



IIBA

INTERNATIONAL INSTITUTE  
FOR BIONERGETIC ANALYSYS

# *Honoring Alexander Lowen*



*The Vitality of Bioenergetic Analysis  
in the writings of some contemporary authors*



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## *Foreward*

This book commemorates the 10th anniversary of the death of Alexander Lowen, MD, founder of Bioenergetic Analysis (BA).

Dr. Lowen died on October 28, 2008 at the age of 97. Lowen was a prolific writer, writing many articles and 14 books on Bioenergetic Analysis that have been translated into 17 languages.

The articles included in this e-book were suggested by the IIBA faculty as some of the articles that furthered Lowen's pioneering work in the field of body psychotherapy. While it is not a complete review of all the advancements being made in BA, each of these authors/CBTs is contributing to the evolution of Bioenergetic Analysis. The majority of Lowen's books were written for the general public. All of these articles were written in the 21st century and are written for clinicians to deepen a concept or integrate new information. This book serves to illuminate how Bioenergetics continues to expand our vision of human functioning.

So, get ready to enjoy learning more about how wide a net is being cast by Bioenergetic therapists in their quest to learn more and more about human functioning and the therapeutic process.

It is the Board of Trustees' pleasure to present this e-book to our global membership. This project is possible by the payment of your dues, by the IIBA faculty members who submitted a list of articles, and Rosaria Filoni, Vice President of the IIBA, by her tireless work to bring this e-book to fruition.

Diana Guest, CBT, IIBA Faculty  
IIBA President



## *Introduction*

This collection of articles, many of which have been previously published in the IIBA Journal, is a gift to our membership to celebrate the 10<sup>th</sup> anniversary of Alexander Lowen's death on 28<sup>th</sup> October 2008. We hope these articles will refresh your commitment and help update your knowledge of Bioenergetic Analysis.

The collection starts with a paper by Virginia Wink Hilton based on her Keynote Address to the 2005 International Conference of the IIBA at Cape Cod, USA, which addressed the theme of "Human Nature and Conflict Resolution". Virginia summarizes the lives and contributions of Wilhelm Reich and Alexander Lowen in light of the conference theme and shows how their struggles are relevant to the ongoing development of the International Institute for Bioenergetic Analysis. She pays particular attention to the major conflicts, both personal and socio-cultural, that arose in the lives of these men, and their differing responses to them. The important question nowadays remains: What can we glean from our history that may give us inspiration, and a realistic sense of direction for contributing to healing and to change in these conflict-ridden times?

"How can we add new ideas to Bioenergetics without betraying Alexander Lowen's essential ideas?" This is Garry Cockburn's question in his paper and we chose to put it near the beginning of this collection of articles as this question is a challenge for all of us today, as we update Bioenergetic Analysis with new knowledge.

"Love makes us free" and we do want to keep loving Alexander Lowen and what we have learned from him, while at the same time feeling free in our love of Bioenergetic Analysis to keep updating it, thanks to the dialogue with other modalities and to the rich contributions of attachment theory, infant research, the neurosciences and the studies on trauma.

Louise Fréchette in her article about "*Teaching on the Theme of Sexuality While Integrating the Homosexual Perspective*" writes, "movement and expression are to be considered as something positive, but the value we put on them can also prompt us to miss out on the other important phase of the organic process: the inward movement that allows a client to experience moments of quiet



intimacy with himself/herself. Actually, the more we are able to allow these inward movements to happen, the more it allows a genuine movement of expansion, once the person is "ripe" to open up again. This (...) is also known as "attunement", following Daniel Stern's terms."

Robert Hilton, referencing a book by Martha Stark, reflects on the three positions that a psychotherapist can take, flexibly, within the dyad, depending on whether the work is on conflict, on the deficit or if it is necessary to emphasize the relational aspect.

Guy Tonella reflects on and deepens what is needed for Bioenergetic Analysis to be ready to face the challenges of the 21st century. Margit Koemeda-Lutz looks for empirical confirmation for *The Language of the Body*, since, for body psychotherapists, the patient's body posture and movements convey highly relevant clinical information.

Bob Lewis' paper reevaluates classical Bioenergetic Analysis from a perspective based on recent research from the attachment paradigm. Specifically, he explores the use of the body, its energy and sexuality as substitutes for a secure relationship with a caregiver. Helen Resneck-Sannes focuses her work on the salient aspects of neurobiological research relevant for psychotherapy and particularly for Bioenergetics. This research concludes that the brain informs the body and the body in turn informs and sculpts the brain and the implications of this finding are discussed in relation to the Bioenergetic theory of character development.

Scott Baum's paper discusses some principles in the organization of the psychotherapeutic space. These central, basic principles include: the primacy of the welfare of the patient; the therapist's ability to prioritize the experience of the patient; the necessity that the therapist be versatile in the dynamics of holding and engagement; and that the therapist have a grasp of her or his personality dynamics, how they may intrude into the therapeutic space, when that can be harmful and what to do if the intrusion is destructive.

Wera Fauser's paper is about "The Importance of Integrating Pre- and Perinatal Issues into Bioenergetic Analysis", since the individual's story begins long before children can look into a mother's eyes. The pre- and perinatal period creates the first foundation, the first grounding and the first attachment in the world.

Jörg Clauer's paper addresses the concept of grounding mainly conceived of as relational and rooted in the psychosomatic self. Furthermore, a developmental perspective of grounding is elaborated, based on scientific findings on the primary triad of baby, mother and father. These results may gain importance as organizing principles in body-psychotherapy. Three case vignettes illustrate principles of grounding, cooperation and deconstruction from the perspective of the patient and the therapist.

Vincentia Schroeter reviews the thinking of various theorists on the general dynamics and etiology of the borderline personality. The aspects reconsidered

include the parent-child dynamic; the body-type, including a new theory about why there is no single body-type agreed upon; the age of the borderline wound, including a new theory about both age and the major block in the body. Fitting the borderline on the continuum of character types is examined using developmental charts from Mahler and Horner.

Two articles are dedicated to the theme of love and sexuality: that of Elaine Tuccillo on “A Somatopsychic-Relational Model for Growing an Emotionally Healthy, Sexually Open Body from the Ground Up” and the one, already mentioned by Louise Fréchette. Louise talks about how to deal with the topic of sexuality in teaching and reconsidering the issue of homosexuality in the bioenergetic community after Lowen.

We complete this collection of papers with two articles that take into consideration different points of view from the bioenergetic one, that offer interesting possibilities for reflection and integration of the interventions. These are the articles by Odila Weigand on "A Core Energetics Approach to Negativity" and by Mariano Pedroza on “Bioenergetic Analysis and Community Therapy as a way to expand the Paradigm”.

As you can see many authors and many subjects have not found a place in this work. Sadly, we have been forced to make choices and all choices offer something and also lose something. We intend to continue the work of reproducing articles and essays for our members. We invite members of our Bioenergetic Community to take full advantage of all our knowledge and experience and to honor the work of our colleagues who have written of their research and clinical work under the auspices of the IIBA.

Dr Rosaria Filoni, CBT, Local Trainer  
Vice President IIBA



# ***Reich, Lowen and the IIBA: facing the challenge of a conflict-ridden world***<sup>1,2</sup>

Virginia Wink Hilton

Regardless of differing political perspectives, we can all agree that the times we live in are dangerous, baffling, and deeply discouraging. Daily we are overwhelmed by vivid accounts of violence and conflict in almost every part of the world. Although they are less bloody, we experience appalling and wrenching conflict here in the United States between political perspectives and lifestyles. And I am certain that there are those of us here who are discouraged and disillusioned by the conflicts that exist within our own Institute. And of course on a daily basis in our therapy practices, our clients bring their myriad of internal conflicts and traumas to us, hoping for resolution and change. It's a struggle not to be exhausted with it all, not to want to keep it simple and turn off the news. Forget external conflicts; the internal is quite enough, thank you very much!

Reich was keenly aware of man's internal conflicts but also had a life-long concern with the socio-cultural conflicts that both cause and reflect the internal ones. Lowen, while aware of the cultural conflicts of our day, chose to focus on the internal: healing the mind-body split in the individual. The Institute was formed to further this goal. But those who chose the theme for this conference hold the belief that we must address our internal conflicts, our organizational ones and those of the world we live in.

So we ask the question, what *can* we glean from the history of our founders' lives and the life of the Institute – the ideas, the successes, and the failures – that may give us inspiration, and a realistic sense of direction for contributing to healing and to change on all these levels in these conflict-ridden times?

## **Wilhelm Reich**

*[For Reich's story I have relied heavily on the brilliant biography by Myron Sharaf, published in 1983.]*

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<sup>1</sup> Address given at IIBA International Conference at Cape Cod, Massachusetts, May, 2005  
Conference Theme: Human Nature and Conflict Resolution

<sup>2</sup> Published on *Bioenergetic Analysis*, 2006 – 16.

Wilhelm Reich was born on March 24, 1897, and grew up on a large and prosperous farm in a northern province of the Austro-Hungarian Empire. His father was stern and demanding in relation to his son, and fiercely jealous and abusive toward his wife. Reich's mother doted on Willy, and he in turn adored her.

Reich had a rather idyllic childhood on the farm that allowed him to observe and be stimulated by the natural phenomena of animals and plants, as well as human beings. Then, when he was around twelve years old, his mother began having an affair with his highly revered tutor who lived on the premises. Willy secretly spied on them, and eventually, apparently, revealed to his father what was taking place. As a result, the tutor was banished. Shortly after, his mother committed suicide. This tragic series of events no doubt had profound effects on Wilhelm, fueling some of his achievements on the one hand, and contributing to the complex and dark aspects of his personality on the other. Apparently, this crisis in his life at such a formative stage, was never dealt with fully in analysis.

Reich's father died of tuberculosis in 1914. After that, Reich managed the farm alone for a period until he was forced to flee when the Russian army invaded the countryside. He then went into the army in 1915 at age 18. In 1918, Reich went to Vienna for his professional education. There he quickly became immersed in the tremendous intellectual ferment of the time. He entered law school briefly, then switched to medicine. Soon he encountered Freud's young science, psychoanalysis.

Reich was profoundly impacted by the person of Freud, and Freud was apparently also impressed with Reich, because he referred patients to him by early 1920 when Reich was only twenty-three. At the same time, Freud did not accept him as a patient, to the deep disappointment of Reich. He was engaged in only two brief periods of psychoanalysis, both with analysts who ended up later bitterly disliking him and his ideas.

When Reich joined the analytic circle there was no training curriculum and few guidelines for doing psychoanalysis. Reich organized and presided over a technical seminar for his peers where he urged them to present particularly their failures. Over the next few years he expanded and combined existing ideas into a systematic character-analytic approach. He uniquely emphasized the necessity of accessing the negative transference and eliciting strong emotional expressions beneath the character resistance. So at a very young age Reich was making acknowledged contributions within the analytic circle. At the same time he was arguing that the goal of psychoanalysis was to achieve orgasmic potency. This was certainly a different emphasis from that of Freud and his other colleagues.

Following World War I, which left much devastation and poverty among the Austrian people, the country was highly polarized between the secular-minded Social Democrats who wanted reform, and the Christian Socialist party, which was heavily Catholic in religion, conservative in economics, and rural in constituency. [*This political situation in Austria at that time certainly bore some*

*resemblance to the “red” and “blue” landscape of America today.] Reich was drawn to the Youth movement of the Social Democrats.*

In 1927 a group of WWI veterans who were members of an extreme right wing group within the Christian Socialist party, fired shots into a group of Social Democrats, killing a man and a small child. The accused perpetrators were brought to trial but acquitted. This angered the workers in Vienna who organized a large protest strike and marched to the courthouse in front of which they started a fire. Reich and his first wife, Annie, joined the protest, and when the police started shooting into the crowd, they ducked behind a tree. After three hours, 89 people were killed and over a thousand wounded. This was the event that radicalized Reich.

Thereafter, Reich became actively engaged in the political issues and social struggle of the left, which at that time included the Communist party, but he was also asking deeper questions about “mass psychology”, why people are drawn to one political perspective or another. “He gradually came to realize that the main problem lay in the character structure of the masses themselves, especially their fear of freedom and responsibility” (Sharaf p.127).

Meanwhile Reich began what he termed the “sex-pol” movement, which included the establishing of sex hygiene clinics. This effort was a kind of “community psychiatry”. His prolific speech-making metamorphosed from psychoanalytic theory to discussing the practical matters around sexuality. He went about the suburbs and rural areas, speaking to ordinary people about orgasm, contraception, a woman’s right to choose abortion based on emotional and/or economic factors, and he inveighed against a sexual double standard for women. He emphasized affirming childhood sexuality rather than just tolerating it. He wanted to take a prophylactic approach to the neuroses: if children were allowed to express their sexuality rather than repressing it, they would grow up to be unarmored. He believed that it was the armoring that prevented a person from responding to social needs in a compassionate and humane way. And he believed that repressed sexuality was the source of many ills, including passivity in the face of authoritarianism, conflict of all sorts, and perverse and violent acts.

The political right responded by proclaiming the need for morality, law and order, and protection against those who would erode the values of the family. [Does this sound familiar?]

By 1930, Reich’s analytic colleagues in Vienna, while positive toward his ideas regarding character defenses, were quite negative toward his emphasis on sexuality. And the Social Democratic party expelled him for being too critical of its leadership. So Reich moved to Berlin to join other young analysts (Otto Fenichel, Karen Horney, Eric Fromm), and where he expected his colleagues and the Communist party to be more open to his ideas as well as his social involvement.

In Berlin, which a few years later became the capital of fascism, Reich established the German Association for Proletarian Sex-Politics, which quickly

grew to have 40,000 members. This group set about to establish sex clinics in several German cities. Get this: their goal was massive propaganda for birth control and free distribution of contraceptives; abolition of anti-abortion laws; freedom of divorce, elimination of prostitution, elimination of venereal diseases; avoidance of neuroses and sexual problems by a life-affirming education; training for doctors, teachers, social workers in matters relevant to sexual hygiene; treatment rather than punishment for sexual offenses; and protection of children and adolescents against adult seduction. He also encouraged adolescent sexuality as a natural, healthy expression, and the acceptance of childhood sexuality on the part of parents. [Now, seventy-five years later, the U.S. government is doing its best to abolish sex education and replace it with abstinence training!]

Meanwhile, Reich was keenly aware (unlike most Germans at the time) of the growing impact of the propaganda of Adolf Hitler. He believed that the Germans were caught by their *simultaneous desire for freedom and their fear of it*. Hitler played on this conflict, and as one historian commented, it was Hitler's "art of contradiction which made him the greatest and most successful propagandist of his time" (p.165). Sharaf comments, "Hitler did not require people to think through the facts seriously; he would take care of everything for them" (p.166). [It's difficult not to feel some shocking parallels between the tactics of the propagandists of our day and those of the "most successful propagandist of his time".

At the same time that Hitler was gaining power in Germany, the Communist party was turning against Reich for his position on adolescent sexuality. The Analytic Society and Freud himself were becoming antagonistic to him because of his commitments to the Communist Party, his disagreement with Freud on the death instinct, and his extreme ideas regarding sexuality. His contract for publication of *Character Analysis* was canceled, and Reich was eventually denied membership in the International Analytic Association.

Reich moved to Copenhagen in 1933, where he immediately came into conflict with the Communist Party over sexual material in articles he had written. The Party expelled him. And after only a few months an article appeared in a Danish newspaper calling for Reich's expulsion from the country, in order "to prevent one of these German so-called sexologists from fooling around with our young men and women and converting them to this perverse pseudo-science" (185).

Reich lived in Sweden briefly, where he was again harassed, then moved to Norway in 1934. Wherever he went, intelligent, talented people sought him out to become his patients or his students. A practice always quickly developed. He always approached his work with passion, complete dedication, an incessant curiosity and a mind forever capable of "thinking outside the box". One area of inquiry always led to another.

In Norway, Reich turned his attention to science. His focus on the processes of energy release and changes in the body and energy in sexual excitation and

orgasm led him to conduct what he called bio-electrical experiments, which in turn led to his discovery of “bions”. [I will not give more details about these experiments, except to say that Reich believed “he had succeeded in revealing experimentally the developmental living process that was continually occurring in nature” (p. 222)] Several well-known scientists in Norway became bitterly opposed to Reich and publicly denounced him as untrained and unqualified to do this scientific research. Opposition was joined by an eminent psychiatrist who denounced him for seeing patients in bras and shorts to observe their musculature, and other disgraceful practices. In a year’s time, over a hundred articles denouncing Reich were published in leading Oslo newspapers!

In August of 1939 he left for the United States, just as World War II was about to break out.

Beginning in 1940, Reich taught a course for two semesters at The New School for Social Research entitled “Biological Aspects of Character Formation”. About eight or ten of Reich’s students pursued their interest in his work by becoming a part of a weekly seminar that met in his home. Some became his patients. Alexander Lowen was one of these)

By the time Reich began his life in America, his interest in therapy was diminished. While his psychiatric practice provided his income and his contact with people, it was biology, physics and education which preoccupied him. During his first year he discovered what he called “orgone energy” – what he believed to be a physical, biological energy in all living matter. Reich’s experiments with orgone energy eventually led to the construction of the orgone accumulator, a wood and metal box that attracted and confined atmospheric orgone energy. When he later asserted that the energy accumulator *helped* in the treatment of cancer “he was dismissed by practically everyone as a sincere but psychotic ‘former psychoanalyst’ or as a swindler” (p. 294). (This in spite of the fact that there were numerous accounts by cancer patients of improvement after the accumulator treatment).

The birth of Reich’s son, Peter, in 1944 intensified his interest in the life of the infant. During the years that followed, he made some invaluable contributions to care and treatment of infants that were far from the common practices of the times. He emphasized the importance of the *energy* between mother and infant through eye contact and touch, he advocated picking up the baby when he cried, natural childbirth, little or no medication during and following delivery. He taught mothers what he called “emotional first aid”. He established the Orgonic Infant Research Center, which, like many of his projects, had a “short but vivid life”.

There was suspicion of and opposition to Reich and his work from the very beginning of his years in America, and this included a three-week incarceration by the FBI on Ellis Island in 1941 for no clear reason. Snide articles and rumors came from both the left and the right. All this accelerated after 1947 when an article appeared in *The New Republic*, entitled “The Strange Case of Wilhelm



Reich". The author, Mildred Edie Brady, according to Sharaf, skillfully combined truths, half-truths, and lies in writing about Reich.

"Orgone, named after the sexual orgasm, is, according to Reich, a cosmic energy. It is, in fact *the* cosmic energy. Reich not only discovered it; he has seen it, demonstrated it and named a town – Orgonon, Maine – after it. Here he builds accumulators of it which are rented out to patients, who presumably derive "orgastic potency" from it" (p. 360).

She insinuated that Reich was a megalomaniac and a swindler, that the psychoanalytic association should "do something about the Reich cult" or "the government will". Many writers thereafter relied on Brady as the major source of their information regarding Reich, and these judgments permeated their articles and became the prevailing attitude toward him. But most significantly, Brady's article alerted the Food and Drug Administration who then began an investigation of Reich and the accumulators.

