self-regulation means about their own shape, their own anatomical emotional behavior, that they have some influence, if not over another person, over themselves.

*S P: So in lots of ways, self regulation is a central concept because it's first introducing people to the possibility of self-regulation and then the practice of it.*

S K: Exactly right. And what you realize—what I have realized—is that the cortex is fundamentally an organ of self-regulation. Even though it can plan a future, that's a form of self-regulation. So that you ought to realize that self-regulation has many levels; some of them are autonomous and biochemical and so forth, and some of them are neural, muscular, on a reflex level. And on a higher level, they begin to develop and the development now is really the key—that cortical effort and muscular effort on a voluntary level is a developed function. It develops like learning to speak over time. That is to say, learned function, it's not an intact function that all of a sudden appears like Athena out of Zeus' head!

*S P: Hence the concept of Formative Psychology.*

S K: Right. This has enormous clinical impact, because it means that a person coming to your office with a behavioral difficulty or what they want to call a psychological difficulty is now addressing themselves as learning to manage or regulate the states that they find themselves in. This is an educational growth process, an anatomical educational growth process that's using voluntary muscular effort to influence involuntary muscular effort.

*S P: So in doing that, we shift a little bit from the paradigm of pathology to go into education, re-education, training, strengthening, improving, growing.*

S K: That's right. You recognize that the organism really is in trouble because it does not know how to, or has never been exposed directly, to the way that they could help develop, a means by regulating their instinctive behavior. There is a pathology, I'm not saying there is no pathology, but a way to address that pathological situation is to try to reinstitute, that is develop, enough self-regulation. That means using muscular and voluntary muscular striated and cortical interactions to alter anatomy, which is to alter experience and behavior and the way you use expressions, whether at work or in lovemaking. And that this is the central concept.

*S P: Right. So you use this concept in the case of say, somebody who has had a past trauma, but I think you also use it just as a practice to help people grow and become more of who they could be.*

S K: Right. Well with somebody who has a past trauma you can ask the question, "Well what happened to you that you were helpless? And then how would you now organize and manage disassembling your helplessness and organizing a more active, less helpless state?" Which is another kind of question when you're interacting with somebody, and finding out how you can address the helpless pattern by disassembling its muscular, cortical component. What you could also ask, and I do, the traumatized person--for example, I had this chap who worked in a prison, who was a prison psychologist, who was knocked out--and I asked him, "Okay. Tell me, what did you form or what did you learn about being knocked out and waking up?" And I didn't ask him how he felt being hurt and unconscious only, I asked him, "Well, okay, what was the process of bringing yourself back to being alert?" And he made this enormous discovery, "I had this vision, like a dream, that a woman was seducing me, and that I heard these people's voices saying 'Wake up, so and so, wake up' and that I didn't know which way to go so I went to the voice that was telling me to wake up." And I pointed out to him that he was already aroused by his desire, and the desire woke him up, and how is he going to use that? And he said, "You know, I've always had difficulty with my arousal. And I see now that I can manage my arousal if I do this and this muscular activity." You see the line of questioning about what's forming in a trauma is an important question in helping a person recognize their own, formative process and trying to give a situation some sort of personal influence; you can influence it.

*S P: So you know, just by the question itself you're introducing the person to their sense of agency, their sense of involvement in it as opposed to, it's happening in a passive way.*

S K: That's right. That's really important and it's based on the premise that even helplessness is an attempt for the organism to sustain a form of existence. And that it may be inappropriate at a particular time or it has to be lessened in its intensity. Because helplessness is a statement: Please help me from the outside. So it's really trying to elicit social form, somebody lends you, "Okay. Wake up!" And it really brings back the organizing principle into doing body psychotherapy or working with the body because it's all bodily oriented. It's anatomical shape changing form.

*S P: So in a way there is a relationship, because you talk a lot about organizing/disorganizing but there's also the sense of, how could that not be the case when we're talking about organisms?*

S K: That's right. Because this is what people want to know, that there's a disorganizing phase that is disassembling what is no longer necessary in terms of intensity, and then there's an organizing

phase which brings things together and makes new coalitions. And they want to know, how is a person able to influence their own muscular body postural expressions and stances? To see that what they've done was an attempt to sustain themselves over time, and how to learn from it in different situations, or from the past. I think that the future of body psychotherapy as I understood it is really the introduction of voluntary muscular and cortical effort in managing how we are bodily in the world and how we bodily experience ourselves, to build a personalized entity in ourselves that we call "self."

*S P: Yes. So that is the constant act of creating and recreating how we form our shapes at different times in our lives.*

S K: Yes. And that generates emotional feeling and cognitive organizations within ourselves. You know, we could say that as we learn to use ourselves with voluntary effort we're building a cortical synaptic network of experiences that become memories which we then call our personal self.

*S P: Which is the consequence of the underlying task being the constant forming of ourselves and organizing and changing and that these emotional parts and the synaptic connections are a result of this process.*

S K: Yes. This makes our work enormously important. We're way ahead of the psychological game in the tools that we have in our hand and in all the experiences we have going back to Groddeck in trying to understand the life of the body and its ability to generate feeling and experience and increase the pleasures and satisfactions of existence.

