



TRAINING CURRICULUM

For affiliated societies

REVISION 2018

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Acknowledgments

This curriculum integrates:

- ✓ The IIBA curriculum **1988**
- ✓ The Curriculum **1999** and its Revision written by the Curriculum Committee: Michael J. Maley (chair), David Finlay, Robert Hilton, June McDonach, Mary Anna Eckberg
- ✓ The Curriculum **2005** written, with the contribution of the IIBA Faculty, by the curriculum working group:
Violaine De Clerck, Guy Tonella, Odila Weigand

This curriculum now includes:

- ↳ The revision **2018** by the curriculum working group:
Jörg Clauer, Violaine De Clerck, Guy Tonella and Odila Weigand

Introduction

Bioenergetic Analysis was founded by Alexander Lowen, M.D., and he established the Institute for Bioenergetic Analysis in 1956.

The first training manual for Bioenergetic Analysis was formulated around 1972, based, necessarily, upon the understanding of Bioenergetic therapy at that time.

A second curriculum was organized around the theme "back to basics" in 1988, reaffirming the importance of the energetic perspective and work with the body.

The third basic curriculum 2005 arose from the need to emphasize and make more explicit the relational dimension of Bioenergetic Analysis in both teaching and practice. It was a first attempt to integrate to the classical bioenergetics practice and teaching the relational work required to deal with deficits and traumas of early attachment issues.

This 2018 revision is defining a modern Bioenergetic Analysis integrating:

- the important developments in understanding acute and developmental trauma and its determinant role in the origin of emotional disturbances and embodied fragmentations as well as new ways to heal traumatic experiences
- the recent neuroscientific knowledge about brain and neurobiology's contribution, including polyvagal theory. They validate Lowen's fundamental principles and demand that we review traditional Bioenergetic Analysis terminology, theory and practice.
- The attachment patterns related to attachment theory and their correspondences with modes of character formation and functioning. Attachment modes and micro-practices as grounded in different forms of parental cooperation (family-alliances) with somatic- and affect attunements.

Definition of Bioenergetic Analysis

In Bioenergetic Analysis, personality functions and therapeutic processes are understood in terms of the energetic processes in the sense of motility, vitality, arousal and excitation of the body. This is the unique, distinguishing feature of Bioenergetic Analysis as a theory and as a therapy.

Bioenergetic Analysis is a deep analytic, self-oriented-relational-body psychotherapy. It is not just "body work," nor is it psychoanalysis with some body exercises as an added ingredient.

The four dimensions of human reality - bodily, psychic, relational and social are all recognized in the therapeutic situation and procedures.

"It integrates a work with the body, with the patient's interpersonal relationships, and with his mental processes; each of which is correlated and interpreted in terms of the others.... Bioenergetic Analysis starts with the reality of the body and its basic functions of motility and expression."
(A. Lowen, New York, 1963)

Mobilization of the energetic vital processes of the body is the axis around which other dimensions of therapy articulate.

Bioenergetic Analysis is a system of therapy with a theory and a set of techniques arising from that theory. It can be applied in diverse clinical situations. Because Bioenergetic Analysis is relational, there is a focus on the person of the therapist rather than on the techniques, since an appropriate use of the techniques is closely related to the therapist's ability to be in touch with his deeper Self in the therapeutic moment.

New developments and variations are possible within Bioenergetic Analysis, and therapeutic efficacy depends on the skills of the clinician.

Here is how Bioenergetic Analysis is defined on IIBA website:



"Bioenergetic Analysis is a specific form of body-psychotherapy – based upon the continuity between body and mind – rooted in the work of Wilhelm Reich and founded by Alexander Lowen.

BA basically combines a bodily, analytic and relational therapeutic work, based upon an energetic understanding.

Bioenergetic Analysis helps to release chronic muscular tensions, manage affects, expand the capacity for intimacy, heal sexual difficulties and learn new, more fulfilling ways of relating to others. Tenderness, aggression, assertion – and their confluence in sexuality – are seen as core lifesaving forces. The therapeutic relationship provides a place of safety in which healing begins.

The therapist reads the body, resonates with its energy, feels the emotions, listens, hears and answers the words. The language of the body (posture/gesture, breathing, motility, expression) is on focus as it indicates the status on the way to personhood – from the past to the present and future. Techniques are used which address the energetic aspect of the individual, including her self-perception, self-expression, and self-possession. These also include work with body contact, boundaries, grounding, and the understanding of muscular tensions as indications of somatic and psychological defenses against past trauma. The goal of therapy is more than the absence of symptoms - it is having aliveness, getting a taste of pleasure, joy, love – vibrant health."

Basic Principals of Bioenergetic Analysis

1. All affective human experiences are body events.
2. Energetic processes (vitality, motility vibrancy, excitation, arousal, pulsation, flow, streaming, centering, containment) underlie and determine affective experiences. They constitute the foundation of the psychosomatic unity of a person. This perspective is not dependent on a specific conception of the nature of energy but we regard it as a physical phenomenon or manifestation of physical energy (according to Lowen in "Language of the Body").
3. Psychic, physical and relational processes are fundamentally related and in mutual interaction. This means that, while one deals directly with one dimension, it includes the others indirectly.
4. The bodily self is rooted in the sensorial integration of proprioception, equilibrium, tactile sensation together with interoception of inner organs and internal milieu.
5. The focus in the clinical approach is upon the connection between the energetic process of the body and the analytical and relational process of the therapeutic procedure. The key to understanding personality is bodily, vitality and expression.
6. The history of a person is structured in the form and motility of the body. Trauma, deficits, and conflicts are understood in a developmental context as the origin of emotional disturbances and characterological patterns.
7. Change in personality is based on an energetic change in the form and motility of the body, along with changes in relational patterns and personal expressivity.
8. The individuality of the person is emphasized, not the character type.
9. Attachment (dual and triangular) and Sexuality are the cornerstones of personhood.
10. Relationship is a fundamental component of the therapeutic process: Every therapeutic process occurs within the context of a relationship, which implies that therapy is not just what the therapist does but who the therapist is, in relation to the patient, and that relationship within the therapeutic process is central to the success of the therapy.

"Relational" refers to the interaction between client and therapist as they form a psycho-neuro-affective system. These interactions use three specific modalities: intersubjective, analytical and transference.

The relational dimension of Bioenergetic Analysis has always been considered to be a central therapeutic agent. The interactions between patient and therapist are central in therapeutic work. These principals are inherent in the character analytic approach of Wilhelm Reich, from which Bioenergetic Analysis originates.

Attachment, affective attunement and cooperative attunement concepts and research add new meaning to the importance of therapeutic relationship.

The acquisition and development of the self are determined by early bonding experiences. A primary "interactive emotional regulation" is a fundamental mechanism of psychobiological development.

Personal therapy as well as continued experiential body work are pillars of the training process. The goal of the training is to help each trainee to develop him/herself as a "therapeutic person", which means having the capacity to provide a safe, contactful therapeutic container for therapeutic work.

To be a therapeutic person requires the ability to attune to the client's relational needs and to be a partner within an interactive and emotional regulation in order to develop a relationship with the client that is new, real, specific and promoting of psychosomatic growth.

Through the therapist's attunement and resonance to the client's body and rhythm, developmental levels of functioning and relationship needs, an interpersonal relationship is formed influencing both parties in a dialectical interplay between two subjectivities.

The importance of relational work needed to heal attachment, bonding and cooperative deficits depends on their severity.

11. Trauma is an important aspect of the therapeutic process: by addressing the critical role of the body in enduring and healing traumatic experience, Bioenergetic Analysis is closely connected to the stream of somatically based trauma therapies that developed since the 1990's.
12. The specificity of abreaction and catharsis, its usefulness and its limits when working on trauma, has been reviewed within the BA community in view of new knowledge about the neurophysiology of trauma. It emphasizes the need of titration and/or the need to calm down the autonomic nervous system in order to deal with PTSD. Other forms of somatic trauma healing methods open new avenues to be integrated to classical bioenergetics work.
13. Different types of memory codify the personal history and its memories since birth and probably before birth. Body experiences are specially codified in analogic implicit procedural memory and Bioenergetic Analysis, working with the body, stimulates specifically procedural memory and memories unattainable through representations or words. In a traumatic event it is characteristic that the explicit, declarative memory is deactivated while the implicit, procedural memory is activated.
14. Effective teaching stems from the teacher's experiences gained through working with his/her own body and his/her own character, attachment and cooperative patterns. Effective therapy and supervision have the same basis.

- 1) The present curriculum outline is the basic core curriculum for all training programs affiliated with the International Institute for Bioenergetic Analysis.

For certification to be meaningful, all trainees receive the same curriculum and meet the same set of standards. The curriculum needs of different regional groups in regard to legal, cultural, and other issues have to be in addition to this curriculum which is the basic core structure.

- 2) This curriculum is part of a package of official papers of the IIBA.

This package includes: the certification guidelines with the minimal training requirements, description of the organization structure, and the Code of Ethics.

- 3) Bioenergetic Analysis training is a post graduate study program for psychotherapists

Since many programs include students that did not have the required background in professional psychotherapy training, we recommend that the societies explore the option of additional and complementary programs to develop basic skills in psychotherapy and basic knowledge in developmental psychology and psychopathology.