In 1950, while the battle with the FDA was going on, Reich moved permanently to Maine. There he was intensely occupied with writing, such as "Listen Little Man", and "Murder of Christ", along with his scientific investigations that took him into some "far out" places. He conducted the Oranur experiments, exposing radium to orgone energy, with hopes that the latter would ameliorate the effects of radiation. These experiments were in response to his deep concern about the atomic bomb and the effects of nuclear energy. He organized "cloud busting" techniques whereby he attempted (and managed) to produce rain in drought stricken areas. These experiments raised Reich's ecological consciousness. Observing what he believed to be the impact of what he called DOR (deadly orgone energy) on the environment, he became concerned not just with radiation and nuclear effects, but also with chemical pollution and non-nuclear forms of electromagnetic emissions. Here again, while at the time seeming paranoid, Reich anticipated many concerns that became widely held in subsequent years.

Reich came to believe that mental illness, physical illness and "social" problems (like war, violence, and crime) were all aspects of what he called the Emotional Plague. Blocked energy and the resulting armor and rigidity prevent persons from growing and flowing naturally. He believed that central to this armoring is sexual repression. The repressed person and repressed societies will have a layer of intolerance and persecutory behaviors that will erupt violently from time to time. He also observed that attempts to abruptly unarmor the individual or call attention to it in society, results in extreme reactive behavior. This he surely learned from his own experience.

Using the kind of tactics that Reich attributed to the "emotional plague", Senator Joseph McCarthy helped create the atmosphere of fear and suspicion that made the attack on Reich possible in America. The FDA began investigating the

accumulators around 1951. According to Sharaf, the government's tests on the accumulator were flawed and inadequate, hardly meeting the requirements for scientific investigations. Yet, in February, 1954, the state of Maine, at the FDA's request, filed a complaint for an injunction against Reich and against the interstate shipment of accumulators. The complaint maintained that their investigators had proved the nonexistence of orgone energy. It implied that Reich was a profiteer on human misery and the accumulator was worthless. All of Reich's writings published in America were considered propaganda.

Reich refused to defend himself on grounds that the government had no right to interfere with scientific investigations. When he did not appear in court, an injunction was issued ordering the recalling and destruction of accumulators and the destruction of his publications.

After several days of what we might now call "shocked immobility", Reich expressed his rage by declaring that he would produce a storm to prove the existence of orgone energy. And sure enough, following his cloud-busting operations, snow and rain appeared, which had not been forecast!

Reich fought hard against the injunction that he believed to be unconstitutional, but to no avail. He was arrested in Washington, D.C. on May 1, 1956 and brought to trial two days later. The charge was violation of the injunction against the accumulator. He was sentenced to two years in federal prison. The court of appeals affirmed the decision of the district court, and the Supreme Court refused to review Reich's case.

In June of 1956, FDA agents arrived at Orgonon to supervise the destruction of the accumulators. Reich's colleagues, joined by his twelve year old son, Peter, chopped up the accumulators with axes. Two months later, *six tons of literature were burned in New York City in the garbage dump on the 125<sup>th</sup> St. pier*. The ACLU sent out a press release criticizing the burning of Reich's books. The release was never published by any major newspaper in the U.S.

Reich went to federal prison on March 11, 1957. The psychiatric evaluation was: "paranoia manifested by delusions of grandiosity and persecution and ideas of reference" (p. 469). Reich had been very lonely during the last years of his life, burdened by the stress of the investigations, drained by his intensified and almost fevered efforts to write, to experiment, to engage in various ways against the "emotional plague". During those days, while quiet, deep, and profound in his observations, he also could be delusional and paranoid, and often had angry outbursts. Friends and colleagues left him in frustration and disillusionment, and so did the women in his life.

During Reich's prison stay, the chaplain commented on his deep loneliness. Reich told his son that he cried a lot, and encouraged Peter to do likewise. One week before a possible parole, Reich died in his sleep, officially of a heart attack. Sharaf wrote that he died of heartbreak (p. 477).

Wilhelm Reich, while rarely fully credited, made an enormous difference with everything he undertook. While orgonomy in its classic form never expanded

much, his ideas and practices had a huge impact on psychoanalysis and, even more, psychotherapy. In addition to the theory of character structure, relating face to face with patients, connection of mind to body, use of touch – these ideas were a part of his on-going contribution.

The social movements that occurred ten to twenty years after Reich's death – the human potential movement, the women's movement, and the so-called sexual revolution – were all heavily influenced by his writing. His observations and work around child-birth and childrearing have become acceptable practice following the infant studies of the last two decades.

“When one reads of Reich's achievements in summary form, much of what he says seems so simple and obvious. It is easy to over look the fact that no one in his time was seeing and doing what he was seeing and doing” (p., 333).

As Sharaf put it, Reich was “passionately engaged in the social and scientific conflicts of his time (...)”. And in the struggle he “saw with blinding clarity that he had disturbed the sleep of the world ...” (p. 10).

The great visionaries pay a huge price-often with their life-for being ahead of their time. But change has happened, and the world is never again the same.

### **Alexander Lowen: the father of Bioenergetic Analysis**

[I am telling Al's story mostly from his own point of view, as expressed in his autobiography, *Honoring the Body*, published in 2004.]

Alexander Lowen was born on December 10, 1910 in New York City to Russian Jewish immigrant parents. He states that his mind-body split came from the differences between them; his father was a pleasure-oriented, non-achieving, gentle man, while his mother was rigid, demanding, controlling and unsatisfied. (Thus, in terms of personality, his parents were the opposite of Reich's.) His childhood was spent playing in the streets of Harlem, and his adolescence playing handball. This physical life, he said, substituted for the absence of a warm emotional life at home.

As a child he was severely shamed around sexuality. At age 13 he discovered masturbation, which he indulged in almost daily, feeling that this behavior represented a great weakness in his personality. He was very lonely all during high school and college, spending time after school helping his father with his laundry business when not doing homework. He had few friends, no girl friends, and was never invited to parties. He writes that sports and masturbation saved him in his youth.

Lowen took the required education courses at the New School for Social Research, and in 1933 he became a high school teacher. He studied law at the

same time and got his L.L.B. degree in 1934 *summa cum laude*. Even the highest honors could not, during those difficult depression years, land him a job in a law firm that paid more than his teaching position. So he continued studying for a doctorate in law, hoping to become a law professor. However, he only graduated *magna cum laude*, which apparently didn't qualify him for a professorship.

In 1938 he experienced a depression which he recognized was a result of an absence of excitement in his body, and which he believed to be due to the lack of physical activity. He began doing exercises daily, which had the desired result, and "made me realize that this is where I wanted to be – in my body, not my mind" (Lowen, p. 30). Working with the body, he said, saved his sanity. He wanted to understand more about the mind-body split.

In 1940 he was attracted to a course offered in the New School catalogue on Character Analysis, which proposed a fundamental unity between mind and body. That course, of course, was taught by Wilhelm Reich. Lowen's intense interest in Reich's subject led him to become a part of a weekly discussion group with Reich, and finally to become his patient. Interestingly, Lowen states that "the power of Reich's therapy was in the strength of his personality and the strength of his being" (p. 42). He drew energy from his therapist to face the sexual repression and shame that he carried, and in two and a half years of therapy was able to feel and surrender to his body in a way he did not know was possible.

Upon later reflection, Lowen felt his analysis did not go deep enough, and that his narcissism and desire for fame went unchallenged. Yet his work had given him a stronger sense of self and allowed him to grow to be more of a man. "Reich", he says, "had changed my life" (p.42).

Reich emphasized breathing in the therapy, and by this time, was doing very little character analytical work. He taught that the therapist had to understand the energetic process in order for change to take place in the patient. Neither talking nor understanding could change the energetic dynamics. Change had to be created through the body, not the mind.

Following Reich's personal life would have added pages to this paper. But how different it is in the case of Lowen! In 1941 Al met Rowfreta Leslie Walker, a student in the high school where he taught. After her graduation in 1942 they began a relationship. They were married in 1943. This relationship lasted until Leslie's death in 2002.

In 1947 Al and Leslie sailed for Europe where Al attended medical school in Geneva, Switzerland. Al's recounting of those years indicates his awakening enthusiasm for European culture, as well as his love of pleasure.

When the Lowens returned in August, 1951, Leslie was eight months pregnant. Their son, Fred, was born on Sept. 27<sup>th</sup>.

After his internship, Al applied to the New York Board of Medical Examiners for permission to take the licensing exams. He was told that his application was held up pending an investigation into his moral fitness. He was to be called before the Board for a hearing. As he suspected, their concerns were related to his

connection with Wilhelm Reich. "I told them how I met Reich, why I believed in his ideas, and why I believed Reich had much to offer medicine. I stated that I had practiced Reichian therapy for two years before I went to Geneva and that I would continue to practice this form of therapy focusing on psychosomatic medicine. They asked me if freeing a >retracted pelvis< wouldn't lead to sexual acting out, and I answered that it should have a contrary effect" (p. 76).

After the meeting Lowen was told that while he had impressed the Board, he should be careful, because there was a file on him. At that time Reich was under full investigation by the FDA, and Lowen felt that continuing to associate with the Reichians - would put him in double jeopardy. So he said, "I knew I had to go my own way. This was not a difficult decision, because I was already skeptical of their therapeutic position" (p.77).

In 1953, Lowen met John Pierrakos, M.D, a Greek immigrant ten years his junior, who also was committed to Reich's ideas and work. They shared an office and worked with each other therapeutically, developing techniques that we use today. The two men were very different, and for a long time their differences complimented and enriched their work. Al describes the two of them as follows: John was solid and strong and more naturally physical and grounded, Al was slender and wiry and has always sought to be grounded. Al was the intellectual leader and the communicator. John was quieter and more often in the background. John, who was near-sighted but had strong peripheral vision, could see auras and orgone energy fields clearly. Al commented that he *saw* his patients clearly, whereas John *felt* them with clarity (p. 82).

Al and John were close friends and colleagues for almost twenty years. But in 1972 John met Eva, a mystic and a medium, who became his wife. The differences in beliefs and perspectives of the two men intensified, and the problems inherent in their relationship became more apparent. Al finally could not accept John's mysticism, nor what he felt were delusions emanating from the mysticism. John apparently had difficulty tolerating Al's dominance. The two went their separate ways in 1973.

In 1956 the Institute for Bioenergetic Analysis was established. This grew out of a seminar that had occurred regularly for the previous several years to discuss cases and ideas. Alice Ladas, who had been a member of the seminar, both encouraged this move and donated the funds for the attorney.

Al's first book, *Language of the Body*, was published in 1957. Although the book had a negative review in a psychoanalytic journal, it opened up interest in Bioenergetics. Lowen was invited to the National Institute for Mental Health to do a presentation. Dr. William Walling, a member of the Institute, and Dr. Pierrakos accompanied him. They were asked to do a demonstration wherein each of the three were called out one after the other to diagnose the same person based solely on viewing the body. Their diagnoses agreed. When Lowen explained the basis for the diagnosis, the response was that he needed to launch a research project to prove the validity of his thesis. Lowen states that he had no interest in

doing a scientific study. This has remained true throughout his life. [*One wonders if Reich's experiences around his scientific work influenced Al's position.*]

*Love and Orgasm* was published in 1965, and *Betrayal of the Body* in 1967. It was the latter, Lowen states, that gave Bioenergetics the credibility it needed. He wrote eight other books after that. Al stated in his autobiography that his books were not as widely read as he had hoped. Yet for many years one could find more than one book by Alexander Lowen in the psychology section of the book stores at any given time. They brought many people in touch with his ideas and with Bioenergetic therapy. Lowen was invited to Esalen Institute in 1967, and he presented workshops there for a number of years following. It was also through his work there, and his workshops around the country and in Europe that many more people became involved in the training – and ultimately teaching – of Bioenergetic Analysis.

The first Bioenergetic conference was held in Isla Mujeres, off the coast of Mexico near Cancun, in 1971. There were about thirty or so participants. The second conference was in Aspen, Colorado, with many more people present. Then, in 1976 an international congress was held in Waterville Valley, New Hampshire, “to transform the Institute for Bioenergetic Analysis into an international organization”. Following this meeting conference sites were alternated between North America and Europe: Mexico, Taormina, Italy, Catskills, Belgium, Montebello, Canada, Greece, Portugal, Poconos, Arles, Montebello, Italy, and finally in 2003, Brazil. During each of the conferences that Al attended up through 1996, his great love of pleasure – particularly dancing – was an essential and infectious ingredient. [*Surely no group that contains so many people from the northern hemisphere dances quite like we do!*]

Following the 1976 Waterville Valley conference, by-laws were written, a Board was elected, and trainers were appointed. Al was given the title of Executive Director. John Bellis, M.D., of New Haven Connecticut, was named Associate Director.

In 1977 after the by-laws were adopted, John Bellis' first action as the new associate director was “to send a long letter to all the members asking them to write him about their ideas and views of how the new Institute could serve them” (p. 91). Al reports in his autobiography that he was upset and infuriated by the letter.

He says: “I saw the focus of the Institute shifting from the development and growth of our understanding of Bioenergetic Analysis, both in its theory and practice, to building a larger organization that would serve the interest and needs of its members. Their interest was largely their personal gain through increased prestige, power and financial rewards as teachers and supervisors” (p. 91).

So in response to John Bellis' letter, Lowen announced that he was resigning from the Institute. After a brief, intense, and somewhat panicky period, the newly appointed trainers urged Al to stay on. He did so, with a Board which he appointed, and with Ed Svasta designated as the person who would handle relations with the international trainers and their societies. John Bellis resigned as Director, but remained a part of the training faculty for a number of years.

For the next twenty years Al continued to lead the Institute, traveling frequently to parts of the U.S., to Europe and regularly to Greece, to do workshops, to teach his current techniques and consistent themes. But, as he states in his autobiography, he continued to experience deep disappointment in the level of the training programs, and the lack of full adherence to the principles that were central to his theory and practice.

Al resigned as Executive Director of IIBA at the 1996 conference in the Poconos. He comments that this allowed him to feel like a free person; he no longer felt responsible for the Institute or for what people did in the name of Bioenergetics. He concludes: "I am no longer in conflict about the International Institute for Bioenergetic Analysis" (211).

Lowen has stated that it takes a life-time to work through one's issues. "This is not to say", he wrote, "that the person entering Bioenergetic therapy must commit himself to a therapist for life. He commits himself to life and that is the therapy. But it is a commitment to the body, to its life and to its feelings that is the curative process". This is the core of Lowen's belief about his work. It is also the way he has lived his life.

Alexander Lowen, through his therapy, his teaching, his writing, and through the Institute which he founded, has touched and changed the lives of thousands of people. [*He certainly changed and impacted mine in innumerable ways!*] He established the Institute which has 55 societies in 17 countries. And as Charles Kelly said at the first USABP conference in his tribute to Al, every body psychotherapy approach, if not a direct descendant of Bioenergetics, owes a huge debt to Al Lowen. Those of us who are members of the Institute will say that *at the very least* we are indebted to him and to the Institute for our professional careers as Bioenergetic Analysts. And I know that there are *many* people in the world today who would say: "Bioenergetic Analysis has saved my life!"

## **Institute**

When Al Lowen resigned as Executive Director in 1996, there were those of us who believed that without him, the Institute would have to change in order to survive and thrive. My vision for the IIBA was: that the professional needs of its members would be addressed, and that the Institute would find its rightful, valued place in the field of psychotherapy. My first concern was to meet with the Societies in Europe, the U.S., and in South America to hear first-hand their needs

and concerns as Bioenergetic Analysts. I was surprised to discover when reading Al's autobiography the similarities between my intentions and those of John Bellis in 1976.

Those meetings were met with much enthusiasm and at that time created a lot of energy and responsiveness. People wanted to be heard, wanted to be involved. Part of the naivety that I brought to the position of Executive Director was to assume that the sense of community which was emerging would result in a cooperative, cohesive and expanding vision of what the Institute could become in the world. We learned rather quickly that when people have not had a voice, and suddenly there is the option to share authority, a great deal of conflict arises, a great deal of suppressed negativity erupts and latent power issues emerge. *[I've sometimes thought the process of change and the chaos it creates may not be that different when an organization is changing from the single-person head to a participatory organization, than when a country is changing from a dictatorship to a democracy.]*

New by-laws were put into place that gave all members a vote, and turned the Board of Trustees from a rubber stamp into a full decision making-body, responsible for the policies and actions of the Institute. Rubber stamps are quite efficient; democracies are not. We soon learned how costly, in time and in money. The administrative task envisioned seemed much too time demanding for a part-time faculty member to fulfill. Naïve area # 2: An administrator was hired, presumably highly qualified, who stated: "If I can't raise my own salary, then I'm not the man for the job", He didn't and he wasn't. This did not become fully apparent until the resources were drained, leaving much disarray and despair. *[For my part in this portion of our history I feel deep shame and regret. And to each person in the Institute I offer my profound apology.]*

Meanwhile, a number of dedicated members have made extraordinary investments of hours and energy in implementing the changes that the members wanted. The leadership, no longer confined to international faculty members, has also shifted largely to Europe. This more accurately reflects the current distribution of the membership.

We are a smaller organization now. We have lost some members who liked it the old way, and members who feel that we don't have anything to offer them. Some conflicts and old injuries have been addressed, while others have not.

We have not become more widely recognized by the field of psychotherapy (in spite of the fact that scientific research from several directions points toward the importance – if not the necessity – of including the body in psychotherapy and emotional healing). Recently a psychologist and former client of mine asked the question: Why hasn't Bioenergetics become more a part of the mainstream? My first thought was, because we have not done enough research over the years. Then, recalling Reich's life, and the recent movie "Kinsey", and what happened to Alfred Kinsey in the 50s, I thought – to paraphrase a well known quote – "It's sexuality, stupid!". In this period when there has been the backlash to the excesses



of the sexual revolution, and the horrors of the AIDS epidemic, as a therapeutic modality we are still identified with Reich's focus and Lowen's early emphasis upon sexuality. This along with the image of shouting and screaming and beating on pillows amounts to a stereotype that hardly does us justice.

So where are we now as members of a shaky Institute and citizens of a violent and crazy world? What does our history tell us about who we are, and about how we can address conflict?

Reich seems to have *created* conflict wherever he went. Yet all his efforts were aimed at revealing or exposing conflict, and ameliorating it. For what is character structure but the way the individual found to resolve his conflict between his needs and the expectations of his environment? Yet this put him in conflict with his own true self, and left him bound and constricted by muscular armor. Reich worked with his patients through breathing and expression of deep emotion to release the armoring and to restore the natural flow of life energy. Yet he knew that the unarmored person would be caught in the same "trap" that is created by the armored masses of society – those who are stricken with the "*emotional plague*". So one thing we learn from Reich's life is that it is dangerous to mess around with the way things are: whether in persons, institutions, or societies. He said, in "The Murder of Christ", that every adult who has preserved his aliveness and who has the capacity to challenge others' immobility runs the risk of being killed by the forces that cannot tolerate aliveness (Sharaf, p. 397).

Yet from the time of the deadly demonstration in Vienna in 1927 until his death, he *never* stopped trying in a myriad of ways to improve life on this planet. In the end, he was disillusioned with therapy *and* politics. He felt that, because of the nature of character structure, it was through education alone that change would come about – after many years and many generations. Finally, he said, the hope of the world was in the unarmored infant.