*S P: So when you develop this approach, it's based on a sense of, what is a human being? How would you address this question?*

S K: I think that a human being is an organizing process that changes its shape over time and I don't know about other species, but a human being certainly is capable of personalizing its inherited body to create a personalized entity; it is capable of making say impersonal processes like sexuality, nurturing, breeding children, personal experiences that help form a person, form a family, form a society into a process of continual differentiating and inventing behaviors that change the nature of human existence.

*S P: It's a very rich definition and full of layers of meaning, so I want to just take a couple of them. You start the definition by saying that a human being is a process. And then you see other things that it does as the way of interacting with other processes including creating processes that influence our own life.*

S K: Correct. And life is a formative process.

*S P: So in other words, there is something that is in the practice of what you describe, is a sense not just of a connection with the body, but a sense of connecting with something that is much larger, a larger process, of which the body is part.*

S K: Well I would say it to you this way: what I'm describing is clearly an evolutionary process and I think we have to align ourselves with evolutionary theory from a biological and a psychological point of view. We're part of an evolutionary process, and therefore all life, all living, is part of this

evolutionary process, or changing shape. Whether it's planetary--I can't talk about the universe because I'm not a physicist--but certainly the biosphere is changing. And the surface of the earth and the interior of the earth have changed over time. So the human being is a sub-organization of a bigger animate process which is embedded in the biosphere. And there's a relationship between the large organizing process, biosphere, and its sub-organizations—human beings and other animate forms. And that relationship seems to be similar to the body and its cortex, in which experience and novel events generate changes that can be preserved and differentiated and transmitted to others as a way of changing its own environment and its external environment. And that seems to be the story of our living. That is the narrative of every human being; forming a personal world in an impersonal world.

*S P: Yes. And that sense of being a process contained in all of these other processes and in being in the middle of them and at the same time that very simple immediate sense of experiences.*

S K: Yes, I would say that. But that it's highly influenceable by voluntary, muscular effort.

*S P: So the voluntary, muscular effort is in fact the moment of truth, where you have the capacity of really directly experiencing that you are, because you do voluntary movement, in effect.*

S K: You are creating that. You are absolutely creating the sense of "I am part of this process." I would say to you that Freud may have said that dreams are the royal road to the unconscious, but I'm willing to say more so that the emergence of cortical voluntary muscular effort is in fact the edge of evolution as far as the human being is concerned. And it has let him into areas of self-regulation which have become reorganizing how animate life is lived, at least in this species. Just a creation of tools, methods of travel, changing our environment (which we are experts at, as human beings), has now, I think, changed, or is beginning to change how the human being alters their own anatomical processes in order to adapt to changing situations that it has created.

*S P: So as we practice this voluntary movement, we're not just addressing a problem, we're not just growing, but we're actually in the middle of doing what is our essence to be.*

S K: To be an organizing formative process, yes. And so you can see that how we address a person's bodily stances as a form that has been habituated and practiced and become part of ourselves, that has rules of organization, that can be influenced, that can be disassembled or reassembled, whether it's premature ejaculations or episodes of impulsiveness. [You can see] that one can help disassemble patterns of behavior, that is, anatomical forms, change them temporarily, and learn how to give those forms through a practice of using muscular effort, duration over time, so they themselves become memories of our efforts and of our new experiences which change how we are in the world. That's the clinical application—almost like teaching a depressive person what it feels like to be less depressed, and how to use the less depressive state to form another way of expressing yourself.

*S P: So, Stanley, would you like to actually repeat that because it seems like a very meaningful way of describing, with the example of a depressive person, what the process is in general.*

S K: A depressive person, has, and I pointed this out in my books, a particular organizational structure that is identified with generating the depressive state, whether it's a collapsed chest that inhibits oxygenation, or whatever. And as he [the depressed person] learns to influence his body

shape (the shape that's generating the sensations of depression or the behavior and experiences), even for a brief period of time, into being less depressed, more animated, having more sensations, as he learns to repeat this process he is creating two things: a diminution of his complaining anatomical state, and a formation of another way of existing over time that becomes a memory of the actions that he's taken. Its consequences of feeling un-depressed form another lifestyle or another relationship over time and becomes habituated behavior. In other words he learns how to form being un-depressed and what it is to form behavior and relationships that don't have depression as its base, including another way to live.

*S P: Yes.*

*S K: Not restoring something, but forming something.*

*S P: Forming something, yes. Disorganizing the old form and organizing a new form.*

*S K: Correct*

*S P: So as we're coming to the end, Stanley, I did want to ask you if there's a message you want to leave us with.*

*S K: I think the basic message could be to remember that the anatomy, the body, the soma, is the behavior. And a behavior as a structure generates experience. And that if you alter the body shape, you are altering anatomy, you are altering behavior, you are altering experience, and this feedback mechanism between the shape that was and the shape that you've just altered begins to re-organize and form another person, a more differentiated person in the world. And if we keep that in mind, we'll recognize that we're helping people shape their lives.*

 *This conversation was transcribed by Margaret Moore.*

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