We recommend also that the period of training be 5 years. (This is already the case for the majority of European and South-American programs.) The curriculum is divided into a pre-clinical section of three years and a clinical section of two years.

A training of four years, fulfilling the basic requirement of a total of 80 training days is also acceptable, according to the training guide lines.

A Modular format may also be applied according to the need and convenience of local societies.

A combination of presential and virtual forms of teaching and learning is also acceptable, respecting a minimum of **80%** presential hours.

- 4) Training in Bioenergetic Analysis is essentially experiential, allowing for learning from "the inside out."

Especially in the preclinical phase, demonstration therapy sessions are to be done by trainers, and exercises are used frequently. This should be followed by experiential work done in pairs, triads or small groups of students.

The ability of a therapist to use Bioenergetic techniques can only develop from personal experience. Small variations in the thematic material help students grasp essentials and sort them out from the non-essentials.

The emphasis in training is in teaching/illustrating/helping the students experience the basic dimensions of Bioenergetic Analysis, i.e., there is a constant emphasis on experiential teaching.

Videos are also helpful as complementary teaching material.

During the clinical phase, rather than doing sessions or demonstrations in front of the group, the role of the trainer evolves to become more that of a supervisor of the experiential work/sessions that the students do in front of the group. Teaching develops from the material that comes up in the trainees' work.

5) Teaching in Bioenergetic Analysis is done in a group setting.

In the group, trainees are immersed in a charged energetic milieu, allowing them to accommodate higher charge, increasing the capacity for expansion/contraction and charge/discharge, and increasing the ability to tolerate and contain the strong affects of the Bioenergetic process.

The group has an important role in training and the group experience is a central aspect of the training. Relating to the importance of relationality, the group setting is considered as an integrative and fundamental part of the learning process.

A certain amount of group process is essential in Bioenergetic training in order to provide the opportunity and environment for students to confront and understand their own personal history of relating by experiencing group process and group exercises in which their patterns of relating to self and others are explored and understood from a relational and Bioenergetic perspective.

However, the Bioenergetic training program does not provide group therapy nor training in group therapy. Yet it should pay attention to the process and deal with the conflicts and lateral transferences in the group that interfere with the primary mission of the group which is learning the art and craft of Bioenergetic theory and therapy.

6) Note on Exercises.

A series of exercises should be part of every training session. This will enrich the training program, add to the trainees' learning about their own bodies and help them develop the confidence to conduct exercise classes with their own patients.

7) Written Reports of Training Workshops.

It is highly recommended that trainers write reports on their training workshops so that their experience can be shared with other teaching faculty and possibly with the local teaching committee.

8) Written Assignments.

It is highly recommended that written assignments for various phases of the training program be developed. This is a way of making concrete to both trainees and trainers how much teaching material has been absorbed and integrated.

9) Seminars may be presented by students, prepared in small groups, with the duration of 20 minutes, based on chapters of Lowen's books and other Bioenergetic literature selected by the local teaching committee.

The pre-clinical phase is seen as a highly experiential phase of training in which the trainees experience in and with the group forms the basis for their learning the fundamentals of Bioenergetic work.

In this phase, by working with their bodies, exploring with each other, and working in their own individual therapy, they identify their personal issues, body experiences, relational patterns, deficits, traumas, and conflicts.

Those explorations are structured by the program's different contents:

- understanding the fundamentals of Bioenergetic Analysis
- understanding the developmental process and the associated traumas and interferences that occur during it
- understanding the correspondence between developmental functions and character formation
- understanding character and character structures

The program states the skills that the trainee should learn, related to the content of the different phases of the training.

Groundwork for an energetic and relational understanding of the individual person in her/his world

Bioenergetic Analysis is a comprehensive form of body psychotherapy that includes mainstream psychotherapy principles, in addition to constant evolution following recent research in infant research, neurophysiology, neurobiology and psychology of emotions, consciousness, etc ... are developed or included in this updated curriculum:

- A conception of the Self as self-regulated by neurobiological procedures
- A concept of the bodily self as sensorial integration of proprioception, equilibrium, tactile sensation together with interoception of inner organs
- A conception of the Self as regulated by specific interpersonal properties/ interaction processes
- The polyvagal theory as reference for emotional regulation
- Recent trauma theories and their application for body psychotherapy (P. Levine, P. Ogden, D. Berceli)
- Comprehending the self as developed by relational experiences, especial affective attunement and somatic cooperation in families generating patterns of attachment and micropractices.

A.1 Content to cover

A.1.1 Bioenergetic Analysis: History and basic concepts

A.1.1.1 Evolution of the energetic concept:

- a) Freudian source
 - Its basis in Freud's libido theory
 - Its roots in the sexual function
 - Psychoneuroses and the actual or energy stasis neuroses
- b) Reichian base
 - The function of the orgasm
 - The energetic concept
 - Psychosomatic unity and antithesis
 - The orgasm reflex
 - The character armor segments
 - Correlation between sexual and emotional inhibition
 - Contact as an energetic process
 - Function of breathing
 - The resonance concept
- c) Lowen's bioenergetic concepts
 - Energetic pendular function
 - Energetic circulation: up/down and front/back antithesis
 - Energetic charge/discharge/containment functions
 - Grounding and its multiple dimensions
 - Redefined new patterns: borderline; obsessive / compulsive; flaccid schizoid, cephalic shock

A.1.1.2 Evolution of the therapeutic procedure

- a) Freud: psychoanalysis
- b) Reich: character analysis, vegetotherapy, orgonomy
- c) Lowen : Bioenergetic Analysis and bioenergetic exercises

A.1.1.3 Evolution of relationality in bioenergetics and new developments

- a) Grounding as connection to oneself and to other (Lowen)
- b) Theories regarding object relations and self development (Winnicott, Kohut, Kernberg, etc.)
- c) Theories regarding attachment (Bowlby, Ainsworth, Solomon, etc.)
- d) Theories regarding mother-infant interactions (Stern, Beebe & Lachmann, Sander, Tronick, Trevarthen, Fonagy, etc.)
- e) Theories regarding the primary triangle (mother, baby and father), cooperation and micropractices (Fivaz-Depeursinge).
- f) Analysis, transference and intersubjectivity : three relational bioenergetic modalities.

A.1.1.4 New developments of the concept of Self (*)

The Self is constituted by 5 functions:

- a) Energetic function
- b) Sensorial function
- c) Muscular function
- d) Emotional function
- e) Representative function

**A.1.1.5 New developments of neurophysiology
Related to emotions and trauma**

The study of neurophysiology is placed here in the curriculum, and it should be always in the focus of attention while teaching other subject

- a) Overall comprehension of central and peripheral nervous system. Autonomic nervous system including polyvagal theory (Porges)
- b) Neuroanatomical and neurophysiological aspects of cortical areas, the limbic system, the brain stem and interoception. Cognitive, emotional and motor functioning and their relationships.
- c) Specific functions of the two (right and left) brain hemispheres.
- d) Healthy / traumatic attachment and the brain (self regulation / down regulation)
- e) Trauma patterns and the brain: Fight/Flight/Freezing response, dissociation
- f) Titration and self regulation, window of tolerance.

A.1.1.6 Anatomy and new developments of anatomy

The most effective manner for teaching this material is to make it as experiential as possible. For example, have the trainees work in dyads, examining and palpating their partner's body to locate the various structures as overhead projections of these structures are presented.

The study of anatomy will include:

- a) Introduction to the body.
Terminology, location of major organs, the skeleton, striated muscles.
Structure: how bones and muscles are connected, tendons, muscles, ligaments and joints, fascia systems and conjunctive tissues.
- b) Grounding – anatomy of the pelvis, legs and feet.
Muscles, bones, major nerves and other structures.
- c) Sexuality – anatomy of the abdomen, lower back, thighs, pelvis, sacrum, pelvic diaphragm, reproductive organs, and genitals .
Muscles, bones, major nerves and other structures of Reich's 6th and 7th segments.
- d) Breathing, diaphragm, and protecting the heart–anatomy of the thorax.
Muscles, bones, major nerves and other structures.
Mechanics of respiration, Reich's 4th and 5th segments. The 5 diaphragms (S. Keleman).
- e) Anatomy of the voice and sound (larynx, tongue, vocal cords).
- f) Overview of blood circulation, heart and major vessels.

* Tonella Guy ; *The Self - its functions, its attachments and its interactions*
In "Handbook Bioenergetic Analysis", 2011 (Vita Heinrich-Clauer, Ed.), Giessen: Psychosocial-Verlag, 57-111

- g) Reaching out, holding on, striking out and pushing back – anatomy of the shoulders, arms, and hands.
Muscles, bones, major nerves and other structures.
Reich's 4th segment.
- h) Head/body connection, mind-body split, "losing the head", expression– anatomy of the neck, throat, head, face.
Muscles, bones, major nerves and other structures.
Reich's 1st, 2nd and 3rd segments.
- i) Anatomical considerations for Bioenergetic exercises like grounding, the bow, hitting, kicking, the stool, contact, support, the ball.
- j) Responses to Insults to form (S. Keleman): rigid, dense, swollen, collapsed.