In his autobiography Al Lowen says the following: "Reich believed (...) that he had a mission to save people by providing them with a deeper understanding of life and the natural forces that control it (...). Although I had many similar feelings, I was not a revolutionary like Reich, as much as I wanted to see many changes in this culture. My founding of the Institute for Bioenergetic Analysis was motivated by a sincere hope that I would help alleviate the suffering of people" (Lowen, p. 94). In so doing, Lowen "brought to earth" the Reichian ideas, stressed the importance of grounding, created exercises and techniques which enliven the body and open the emotions to profound depths. The Institute grew and developed in its theory and teaching to provide a level of understanding and experience of the body/mind that I believe is not equaled in any other therapeutic modality. In that process we also developed a quality of connection and community, which because of the profound experiences we shared through our training and learning with each other, is rarely found anywhere.

Reich grew cynical about therapy and politics, but till the end of his life was attempting to make the world better. Lowen was pessimistic about society and

politics, but he practices therapy to this day. Today we are discouraged about the struggles of the Institute, but we continue to bring in new students and great new trainers. While we may reject Reich's more grandiose desires to save the world, I believe that the times we live in – both in our field and in the world at large – simply *demand* that we as individuals and as an Institute engage on *each* of these levels: therapy, the organization, the world!

In regard to the Institute we may ask the question: Is what we have worth the struggle with budgets and bureaucracies, with personal disagreements and cultural differences just to keep the mission of IIBA alive? Do we continue the legacy of Reich and Lowen in this manner? Or is it time to let go and individually meld into the mainstream? Is our passion spent, or do we have some energy left for continuing and finding new ways to offer our unique contribution to the field of psychotherapy? Can we unleash the energy that is tied up in our internal conflicts – and direct what we have learned *outward* toward issues and projects that are begging for attention?

If so, then I think we need to apply a sense of urgency toward *healing* the interpersonal and organizational wounds and conflicts that exist among us. We will be talking and listening together this week about specific ways to resolve conflict. In the conference brochure it is suggested that we approach our differences with an open mind and an open heart, that we learn shared ways of being with each other, of “moving to” and “reaching out”. What if, when we disagree in meetings or conversations, we were to simply put into instant practice that exercise Al taught us: of literally, silently reaching out to each other! I wonder what kind of barriers would fall! Then perhaps we would be in the position to look for the unexpressed *needs* beneath the obvious issues.

Then, how can we, as members of the Institute, citizens of the world, and as plain old human beings concerned about the survival of the planet and the species, avoid the terrible urgency of addressing the global conflicts that confront us? Probably most of us still say, Look, I do my part on a one-to-one basis. The big picture is gloomy and overwhelming. And what good can I actually do anyway? Many of us here, I suspect, have had a war we didn't want, a president we didn't vote for. But, whatever our political persuasion may be, whatever country we reside in, surely we *all* feel helpless about many things, such as the chaos in the Middle East and the genocide in Darfur. How can we stop the world from destroying itself? How can we stop the earth – any more than ourselves - from dying?

In 1986 I was in North Germany doing a workshop a week or so after the fateful explosion of the nuclear plant in Chernobyl. The nuclear cloud had drifted, leaving its fall-out across Northern Europe. In that part of Germany background radiation levels were said to have been 3000 times above normal. People were in despair, and had great anxiety and concern, particularly for their children, because the short and long-term effects of the fall-out were unknown. We didn't drink milk or eat fresh vegetables. My American colleagues and I were struggling daily

about whether to return to the states, or to continue with our European itinerary: in my case, whether to go on to Norway and then to Belgium for the IIBA conference. The Europeans whose environment was contaminated had no choice: I did. I went for a short walk in the forest with one of the participants as I verbalized my struggle. His response to me was life-changing. He said, “Martin Luther once said, “If I knew the world would end tomorrow, I would plant a tree today”. I decided at that moment that I would remain in Europe, partly as an act of solidarity with my European colleagues, and as a way of planting my own tree.

By the way, a similar quote is attributed to Martin Luther King, Jr., and several others. There are many tree-planters. But surely the most incredible tree-planter is Wangaari Maathai of Kenya, who was awarded the Nobel Peace Prize in 2004. [Her story has some parallels with the life of Wilhelm Reich.] Thirty years ago Kenya was in danger of becoming a desert, having lost 90 % of its forests. Wangaari wanted to do something about that, so she planted a tree. She gathered together the impoverished rural women in her country, women who struggled daily to find firewood for their homes. They began to plant trees – real ones! They established the Greenbelt Movement, and in the process the women developed dignity, self-respect, and a sense of purpose. Wangaari was jailed and beaten many times for her “subversion”. But in the years since, *30 million trees have been planted in Africa by Wangaari and the women of the Greenbelt Movement!* How is *that* for making a difference!

But what can you and I do? In your office, when you help a person feel the ground and further connect to the ground of his/her own being – you’ve planted a tree. When you’ve helped your client open her sexuality and she’s more alive in her body and in her relationships, you’ve planted a tree. When through your resonance you have provided a connection with your client that makes it possible for him to form an attachment with his children, you’ve planted trees. When you teach trainees how to help their clients resolve their inner conflicts through Bioenergetic practice, or when you write a research paper to further validate our theory in the field – you’ve planted trees. When you interact on behalf of Bioenergetics with other organizations and institutions, and give and gain new knowledge for helping people, you’re planting trees! When we sign a petition or join a protest march on behalf of the values we stand for and work for, we’re planting trees. When we open our minds and hearts and reach out across our differences to understand each other – whether in the Institute or in the Middle East – we’re planting trees. If we can get our heads and our hearts together as an Institute and find innovative ways to alleviate the suffering of heretofore neglected groups of people – we’re planting trees!

Reich ended his life with a broken heart, but he lived his passion with a fury to the end. Al Lowen believes he failed in what he set out to do, yet at 94 he still sees patients – he’s still planting trees! Much of our vision for the Institute has not been realized. We may not achieve our goals. The world may end. *We* certainly shall. But until that time, let’s combine vision with groundedness,

approach conflict with open-heartedness, hold in our awareness the interconnectedness of every aspect of life, and finally, embrace the world and each other with gratitude for the aliveness and passion and love we've been given, and give it back – whenever and wherever possible!

## **References**

- Lowen A (2004) *Honoring the Body*, Bioenergetic Press, Alachua, Florida.
- Reich W (1974) *Listen Little Man*. Farrar, Straus, and Giroux, New York, New York.
- Reich W (1970) *The Mass psychology of Fascism*. Farrar, Straus, and Giroux, New York.
- Reich W (1953) *The Murder of Christ*. Farrar, Straus, and Giroux, New York.
- Sharaf M (1983) *Fury on Earth*, St. Martin's Press, New York.
- Wilson C (1981) *The Quest for Wilhelm Reich*. Anchor/Doubleday, Garden City, New York.
- Wilson R A (1987) *Wilhelm Reich in Hell*, foreword by Hyatt C S & Homes D, Falcon Press, Phoenix, Arizona.



# ***Standing on both legs: a bioenergetic perspective on the family, gender roles and the development of the self in the 21<sup>st</sup> century***<sup>1,2</sup>

Garry Cockburn

## **Introduction**

My passion and difficulty in preparing this paper, has been to find a way of discussing the family, gender and development of the self, and yet, still be true to the essence of Bioenergetics. This has not been easy. Bioenergetics was founded by Alexander Lowen to work with individuals, not families. So that is one basic problem.

Another is that Alexander Lowen once said, 'When I die, don't kill me!' (Sollmann, 2007, p. 1). Somehow or other, he knew that his followers might want to change the essence of his work, and thereby 'kill him'. When he was strong, he fought off these challenges. And yet, if we are to address today's issues, we must do this, even as Lowen did this to Reich.

When he came to write his first book, Lowen explicitly stated that Bioenergetics was independent of Reichian theory and techniques (Lowen, 1958, p. xii). He knew that it was considered heretical to question or modify any of Reich's concepts in the light of one's own experience, but he knew he must do that if he was to be true to himself and his creativity. (Lowen, 1975, p. 36).

Lowen's insight was to really look at and see bodily expression. He wrote:

the next logical development of analysis was to look at the patient's body for an understanding of behavior... Being able to see and to understand bodily expression is what Bioenergetics is about. (Lowen, 2004, p. 99, p. 101).

The body was Lowen's passion, his life, from his first written words till his last. In the preface to his first book on the body he wrote:

Only with humility and candor dare one come face to face with the great wells of feeling which lie at the core of human beings. (Lowen, 1958, p. xii).

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<sup>1</sup> Address given at IIBA International Conference at Seville, Spain, May, 2007.

<sup>2</sup> Published on *Bioenergetic Analysis*, 2008 – 18.

And in the last pages of his autobiography he says:

I love the body. I love to work the body. I love to see the body blossom. That's my life.

The body has always saved me. Fulfilment for me is living the life of the body and experiencing the energy of the body. The fulfilment that life and therapy offer is the ability to be fully true to one's self. That self for me is the bodily self, the only self we will ever know. Trust it, love it and be true to yourself. (Lowen, 2004, pp. 237-243).

I take this to be his last will and testament. And it is with gratitude that I accept this legacy. I am grateful also to Eleanor Greenlee<sup>3</sup>, who first brought Bioenergetics to New Zealand, to Ferrell Irvine<sup>4</sup> and the Bioenergetic trainers<sup>5</sup> who came to New Zealand to pass on his gifts.

And yet, there is a truth in the fact that we have to do what he feared - we do have 'to kill him off'. But here's the secret - we have to do that so that we can keep the essence of his work and his spirit alive, so that we can keep Bioenergetics fresh and creative. But we have to do it in the right way, if that is to happen.

So what is the right way? This is a big problem. It is an issue that is at the heart of this Conference and which needs to be struggled with. I think some of us might be 'killing him off' on a daily basis with a thousand tiny cuts. If we just keep 'adding ideas' to Bioenergetics (e. g. intersubjectivity, post-structural feminism, neuroscience, trauma, attachment theory, etc.) we run the risk of losing our Bioenergetic identity by transforming ourselves into a generic 'catch-all' somatic psychotherapy. However, we also just as surely 'kill him off' when we treat his words and techniques as dogma, as unchanging truths that should not be questioned or changed. He, then, is in danger of becoming mummified, and we, of becoming irrelevant to today's world. So we have a dilemma.

The big question is, are these two ways our only choice: either to go wandering through the intellectual shopping malls, adding the latest ideas to our Bioenergetic baskets, or, on the other hand, to go on endlessly repeating the Lowenian past? What, then, is the proper relationship between tradition and innovation? How can we articulate the continuity between what we have received and new knowledge?

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<sup>3</sup> Eleanor Greenlee, an IIBA faculty member, ran several workshops in NZ in 1989 and 1990.

<sup>4</sup> In 1990, Ferrell Irvine emigrated from Chicago to New Zealand to set up a Bioenergetic training course. The NZ Society for Bioenergetic Analysis (NZSBA) owes its existence to Ferrell's courageous act.

<sup>5</sup> Michael Maley, Eleanor Greenlee, Louise Fréchette, Bennett Shapiro, Helen Resneck-Sannes, Bob Hilton, Virginia Wink-Hilton and David Finlay. David lived in NZ for more than three years assisting NZSBA.

There is a third option. In order to establish this third way to keep Lowen's spirit alive, we need to detour into the hermeneutic tradition. The great French philosopher Paul Ricoeur, has given us the model of 'suspicion and recovery' (Ricoeur, 1970, pp. 32ff.). What he means by 'suspicion and recovery' is that in the writings of any genius, such as Freud or Marx, who have systematized their knowledge and who have a school of followers, we should 'suspect' that there is a depth of unexplored, unexamined or even repressed meaning, and that this deeper meaning can and must be 'recovered' by a critical analysis of their work.

It may well be that Lowen has left key concepts unexamined and unexplored, perhaps even repressed, in order to get his ideas across. So that one way of going forward is to 'suspect' that *all the meaning* has not been fully extracted from Lowen's basic ideas on the body and the self. If this were so, and we were able to 'recover' deeper meanings that lay within, we may yet be able to keep the genius of Lowen alive and fresh. At the same time we would be able to maintain the relevance of Bioenergetic Analysis as the world's largest school of somatic psychotherapy.

I have called this paper, 'Standing on Both Legs'. For the purposes of the Conference theme<sup>6</sup> I am going to make the suggestion that the 1<sup>st</sup> leg of Bioenergetics be the somatic understanding of oneself, as an individual. All of Lowen's work was dedicated to this task. Now I am going to make the bold suggestion that the 2<sup>nd</sup> leg of Bioenergetics be the *somatic* understanding of *oneself, in relationship to the other*<sup>7</sup>.

This would mean finding a way, if there was one, of bringing *the other*, (or relationality, or intersubjectivity) into the central theory, practice and research of Bioenergetics. In preparing this paper it has become evident that we are not able to fully understand the development of the self, gender issues and the family in the 21<sup>st</sup> century without this 2<sup>nd</sup> leg of Bioenergetics. In this paper, I want to develop this idea, the idea of the *otherness of the embodied self*. We will look at the development of the self, and then at gender issues and the family, all from this point of view.

## Development of the self

Let us start with the development of the self, as this is foundational to everything else. Remember what Lowen said, '*that self for me is the bodily self, the only self we will ever know*'. He defined the essence of Bioenergetics as being able to *look at* the body and to *see and to understand bodily expression*, and he developed the brilliant techniques that we have all inherited for that purpose.

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<sup>6</sup> IIBA 2007 Conference theme: Self & Community –Creating Connections in Broken Times.

<sup>7</sup> This phrase reflects the title of Ricoeur's book (1990) 'Oneself as Another'.



So how does Lowen account for the development of the self? Just as we are trying to do, to find what remains unexplored or unexamined in Lowen, Lowen himself delighted in bringing out the deeper meaning in Freud's early statement, that 'the ego is first and foremost a body ego' (Lowen, 1958, p. 19). For Lowen, his fundamental thesis is that the origin of the self arises from the physical bio-energy in the body. This physical bio-energy is expressed in both psychic phenomena and in somatic movement. And, as he has so brilliantly pointed out, it is the dialectical relationship between psyche and soma, or, mind and body, at the different developmental stages that gives rise to the different character structures.

Although Lowen and Reich were not formally trained in philosophy, this dialectical view of psyche and soma in the development of the self, places them firmly in a European philosophical tradition, starting from Hegel. For Hegel, however, the self is essentially 'intersubjective'. It knows itself only if it recognizes the equal and independent reality of others, and only if others recognize the equal and independent reality of the self (Beiser, 2005, p. 177). This was in stark contrast to Descartes, *Cogito ergo sum - I think therefore I am*, which asserts that the self knows itself independently of others and the world.

Despite this Hegelian inheritance, there is no mention in *The Language of the Body*, Lowen's major work, that the other, or intersubjectivity, is a constitutive part of the bodily self. The important dialectical relationship is between psyche and soma, and never, not even for one instance, between mother and baby<sup>8</sup>. It is almost as if Lowen has reverted to a Cartesian position of *corpus ergo sum - I am a body therefore I am*, that the bodily self knows itself independently of others and the world.

Lowen is one third of the way through *The Language of the Body* before he mentions that the individual has a mother. Then the infant is not talked about in an active or interactive manner, but in the passive tense, e.g. '*the infant has already been subjected to a vital experience of nine month's duration*', '*Infants born from these wombs will differ*'. There is only one sentence in the whole of this book that talks about the effects of good mother-love on the body and mind of the individual, and this is done in a one-directional and rather abstract manner: '*the development that takes place under optimum conditions produces a body structure and personality which evokes our admiration*'. (Lowen, 1958, p. 109).

Of course, Lowen is well aware of the interactive relationship between mother and child. He gives multiple examples in his writings<sup>9</sup>, and he often refers to his own mother's cruel yet seductive relationship with himself. The key Lowenian

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<sup>8</sup> For an elaboration of the dialectical relationship between mother/child refer Ogden (1990, 1996).

<sup>9</sup> Lowen (1965) *Love and Orgasm*. pp. 33—46. Lowen (1975a) *Pleasure*. pp. 84ff. Lowen (1972) *Depression and the Body*. pp. 129ff. Lowen (1975) *Bioenergetics*. pp. 11 Iff. Lowen (1980) *Fear of Life*. pp. 24ff; pp59ff; pp. 160ff. Lowen (1985) *Narcissism*. p. 12; pp. 188ff. Lowen (1988) *Love, Sex and your Heart*. pp. 50ff. Lowen (2004) *Honoring the Body*. p. 145.

principle is that the manner and quality of standing on one's feet is dependent on the energy and support one's mother gave in the earliest years (Lowen, 2004, p. 135). While the parental/child interactions of the Oedipal complex are expounded at length in *Fear of Life* and *Love and Orgasm*, his most extensive account of the preoedipal mother/child relationship is in *Betrayal of the Body*, (Lowen, 1967, pp. 189-208) his book on the schizoid condition. This makes grim reading. His negative description of these mothers hardly privileges the mother/baby relationship as we now know we must.

So what might be unexamined, *what unexplored, what might be repressed* in Lowen's view of the development of the self? What seems unexamined is the reality that *otherness* or intersubjectivity is built-in to the body and to the self. This is fundamental! *Otherness* is built-in to the body and the self. Otherness is built-in biologically, dialectically, ethically, neurologically, ontologically, psychically, sexually, socially, somatically and spiritually. It is built-in to the very nature of the bodily self.

Paul Ricoeur, like Lowen, asserts the primacy of the body in understanding the self. But Ricoeur, unlike Lowen, asserts that *otherness is not added on to selfhood from the outside*. It is a constitutive part of the self's very being and meaning (Ricoeur, 1992, pp. 317ff.).

For Ricoeur, it is through my body, that I am aware that I am in the world, that I exist, and that I can want, I can move and I can act. This is a foundational human experience. My body is the bridge to reality. Secondly, I am aware that others, over there, are foreign to me, that they can nurture me or hurt me, and that I, through my body, can be open to them or resist them. Through my body I exist among others, I exist intersubjectively.

Ricoeur adds a third level of meaning that arises from the otherness of the body, which we will examine later when examining the family and the social implications of Bioenergetics. It is through my body I am aware that I should not hurt others in their bodily selves. Through the otherness of my *body 'I wish to live well, with and for others in just institutions'* (Ricoeur, 1992, pp. 341ff.).

For Ricoeur, then, the *otherness of the body* gives rise to our three greatest experiences at the level of meaning: my experience of my own body, my experience of others, and my experience that I wish to live with and for others - that I have an ethical conscience (Ricoeur, 1992, p. 318).

Lowen, does not seem to have explored or examined this deep otherness of the body. He may, in actual fact, have *repressed* it. Helen Resneck-Sannes (2005, p. 42) has drawn attention to Lowen's account, in his book *Bioenergetics*, of the breakdown of his therapy with Reich. It had taken Lowen over 100 sessions to get to the meaning of the scream he discovered in his very first session with Reich. This scream was his terror as a baby looking into his mother's rageful

eyes<sup>10</sup>. Following Reich's failure to respond to Lowen in the nurturing way he wanted, Lowen said he felt 'doomed'.