A.1.2 Bioenergetic Analysis basic issues: neurobiological self-regulation and techniques

A.1.2.1 Energy and grounding

- a) The energetic relation to the earth in the standing position. Alignment.
- b) Grounding as discharge of excitation through the lower parts of the body (in motility and sexuality) and as precondition of containment and feeling related to expanded consciousness
- c) Grounding as connection with inside and outside realities
- d) The techniques of grounding (work with the legs and the feet, arch / bend over, use of the voice in grounding exercises, work with the eyes, etc)
- e) To ground walking, sitting, lying, standing
- f) How to assess the quality of grounding.
- g) To stimulate proprioception, equilibrium (balance) and tactile sensations for grounding and sensorial integration (self-awareness) (grounding in one's own bodily-self)
- h) Pulsation
- i) Centering
- j) Containing (self-possession)
- k) Stretching

A.1.2.2 Energy and breathing

- a) The concept of energy as charge and the concept of homeostasis
- b) The breathing patterns and the degree of aliveness of the body
- c) The disturbed patterns and the blocking of the energetic flow
- d) The breathing techniques (stool and other techniques)
- e) How much energy does the person have? What are the indices of the energy level in a person? The brightness of the eyes, the color of the skin, the voice, etc.
- f) The importance of breathing in relation to the general aliveness of the body

A.1.2.3 Energy and movement

- a) Motility, mobility, movement
- b) Correlation between motility and how energy flows
- c) Where is the flow blocked and how mobility restrictions show it
- d) The differentiation between mechanic movements and fully live movements
- e) Functional movements (to act) and relational movements (to express and interact)
- f) The techniques promoting the movement
- g) The Resonance Concept and practice

A.1.2.4 Energy and emotional expression (self-expression)

- a) Energy and assertion
- b) Expression of love
- c) Expression of negativity
- d) Working on resistances
- e) The techniques for emotional expression (including the voice)

A.1.2.5 Energy and sexuality

- a) The Bioenergetic meaning of sexuality
- b) The sexual self
- c) The energetic function of sexuality. Its duality tenderness/aggression
- d) Resolution of chronic tensions / Orgastic potency and orgasm reflex
- e) Connections between head, heart and sexuality
- f) Touch
- g) Shame
- h) Letting go and losing control/ Letting down
- i) The techniques about sexuality

A.1.2.6 Energy : connecting the head

- a) Healing the mind / body split
- b) Cephalic shock, another way of understanding the mind/body split
- c) Getting patients into (not out of) their heads as a three- dimensional part of their bodies
- d) Reducing frozen cerebral fortress
- e) Finding peace of mind, as the center of mindfulness shifts from the head toward the heart and pelvis
- f) Working with the basic fear of "losing your mind"
- g) Eye and tongue techniques

A.1.3 Bioenergetic Analysis basic issues: Interpersonal regulation and techniques

A.1.3.1 Attachment theory

- a) The concepts of attachment:
 - bond of attachment
 - system of attachment
- b) The secure and insecure patterns of attachment:
 - anxious-avoidant
 - anxious-ambivalent
 - disoriented-disorganized
- c) Interpersonal regulation, bonding and attachment
 - Touch and contact, ethics and therapeutic findings
 - Contact and boundaries
 - Exploring different contact modalities: visual, hearing, touch
 - Exercises exploring being in and out of contact with self and other/body boundaries of self and other, etc...
 - Bonding, attachment, and attunement, as energetic patterns of connection to other human beings
 - Effect of those connections on emotions
 - Intimacy as the capacity for basic mutual emotional regulation
 - Bonding and attunement as relational dimensions of grounding
- d) *Resources and techniques* (*)
 - *Discovering his/her own attachment pattern*
 - *Working on the six properties of the attachment bond:*
 - *intentionality*
 - *synchronization*
 - *attunement*
 - *containment*
 - *regulation of the energetic and emotional states*
 - *repair*
 - *Working using intersubjective relationship instead of analytical relationship*

* Tonella Guy : *As propriedades reguladoras da relação interpessoal*
Revista Latino-Americana de Psicologia Corporal, 2014, 2, (Libertas-FLAAB Ed.), Brazil, 8-21
This article is also translated in French and Spanish

A.1.3.2 Theory of the Primary Triangle and family alliances/ the cooperative strand of development ^(*)

a) Theory of Primary Triangle and Cooperation

- systemic view of family cooperation and development of self
- The four somatic levels of the triangular cooperation (=grounding of cooperation *and* of affect attunement):
 - Pelvis and orientation of lower body
 - torso and orientation of shoulders to each other
 - gaze and focus of attention
 - Facial expression, voice expression and affective contact.
- Communicative functions of the four levels of bodily cooperation
- Breakdown of triangular communication into dyadic and/or monadic forms by dysfunctional family-alliances.

b) The four family alliances

- Cooperative alliance
- Stressed alliance
- Collusive alliance
- Disordered alliance (chaotic or rigid)

c) *Developmental aspects of family alliances and the cooperative strand*

- *The gatekeeping theory*
- *Oedipal theory revisited*

d) *Clinical aspects of cooperative disruptions*

- *Breakdown of cooperation, injustice and personality disorders like disordered/ disorganized or repair of cooperation.*
- *Development of a capacity of cooperation and Triangular functioning*

A.1.4 Bioenergetic Analysis basic issues: trauma, regulation of post-traumatic stress (PTS) and techniques

A.1.4.1 Trauma theory

- a) PTS and developmental trauma
- b) PTS and eventual trauma
- c) PTS and transgenerational issues
- d) PTS and cultural trauma

* Clauer, J (2011): *Neurobiology and Psychological Development of Grounding and Embodiment. Bioenergetic Analysis 21, 17- 55*

Clauer, J (2016): *Elements of Comprehending Change-Processes in BA. Bioenergetic Analysis 26, 75-110*

A.1.4.2 Resources and techniques

- a) The limits of catharsis and intensity when working with trauma
- b) Cephalic shock and connecting the head (R. Lewis)
- c) Inputs from Trauma Releasing Exercises TRE (D. Berceci)

A.1.4.3 Resources and techniques from other sources

- a) *Inputs from Somatic Experiencing techniques (P. Levine)*
- b) *Inputs from Polyvagal Theory (S. Porges)*
- c) *Inputs from Siegel theory (hyperexcitation, hypoexcitation, window of tolerance)*

A.1.5 Bioenergetic Analysis: basic tools

Warning for trainees regarding body-work, Bioenergetic mobilizations and exercises as they are presented in this chapter:

- a) The assessment of techniques in relation to specific purposes is not based on a mechanical view of body-work that connects specific techniques to specific "results". Energetic mobilization is always powerful and may lead to a wide range of reactions. The client's needs and not the therapist's planning are what is important. The therapist needs to develop her/his sensitivity and resonance/empathy with the client.
- b) Body-work cannot be reduced to a planned exercise. The body is supposed to be always present in the therapeutic session, even when no exercise is proposed. There are times when just pointing out a body attitude provokes awareness and even change. Certainly, this can be considered as body-work.
- c) Learning, comprehending and using the resonance-concept as a basic Bioenergetic tool giving access to relational perspective and diagnosis, to empathetic comprehension and countertransference.

A.1.5.1 Reading the Body with the Major Focus upon Seeing and Understanding

The person is his/her body. Each individual has a unique personality expressed in a unique body dynamic. Our focus is upon who the person is, as expressed in his body. Questions one should ask first are: what overall expression do you see? This breaks down into: what expression do the eyes have; what are the expressions of the mouth, the face, the neck and shoulders, the chest, etc...; going down to the feet? Does the person seem to stand solidly on his feet? Are his arches collapsed/pulled up? How strong/weak do his legs seem to be, etc...?

What is the meaning of misalignments?

In reading the body, one should be aware of how literally the spoken language reflects the body dynamic. Examples: to have one's feet on the ground; to have one's head in the clouds; to be a pushover; to be cocky; etc...

In addition to analytic body reading, therapists must learn to use their intuitive imagination. In sizing up a person's expression allow space for metaphor like fairy tales, mythological figures, or by making a resonance diagnosis, etc...

One can understand a person's body expression by imitating that expression and the stance. The reading of the body should begin as early as possible in the preclinical phase.

a) Ethics of reading the body

- Body reading: narcissistic, shame and sexual issues
- Body reading: the history of surgeries and scars
- Body reading vs. diagnosis of the whole person

b) Assessing the sexuality of the body

- Male/female embodiment presence and gender issues
- The amount and kind of sexual energy
- The degree of aliveness of touch

c) Assessing the energy of the body

- How much energy does the person have? What are the indices of the energy level, of aliveness in a person? The brightness of the eyes, the color of the skin, the motility.
- How does the energy flow? Where is the flow blocked? The energetic integrity and absence of splits
- The beauty and grace of the body

d) Assessing tenderness and aggression in the body

- Energy streams of love and tenderness ascending and descending in the front part of the body. Aggressive energy streams ascending and descending in the backside of the body.
- Tender / aggressive functions of the upper part of the body (expression of eyes, of the face, the voice, the arms) ; and of the lower part of the body (pelvic movements, legs movements).

A.1.5.2 Using body mobilizations as embodiment techniques

Techniques need to be taught in connection with every part of the curriculum because they further define and flesh out the basic principles and concepts of Bioenergetic Analysis while increasing and sharpening the ability to read the body. This applies particularly to the basic Lowenian techniques. All trainers are welcome to enrich the teaching at this point and at any other phase of the curriculum by adding the techniques that they have developed over the years for various purposes.

The most effective way of teaching techniques is by using trainees as volunteers for the demonstration. This provides graphic comparison for the various ways in which techniques might affect different individuals.

Each technique serves five functions to mobilize the patient's energy and body awareness, to reduce deep chronic tensions, to expand the patient's ability to feel, express, contain feelings, and to heal and expand relational capacities:

- a) mobilizing/increasing energy
Using all the techniques of breathing; connecting and energizing every part of the body
- b) mobilizing/increasing body awareness
All mobilizations and movements stretching the body with flexion, extension, rotations; grounding; bend-over; working on alignment position. Using proprioception, equilibrium and tactile sensations to support sensorial integration and many other techniques
- c) reducing chronic muscular tensions and connective-tissue (fascia) and joints contractions and restore the ability to be in movement
Working on the stool (in the five positions); falling exercises; manual pressures to the different parts of the body (neck, masseters, shoulders, chest, diaphragm, buttocks area, pelvis, feet, etc.); the arch standing, the arch lying, bend over, and many others
- d) expanding the ability to feel and express feelings
- Kicking: it helps to understand the way the person does this as an expression of his personality and how to use this technique to mobilize more energy and feeling
 - Reaching and asking in order to assess the ability of the person to express soft feelings: evaluating the blocks that are manifested in this exercise, the tension in the jaw, in the mouth and the shoulders/arms. How to make connection between the experience of the exercise and the personal history: how much self-expression was the child permitted? Further, as the person talks about his family situation, one can see how the bioenergetic exercise is coordinated with the analytical process.
 - Hitting: Should follow the above procedure with an evaluation of the amount of anger, the ability to focus anger and to contain anger, and other aspects.
- e) expanding relational and interactional capacities
- Touch and contact
 - Touch (verbal, hearing, visual, manual, and tactile) is a channel of contact that assists the emotional embodiment, the expression of emotions, the creation of new movements, and dissolving prohibitions.
 - The touch of quality generates harmony or synchronicity of contact but the excess of touch generates acting-out.
 - Modalities of touch:
 - Body touches : in specific places they open characterological defenses, a point above muscular tension
 - Verbal touches/interpretations: they break prohibitions, the inhibition of the body
 - Relational touches: they provide support, holding, (mothering, fathering); construction of primary feelings and corrective attachment experiences, call for new reparative implicit and explicit memories.

- Interactional experiences

These experiences, standing face to face, help to reorganize the spatial dimension and its affective qualities, to feel the right to say "Stop" or "Come", "Yes" or "No", etc., without tensing, flying or freezing, increasing the ability and legitimation to set-up borders.

A.2 Trainee skills to develop

- 1) To learn the concepts of energy flow in the body, the patterns of excitation that occur in relational interactions from early development, the ways in which these energetic connections affect the development of emotional regulation and normal biological development.
- 2) To study the work of W. Reich, A. Lowen, Bioenergetic and Reichian important writers to learn the body of knowledge that relates to energy flow, body experience, emotional development, and the creation of a self.
- 3) To help the trainees make the experience of their own embodiment more explicit and alive in their own life. To be able to explore the present day experience of the body and its physical and emotional reality in a safe, supportive teaching environment.
- 4) To focus on the building of their awareness through physical interventions (sensorial awareness and integration, expressive movement, breathing, emotional expression), energetic work, and empathic contact, and increasing the trainee's understanding of basic Bioenergetic concepts like grounding, centering, containment, contact, boundaries, and the flow of excitation.
- 5) To begin understanding the defense mechanisms as forms of emotional regulation strategies to avoid or minimize emotions that are too difficult to tolerate, and forms of preventing access to "dreaded states" charged with intense negative effect.
- 6) To find a shared language for expression of body experience, and to learn how early experience can shape the form and motility of the body. To develop a language for the movement of emotions in the body (catharsis, release, containment, integration, etc...)
- 7) To have an overview of underlying neurophysiological states in emotional expressions.

B UNDERSTANDING THE DEVELOPMENTAL PROCESS AND THE ASSOCIATED DEFICITS, TRAUMAS, CONFLICTS

Sexuality, attachment are the two basics determinants of psychobiological development, emotional experiences, and relational capacity.

A person's sexual maturity and capacity for taking pleasure in his life depend on his preverbal and oedipal experience.

At a body level this development is related to the energetic functions of charge/discharge, containment and sensorial integration underlying sexual and emotional experiences and expressions.

An adult person's bonding capacity derives mainly from his early attachment and affective attunement experiences.

Sexuality and self development begin with birth. The processes enabling the development of attachment and the acquisition of the self begin and start to become structured before birth.

The recent "primary triangle" research and knowledge emphasize developmental trajectories that are triadic experiences. Those contribute on one hand to the relational and intersubjective interactions capacities, on the other hand to the resolution of oedipal issues and therefore to the sexual fulfillment. The triadic issue is a systemic perspective that tells us about cooperation in families and groups, as well as basic bodily organizing principles or "micropractices"

The embodied organizational process and integration of all these functions occur in continuous developmental processes from birth through early adulthood.

The self, sexuality and relational capacity develop in tandem from birth onwards. All three are essential to survival and to the development of a positive sense of human identity.

Attachment and self undergo critical development in early childhood, achieving a basic structure through the separation/individuation process.

Sexuality, the self and the ego undergo critical development during the oedipal period.

Severe deficit, attachment trauma and severe disturbances of family cooperation, occurring in this period, damage the acquisition and/or the development of the self.

The negative relational interferences classically studied in Bioenergetic Analysis determine distortions of the self, and produce deep wounds in the person's attachment to significant others and ability for intersubjective cooperation and triangular capacities.

The development and integration of attachment theory with an understanding of the development of the self, sexual development, primary triangle issue and character structure is an ongoing field of research in Bioenergetic Analysis.

We recommend the study of development be used as an opportunity for trainees to explore their sexual and attachment history and history of their family cooperation.

This learning process is the source of the ability, as therapists, to connect to the client and deal with countertransference issues; and this also contributes to the development of trainees as therapeutic persons.

B.1 Content to cover

B.1.1 The tasks of Prenatal, Natal, and Immediate Postnatal Period

B.1.1.1 Aspects of pre and postnatal life: nature of the newborn

- a) Self-regulation of the infant and interactive regulation with caregiver
- b) Communication abilities of the newborn, motivation for dyadic *and* triadic interaction
- c) Holding, handling and object presenting
- d) Psychosexual development; ocular segment, facial expression, gaze aversion
- e) Infant's contact functions: eyes/mouth/skin contact and touch
- f) Mother regulation of the infant, infant regulation by gaze aversion
- g) Cooperation and need for attention, somatic resonance and protoconversations

B.1.1.2 Interferences and consequences

- a) The hateful mother, the confused mother, absent caregiver, loss of caregivers, split between caregivers.
- b) Energetic consequences: ocular block, freezing, flaccidity, fragmentation, dissociation, lack of grounding, disorientation and disorganization, cephalic shock, excessive relational closeness, symbiotic relationships
- c) Acquisition of a disturbed self
- d) Psychological consequences, disturbed attachment process

B.1.2 The tasks of Oral-Sensorial-Attachment Period

B.1.2.1 Aspects of the oral period

- a) Nurturing, nursing and physical closeness
- b) Looking for the good interactive distance (not too close, not too far): The midrange model and the process of interruption and repair of interaction
- c) Psychosexual development: oral erogenization, sucking, biting
- d) Infant's contact functions: eyes, mouth, arms (reaching out)
- e) Attachment and attunement needs
- f) Affect attunement *and* cooperation forming attachment patterns and micropractices
- g) Family alliance and need for inclusion in parents attention

B.1.2.2 Interferences and consequences

- a) The weak mother, cold mother, absent mother, paradoxical mother and/ or father. Parental split and missing support for the other parent
- b) Energetic consequences: deprivation, collapse, dissociation, disorganization and disorientation, lack of grounding
- c) Psychosexual development: oral fixation, oral sadism
- d) Psychological consequences, disturbed attunement, cooperative triangular capacity and intersubjective processes

B.1.3 The tasks of Tonic-Anal-Separation-Individuation Period

B.1.3.1 Aspects of the intermediate phase

- a) Separation/individuation crisis and process
- b) Narcissistic needs
- c) Autonomy and assertiveness
- d) Standing and walking, legs and autonomy, cooperate and participate in parents control field
- e) Psychosexual development: anal erogenization, toilet training
- f) Using verbal language and self-reflection (reality and fantasy)

B.1.3.2 Interferences and consequences

- a) Seduction and manipulation
- b) Repression and humiliation
- c) Energetic consequences: holding in and holding up
- d) Psychosexual development: anal eroticism, anal fixation, anal sadism, spite, anal character traits and passive-aggressive character traits
- e) Physical abuse, emotional abuse
- f) Psychological consequences: difficulties with autonomy, issues of control, self control, control of others, grandiosity/inferiority, self inflation/impooverished self

B.1.4 The tasks of Oedipal and Infantile Genital Period

Understanding the dynamics of the Oedipal phase is central to the treatment of neurotic problems. Sexuality and the ego undergo critical development during this period, achieving the basis for a future definite structure, by the age of six. The voluntary muscular system come more fully under the control of the ego and the whole body, including the genitals, is energized at this time.