It was after this that Lowen started developing *Bioenergetics* through his work with Pierrakos. Note what Lowen says:

(My therapy) had an entirely different quality from my work with Reich. There were fewer of the spontaneously moving experiences.... This was mainly because I largely directed the body work. ... In the first half of the session I worked with myself, describing my bodily sensations to Pierrakos. In the second half, he dug in on my tight muscles. ... Working on myself, I developed the basic positions and exercises which are now standard in bioenergetics. ... I began in a standing position rather than the prone one Reich used. (Lowen, 1975, p. 39).

This is not a relational therapy he is developing. He says, 'I largely directed the body work. ... Working on myself, I developed the basic positions. I began in a standing position rather than the prone one Reich used'.

Lowen gives another account of this work with Pierrakos. It was probably written about the same time as the quote from the book *Bioenergetics*.

... we began this therapy with me in the standing position rather than lying down ... The two positions, lying and standing, reflect two different ways of being in the world. In the lying down position one adopts by implication an infantile mode; being on one's back denotes helplessness. This position favors regression and facilitates the recall of early memories and experiences. Standing on one's feet denotes an adult posture and furthers the processes leading to maturity and responsibility. (Lowen, 1976, p. 41).

Philip Helfaer (1998, p. 47) has noted that getting people off the couch and onto their feet was a symbolic break with the whole European analytic tradition. David Boadella has called *Bioenergetics, The Active Method* (1990, p. 16) with its emphasis on working with the oedipal complex (1985, p. 13) and with a body that is already on its feet. By rising above the *helplessness* of the baby, Lowen took a profound strategic stance that affects us today. While this focus on 'standing' moved Lowen away from his terrorizing mother, it also moved *Bioenergetics* away from the earliest experiences of body and self in relationship, and away from the primary ground where 'oneself also includes the other'<sup>11</sup>.

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<sup>10</sup> Note also Lowen's other account of this terrorized scream in Lowen (1996) Keynote Address in *Bioenergetic Analysis. The Clinical Journal of the IIBA*. 7 (1) 3 & 10—11.

<sup>11</sup> Note Lowen's (1995, p. 2) revealing statement that he has 'accepted the fact that I do not need to be loved...and not dependent on another'. Refer also Lowen's (2004, p. 217) comments: 'This need to prove my superiority stemmed from a deep feeling of humiliation associated with my bodily functions

I believe, by affirming with Ricoeur, that *otherness is not added onto the body from the outside*, that we can then incorporate Ricoeur's philosophical idea of the *otherness of the body* with Lowen's privileging of the body. In doing so we would create a strong theoretical basis for a two-person therapy (Stark, 1999; Klopstech, 2002) within modern Bioenergetics.

## Gender issues

It is from this position of 'otherness' that we can now take a brief look at Lowen's position on gender and the family. In respect of gender, we know that some of Lowen's ideas on women and homosexuality are difficult to deal with. These statements were, as he says (Lowen 1962, p. 196, pp. 237ff.), 'not definitive statements' and were reflective of his clinical experiences and the gender hierarchies prevalent in New York in the 1950's.

In our culture there appears to be a reversal of values. Feminine values have gained the ascendancy. I believe that the loss of manhood is related somehow to this reversal of values, to the fact that men have taken on themselves the drudgery of life.

and

Probably because of the turning inward and lack of sharp focus in her body, the woman needs the man or his image to produce a strong genital excitement. Man is women's bridge to the world.

Contrast this with Maori New Zealanders' view of the relationship between the sexes as revealed in the following myth. *Maui*, the great Polynesian male hero, wanted to find out the deepest secrets of life. To learn the secrets of the underworld, he entered the vagina of the sleeping giantess, *Hine Nui Te Po*, the Great Mother of the Night. As he was re-emerging at daybreak the sleeping giantess awoke, and Maui got crushed to death in her toothed vagina. Even today, at ritual ceremonies, if a Maori man gets too big for his boots, Maori women will turn their backs on him, bend over and raise their skirts<sup>12</sup>, reminding him where all men have come from (Salmond, 1975, p. 151).

As long as thirty years ago, Bioenergetic women disagreed with Lowen's theories as they applied to women's sexuality. In response to a research

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and from my identification with my mother in her contempt for the body. Although my therapy with Reich lessened this identification with my mother, it did not ground me enough in my body'.

<sup>12</sup> This derisory practice is called 'whakapohane' in Maori. (Literally: to act in a ridiculous manner).

questionnaire from Alice and Harold Ladas (1981), 87% of women disagreed with Lowen, even though over 80% of them had reported improvements to their sexual lives as a result of Bioenergetics. Evidently Lowen was not impressed by this 'raising of skirts' by our Bioenergetic women. Similar research today would likely result in a higher percentage of women disagreeing, and an even higher percentage of us disagreeing with his views on homosexuality.

Homosexuality is an unconscious attempt to establish a heterosexual relationship... one finds that the homosexual is usually emotionally deadened.... Male homosexuality has its origin in an incestuous relationship with the mother. (Lowen, 1962, pp. 195ff.).

Clearly, we have some urgent updating to do on homosexuality, gender development and gender hierarchies. While this may mean challenging the traditional Freudian and Lowenian position that gender is set at the oedipal stage, it does not necessarily mean a major departure from Lowen's position, as he does point out that:

the events in the preoedipal period from birth to three years of age are equally important (as the oedipal stage) in shaping character, though they do not determine its final form. (Lowen, 1980, p. 160).

Note however, that he is talking about character, not gender.

In fact, modern feminist psychoanalytic studies are giving much more attention to the *preoedipal* aspect of gender development, and in doing so, are creating the conditions for a multiplicity of gender outcomes. For instance feminist writers are referring to the maternal body as the locus of excitement for all offspring, not just male children.

This emphasis on the maternal is balanced by what happens at the rapprochement stage. Jessica Benjamin (1998, p. 61) suggests that all children have a love affair with the father who represents the exciting, compelling outside world; he is the figure of freedom who has access to and enjoys the world.

Benjamin (1998) also balances the traditional Freudian father-centered oedipal model with an emphasis on the mother's contribution to our subjectivity, deepest desires and gender identity. This emphasis on the mother and on women's sexuality links us directly back to the body, back to the essential otherness of the woman's body, separate to and equal with the man's body. This does not demean the role of men and male sexuality. In fact, it frees men up from the patriarchal burden of the classical oedipal situation. It allows them to have both their hearts and their balls.

Thus if we incorporate *the other* as part of the engendered self from the earliest moments, we might then start to see the subtle intersubjective gender complexities that occur both *before and after* the oedipal stage is reached. And,

in doing this, we might avoid stereotypical gender models, which are stuck in the binary choice of either male or female as set at the oedipal stage. We might then well find we have a more satisfactory answer, to the multitude of gender variations, including homosexuality, that make up gender difference in the 21<sup>st</sup> century.

Although Lowen's early statements on gender are no longer acceptable, it is important to recognize that his primary emphasis on the body, like Ricoeur's, is in fact, also a philosophical statement. Much early radical feminist literature was based on the post-structural position that gender is entirely a cultural construct, and that the self is de-centered and nothing but the outcome of language. Our challenge is to take on board the legitimate criticisms of strong feminists without losing contact with the reality of the bodily self, Lowen's enduring gift to Bioenergetics.

## Family

Despite massive changes to the Western family, which we are all aware of, the family remains vitally important as the fundamental source of emotional, physical and financial care and support for most people (NZ Department of Statistics, 2006).

When Lowen talks about his own family he shares a surprising amount of intimate details about his parents and his early family life, about his sexual life, and about his relationship with his wife. He also shares a surprising amount about his negative relationship with his other family - us, the IIBA.

We know from his writing (Lowen, 2004, p. 54) that his wife, Leslie, was 'his other', the person, he said, who balanced his intellectualism and his difficulty in accessing feelings. While they were working together in Hawaii, on the island of *Maui*, (remember *Maui*) Lowen tells us he triggered Leslie's rage by intruding into her work with a man whose inflated chest Lowen thought was blocking his sadness for his unhappy mother. Lowen (2004, p. 179) tells us that he left the room feeling dejected. He said, *'I have never forgotten that incident and never will'*.

It may be that the sight of Leslie working with a man who seemed to carry his mother's pain was a bit too close to Lowen's own pain<sup>13</sup>. Lowen (2004, p. 92) has said:

I have long believed that the role of the therapist has something to do with a deep need, conscious or unconscious, to save one's mother... I sensed this was

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<sup>13</sup> Lowen (2004, p. 134) stated that: 'He (Reich) had perceived quickly that I was holding my chest in an inflated position which he knew was an expression of fear.'

true of me... As a child, I sensed her pain, although I refused to carry her burden. However I could not close my eyes to her suffering.

If Lowen had opened his eyes and his heart to *his own suffering* about his rageful mother, then Bioenergetics may well have developed differently <sup>14</sup>. As has been noted, that first contact of the embodied self with the other, with *M-other*, is the foundation for all later developments. Without this basis in the feminine, we in Bioenergetics do not have an effective way of understanding the dynamics of the family. We know from developmental studies that the baby is held, firstly in the matrix of the mother's womb, then in her arms, eyes and breasts, and then in the matrix of the mother and father - the family.

Basing Bioenergetics firmly in this sequential relational matrix gives us a way of working with the family. We can help young adults heal their wounding from their earliest years, confirm the gender patterning that suits them so that their sexuality can be expressed and fully shared with their chosen mate. And we can support them to become parents who raise the next generation in a manner that allows their children a true childhood.

Lowen also has a more sociological way of looking at the family. However, his approach is a straightforward reflection of Reich's analysis of the patriarchal nature and power-relationships within Western families.

The family, as Wilhelm Reich has pointed out, is the operative agent of society (1975a, p. 67) .... In most families, the training for this life style starts early in the life of the child (1980, p. 38) ... I have come to realise that my family situation was not as unique as I once thought... Why? The patriarchal order is a vertical hierarchy... with the father at the top, the mother below him and the children at the bottom (1980, pp. 197ff.).

In respect of this wider Reichian perspective on the family, it is important to realise that Reich, as a Marxist, said that you could not develop a sociological theory of the family out of psychological ideas (Reich, 1972, pp. 59ff.). He therefore went outside of psychoanalysis to help him understand the family. Reich used sociological and cultural perspectives (Boadella, 1985, p. 68) as the basis for his social action to help liberate women, young people and the family. Although Lowen (2004, p. 92) said that he was '*not a revolutionary like Reich*' he does have a broad vision:

Our task is to understand human nature and to influence cultural patterns so that they favor this nature (Lowen, 1976, p. 48)

While he was well aware of Reich's socio/political perspective, Lowen did not, himself, develop an explicit sociological or cultural perspective like Reich, and did not become a social activist. However his profound insights

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<sup>14</sup> On the other hand, we may not have inherited Lowen's genius to see the body if he had understood his pain in 'relational' terms.

into the body did empower his '*sincere hope that he would help alleviate the sufferings of people*'. (Lowen, 1976, p. 48).

Bioenergetics does have trouble in formulating a socio/political ethic in respect of families and the wider society because of Lowen's individualistic bias. But contrary to Reich's Marxist position, a social perspective can be developed out of psychological ideas by privileging the body as containing both 'self and other'. As Paul Ricoeur (1992, pp. 317ff.) has pointed out, the otherness of the body links us intimately with all other people in a spirit of mutuality and respect. We do have a deep wish to live well with and for others in just institutions.

Just how Bioenergetics develops a social ethic is a challenge that besets us all, and gives rise to many more questions than answers. Two of those questions might be: how do we provide somatic psychotherapy for less-well-off individuals and families in our societies and, how do we integrate into our theory, practice and research, the social-cultural, political and environmental issues that affect individuals and families?

Lowen's injunction that our task is '*to influence cultural patterns*' does not mean that we should become crusading rock-stars or social workers. Most of us are, and will remain, therapists to individuals. But it does mean that we each embody an ethical, social and political 'instinct' in our work, 'an alertness on when we must do good' <sup>15</sup> (Ogden, 2005, p. 22), whether it be helping an individual to become a better person in their family and community, or, in fact, helping the disadvantaged in a social clinic in Brazil.

The real implications of incorporating *the other* into the embodied self remain to be fully worked out. That task belongs to us all. However, in closing, it is important to acknowledge the work that has already been done by our own relational theory builders, and the work that has already been done in developing a social ethic for Bioenergetics by our South American colleagues.

Some key references are: Hilton (1996, 2003), Finlay (1999), Klopstech (2000, 2000a), Tonella (2000), Lewis (2005), Resneck-Sannes (2005), Weigand (2006), Trucillo (2006), Correia et al. (1999).

## Conclusion

To conclude, we are a family from across the globe, with a plurality of differences that enrich us all. Our own *otherness* is reflected in the IIBA. We have seen how many of Lowen's views reflect his own psychology and his historical location in New York. We need not be over-determined by that history or by his individualist viewpoint. But we can never be over-determined by

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<sup>15</sup> A quote from Borges.



Alexander Lowen's love of the body. That is fundamental to our Bioenergetic identity.

We have been given a great gift by Alexander Lowen. He created a powerful and original way of seeing the body. He loved the body, he loved to see the body blossom. That was his life. His last published words were about the bodily self. *'Trust it, love it and be true to yourself'.*

We must keep true to Lowen's focus on the embodied self, and yet we must be true to ourselves and to the future of Bioenergetics. One of the ways we can do that is by bringing out some of the deeper meanings embedded in his work, and by continuing to develop the implications of the *otherness of the embodied self*.

But most of all, we can finally incorporate the *helplessness* of the baby (Lowen, 1976, p. 41) and in doing so, find the energy to stand as grounded *adults* on both legs. And that is how we keep the essence of Alexander Lowen's work and his spirit alive.

## References

- Beiser F (2005) Hegel. Routledge, New York.
- Benjamin J (1998) Shadow of the Other. Routledge, New York.
- Boadella D (1985) Wilhelm Reich: The Evolution of His Work. Arkana, London.
- Boadella D (1990) Somatic Psychotherapy: Its Roots and Traditions. In: Energy and Character 21 (1) 2-26.
- Correia G, Alves J, Rapela A, Araujo L (1999) Bioenergetics Applied to Social Clinics. Bioenergetic Analysis 10 (1) 45-52.
- Finlay D (1999) A Relational Approach to Bioenergetics. Bioenergetic Analysis 10 (2) 35-52.
- Helfaer P (1976) Sex and Self Respect. Praeger Publishers, Westport, CT.
- Hilton R (1996) The Recovery of Self and the client/therapist Relationship. Bioenergetic Analysis 7 (1) 90-101.
- Hilton R (2003) The Importance of Relationship in Bioenergetic Analysis. The European J. of Bioenergetic Analysis and Psychotherapy 1 (1) 32-45.
- Klopstech A (2000) The Bioenergetic Use of a Psychoanalytic Conception of Cure. Bioenergetic Analysis 11 (1) 43-54.
- Klopstech A (2000a) Psychoanalysis and Body Psychotherapies. Bioenergetic Analysis 11 (1) 55-66.
- Ladas A K & Ladas H (1981) Women and Bioenergetic Analysis. Connecticut Society for Bioenergetic Analysis.
- Lewis R (2005) The Anatomy of Empathy. Bioenergetic Analysis 15 9-31.
- Lowen A (1958) Language of the Body. Macmillan Publishing Co., New York.
- Lowen A (1962) Sex and Personality. In: Lowen A (2005) The Voice of the Body. Bioenergetic Press, Florida.
- Lowen A (1965) Love and Orgasm. Macmillan Publishing Co., New York.
- Lowen A (1967) The Betrayal of the Body. Macmillan Publishing Co., New York.
- Lowen A (1972) Depression and the Body. Penguin, New York.

- Lowen A (1975) *Bioenergetics*. Penguin Books, New York.
- Lowen A (1975a) *Pleasure: a Creative Approach to Life*. Penguin Books, New York.
- Lowen A (1976) Reich, sex and orgasm. In: Boadella D ed. (1976) *In the Wake of Reich*. Coventure Ltd., London.
- Lowen A (1980) *Fear of Life*. Macmillan Publishing Co., New York.
- Lowen A (1980a) Stress and Illness. In: Lowen A (2005) *The Voice of the Body*. Bioenergetic Press, Florida.
- Lowen A (1985) *Narcissism: Denial of the True Self*. Macmillan Publishing Co., New York.
- Lowen A (1988) *Love Sex & Your Heart*. Macmillan Publishing Co., New York.
- Lowen A (1995) The Process of Bioenergetic Analysis. *Bioenergetic Analysis* 6 (1) 2.
- Lowen A (1996) Keynote Address. *Bioenergetic Analysis* 7 (1) 3-11.
- Lowen A (2004) *Honoring the Body*. Bioenergetic Press, Florida.
- New Zealand Department of Statistics (2006) Report: International Developments in Family Statistics (2006). <[www.stats.govt.nz](http://www.stats.govt.nz)>. Website accessed November 2006.
- Ogden T (1990) *The Matrix of the Mind*. Jason Aronson, Northvale, NJ.
- Ogden T (1996) *Subjects of Analysis*. Jason Aronson, Northvale, NJ.
- Ogden T (2005) *This Art of Psychoanalysis*. Routledge, New York.
- Salmond A (1975) *Hui*. Reed, Wellington.
- Sollmann U (2007) We are our own client - encounter the organisation. First published in English on IIBA website in March 2007.
- Stark M (1999) *Modes of Therapeutic Action*. Jason Aronson, Northvale, NJ.
- Tonella G (2000) The Interactive Self/Le Soi Interactif. *Bioenergetic Analysis* 11 (2) 25-59.
- Resneck-Sannes H (2005) *Bioenergetics: Past, Present and Future*. *Bioenergetic Analysis* 15 33-54.
- Ricoeur P (1970) *Freud and Philosophy: An Essay on Interpretation*. Yale Uni. Press, New Haven.
- Ricoeur P (1990) *Oneself as Another*. Uni. of Chicago Press. Chicago.
- Reich W (1972) *Dialectical Materialism and Psychoanalysis*. In: Baxandall L ed. (1972) *Sex-Pol: Essays, 1929-1934 Wilhelm Reich*.
- Trucillo E (2006) A Somatopsychic Relational Model for Growing an Emotionally Healthy, Sexually Open Body from the Ground Up. *Bioenergetic Analysis* 16 63-86.
- Weigand O (2006) *Grounding e Autonomia: A Terapia Corporal Bioenergética Revisitada*. Person, Sao Paulo.



# *Paradigms for Bioenergetic Analysis at the dawn of the 21st century<sup>1</sup>*

Guy Tonella

## **Introduction**

When he founded bioenergetic analysis half century ago, Lowen initiated a movement of a great amplitude. His personal charisma was an important factor. He also benefited from a vast sociological movement, in the Western hemisphere, that was seeking body experiences, expression and freedom. Back in those days, the hippie era was in full swing, all kinds of personal growth experiences were being made at Easalen, the development of humanistic psychology, a “vitalistic” orientation in psychotherapy was picking up speed. Bioenergetic Analysis was moving at the same time towards international expansion. It was seen as a form of psychotherapy, but it was also considered to be a preventive approach and a way to foster healthy life habits, in particular through “bioenergetic exercises”.