B.1.4.1 The Genital and Oedipal phase

- a) The Oedipus legend and the Oedipus complex (Freudian, Lowenian and other perspectives)
- b) Establishing one's sexual identity
- c) Having one's sexuality and sexual feelings acknowledged and affirmed.
- d) Part of erogenization is the inclusion in parents sensual intimacy
- e) Not shaming or prohibiting pleasurable bodily sensations and masturbation
- f) Keeping intergenerational sexual boundaries.
- g) Recognition and owning of rivalry feeling.
- h) Freeing desire from the oedipal object, and claiming it as one's own, so that one can move toward appropriate expression and fulfillment of desires. Freeing from the (sexual) desires of the oedipal object.

B.1.4.2 Gender and homosexuality

At the 2018 BoT meeting, BoT members agreed to release the following statement:

"The members of the International Institute for Bioenergetic Analysis (IIBA) do not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed, but might be explored and integrated as specific identity. In addition, the IIBA opposes discrimination against individuals with same-sex attraction"

(This item is to be developed to expand understanding of Gender issues in relation to B A psychotherapy.)

B.1.4.3 Interference and trauma in the Oedipal phase

There is no completion of the Oedipal phase, and every person emerges from this period with some degree of castration anxiety, some cutting off from sexual feelings, and tension in the pelvis.

- a) Denial, shaming/ humiliation or punishment of the child's sexual/oedipal manifestations and /or exclusion of parents` sensual intimacy
- b) Parental seduction and need of the sexual/oedipal feelings from the child
- c) Parental rejection
- d) Parental rivalry
- e) Abusive, incestuous parent
- f) Sexual abuse of any kind
- g) Psychological consequences: loss of sexual integrity, perturbed capacity to have love relationships, dependency on the parents, infantile way of dealing with partnerships, problems about choosing a sexual object (hetero/homosexuality).

B.1.4.4 Observing the effect on the body of disturbed sexual development

- a) The connection between the pelvis and the heart, between tender and aggressive feelings, the connection between mind and body
- b) The form, shape, position and motility of the pelvis

In the course of this study, special attention should be paid to the problem of sexual abuse, which requires treatment according to trauma theory.

B.1.5 The tasks of the Adolescent Period

- a) Aspects of puberty and the adolescent period
 - Firm establishment of sexuality and bodily development
 - Modification of the attachment system
 - Modification or establishment of triangular capacity and collective cooperation abilities
 - Adolescent sexuality, frustration and acting-out
 - Impact of pre-genital and oedipal phases on adolescence
 - Defining one's sexual orientation
- b) Characterological pieces put together
- c) Interferences

We want to emphasize that both analysis and Bioenergetic work should proceed from the here and now. Analysis proceeds from the latest to the earliest events; from how the patient is functioning as an adult to how he/she functioned as an adolescent and what happened in the Oedipal period. Pre-Oedipal experiences must be understood in their effect on present day behavior.

B.2 Trainee skills to develop

- 1) To learn how attachments to significant others are formed, the basic attachment patterns in children and adults, and the important ways in which body experience is both formed by and forms the attachment experience. Studying the relationship between emotional development and attachment and the emotional scripts that need to be addressed in the healing of attachment wounds.
- 2) To learn how the form of cooperation in family alliances affect the abilities of cooperation, triangular interactions and collective intersubjectivity in children and adult and form their micropractices (for instance their ways of bodily sensuality).
- 3) To learn how disturbances of sensorial awareness and integration affect the integrity and cohesion of self (self-image and self-picture).
- 4) To learn about and understand the physical, as well as the psychological, dimension of childhood traumas, deficits or conflicts, and how these disturbances in functioning and relationship have come to reside in the awareness, form and motility of the body.
- 5) To learn about the vicissitudes of psychosexual development and its relationship to adult sexuality, erogenization, eroticism, and energetic functioning.
- 5) To explore the somatic basis of the client's defenses and adaptations.
- 6) To learn and choose the adequate situations and techniques corresponding to the treatment of traumas, deficits and conflicts during each period of development.

These principles can be taught from the trainees' exploration of their own life experiences.

C CHARACTER**C.1 Content to cover****C.1.1 Towards a Comprehension of Character formation and organizing principles****C.1.1.1 Generalities**

- a) Identity and antithesis of mind and body (functional thinking compared with mechanical and mystical thinking)
- b) Reich and the “breakthrough into the biological realm”: the expressive language of the living, character as a regulation of stimulation and excitation from inner and outer sources
- c) Reich’s early concept of character armoring: character, muscular tensions and body segments. Turning of the impulse against itself. Character is not a symptom: character is ego syntonic and symptom is ego dystonic. Character analysis and resistances analysis.
- d) Lowen’s character typology introducing the concept of Self. Preverbal and oedipal origins of character and its function of regulation of excitation from inner and outer sources.
- e) Recent neurobiology introducing the concept of “brain dissociation” at the origin of schizoid character.
- f) Influence of traumatic experiences onto character formation
- g) Sexual issues, attachment issues and triangular issues in the formation of character.
- h) Relational experiences organizing character.

C.1.1.2 Approaching character through the body

- a) Pulsation
- b) Breathing
- c) Quality of contact (eyes, hands, body)
- d) Quality of voice
- e) Grounding
- f) Holding patterns and capacities of charge/discharge and containment
- g) Blocks and tension patterns
- h) Qualities of somatic resonance and rhythms of interaction
- i) Specificities of speech

C.1.1.3 Approaching character through fear and anxiety

- a) Understanding anxiety from energetic point of view
- b) Difference between fear (directed to a danger) and anxiety is free floating.
- c) Fears driving character formation: fear of insanity, violence, abuse, death, rejection, abandonment, loss of control, pain, humiliation, betrayal, hate, aloneness, annihilation and others
- d) Anxieties driving character formation : falling, orgasm, castration and others

C.1.1.4 Role of positive emotions and affective states in relation to character

In Bioenergetic Analysis, affect is the core of our work. Emotional states are the most powerful and pervasive Bioenergetic states of the body.

Emotions communicate meaning to others. They are also powerful flows of energy and movement within the body; they increase the vitality of tissues; and they initiate action patterns or evoke defensive contractions that promote either aliveness or illness.

In Bioenergetic therapy, attention is certainly paid to the negative feeling states that inhibit satisfaction in life. But prolonged emotional conditions like anxiety and fear, rage, dread, despair, disgust, and distress can do enormous harm to our health and vitality. For that reason, one of the goals of our therapy is to assist the client to process and transform these painful experiences whenever possible, and bring the body into a present time experience of relief, relaxation, joy, and pleasure.

We recognize the transforming power of positive emotional states and the aliveness and health that these states can bring to our life. In our work, we especially focus on these states as agents of healing, and understand their capacity to help the client reorganize their sense of self. Among the states that we facilitate are:

- a) Authentic, complete, and congruent expressions of the basic emotions, whether from present time situations or in the resolution of past events.
- b) Pleasure in movement, activity, work, creativity
- c) Sensual, erotic and sexual pleasure, sexual love; love and tenderness
- d) Core self-states like the sense of authenticity, agency, self assertion and presence that comes with an honest expression of one's self and the experience of being present with one's self in the company of others and experiencing recognition and continuity.
- e) The background emotions and "vitality affects" that are felt as sensations and energy movements in the body and give rise to consciousness according to neurobiology. The felt sense of the body and the organism, sensual flows of body experience
- f) The rise and fall of self regulated excitation and the experience of well-being
- g) Relational states of connection and resonance with others. Being tuned in to someone or being seen and heard by another

- h) Closeness and intimacy, appreciation, love and compassion
- i) The sense of mastery and pride that comes with doing something well and with a sense of flow
- j) The body experience of being in deep connection with the natural world and the energetic balance and flow that can occur in that connection
- k) The experience of enlivening our body energy that comes with spiritual connections and our possible connections to many different sources of energy outside the personal self

All of these Bioenergetic states of the self are relational, participatory, and resonant connections to the world. Sometimes they are rapid and immediate nonverbal responses to people and situations, and sometimes they represent the deep background impact of the environment and energy of our surround. When they are felt and embodied, they change us. We recognize the power of these connections and how important they are as organizers of the self-experience and for our physical and emotional health and aliveness.

C.1.2 Character Structures

Repeated trauma, deprivation, abandonment, over-stimulation and other disturbances during developmental stages result in typical patterns of holding against feeling and impulse in the body. These patterns may become chronically embodied and they may become reinforced through actual experiences, resulting in anticipatory anxiety and in fixed ways of being in the world. These are termed character structures or character disturbances by Reich and Lowen.

C.1.2.1 Definition, formation and function of character structure

- a) Self-expression vs. survival: character as survival mechanism
- b) Holding patterns: character as protection against fears and anxieties
- c) Character as adaptation within family attachment system
- d) Character as adaptation to family alliances and culture
- e) Beliefs related to character formation

C.1.2.2 The basic character structures and their manifestations

- a) The schizoid and flaccid schizoid organization, manifested on the following levels:
 - developmentally (including family dynamics)
 - bodily/energetically
 - defensively (defense system)
 - emotionally
 - behaviorally
 - interpersonally
 - ego dynamically/basic illusions under stress
 - symptomatically
- b) The oral organization and its manifestations (as above mentioned)

- c) The borderline organization and its manifestations (as above mentioned)
- d) The narcissistic organization and its manifestations (as above mentioned)
- e) The psychopathic organization and its manifestations (as above mentioned)
- f) The masochistic organization and its manifestations (as above mentioned)
- g) The rigid organizations and their manifestations (as above mentioned)

C.1.2.3 Character structures and character strengths

Character pathology and character strengths always coincide in the same person. There are nonetheless critical differences. Character stances that are fixed, self-defeating, and largely unconscious are considered "pathology." Underlying the pathology, however, there may be positive motivations. Character strengths are malleable; they are under voluntary control even when habitual, and they are grounded in the reality of the moment.