But what is happening today?

The “need for vitality” is still strong. But in our contemporary world, where brain imagery graphically reveals healthy vs. pathological processes, we, bioenergetic therapists, must demonstrate the relevance of our therapeutic practices. Lowen was not inclined to promote scientific research. He once wrote to me: “There is no need to justify: clinical proofs are enough”. Often times, the perception people from outside have about Bioenergetic Analysis is a simplistic one: “crying, hitting, screaming”.

We all know that Bioenergetic Analysis is much more than that and we must continue to build from the legacy of its creator:

- we must modernize or actualize its basic concepts while taking into account the present state of scientific research in the fields of neurobiology and psychophysiology;
- we must integrate in our reflexion the various developmental theories of the child and the adult that have been clinically and experimentally confirmed ;
- We must take into account the evolution of psychopathologies and the necessary evolution of Bioenergetic Analysis methodologies:

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<sup>1</sup> Published on *Bioenergetic Analysis*, 2008 – 18.

- We must take into account the evolution of the needs of our populations with regards to public health, while knowing that sociological and geopolitical contexts marked by growing problems of violence and social inequities demand that we become creative, which may mean getting out of our offices. Our Brazilian members are proposing stimulating models with regards to that.

At the dawn of this 21<sup>st</sup> century, all of this demands of us that we operate an adjustment of our paradigms, a renewal of our Bioenergetic Analysis theoretical model. Our credibility, our “readability” (*Note of the Translator: "readability" in the sense of "aptitude to be understood by others"*), as well as our efficiency is on the line, here. But even more important than that, it is the very identity of Bioenergetic Analysis that is at stake. That on which we found our common identity, that which enables us to see ourselves as bioenergetic therapists that which gives the International Institute for Bioenergetic Analysis a shared meaning.

### **Our heritage: basic paradigms in bioenergetic analysis**

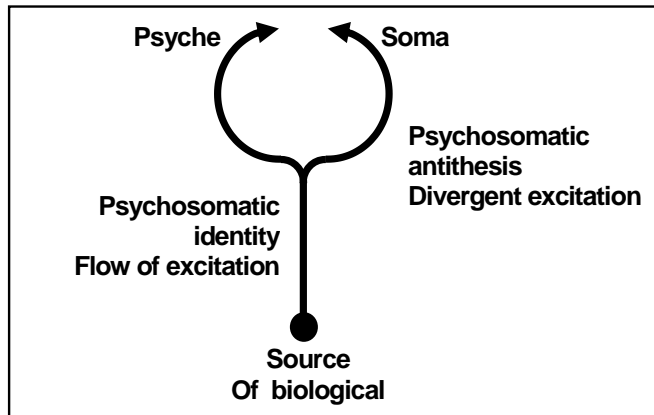


I would like to underline the essential paradigms Lowen bequeathed us as a model for bioenergetic analysis. They are the majors concepts (theory) defining the clinical models (therapeutic practise). They are those that I learnt during my training (1978-1981).

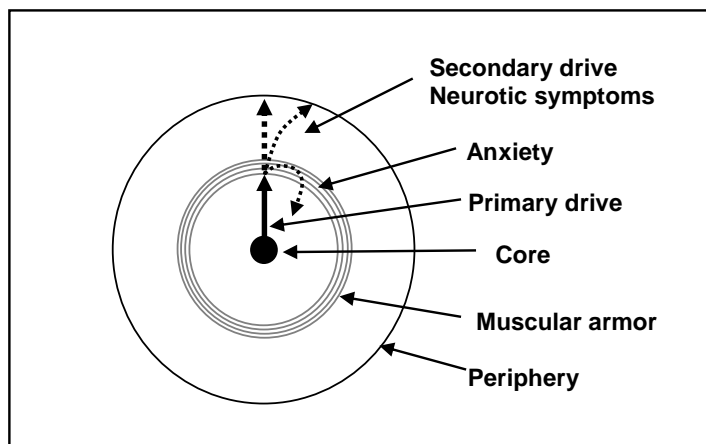
#### ***Paradigm 1: psychosomatic functional identity***

In “the Language of the Body” (1958), Lowen reaffirms the paradigm “of psychosomatic functional identity”, as stated by Reich:

- 1) The biological aspect is: energy is the *functional* common denominator for psyche and for soma;

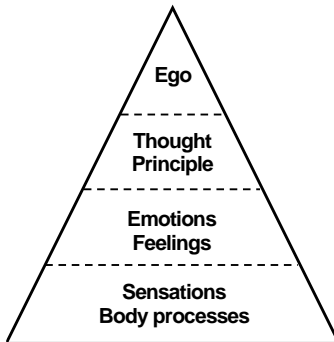


2) The defensive aspect is: when energy is blocked, it is by two *functionally* identical mechanisms: muscular tension and rejection of the neurotic psychic representations;



3) The clinical aspect is: these two mechanisms functionally inhibit emotional expression.

### ***Paradigm 2: the Self is a mind-body continuity***



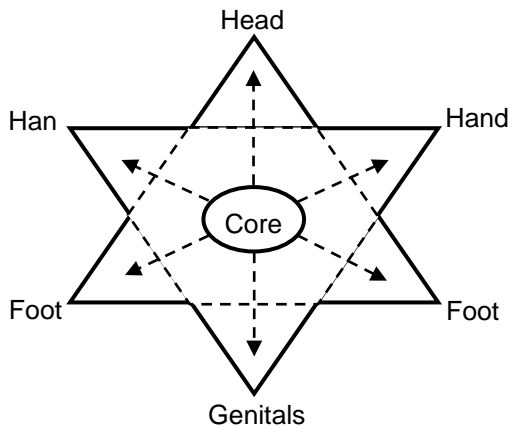
In his first monographs, Lowen uses the concept of Self. He uses it again in "Narcissism" (1985), he takes it back. The Self is defined in terms of psychosomatic continuum: it includes the body experiences (feelings, emotions, movements) and the psychic experiences (perceptions, images, representations). He says, "we have a duel relationship with our body. We can have direct experience through our feelings or we can have an image of it" (pp. 29-30). Self is defined as mind-body continuum.

### ***Paradigm 3: finality of the Self is spontaneous expressivity***

Lowen based the practice of bioenergetic analysis on the awakening of self-awareness: through motility, movement and expression. In one of its first monographs (1965) Lowen comments: "The self-awareness means (...) to feel the flow of feelings which joins the fact of breathing. While passing in the body, respiratory waves activate all the muscular system (...). Being entirely alive means to breathe deeply, move freely and feel fully". The expressivity of oneself is related to his degree of energetic charge.



#### ***Paradigm 4: the therapeutic model is character analysis***



Spontaneous processes can be blocked. In Bioenergetics (1975), Lowen clarifies the pathogenic diagram: “Lead to pleasure → privation/frustration → anxiety → defensive reaction”. He adds: “It is a general outline allowing explaining all the problems of personality” (p.120). The sexual etiology of problems of personality is posed as well as the therapeutic method: freeing the repressed sexual instincts being opposed to vitality, expression and pleasure,

by releasing muscular tensions which are at the origin”.

This method is called ***character analysis***, method combining verbal and body processes:

- 1) body process in order to release the muscular tensions,
- 2) verbal process in order to understand the significance of the representations at the origin of the conflict.

#### ***Reformulation of the paradigms and new paradigms***

I will try to formulate those paradigms in a language that would not be understandable only within our bioenergetic community, but also understandable and attractive for our colleagues from other analytical and psychotherapeutical fields, for our colleagues from Universities, and for researchers. I believe that doing this effort is essential if we seek for a new expansion at the dawn of this 21<sup>st</sup> century:

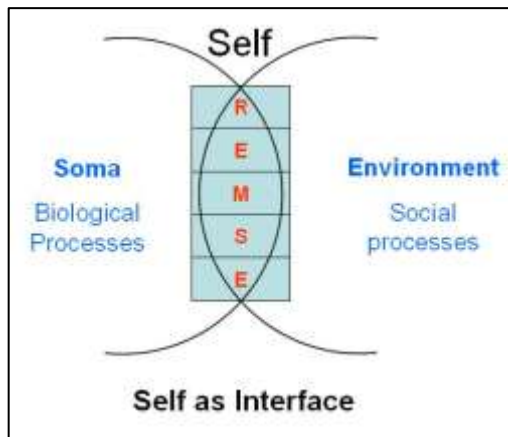
- 1) Reformulation of the concept of Self: this concept is still relevant and is shared by almost all psychotherapeutic approaches;
- 2) Reformulation of the energetic dynamics of the Self: its adaptive motility, its sexual motility and its attachment motility;
- 3) Formulation of the working methodology of traumas differentiated from the methodology of character analysis;
- 4) Formulation of a therapeutic relationship model giving a major role to the psychotherapist's intersubjective involvement;
- 5) Finally, I will propose a sociological paradigm for bioenergetic analysis, based on the principle of *shared vitality* for a *shared world*.



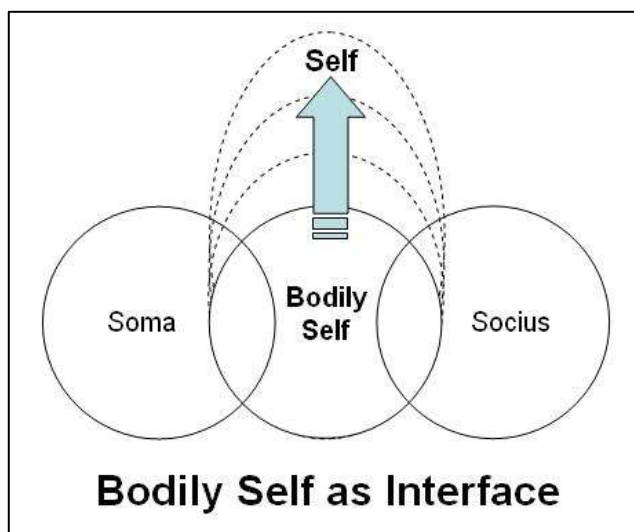
**Paradigm I**  
**The self, a body-mind continuum**

*The Self as an interface*

The Self is an interface between the biological and the social. It is built with cross biological processes which substantiate it and interpersonal processes which make it subjective. He is the phenomenological place of convergence between instinctual and sociocultural phenomena.



The bodily Self is the first manifestation of the emerging Self. It is the first subjective reality of the Self and the foundation of its development.



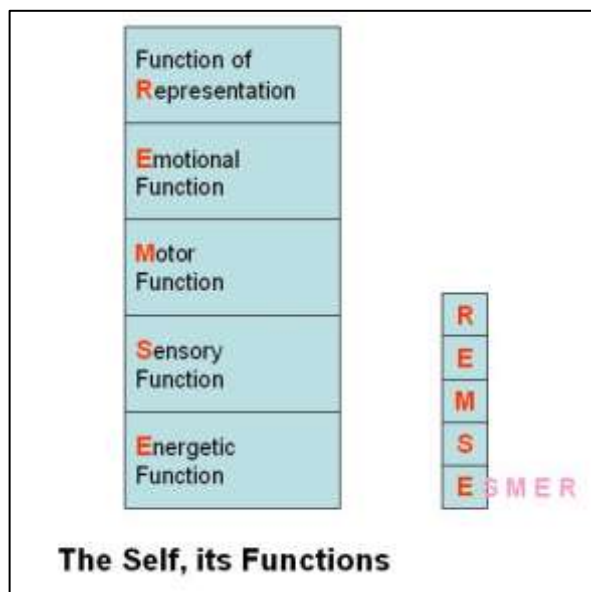
For example, the infant's sleep regulation as well as his feeding, physical and emotional expression regulation, are immediately subjected, on the one hand, to its hereditary neurological mechanisms, and on the other hand, to the subjective social norms of his/her parents.

Blake (2002) shows that, conversely, these first social modelling modify neurobiological somatic processes: they cause structural and functional changes in neuronal connections. Concretely, the emotional experience modifies hippocampus cells, most sensitive to the emotional experiences, and they improve the effectiveness of synapses. On the other hand, working with attachment modifies fronto-limbic circuits, implicated in the patterning of "sensitivity". As Jeannerod (2005) demonstrates, it stimulates the emergence of new behaviours. For Kandel (2001), this constitutes the permanent dialectical process of exchange between soma and socius, stimulating the neuronal "plasticity", that is, in its turn, transformative of the Self.

We, bioenergetic therapists, are specifically dealing with the patient's bodily Self. This bodily Self is an energetic reservoir where instincts are transformed into socialized, regulated drives which are the source of motility.

### *Functions of the Self*

So, how to redefine the concept of Self? The Self is defined as a functional whole made of the co-integration of five functions: the energetic function, the sensory function, the motor function, the emotional function and the function of perception/representation.



Each function of the Self supports the other. The variations which occur in one of the functions of the Self cause variations in the whole, like a moving wave.

*The energetic function* is the seat of quantitative variations in excitation. Those variations stimulate the motility and vitality of the Self, through pulsations and vibrations. The modulation of energy flows produces phenomena of activation/deactivation. They are regulated by biological needs and patterned by family environment.

*The sensory function*, through its qualitative manifestations, plays the role of primitive consciousness. Its expression is regulated and modelled by the family environment: for example, the basic pain/pleasure couple is subjected from the start to an expressive, approving/disapproving regulation.

*The motor function* has a double function. Through the adjustments of postural tone, it gives the Self the sensation of having a “tonic envelope” or conscious “boundary”. Through the adjustments of its muscle tone, it prepares the Self for action and expression. Motor function supports the construction of patterns of action as well as postural patterns specific to a person, which are both shaped by interpersonal interactions.

*The emotional function* plays a role in expression and subjective communication with the social environment. Through its emotional bodily manifestations, it plays a cathartic role in the regulation of the Self. Through its affects, it contributes to the psychic elaboration of cognitive information.

*The function of representation*, through its system made of images and linguistic signs, gives a meaning to the energetic, sensory, motor and emotional experiences. It encodes and symbolizes them, making them communicable. It ensures the capacity of the Self to think and reflect upon oneself.

Each of these functions participates in self-consciousness, from the most elementary level (vital sensation of physical existence) to the most complex level (awareness of having a spirit of one’s own). However, the integration of the Self depends upon the links that built between those functions.

### ***The links between the functions of the Self***

The first half of the 20th century opened up a new field of research, which brought clarity to the specificity of each one of the links connecting each of these functions, as well as their process of “subjectivation” (N.o.T. process by which the experience becomes subjective): Freud, for the link between affect and representation; Reich and Wallon, for the link between emotion and motor function; Piaget for the link between motor function and sensation and Lowen for the link between sensation and energy.

*The link Self - ground* - constitutes a primitive system participating in the regulation of the energetic functioning of the human organism. This is the principle of “grounding” developed by Lowen (1958). However, before the baby

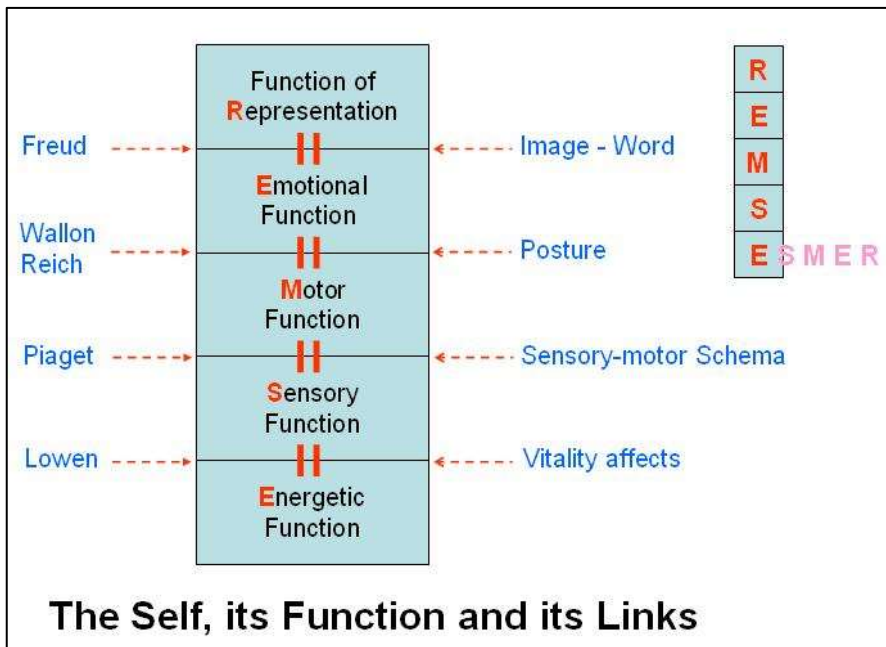
meets the ground on which he will stand and to which he will be connected, it is in the body of his mother that he will initially ground.

*The energetic-sensory links* manifest through affects of vitality. It was Lowen's fundamental theoretical and methodological contribution during the 20th century. It focuses on motility of the Self, energetic circulation and sensory awareness. The work on breathing holds an important place in this contribution.

*The sensorimotor links*, as was demonstrated by Piaget, manifest through the elaboration of sensorimotor schemes. Many "bioenergetic exercises" proposed by Lowen involve the elaboration of sensorimotor schemes that facilitate self-assertion through regulated and coordinated action.

*The emotion-motor function links* manifest through postural and behavioural patterns as Reich and Wallon have demonstrated during the same period of time, Reich in relation with the adult and Wallon in relation with the child. Lowen has developed other "bioenergetic exercises" that facilitate the expressiveness of the Self, particularly through the use of movement and emotional expression.

*The emotion-representation or affect-representation links*, theorized by Freud, manifest through cognitive representations (close to perception) and through fantastical representations (by-products of imagination). Those representations coexist, consciously or unconsciously, and constitute the contents of the mind. They are the subject of verbal analytical process.



These links between the various functions of the Self are conducive to the **integration of the Self**.

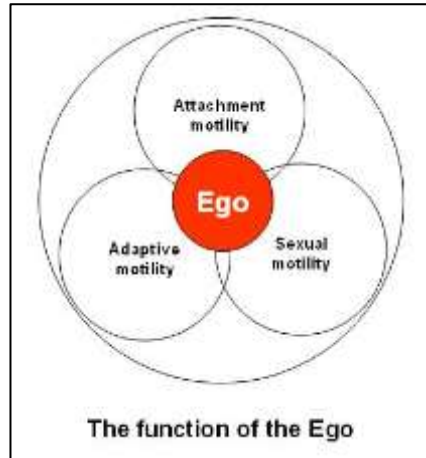
Motility and integration of the Self are being expressed at three levels:

at the level of adaptive motility;

at the level of sexual motility;

at the level of affective attachment motility.

Starting at 2 years of age, the Ego progressively and essentially will have to co-integrate and co-regulate the adaptive, sexual and attachment motilities.

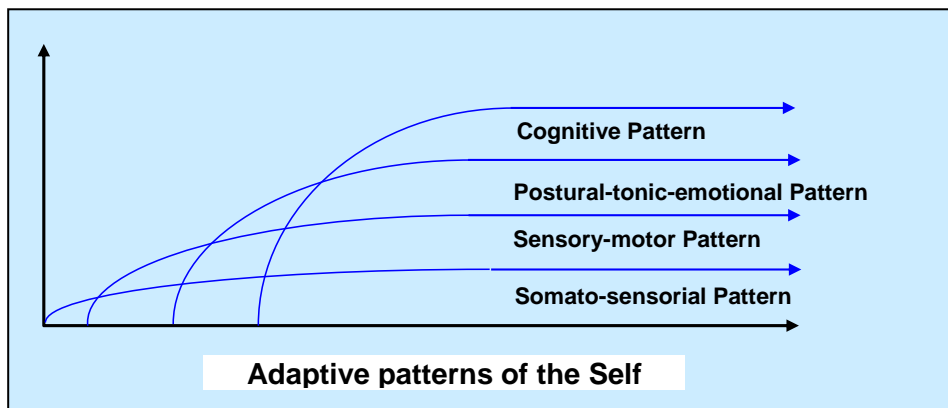


## Paradigm II

### Adaptive motility and its patterns

Throughout life, the Self is constantly obliged to adapt to external reality and to its modifications. In order to accomplish this, it counts on its life preservation instincts, as Freud, and later Lowen, have emphasized. Those instincts become the adaptive motility of the Self as it engages the environment on various levels: domestic (Note of Translator: in the sense of “family”), cultural, ecological.

The function of adaptive motility is to maintain the Self in a state of homeostatic vitality (a vitality that is energetically regulated) and in a state of perceptive consciousness (of itself and of the environment). It progressively organizes itself into adaptive patterns:



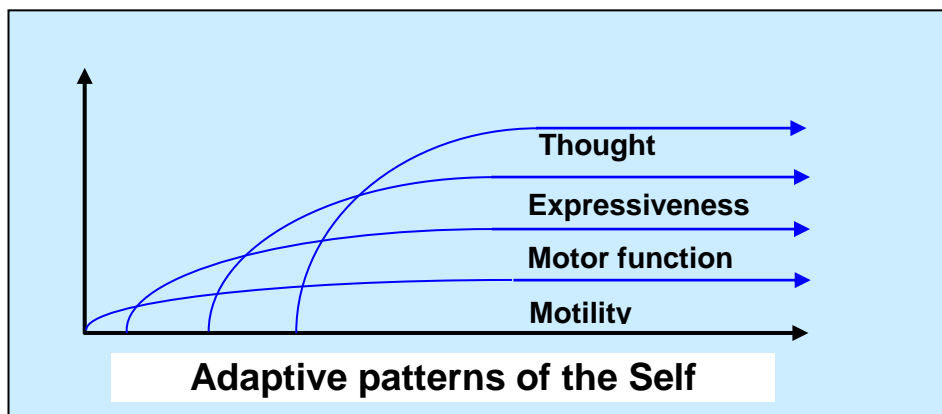
*Somatosensory patterns* organize and regulate the motility of the Self: sleep/awakeness, activation/desactivation, pleasure/pain, activity/passivity,

expression/inhibition patterns, as well as multiple other configurations of vital expression. They are essentially coded in procedural memory but can be retrieved within the therapeutic context when bodily processes are emphasized, like during a piece of work on breathing or on sensory awakening. **Those patterns ensure permanent regulation of the vital existence of the Self.**

*Sensorimotor patterns* are built on the usual sensorimotor schemes and they organize the motility of the Self. Very early on, they are permeated with affect and according to Bowlby's expression, they become "Internal Operative Models (IOM) that organize attachment and interaction behaviours. Those IOM are encoded in procedural and episodic memories and are apt to be retrieved in therapeutic contexts that facilitate their evocation. The more presymbolical the IOM, the closer a context to the initial coding context will be needed in order for it to be recalled, which supposes a sensory, affective and motor activation. **Internal Operative Models ensure a regulated permanence of the interaction.**

*Tonic-emotional postural patterns* are built out of expressive interpersonal interactions and they organize the expression of the Self. For Wallon, they have a socializing value: they communicate the affective experiences of the Self to the environment. For Reich, they have a biological function: they express pleasure/displeasure of an instinctual/sexual nature. Finally, for Ainsworth, they support a behavioural function that manifests itself by secure/insecure "attachment patterns". In all cases, **those tonic-emotional patterns play the role of invariant affective expression of the Self.**

*Cognitive patterns* are built from perceptual images of self and of the surrounding world, both physical and human. They suppose mind processes and affective processes that facilitate adaptation to the environment. **They play the role of semiotical invariants (through images and words) within the Self.**

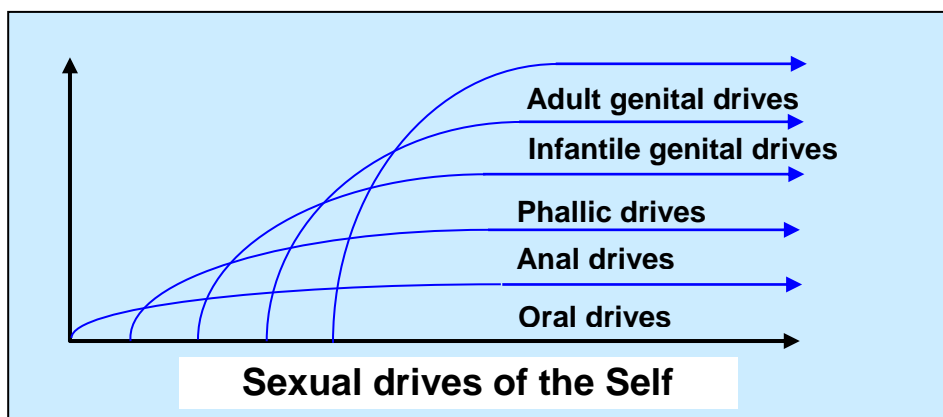


Those various patterns are adaptive because they continually activate motility, motor function, expressiveness and thought in a regulated, homeostatic way, nourishing what Damasio calls “The feeling of what happens” (1999).

### **Paradigm III**

#### **Sexual motility and its patterns**

We are used to a model based on sexuality in Bioenergetic Analysis and I will be brief regarding this. On this matter, Lowen was Freud's, then Reich's heir. We usually describe sexual motility in terms of oral, anal, phallic and genital impulses, first infantile, then adult genital drives.



Following Reich's footsteps, Lowen has demonstrated how each type of primitive drive is operating on a body level: their energetic dynamics in a particular part of the body that turns it into an "erogenous zone".

It may be useful to mention that in a child, the activation of erogenous zones is closely related to mother-child interactions, hence to a mutual attachment relationship. A lack of or an excess of erogenization of the bodily self of the child has direct consequences on the organization of its sexuality, both present and future. Splitting-off can happen between erogenic process and erotic process: for example, a person with a schizoid structure whose body has not been erogenized very much may continually seek erotization, precisely because this experience is never fulfilling.

From this point of view, **the experience of attachment (conflictive-/traumatogenic attachment) during childhood determines adult sexual patterns.** Conversely, the therapeutic experience of attachment by building a more secure Self can have a direct impact on the transformation of adult sexual patterns.

## Paradigm IV

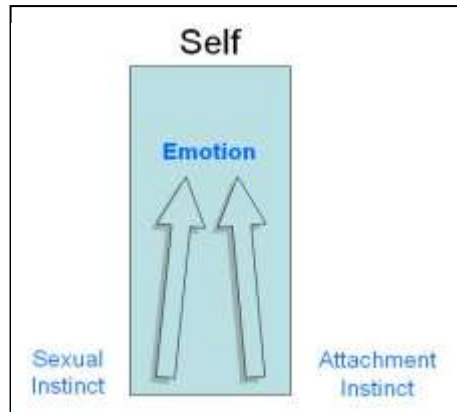
### Attachment motility and its patterns

Following Freud and Reich, as soon as 1958, Lowen places sexual instinct and sexuality at the core of bioenergetics' practice. At the same time, Bowlby (1969) formulates the attachment theory.

Emotional expression then takes on two possible meanings for the child: either it is a signal of sexual pleasure/displeasure (Lowen), or it is a safety/distress signal (Bowlby).

Contemporary Bioenergetic analysis has gained by trying to integrate attachment theory as it acknowledged that *instinct of attachment exists at the beginning of life and is a structuring force as present and active as sexual instinct*.

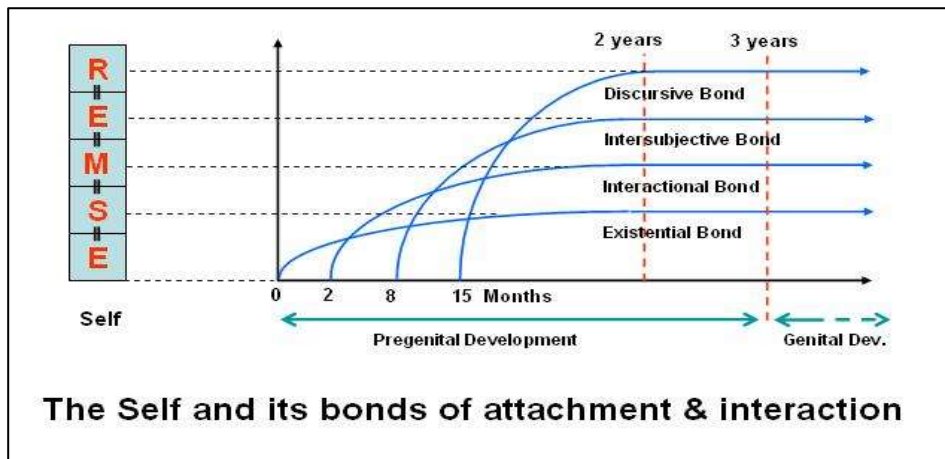
The second half of the 20th century opened a large field of research that saw theoretical elaboration regarding attachment and interactive bonds so essential to the construction of the Self. If D.W. Winnicott and M. Malher were precursors, let us mention as well the first theoreticians of attachment theory: Bowlby, Ainsworth, Main, as well as the work of Wolf, Emde, Anders, Sander, Cassidy, Stern and others. They all contributed to the following demonstration: the Self, as a subjective identity-in-development, cannot be built without bonding and that bonding is the work of both partners, by their *mutual attachment* and their *interactivity*. I believe that this is true for the elaboration of the bonds between mother and baby, I equally think that it is true for the construction of the bonds between therapist and patient.



### ***Attachment and interactive bonds***

The attachment and interactive bonds can be found in four types that gradually emerge from the encounter with the care-giver, generally the mother.



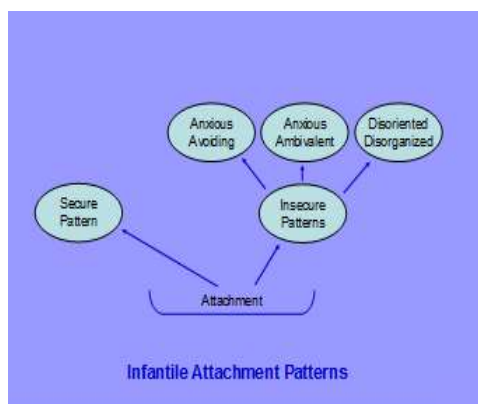


*The existential bond* participates in the emergence of the existential core of the Self, in the construction and afterwards in the secure reproduction of its somatosensory invariants. It is affirmed in the way baby and mother first look at each other, and is confirmed in their subsequent interactions that contain the organic excitation of the child, that shape his vitality and needs for contact. ***The existential bond promotes and validates the phenomenological base of the living-being-that-exists (“l’être-là-vivant”) throughout life.***

*The interactional bond* participates in the emergence of the sensorimotor invariants that become the sensorimotor Internal Operational Models (IOM). Those models are initially activated by the needs for attachment and the needs for the exploration of the environment. The regulation of committed actions is related to the stimulation or the inhibition of sensorimotor IOM, according to adaptive needs. ***The interactional bond ensures trusting reproduction of sensorimotor Internal Operational Models.***

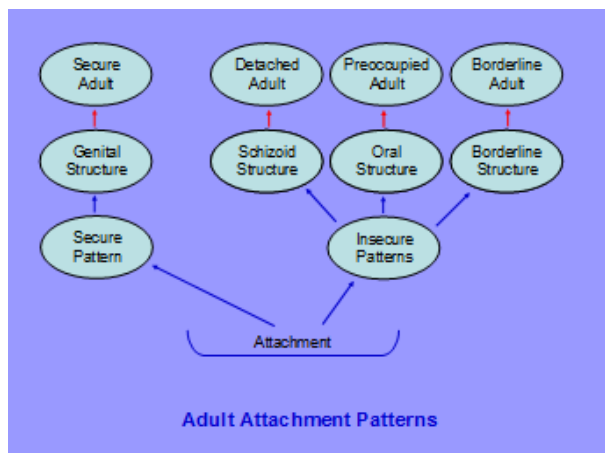
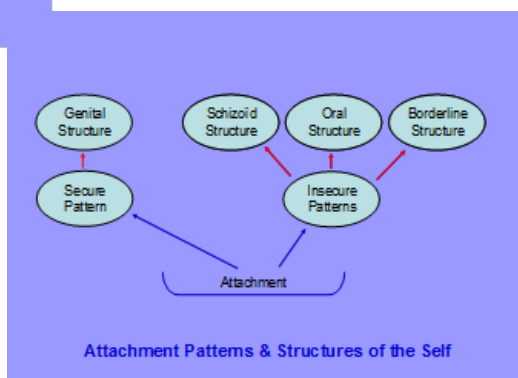
*The intersubjective bond* facilitates the emergence of personal subjective states, and helps to make conscious that they are different from subjective states of another person. It is based in the capacity for attunement. ***The intersubjective bond promotes the possibility to express and share its own subjective states with others.***

*The discursive bond* participates in the emergence of the capacity to reflect upon oneself, upon the relationship to one’s internal and external world, as well as their objectivation. It is based on a capacity for shared meanings from a system of verbal communication. ***The discursive bond promotes a coherent continuity between what is being experienced and what is being thought.***



When these bonds of attachment do not fulfil their organizing and regulating function, the child experiences anxiety. Ainsworth (1978), Main and Solomon (1988) show that he attempts to protect himself against anxiety by adopting three main types of attachment strategies: he can become “*anxious-avoiding*”, “*anxious-ambivalent*” or “*disorganized-disorientated*”.

We can establish bridges between these attachment strategies and our bioenergetic structures of personality: between the “detached” adult and the “*schizoid structure*”, between the “preoccupied” adult and the “*narcissistic structure*”, between the “disorga-nize-disorientated” adult and the “*personality borderline*”.



If the child or the adolescent does not have the possibility to evolve and build a pattern that is more secure, he then retains his infantile pattern. He becomes an adult that is “*detached*”, an adult that is “*preoccupied*”, or an adult that is “*desorganized-desorientated*”.

Those conceptual links enable us to clarify during the therapeutic process:

- 1) the origin of prevailing pathology (conflict, deficit or trauma),
- 2) the type of transferential attachment the patient actualizes, as well as the counter-transferential responses of the therapist.

## ***Psychopathology of attachment***

Relationships between psychopathology and bond of attachment need to be specified:

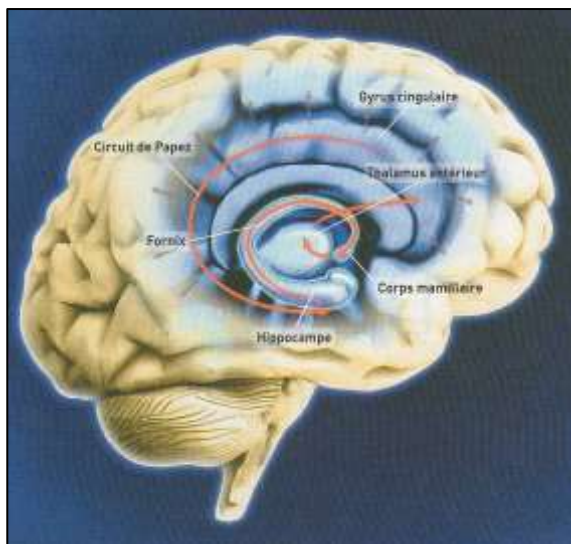
- 1) Attachment theory highlights the fact that the etiology of pregenital structures is not of a sexual nature but more of a deficit or traumatic nature
- 2) The behavioural response to the deficit and the trauma brings into play a defensive organization that involves chronic muscular tensions. But if the bodily tensions that originate from the deficit and the trauma, and the bodily tensions that originate from sexual conflict are intermingled and sometimes merge, their function is not identical. They will be expressed through transference in a significantly different ways.
- 3) Sexual problems that derive from developmental trauma are the expression of a traumatic attachment pattern and not of a sexual conflict. If the purpose of character analysis is to dissolve defensive reactions against se-xual anxiety, the purpose of trauma therapy is to renegotiate functional activity, integrative links and bonds of attachment with the human environment that exists in the present.



## ***Neurobiology of the attachment***

Psychopathology of the bond of attachment is supported today by the investigations in neuroscience. Let me just give few examples.

Beaurepère (2003) shows that when an infant has been mistreated sees his perpetrator, his right hemisphere goes into survival mode. If this situation is repeated, it is registered into implicit memory, it shapes an emotional habit and determines a style of attachment. He then barely needs to see this threatening attachment figure to produce stress hormones. In the long run, this repeated hormonal production will modify the somatic develop-ment: the volume of the hippocampus will decrease and there will be an increase of the volume in the temporal gyrus.



Evrard (1999) shows that the limbic circuit dies out when a little child cannot renew substitutive bonds of attachment when he loses his primary attachment figure. The absence of stimulations explains cerebral atrophy, the atrophy of the neurons that play an important role in the circuits of the memory and the acquisition of the emotional aptitude, in the hippocampus. Except in extreme cases, this process is reversible.

After the death of the Romanian dictator Ceausescu,

Ionescu (Ionescu et al., 2001) wrote a report where he demonstrates that, in some forty institutions, children that were abandoned and deprived of attachment were found to be suffering from serious biological, emotional and behavioural disorders that are irreversible.

However, for the adult, disappearance of a loved one can cause a traumatic wound as serious as that of the infant who loses his mother. Parkes (Parkes and al, 1993), who has studied the biology of mourning, demonstrates that when an adult is attached to his/her partner in an anxious-insecure way, in the months that follow the loss of the partner, a peak of cardiac disease, pulmonary diseases, cancers, diabetes and mental confusion can be observed.

## Clinical conclusions

We are shown that attachment traumas are at the origin of specific pathologies that can deeply affect the Self, its construction, its bonds and its motility. ***If conflict has functional consequences, trauma has functional and structural consequences.*** We have to affirm and promote the existence of two different methodologies in bioenergetic analysis:

- 1) The methodology that consists in working with conflicts using character analysis;
- 2) The methodology that consists in working with traumas, which is quite different. Several of our bioenergetic colleagues have contributed to the development of the latter: Robert Lewis, Maryanna Heckberg, Helen Resneck-Sannes, Michael Maley, David Finlay, David Berceli. I may forget some of you and I beg you to forgive me for that ...