Contained within any "pathological" trait, may be found an underlying core of health. Similarly certain character strengths may typically emerge in the context of a character type, to balance it, to produce healing or as a consequence of the healing process. The withdrawn schizoid individual may find creative sources within his inner world, discovering that he has a gift to synthesize fragmentation to come up with the new. Oral longings may generate poetic or romantic forms of communication. A psychopathic trait may allow free movement in society for good causes. The individual may find positive ways to express his leadership qualities. The masochistic individual may become a genuine caretaker. His natural gifts of dependability and stability may be valuable to solidify structures or avoid ruptures during periods of change. Rigid traits may reveal the gifts of strength of character and a capacity for goal-directed activity and organization.

Therapists always need to find ways to explore character without using shaming labels or leaving the client feeling he is "only his pathology." The health hidden within pathology needs to be recognized, identified and promoted as it emerges during therapy.

C.1.2.4 Precautions teaching characters

- a) Character type is not the same thing as individual character
 - the character of each person is unique; each person can only be described in terms of their unique qualities, even when they may display certain typological characteristics
 - assigning an individual to a type is not character diagnosis, nor character analysis
 - no individual is defined by being put into a type
 - people usually use a pre genital character pattern for protection against early traumas and deficits and can use a "cover" character pattern to deal with present daily life.
- b) Understanding an individual's character is a process
 - "reading the body" and being aware of the information received through the resonance is not something that can be done once and then it is done
 - learning about an individual's character takes time; it is a process of "getting to know him/her" in an in-depth, analytic way

- c) Trainers should take care in the teaching of the basic character structures to:
- not present a reductionistic view of the individual
 - not allow the study of body reading to become a shaming process
 - to be aware that character patterns are not fixed but unfold according to relationships
 - present the material in such a way as to convey the depth and range of bioenergetic knowledge that is contained in it

C.1.3 Character and culture

Character behaviors are also established by cultures. Consistent reactions and teachings are provided by the culture into which one is born. National groups differ in their attitudes, movement styles, and potential for positive and pathological influence. The stances they encourage are incorporated by identifications (I am French, we Brazilians, the Spanish way, etc.). Narcissistic wounds and protective reactions occur when one's culture of origin is attacked.

Besides national, racial or cultural groups, many are affected by sub-cultures. Religious and spiritual orientations are often an important factor in developing characteristic attitudes. Changes in gender identification and meanings have been particularly significant over the last decades. Being identified with any particular therapeutic school may also lead to the development of bodily patterns and expressions. Regional patterns often differ within nations. Globalization is a new source of patterning. Ageing can promote intensification of flexibilization of character patterns as well as new ways of living or the opposite.

Training should include:

- a) Consideration of the effect of cultures and sub-cultures on movement styles and psychological attitudes and the role of family patterns (alliances) in establishing it
- b) Identity and identification and the processes of secondary narcissism and wounding as they relate to culture
- c) In-depth consideration of the national character of the country one is from, including its pathological aspects as well as its life affirming contributions
- d) The role of cultural and racial character in emphasizing particular emotions, defenses and relational styles
- e) The role of Bioenergetic Analysis in confronting unconscious cultural attitudes as a defense against aliveness, sexuality, and healthy expression of body and personal potentials
- f) The changes brought by the ageing process, with its demands, aspirations, potential, as well as age imposed restrictions.

Further Suggestions:

It is suggested that a half day in the training should be given to cultural character, in a formal way, sometime during the pre-clinical program. With this base, comment on cultural dynamics, when they are particularly important in understanding individual behavior and therapeutic sessions, can meaningfully occur throughout the program.

It is suggested, training programs write up the dynamics of their culture to be shared perhaps in a journal edition or in a manual discussing culture. They should include body dynamics, strengths, weaknesses and a case where cultural forces are operating, perhaps as a resistance or as a source of therapist-client miscommunication.

A book list of cultural dynamics as they shape personality can be gathered. It should emphasize examples of cultural mechanisms and typical characterizations of individuals.

C.1.3.1 Trainee skills to develop

- a) The ability to read character patterns or character structure from the body, using form, motility, alignment, and expressive movement and from somatic resonance in the relationship
- b) The ability to relate what is seen in the body and felt by resonance to the client's psychosexual/relational development and the psychological/emotional issue the client is presenting
- c) To understand the psychosomatic organization of the individual from his/her body structure, movement patterns and resonance experience
- d) The ability to choose techniques for loosening the chronic characterological defenses of the client
- e) The ability for creating a good-enough therapeutic relationship and to make use of appropriate relational/ body interventions
- f) The trainees will continue to demonstrate a willingness to learn about themselves and others, about their own characterological tendencies through participation in the group process and through giving, accepting and using feed-back and supervision.

The fourth and fifth years of training consist of a phase of integration, and the learning experience is focused on becoming a Bioenergetic analyst. So, these two years are focused on the professional applications of the tools learned and the personal explorations in the pre-clinical phase, emphasizing diagnosis and treatment, and evaluating with the students' skills, use of techniques, relational abilities, and willingness to learn and evaluate.

At this stage of the training, trainees are asked to work in triads or in pairs and, as soon as possible, in front of the group on a regular basis. They are given supervision and feedback by the trainers on their work, strengths and limitations. By the end of the fifth year, they should demonstrate all the basic abilities required to be a Bioenergetic therapist.

When entering this phase, a trainee should start to see clients (unless this is not advised by the trainer or training committee) and begin his/her individual supervision. (Fifty hours are required for certification)

A

INTRODUCTION

In the introduction to the clinical phase we find it important to clarify what kind of therapeutic change and development we are working for in Bioenergetic Analysis.

This is best done by answering the question, "What heals," or "What is the core of the therapeutic change in Bioenergetic Analysis?"

Exploring the model of treatment used in Bioenergetic Analysis, the physical interventions taught, and the role of empathic resonance in the therapeutic process shows that the therapeutic change is understood as a transformation that takes place within the client and therapist and within the relationship.

These changes occur at emotional, psychological, physical and, depending on the culture also transpersonal levels within the client and in the relationship between client and therapist.

As the process evolves, the client learns to experience more bodily aliveness, build capacities for deeper and more authentic relationships, and gain a wider and more flexible manner of self-expression.

Therapeutic change usually occurs in stages in long-term therapy.

First, unfulfilling defensive / protective patterns of behavior, thought, and emotional expression are made conscious and recognized as the source of distress and pain.

Second, these defensive patterns can then be explored, struggled with and surrendered.

Third, as these adaptive defenses diminish, new emergent capacities of self-expression are encouraged and supported within the therapeutic relationship.

Finally, once their incubation within the therapeutic relationship has proceeded, these new expressions can become new internal resources.

This cycle of therapeutic change occurs over and over again as the therapy progresses.

B CONTENT TO COVER**B.1 The setting of Bioenergetic Analysis**

- a) The first contact/initial interview
 - the client's complaint
 - the demand
- b) Therapeutic contract
 - fees
 - setting
 - frequency of sessions
 - rules concerning absences
- c) Presenting Bioenergetic Analysis and type of work we will be doing with the client
- d) "Physical arrangements":
 - the possibility of physical contacts
 - work with a client in a bathing suit
- e) Use of videotaping / photos
- f) Assessing information
- g) Code of Professional Conduct

B.2 The Bioenergetic Analysis session

- a) Channels of relating
 - eye contact
 - speaking
 - sensing and resonating
- b) Forms of working
 - standing
 - sitting
 - moving
 - laying down
- c) Forms of intervention
 - directness vs. unfolding
 - confronting vs. following
 - therapist's use of the self and resonance vs. neutrality
 - interpersonal focus vs. intrapersonal focus
 - regulating distance
 - playing together

- d) Co-integrating body work and psychological work
 - How to "weave" analytical work while doing body work :
 - Pacing of a session: talk vs. body work. How to be fluid
 - Timing for bringing body work : when and how to introduce body work, when to talk, and for what purpose
 - When is the talking productive and when is it defensive on the part of the therapist? (real analytical work vs. chatting)
 - Experimentation and assessment of one's ability to integrate body work and verbal work
- e) The phases in a Bioenergetic Analysis session
 - Collect information: Verbal information given by the patient, non verbal information (body information or body reading, relational and transference information, resonance information)
 - Formulate a clinical hypothesis: identify deficit, trauma and conflict, its origin, the resistances and/or defenses present or mobilized
 - Bioenergetic body work: choice of strategy and therapeutic techniques
 - Final elaboration (give meaning to the experience) and integration (give a place to the experience within the self)

B.3 The therapeutic process : generalities

B.3.1 The uniqueness of the individual

- a) The qualitative and the quantitative factors
- b) Unique expression
 - mixed character patterns / structures
 - character: failure and compensation
 - the interrelationship between preverbal/pregenital and genital issues
 - the relationship between a particular body structure and a particular story

B.3.2 The nature of the therapy process: a relational developmental process

- a) Understanding the nonlinear nature of the therapy process
 - the spiral of growth
 - therapy as a jigsaw puzzle (integration)
 - continuous and discontinuous progress (working through)
- b) The balance between intrapersonal and interpersonal work
 - related to client's self and character pattern / structure
 - related to client's needs (conflict, deficit, trauma)

B.3.3 Dreams in Bioenergetic Analysis

Work with dreams may be part of the therapeutic process in Bioenergetic Analysis.

- a) A dream is a mental production of a sleeping body and therefore comes from a deep place of contact, or junction, between psyche and soma.
- b) Dreams may be worked with symbolically to shed light on unconscious processes, and they may be worked with energetically and corporally. Dreams also reveal information about the dreamer's character.
- c) Energetic work with dreams may facilitate tension reduction, since dreams arise out of bodily tension and processes.
- d) Dreams may be an expression of various aspects of the therapeutic relationship, including transference.
- e) The creative aspect of dreams may stimulate the therapist's creative capacity and should also be reflected back to the patient.

B.3.4 The question of illness

As the client goes through the various stages of the therapeutic process, he or she may, paradoxically, encounter physical illness during this journey. Indeed, as the therapeutic process leads to gradual shedding of the adaptive defensive patterns so that healing can take place, illness may manifest. When it does, it reveals deeper physical or emotional imbalances that have always been the hidden part of the character defenses. The experience of illness can be the way the organism has found to show the patterns that lie beneath the character pattern / structure and thus the illness and the efforts toward recovery become a gateway to the true self and to wholeness. It is the role of the therapist to assist the client in understanding the true meaning of any form of illness that may manifest during the healing process.

B.4 The therapeutic process : the therapeutic relationship

B.4.1 Working with resistances

- a) Resistance :
 - The duality of resistance
 - Resistance as protection
 - Resistance as a relational answer and self-expression
 - Resistance as a manifestation of the character within the relationship
 - Energetic process involved in resistance
 - Analysis of "formal resistances" (Reich)
- b) Resistance and negativity and their expression
 - distinction between resistances and negativity (resistances do not always stem from negativity)
 - The bioenergetic dynamics of aggression and violence

- Becoming aware of one's own negativity
 - Distinction between aggression, violence, cruelty, hate, murderous impulse
 - Meaning of resistance and negativity vs. aggression
 - Different ways in which resistances and negativity are being expressed during therapeutic work
 - Verbally
 - Bodily
 - How does negativity express itself in the patient's structure?
 - Aggression versus assertion
 - Techniques and attitudes to facilitate the expression of one's own negativity
- c) Qualities to develop in the face of resistances and negativity
- maintaining one's sense of perspective and grounding when meeting with the client's resistances or negativity
 - resisting the temptation to retaliate or to act out
 - ability to set borders
 - cultivating capacity for compassion, for containing feelings of helplessness and impotence
 - using the resistance to help the client (and therapist) gain more insight into his/her own character patterns ((structure))
 - the virtues of equanimity and humor when dealing with resistances or negativity
 - to be able to welcome resistance and negativity as authentic expression of the client to develop his "No"
 - other qualities that may be helpful
- d) Energetic techniques to work with resistances and negativity

B.4.2 Working with defenses

- a) Adaptive and defensive function of the structural dissociation
- Structural dissociation as a consequence of early developmental trauma (at the origin of schizoid character and, in part, borderline personality)
 - Structural dissociation as an adaptive response to early emotional experiences that cannot be integrated
- b) Adaptive and defensive functions of the ego
- ego as will, control, façade, self-consciousness, etc... Ego as self-possession, consciousness of the self, etc ...
 - balance between ego and impulse (the "rider on the horse")

- c) Self, character, and repetition of intra and interpersonal patterns
 - how does the past get recreated in the present?
 - belief system as defense against change, sustaining repetitive patterns
 - ways of working through repetitions of intra and interpersonal patterns
- d) Breakdown and breakthrough
 - breakdown and insight
 - the fear of breakdown as the fear of letting go: breaking out and giving in
 - the relationship between breakdown and breakthrough
 - catharsis and integration: when catharsis is helpful and when not
- e) Developing true self and true bonds
 - attunement, resonance and intersubjectivity
 - self expression

B.4.3 Working with sexuality

- a) Supporting the growth of the capacity for sexual pleasure
 - exploring the client's sexuality with him/her
 - openness about sexual practices, preferences, choices, awareness of homophobic bias in the society as in oneself
 - openness to masturbation, within or without a relationship
 - sex and sexual activity as a central part of life
- b) Working therapeutically with the client concerning his/her sexual relationships
 - openness to hearing about and helping with
 - encouraging the client's quest for fulfillment in sexual life
- c) Sensuality; sexual, erogenic and erotic charges in the therapy setting
 - capacity of the therapist to tolerate client's love, sexual charge
 - appreciation of client's aliveness and sexuality in non-exploitative manner
 - creation of safety within the therapeutic relationship for the exploration of sexuality and developing erogenic sensitivity
- d) Virtual sex and pornography
- e) aspects of resonance, transference and countertransference
 - recognizing the erogenic and erotic element in transferences
 - recognizing erogenic and erotic fixations in transference reactions and in repetition patterns
 - recognition of bi-sexual nature of infantile sensuality, sexuality and fixations
 - awareness of countertransference reactions in relation to the client's sensual/erogenic/erotic/sexual life and being

B.4.4 Working with resonance, intersubjective relationship, transference and countertransference

- a) Resonance, intersubjective relationship, transference and countertransference related to sexual and ego development
- Character as a conflict resolution
 - prenatal and perinatal transference/ resonance
 - pre-oedipal transference/ resonance
 - oedipal transference
 - resonance as diagnostic tool
 - transference as diagnostic tool
 - transference as treatment tool
 - transference pitfalls
 - Transferential work
 - permitting the awareness of resonance/ transferential feelings
 - giving meaning to the transference (verbally and non-verbally)
 - projective identification/ embodied countertransference
 - energy fields interaction in transferential work
 - resolving the transference
- b) Resonance, intersubjective relationship, transference and countertransference related to attachment and triangular cooperative issues
- Character as attachment pattern and pattern of cooperative capacity
 - relating preverbal character with attachment pattern: anxious-avoiding pattern with schizoid character; anxious-ambivalent pattern with oral character; disorganized-disoriented pattern with borderline personality) and pattern of triangular capacity and collective cooperativity
 - character as expression of relational needs of attachment and triangular cooperative capacity
 - forms and levels of bonding in transference
 - transference as actualization of the attachment family system and family alliances of origin
 - collusions (energetic and characterological)
 - Transferential work
 - permitting the awareness of transferential patterns and transferential attachment family systems and family alliances of origin
 - forming new patterns of connection in the present
 - attuning to the relational needs using an intersubjective relationship
 - being partner of "interactive emotional regulation"
 - permitting the installation, the development, the freeing and the ending of a working therapeutic relationship

- c) Countertransference issues
- Assessing different kinds of therapist emotional responses
 - therapist resonance with the patient
 - therapist transference toward the patient
 - therapist countertransference reaction to the client's transference (complementary or comparative)
 - projective identification/ embodied countertransference.
 - therapist positive/negative collusion/ entanglement.
 - Use of countertransference
 - countertransference as resonance, empathy, attunement and a guide to intuition.
 - as a signal of the client's distress or his/her attempt to "borrow the analyst's personality in order to survive"
 - countertransference/ resonance allows for focused interpretative touching
 - recognition that countertransference promotes objectivity by elaboration of the systemic intersubjectivity in the therapy
 - mutual cooperation in developing and co-creating the therapeutic process where this process establishes the "analytic third" (the common ground of experience)
 - counter-transference as part of defining a "listening perspective", is a key component of the reflective field created by transference and countertransference (what Ogden calls the "analytic third")
- d) Analysis of countertransference: the therapist's narcissistic wounds
- Issues of power in therapy
 - the therapist's own grandiosity as a healer
 - the use of bioenergetics as a power trip/ the mighty therapist in handling therapy
 - the use of clients for narcissistic gratification
 - the therapist's own narcissistic wounds: degree of awareness of those wounds
 - how we can be aware when using our clients narcissistically
 - the healing power of failure
 - failure: a gateway for a deeper understanding of our clients and of ourselves, and part of the therapeutic process we cannot avoid.
 - how to make use of failure to find a way to our true self and those of our clients
 - the importance of supervision and support

- the therapists' use of the therapeutic relationship for self-deficits:
 - for aloneness
 - for fear of abandonment
 - for a need for holding, soothing
 - for a lack of self-worth
 - for the lack of self-love
 - for the loss of identity
 - for loss of sexual fulfillment

B.5 The therapeutic process : the therapeutic phases

B.5.1 Beginning issues

- a) getting to know the client and establishing a connection
- b) achieving mutual understanding of goals
- c) formulating a temporary diagnosis
- d) the value of setting up an initial period of mutual evaluation of three or four sessions before making a long-term commitment
- e) establishing professional parameters, confidentiality, payment, cooperation etc.
- f) getting a basic history, including mental health, sexual history, relational history, family history, work history, drug and alcohol history, health issues
- g) learning about the client's social, professional and relational network, support system and current "life structure"
- h) learning about client's strengths, weaknesses, illnesses, any potential for serious risk of psychosis, suicide, self or other destructiveness; current crises if any; establishing "ground rules" regarding high risk behaviors, suicidality, etc.
- i) acknowledgement of gender, sexuality and cultural background