## **Paradigm V**

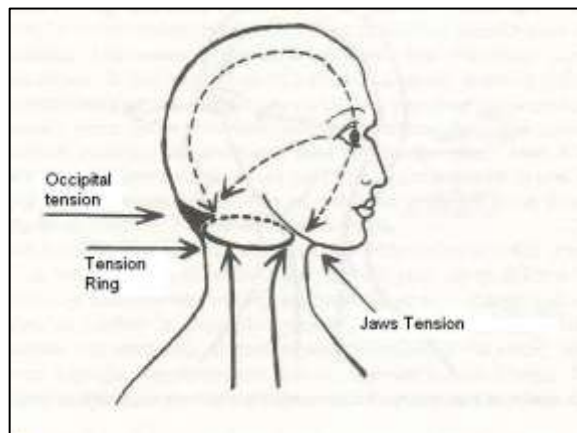
### **A methodological model for trauma**

In addition to the model of character analysis reserved for conflict issues, we now have models that help us understand and therapeutic practices that help us deal with issues related to trauma.

#### ***Therapeutic models related to trauma***

With his “cephalic shock” concept, Bob Lewis proposes a comprehensive model for developmental trauma (1976, 1984, 1986, 1998) which I will briefly summarize. This type of trauma originates in a non-empathic and dissonant holding and handling of the baby on the mother’s part. The cumulative effect of repeated experiences of shock constitutes a traumatic experience:

- the infant develops strong muscular tensions in the nape of the neck, at the base of cranium: the perception of the head becomes dissociated from the perception of the body;
- by having to compensate an inadequate mother, the infant prematurely holds his head up, thus prematurely developing a state of vigilance and an anticipatory perception. He prematurely develops his mental activity.



Thus the Self grows from a mental core that is dissociated from sensory and emotional experiences. There is a Self, located in the mind, in the thinking self, dissociated from the bodily Self. Such a child grows into an adult that lives in his head and by his head, in the literal as well as in the figurative sense.

The therapeutic process aims at re-establishing a secure therapeutic attachment relationship, allowing the patient to relax his head as well as the nape of

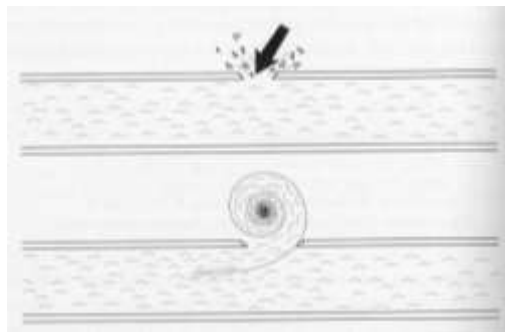
his neck, which is dissociated from his body, so that he can work through his primitive anxieties in order to be freed from them and to build a secure Self.

Maryanna Eckberg (1999), a bioenergetic therapist who has worked with political prisoners that were tortured, described her own methodology of traumatic shock treatment, inspired from Peter Levine's approach. Levine (1997) has proposed a general model with regards to trauma. He describes three types of defensive reactions in the face of a traumatic aggression: 1) attempt to fight against the aggressor (fight), 2) attempt to flee from the aggressor (flight), 3) faced with the failure, the organism freezes.

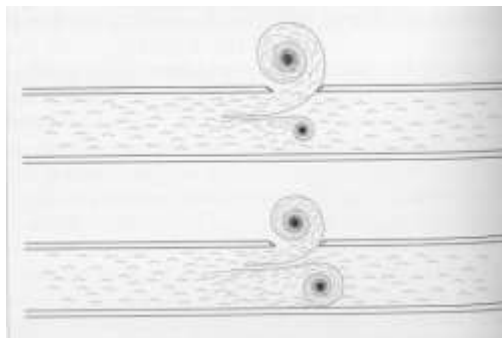
In this last case, the intense energy produced by the danger at the somatic level can neither be discharged nor metabolized. A breach has been opened in the envelope of the Self and functions like a "traumatic vortex": it attracts all the energies of the Self that are being engulfed by this vortex. The usual somatosensorial patterns do not function any more, the feelings and perceptions do not acquire meaning any more. One is then confronted with bodily terror and the unthinkable at the psychic level.

Levine makes the assumption that a "healing counter-vortex", coming from an opposite direction, can be developed that could counterbalance the traumatic vortex allowing those people to experience a resilient co-integration.

#### **Birth of a traumatic vortex**



#### **Birth of a healing (counter) vortex guérisseur**



Berceli (2003), a bioenergetic therapist, has developed a large group approach, based on his experience with populations that have been traumatized by wars, massacres, rapes, attacks, during NGO missions he was part of. He focuses his work on accessing tremors in body, a natural somatic reaction that enables the body to release enormous quantities of energy that have been generated by a traumatic event.

In an article published in 2003, Bob Lewis has discussed Peter Levine's approach. He considers that this model is not complete enough to help us understand and treat developmental traumas because Levine does not integrate the lessons from attachment theory in his method.

### ***Body approach to trauma : a specific methodology***

All the authors insist on 3 aspects: 1) the excessive quantity of energy mobilized by the traumatogenic situation could not be discharge and metabolized, 2) usual somatosensorial and tonic-emotional patterns do not function any longer, 3) representations of the traumatogenic situation cannot be expressed.

The methodology that is being used is quasi diametrically opposed to that of character analysis:

1) Regarding regulation "titrage" as opposed to catharsis:

Titration, a concept that has been borrowed from chemistry, means meticulous regulation of the quantity of discharge energy at every moment, in order to control the return of traumatogenic experience, and in order not to replace a renegotiation of the traumatic experience by a traumatic cathartic replay.

2) Regarding a "window of tolerance" as opposed to maximum intensity:

Seigel (1999) defines a window of tolerance that facilitates sensory awakening by allowing the come back of sensory information (paralysis, feelings of numbness, rigidity, hyper-agitation, irritability, turbid of the wakefulness/sleep), in a modulated way, without waking up terror associated with the traumatic experience.

3) Regarding "micro-movements" as opposed to full and intense movements:

Slow work allows a person to become aware, to explore, to disentangle issues, to recognize, to integrate, associate. The slowness of the work facilitates the analysis of each feeling, image or affect. This work makes it possible to leave the frozen response, of frozenness of the organism underlying structures, to gradually get involved again in defensive and orienting responses.

4) Regarding contention as opposed to "letting go":

The containing function of the therapist is essential because the patient's capacities to contain his/her feelings, to think and to act were exceeded during the traumatic experience. The aim of the work is to reconstitute a membrane that is at the same time tonic and flexible, that will be experienced as a containing and protective boundary for oneself. It goes beyond that and

becomes a kind of psychic boundary apt to contain perceptions, images and representations.

5) Regarding re-initialisation of defenses as opposed to releasing defenses:

The aim is to help the patient re-mobilize reactions that were repressed at the time the traumatogenic situation happened, to reconnect with the defensive and orientation responses that could not be expressed at the time, and to enable those reactions to surface.

This methodology to work on trauma is now seen as an essential therapeutic tool today:

- 1) in response to developpemental traumas that are forever increasing. They originate in the sociocultural evolution: mothers involved in a professional activity, the atmosphere in the family that is defined by poverty, unemployment and anxiety, urban violence, the uprootedness, isolation, etc...
- 2) in response to factual traumas that are on the rise, due to delinquency, violence, rapes, attacks, etc...

*Finally, character analysis turns out to be relevant to treat genital conflicts as well as for regressions to pregenital positions that are triggered by conflicts generated by the Ego and the Superego, when psychotherapy of traumatic shocks turns out to be relevant for the treatment of developmental traumas and structural then functional distortions that they generate.*



## ***Paradigm VI***

### ***A clinical model for the therapeutic intervention: the intersubjective relation***

#### ***Intersubjective attunement***

In 1985, Stern highlighted the concept of “attunement” in the relationship between mother and child. This attunement regulates the subjective states of the child and allows him to understand that his mother has a “spirit” different from his.

Fonagy (Fonagy, 2000, 2003) has operationalized this intersubjective dimension in the therapeutic field. It is the therapist’s Self, with its containing, feeling, thinking qualities as well as its capacity to express subjectively that is therapeutic, which the patient internalizes. The empathic therapist feels and imagines the inner states of his patient and he reflects it back to him through nonverbal as well as verbal answers. By “meeting himself in the other” the patient develops his capacities to feel, to contain and to elaborate his own subjective states. Experiencing that he is felt and thought by the other, one feels and thinks by himself.

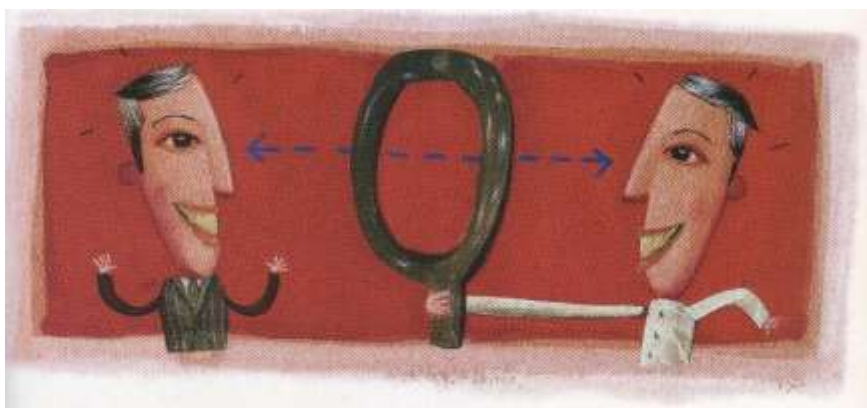


I remember my first session with **Rafaël**: he is seated in front of me, he looks at me without seeing me, immobile, frozen, hardly breathing, terrified, I guess. I look at him quietly, affectionately. I ask him what is going on for him, but he does not hear me, or he cannot answer me. At the end of a long moment of silence, I say to him with kin-dness, but also with sadness: “I feel lonely ... And you?” He looks at me, amazed, quiet, with some tears run in his eyes. Then he says to me in a sad voice: “So do I ...” He will reveal

to me much later that he felt at the time that I was human, that I had access to feelings of loneliness, and that I could understand him. For sure, that feeling was not strange, my inner child had kept a memory which had found a companion in **Rafaël** and had signalled it to him.

### *Somatosensorial empathy*

Schore (2001) highlights earlier somatosensorial attunements. By cerebral imagery, he shows that somatosensorial and emotional regulation of the child by his mother is organized from a body communication system recorded in a direct and unconscious interaction right brain - right brain.



Schore extends this discovery to the therapist - patient relationship, organized around the somatosensorial signals emitted by the patient, signals which the empathic therapist interprets from his own somatosensorial system, and to which he answers by attuned interventions.

I remember, in a hospital context, a schizophrenic young woman who held me by the hands, who was experiencing unthinkable anguish because she could not perceive where my hands “began” and where hers “finished”. She was oscillating between terror of contact and irrepressible need for contact. Her psychotic anguish was founded on the absence of somatosensorial patterns giving her the clear sensation of a separate physical existence (Tonella and Al, 1989; Tonella, 2006).



All the preverbal structures have problems of empathy. On the neurological level, Green (2004) found that they expressed a deficit in the amygdala activation.

We, therapists, are amygdala activators. Because we have empathy, we bring our patients into a world of shared humanity.

### *Neurology of empathy*

Empathy is more than a clinical concept, it is a neurological reality.



In 1996, Gallese, Fadiga, Fogassi, Rizzolati highlight the existence of “mirrors neurons” in the brain, that are in charge of the empathy. The therapist occipital area, the part that processes images, sends the information that has been perceived to the fronto-temporal cortex, another part that prepares for action, thus alerting mirrors neurons. The therapist, simply by perceiving and feeling without acting, can predict the emotional and subjective state of his patient.

In this brain imagery graphically, the red colours line shows the activated neurons in the experiencing person (the patient); yellow colour shows the activated neurons in the person (the therapist) in relationship/observing the first one doing the experience. One can observe that the same areas are activated within the limbic system (in green colour) of both patient and therapist. The therapist mirror neurons (the activated yellow area) allow him to “rebuild” and feel the experience of the patient.



This year, Rizzolati, Fogassi, Gallese (2007) have shown that mirrors neurons are missing among autistic patients. This has initiated a new therapeutic approach based on mutual imitation between the autistic patient and the psychotherapist, imitation underlying the development of the capacity for empathy.

## *Neurology of transference - countertransference*



However, how do we explain that we do not respond systematically by action when our mirrors neurons inform us of a state of distress or suffering in the patient? Grézes (1998) shows us that, although the temporo-frontal area needs to be activated in order to act, the prefrontal area responsible for inhibition of action is also activated. This double message activates a left ascending frontal cortical area responsible for the language. The answer of the therapist can then be formulated in words. We have here a first neurological draft of the transference/counter-transference.

Certain therapists could learn to des-inhibit their body responses, whereas others could learn how to contain their impulses and transform them into verbal language.

## *Therapeutic process and resilience*

Evrard, Marret, Gressens (1997) show that the fronto-limbic circuits are involved in the patterning of “sensitivity” since early infancy but they can be improved later on, prompting biological markers of stress to evolve (for example rate of serotonin transported by the 5-HTT Long versus 5-HTT Short proteins). This evolution rests on the possibility of rebuilding secure and trustful attachments. Psychotherapy must integrate this parameter in its setting, offering to the patient the occasion to reconnect with secure and decontextualisable therapeutic attachment.

## *Criteria of competence of a therapist*

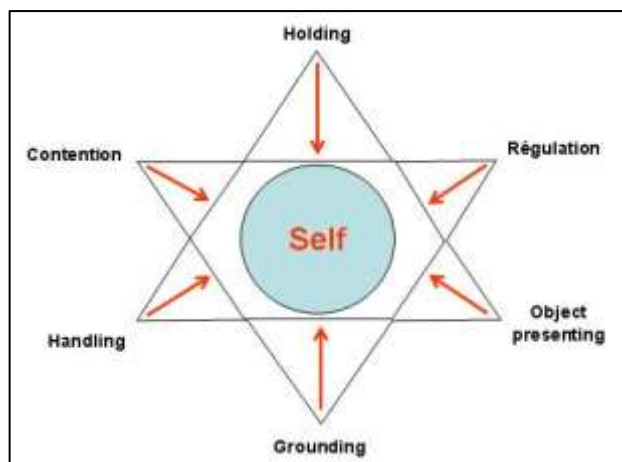
Ainsworth (1978, 1979) has described the criteria of competence for the mother so that she (the mother) can offer her child a secure attachment that enables him to develop a secure Self. It seems that these same criteria apply to a therapist who can help a patient develop a secure Self. This is confirmed by current research in neurobiology of attachment. Let me remind you of these criteria:

- a) the development of trust in oneself requires three criteria of competence on the part of the therapist: 1 - a therapist attached to his patient in a non anxious way; 2 - a therapist who is available to his signals; 3 - a therapist who responds to him in an adequate way;
- b) the development of self-confidence supposes: 1 - a therapist who allows himself to be used by his patient when he tries to recreate something he has just discovered so as to help him succeed, 2 - a therapist-patient dyad in which the same causes bring the same consequences so that constancy and permanence become organizing factors in the interaction;
- c) the development of self-esteem demands that the therapist confirms to his patient that his new capacities for action, expression, attachment and interaction have value. It facilitates reproductive assimilation.

The adult who suffers from attachment disorders harbours a little child who is still waiting for someone who can surrender to him so that he can regain confidence in his own existence and value. To possess and be possessed, this is the name of the game for children who need to develop the deep-seated belief that they are loved and that they are capable of love. It is what gives all its meaning to the phrase “To hold someone tight”, in psychotherapy. The imprescriptibly needs originate, after all, from the time when, as Winnicott says: “Love can be shown only in terms of caring for the body”. It is, I believe, this experience that many patients are waiting for, secretly.

Many among us have already stressed the importance of intersubjective bonds: R. Lewis, 1976, 1986, 1998; R. Hilton, 1988/89; D. Campbell, 1991, 1995; Mr. Eckberg, 1999; D. Finlay, 1999, 2001; Heinrich, 1999; Tonella, 2000; Resneck-Sannes, 2002; Mr. Doess, 2004. I forget certainly some of you.

Finally, here are the therapeutic functions that enable the Self to become sufficiently secure:



## Paradigm VII

### A comprehensive clinical model

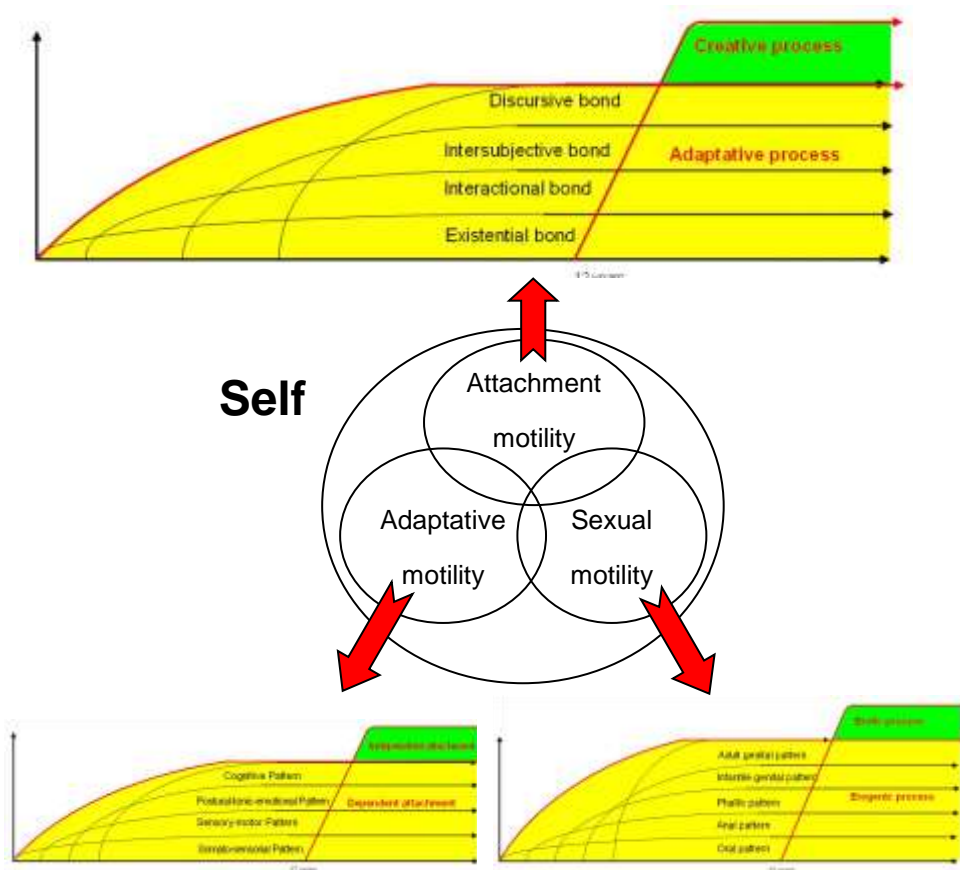
Let's see if we can now combine those various paradigms and their models, which we have just presented, in order to have a global vision of the theory and practice of Bioenergetic Analysis.

#### *Global theoretical model*

This model concerns the dynamics the Self that is:

- oriented towards adaptation because of adaptive motility
- oriented towards interpersonal relationship because of attachment motility
- oriented towards sexuality (or the sublimation of it) because of sexual motility

Each of these activities of the Self gets organized at the very beginning of life into structuring and permanent patterns that are apt to evolve depending on life circumstances, which includes psychotherapy.