B.5.2 The treatment process

- a) related to energy
- b) related to true/false self and bonding
- c) related to character patterns (structure) (defensive system and resistances)
- d) the unfolding of transference/ resonance
- e) the timing (or omission) of interventions during a session / during the whole treatment

B.5.3 Termination issues

- a) indications for termination
 - legitimate and defensive reasons for terminating therapy
- b) anxieties/difficulties of this phase
 - resolution of transference
 - the grief process
- c) special tasks of this phase for client and therapist
 - self-analysis and exercises for further growth
- d) therapist dealing with loss

B.6 Exercises

As indicated at the outset [Chapter 1 (6)] an exercise class should be a part of every training day. It is recommended that everyone work regularly with their body using the Bioenergetic exercises. It is only through working with one's body that one can understand and work with Bioenergetic Analysis with others. In the clinical phase of training attention should be paid to the teaching and use of the exercises in the context of the exercise class. This teaching should include:

- a) Bioenergetic exercises and their uses are unique.
 - they have specific functions not found in other disciplines
- b) Emphasis should be placed on using the exercises personally and daily for:
 - learning about one's own body
 - feeling the reality of energetic processes
 - personal "hygiene," care for our own health and the body as therapeutic resonance system, tension reduction, relief from painful feeling states, heightening aliveness, vitality, flexibility, sensorial integration, bodyfulness, working through character issues, etc.
- c) The exercises should be taught with attention to basic bioenergetic principles, including:
 - grounding
 - breathing
 - expansion/contraction; charge/discharge; charge/contain; pulsation; flow; orgasm reflex
 - segmental armor; alignment
 - expressing feelings
 - expressing aggression; reaching out, establishing borders
- d) Trainees should learn to teach and lead the exercises from their own body sense, not mechanically.

Trainees should learn different ways and indications to do exercises: for instance let the client do the exercise, to do it together, to be together in somatic/ exercise encounter or to play together.

Trainees should learn how to explore their own resistance or obligation to using the exercises

- e) use of exercises in case of injury, illness, depression, contraction, pregnancy, psychosis, dissociation, shock and other states should be noted.

B.7 Selected topics

B.7.1 Adult development

The subject of adult development should find recognition at some point in the training. Trainees should be offered the reading list below, and should take upon themselves responsibility for studying the topic. Levinson's work should be highly recommended. His complex sequence of phases and transitions, the concepts of life structure, basic developmental tasks, the concept of the person in society and society in the person, the use of Jungian archetypes, the integration of Eriksonian stages, an evolutionary point of view, and the significant crises and development of each phase are unique and add depth and richness to any clinical approach. Trainers can lecture or elaborate from individual sessions on issues of adult development to the extent that they are familiar with the material.

References:

- Jose Ortega y Gasset. *Man and Crisis*. New York: Norton, 1958.
- Erik H. Erikson (ed.). *Adulthood*. New York: Norton, 1980.
- Erik H. Erikson. *Childhood and Society*. New York: Norton, 1950. [Especially Chapter Ten, "Eight Stages of Man"]
- Daniel J. Levinson, et. al. *The Seasons of A Man's Life*. New York: Alfred A. Knopf, 1978.

B.7.2 Specific traumas (PTSD)

• Physical abuse

- a) types of physical abuse
- b) depending on how and when it happens during development
- c) energetic consequences
- d) psychological consequences
- e) how to work bioenergetically with physically abused patients

• Sexual abuse

- a) types of sexual abuse
- b) depending on how and when it happens during development
- c) energetic consequences
- d) psychological consequences
- e) how to work bioenergetically with sexually abused patients

B.7.3 Crisis intervention

- a) *how do we deal with a crisis situation, bioenergetically ?*
- b) *what is considered to be a crisis situation?*
- c) *existing models of crisis intervention*
- d) *the importance of contact: how to establish it*
- e) *body techniques that can help a client cope with a crisis situation*
- f) *ethical and legal considerations*

B.7.4 Psychosomatic diseases

- a) *Bioenergetic understanding of different diseases*
 - *Reich's and Lowen's views on heart problems and on cancer*
 - *other author's thoughts on psychosomatic illnesses*
- b) *How do we deal with psychosomatic illnesses as bioenergetic therapists?*
 - *Can bioenergetics help? To what extent?*
 - *How do we understand the emergence of illness in the therapeutic process?*
 - *illness as a setback, a defensive reaction or a failure to heal as opposed to illness as a sign of progress, a breakdown of the character structure, and a gateway to wholeness*
 - *How are we confronted, as bioenergetic therapists, when the therapy does not improve the client's condition?*
 - *How are we confronted, when the illness seems to have been provoked by bioenergetic work?*
 - *How are we confronted when one of our clients dies?*

B.7.5 Bioenergetic Analysis and other specific pathologies

- *Psychosis (and particularly schizophrenia, paranoia, manic-depressive psychosis – bipolar disturbance)*
- *Depression (its different origins: oral, narcissistic, anal, genital)*
- *Obsessive compulsive disturbance*
- *Eating disorders (anorexia, bulimia, overeating/binge eating/overweight)*
- *Substance dependency (tobacco, alcohol, drugs)*
- *Non-substance dependency (playing in casino, computer and porno etc.)*
- *Phobias*
- *Panic reactions*
- *Transgenerational Issues*

B.7.6 Gender issues*(To be completed)***B.7.7 New cutting edge topics***(To be completed)***B.8 Note concerning supervision during the clinical phase**

Supervision is used to help students in the ongoing evaluation of their own personal/professional process:

- to help the student to be aware of his/her capacity and ability to engage with the client and intervene appropriately in the therapeutic process
- to help the student to identify his/her specific resonance/countertransferential patterns, according to his/her personal history and in relation to specific client issues
- to help the student to have a good idea of his/her own strengths and weaknesses with a clear direction for working on the weaknesses and accept limitations
- to appreciate the willingness of the student to learn about himself/herself and others through participating in group process and supervision, and through giving, accepting and utilizing feedback.

B.8.1 Format for a session in the final year

- a) Greet, establish initial contact
- b) Initial exploration of the problem for the day. What the client comes in with, its recent history and relationship to the past
- c) Sharply define the problem in the following form which establishes how the energy needs to flow and what blocks it:
"You want ___ but ___ stops you" / "In order to ___ you need to ___"
- d) Get a definite "yes!" agreement from the client. Work until your understanding is fully accepted by the client as representing the truth for them.
- e) Translate the problem into body terms. Note the area of the body that is blocked which corresponds to what stops what they want.
- f) Provide an initial germane intervention.
- g) Work through, and beyond resistance. Apply one or a series of interventions that move along the direction to resolving the problem.
- h) Identify and recognize change when it occurs.
- i) Appreciate and review what happened, choosing appropriate words (elaboration).
- j) Application in the daily life (between 2 sessions) of therapeutic insights or changes.

- k) Good-by and separation at the end of the session.
- l) Start to have an idea what issues might come-up in a long-term therapy process.

B.8.2 Criteria for a session to demonstrate certification of readiness

- a) Work in a Bioenergetic manner
- b) Show understanding of the character dynamics, story, body process, and counter-transference
- c) Be able to review for the group what was seen, and rationale for interventions
- d) Capacity to be real about limitations, uncertainties, countertransference issues, and errors
- e) Capacity to enjoy and accept strengths
- f) Capacity to take suggestions realistically and deal in a grounded way with questions, challenges, and criticisms

C Trainee skills to develop

- a) The ability to understand and use the therapeutic process to follow the client's movement from archaic, restrictive patterns of movement and feeling, to new ways of moving and being in their body. This will include:
 - the capacity to understand the psychological/body needs of the client
 - the ability to come to know the adaptations that are present in both the client's mind and body as they manifest in his/her present life
 - having an awareness of the direction and expressions of negativity that occurred when the original needs were not met
 - the ability to help the client to feel the original self need as it exists in their body and feelings
 - the ability to help the client to feel and express the spontaneous self movement as it emerges in their psyche/soma
- b) The ability to make relational/body interventions with clients. This will include:
 - using various forms of physical interventions to encourage the client to alter and expand his/her limited relationship patterns and somatic character patterns
 - using touch and understanding the physical and emotional impact of both physical and emotional contact
- c) The ability to regulate the body/emotional experiences of the client. This will include:
 - understanding psychopathology as emotional dysregulation that results from a failure of affective development and the need to form a treatment model that matches the developmental level of the client

- the ability to grasp "interactive emotional regulation" as a fundamental mechanism of both psychobiological development and psychotherapeutic treatment
- d) The ability to manage a therapeutic relationship. This will include:
- learning ways to empathically connect both emotionally and physically to the original psychological/somatic traumas of the client and the resulting present day survival patterns, and learning to follow and support the spontaneous emotional and physical responses of the client toward a present relationship
 - the ability to maintain contact with the client in states of guilt, anxiety, shame, disgust, elation, excitement, terror, and rage, and to facilitate the processing of traumas that involve those emotional patterns
 - understanding that the therapist's own tolerance for affects is a critical factor determining the range and types of emotions that are explored or disavowed in the transference-countertransference relationship.