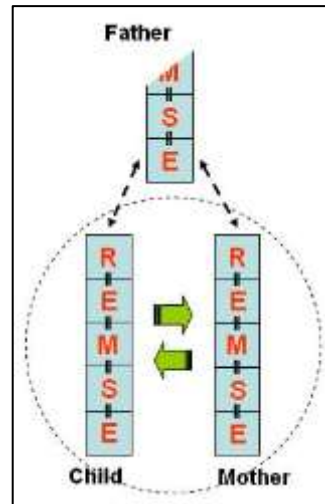
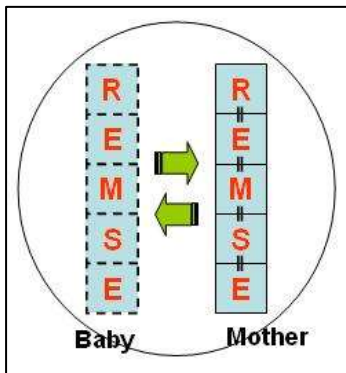




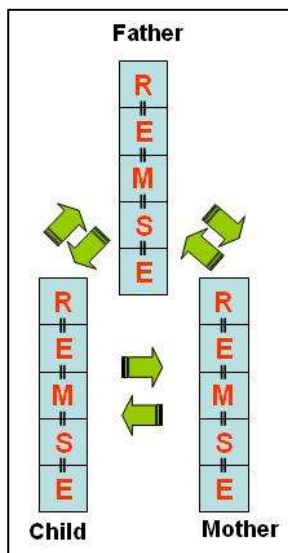
## *Developmental model*

The development of the Self, in its adaptations, in its sexuality and in its attachments can be described according to those four phases:

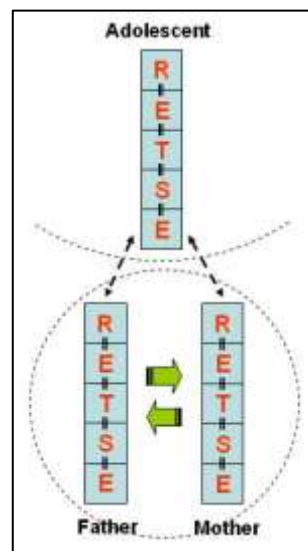
- 1- Oral phase of symbiotic attachment
- 2 - Intermediate phase of individuated attachment



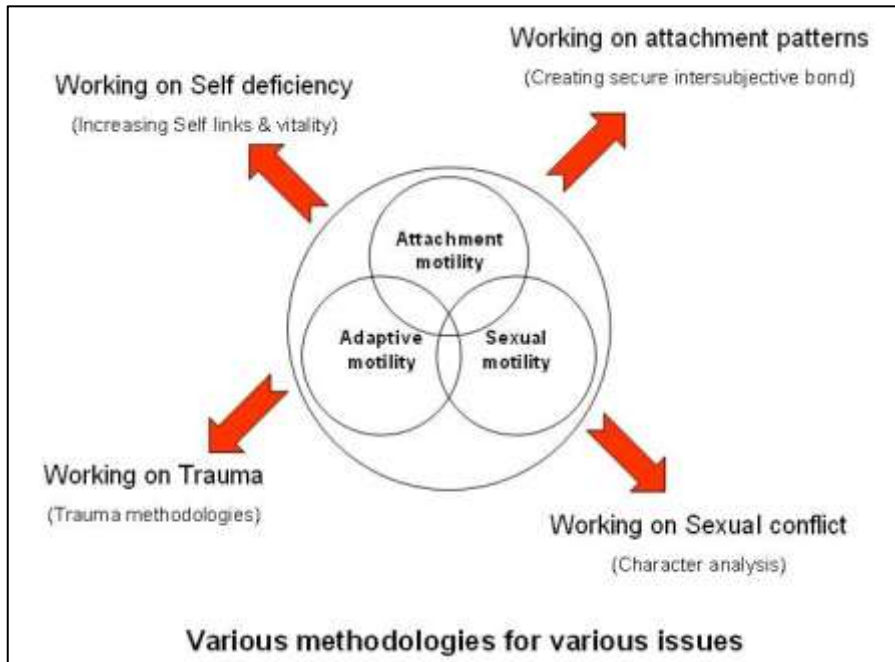
- 3 - Genital infantile stage of reciprocal attachment



- 4 – Adolescent stage of independent attachment



## ***Methodological model***



The advantage of this model may lie in its capacity to help formulate a therapeutic strategy that is specific to each patient:

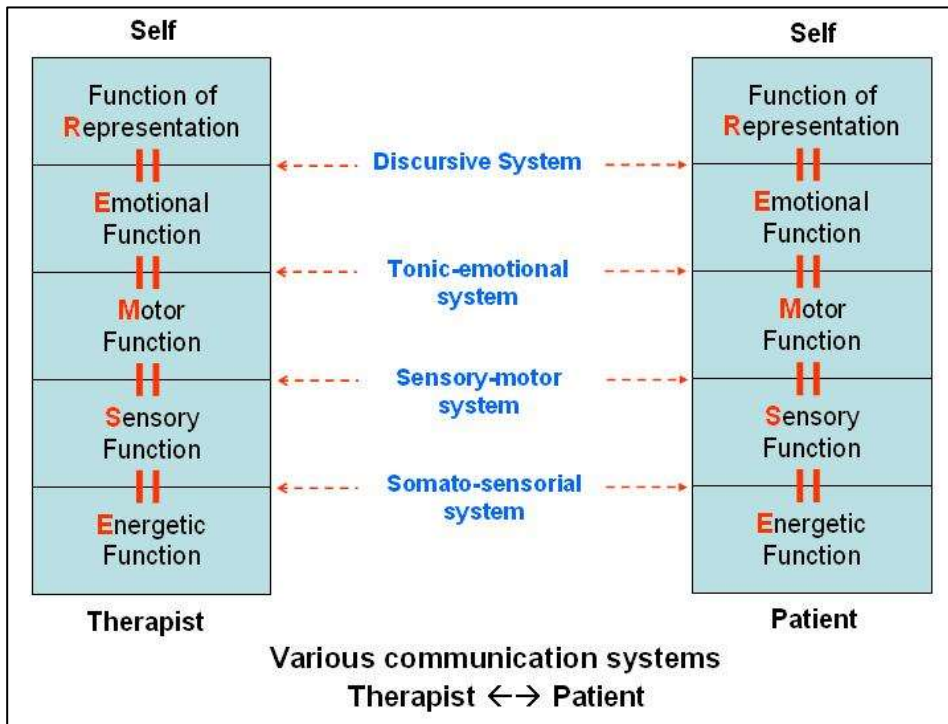
- by emphasizing attachment motility and the construction of a secure attachment relationship when the patient's insecure attachment pattern acts as a major resistance to any therapeutic intervention (distress, terror, paralysis);
- by emphasizing adaptive motility (energetic charge increase, movement, emotional capacity for expression) when the vitality of the Self is in deficit;
- by emphasizing sexual motility and the resolution of sexual conflicts when they inhibit vitality and the Self's capacity for expression;
- by emphasizing re-initialisation of the patterns of the Self when trauma damage or destroy it.

A therapeutic process obviously involves the total Self, but we can certainly argue that some people cannot work on themselves without having previously established a sufficiently secure therapeutic bond, which takes time. We can also argue that some sexual conflicts are nothing but the expression of an anxious attachment pattern and that the development of an enough-secure attachment during the therapeutic process is likely to resolve in part/totally the sexual issue.



## *Relational model*

Our relational model is marked by intersubjectivity, which means by interactivity between therapist and patient. Therapeutic process is a co-creation between two persons. Various interactive communication systems participates in it:



Each of these systems facilitates specific dimensions like:

- interpersonal contact between two subjective Selves
- access to information of different nature (sensory, emotional, tonic, cognitive ...)
- activation of specific memories containing this information (procedural, episodic, semantic)
- regulation of the Self that refers at the same time to self-regulation and interpersonal regulation
- elaboration of these subjective states so that they gain meaning and enrich the Self.

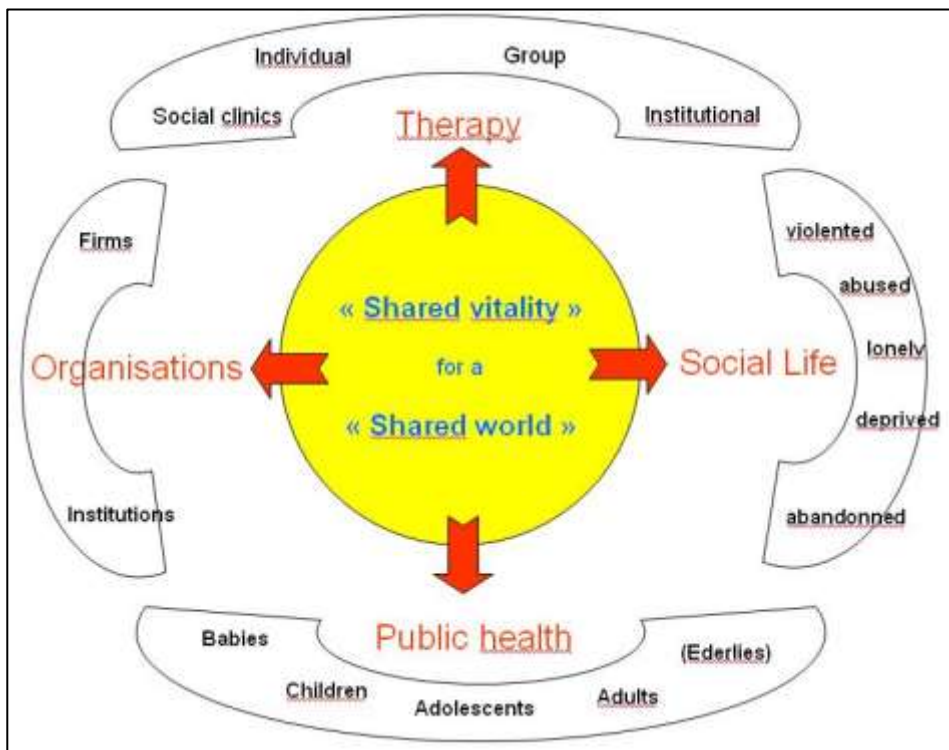
The time has come for reconciling once and for all the individual experience and the interpersonal experience within the therapeutic process. We must nevertheless clarify that interpersonal experience does not mean “being in

relationship” but means “being personally involved in a subjective relationship that is mutually shared and talked”.

## Paradigm VIII

### A sociological model based on the principle of “shared vitality”

Bioenergetic was a pioneer in initiating the work with vitality, can it live up to that standard again? It can be if we take into account the actual sociological evolution and the underlying demand of a “shared vitality” for a “shared world”.



A new creativity is emerging, particularly in Brazil: new applications are already being developed by many among you:

- in public health in relation with problems created by the sedentary way of life, the fast food culture, the traumas that disorient the Self and the bodily Self: its functioning, its boundaries, its signals, generating somatic and relational malfunctioning;
- at the micro-sociological level for those forgotten minorities that face poverty, inequities, emotional separations that generate violence; places where vitality is not shared;

- in business organizations that are confronted with problems of communication, stress, loss of human contacts, robotization.

We, bioenergetic therapists, must become “readable and visible”, seen as qualified professionals in all these fields. We suffer from the secrecy in which we maintain our reflections, our methodologies and our experience. We do not publish much; we are not on display in the bookstores, in professional journals, in regional or international Conferences.

Our approach is not taught in University, where most of the teachers ignore its existence. Our creativity is sometimes plundered or counterfeited. If we remain in the shade, we will disappear like those prehistoric animals that did not adapt to the changes in their environment and we will remain with the stereotyped image I was referring to, at the beginning of my talk: “Bioenergetics about shouting, crying, and kicking on the mattress”. As a result, it becomes harder and harder to fill our training groups, at least in the United States and in Europe.

We are the bearers of relevant answers; contemporary scientific research validates our work. We are qualified to take up certain challenges today’s world is confronting us with. It is difficult to take up challenges of this nature individually, on our own, but a whole community can succeed if it is alive, if it takes care of its vitality through its interactions, through its professional meetings, through its shared productions. This is exactly why we are here, why we need to maintain these international meetings, beyond the barriers of language and distance. Talking about the individual, Alexander Lowen used to speak so often of the importance of the heart. An organization also lives through its heart. I wish to all of us, from the IIBA, the capacity to preserve defend our values of solidarity, fraternity and co-operation. We are more than ever in need of these three institutional paradigms at the time when the world is being torn apart and faces “broken times”.

## **Conclusion**

I have now reached the conclusion of this presentation. I may at times have lacked clarity or I may not have given clinical vignettes and I apologize for this. It was a difficult challenge to synthesize so much material in so little time. I am aware that I have done this in a very subjective way. But I was wholly preoccupied with reaffirming the specificity of bioenergetic analysis as well as contributing to its development in the future. I hope I have succeeded in stimulating critical reflection in you, and that this will give rise to fruitful exchange among us.

I would like to thank Alexander Lowen.  
I kiss you wherever you are.

I would like to thank the first generations of Bioenergetic Therapists that began to enrich the bioenergetic theory and practise.

Now, the future is in your hands, the new generations.



I thank you all.

## Bibliography

### Our heritage: basic paradigms in bioenergetic analysis

- Lowen A.:** (1958), *The language of the body*, Grusse and Stratton, New York, 1977, trad. fr. *Le Langage du Corps*, Tchou, Paris.
- Lowen A.:** (1968), *Expression of the self*, Monograph, Institute for Bioenergetic Analysis, New York
- Lowen A.:** (1985), *Narcissism, denial of the true self*, Macmillan Publishing Company, New York, 1987, trad. fr. *Gagner à en mourir, une civilisation narcissique*, Hommes et Groupes, Paris.
- Lowen A.:** (1965), *Breathing, movement and feeling*, Monograph, Institute for Bioenergetic Analysis, New York
- Lowen A.:** (1975), *Bioenergetics*, Coward, Mc Geogham Inc, New York, trad. Fr. (1976) *La Bioénergie*, Tchou, Paris

### Paradigm I - the self, a psychosomatic continuum

- Blake D.T., Byl N.N., Merzenich M.:** (2002), Representation of the hand in the cerebral cortex, *Behaviour Brain Research*, 135, PP. 179-184
- Jeannerod, M.:** (2005), *Le cerveau intime*, Odile Jacob, Paris.
- Kandel E.R.:** (2001), The molecular biology of memory storage : a dialogue between genes and synapses, *Science*, 294, pp.1030-1038
- Freud, S.:** (1887-1902), *Aus den Anfängen der Psychoanalyse*, 1954, trad. angl. The origins of Psychoanalysis, London, Imago, 1956, trad. fr. *La naissance de la Psychanalyse*, Paris, PUF
- Freud S.:** (1915), *Die Verdrängung*, 1952, trad. fr., *Le Refoulement*, in *Métopsychoologie*, Paris, Galimard, pp.67-90
- Freud S.:** (1915), *Das Unbewusste*, 1952, trad. fr., *L'Inconscient*, in *Métopsychoologie*, Paris, Gallimard, pp.91-161

- Freud S. :** (1926), *Hemmung, Symptom und Angst*, 1965, *Inhibition, Symptome et Angoisse*, Paris, PUF
- Reich W.:** (1933), *Charakteranalyse*, 1949, *Character Analysis*, Wilhelm Reich infant Trust fund. 1971, *L'Analyse Caractérielle*, Payot, Paris.
- Wallon H.:** (1934), *Les origines du caractère chez l'enfant*, (1949) PUF, Paris
- Piaget J.:** (1936), *La naissance de l'intelligence chez l'enfant*, Delachaux et Niestlé, Paris
- Lowen A.:** (1958), *The language of the body*, Grusse and Stratton, New York, 1977, trad. fr. *Le Langage du Corps*, Tchou, Paris.
- Lowen A.:** (1968), *Expression of the self*, Monograph, Institute for Bioenergetic Analysis, New York
- Lowen A.:** (1985), *Narcissism, denial of the true self*, Macmillan Publishing Company, New York, 1987, trad. fr. *Gagner à en mourir, une civilisation narcissique*, Hommes et Groupes, Paris.
- Lowen A.:** (1965), *Breathing, movement and feeling*, Monograph, Institute for Bioenergetic Analysis, New York
- Lowen A.:** (1975), *Bioenergetics*, Coward, Mc Geogham Inc, New York, trad. Fr. (1976) *La Bioénergie*, Tchou, Paris

## **Paradigm II - adaptive motility and its patterns**

- Bowlby J.:** (1969), *Attachment and Loss, Vol. I, Attachment*, The Tavistock Institute of Human Relations, 1978 trad. Fr., *Attachement et Perte, Vol. I, Attachement*, Paris, PUF
- Bowlby J.:** (1973), *Attachment and Loss, Vol. II, Anxiety and Anger*, The Hogarth Press and the Institute of Psychoanalysis, 1978 trad. Fr., *Attachement et Perte, Vol. II, La Séparation, Angoisse et Colère*, Paris, PUF
- Bowlby J.:** (1980), *Attachment and Loss, Vol. III, Anxiety and Anger*, The Hogarth Press and the Institute of Psychoanalysis, 1978 trad. Fr., *Attachement et Perte, Vol. II, La Perte, Tristesse et Dépression*, Paris, PUF
- Wallon H.:** (1934), *Les origines du caractère chez l'enfant*, (1949) PUF, Paris
- Reich W.:** (1933), *Charakteranalyse*, 1949, *Character Analysis*, Wilhelm Reich infant Trust fund. 1971, *L'Analyse Caractérielle*, Payot, Paris.
- Ainsworth M.D.S., Blehar M.C., Waters E. et Walls S.:** (1978), *Patterns of attachment : a psychological study of the strange situation*. Hillsdale, New Jersey, Erlbaum.
- Damasio A.:** (1999) *The feeling of what happens, body and emotions in the making of consciousness*, Harcourt Brace and Company, New York, trad. Fr. (1999) *Le sentiment même de soi, corps, émotion, conscience*, Odile Jacob, Paris.

## **Paradigm III - sexual motility and its patterns**

- Freud S.:** (1905), *Drei Abhandlungen zur sexualtheorie*, 1962 trad. Fr., *Trois Essais sur la Théorie de la Sexualité*, Paris Gallimard
- Reich W.:** (1933), *Charakteranalyse*, 1949, *Character Analysis*, Wilhelm Reich infant Trust fund. 1971, *L'Analyse Caractérielle*, Payot, Paris.

- Reich W.:** (1940) *The function of the orgasm*, Orgone Institute Press, New York, (1952) trad. Fr. *La fonction de l'orgasme*, L'Arche, Paris.
- Lowen A.:** (1958), *The language of the body*, Grusse and Stratton, New York, 1977, trad. fr. *Le Langage du Corps*, Tchou, Paris.
- Lowen A.:** (1965), *Breathing, movement and feeling*, Monograph, Institute for Bioenergetic Analysis, New York
- Lowen A.:** (1968), *Expression of the self*, Monograph, Institute for Bioenergetic Analysis, New York
- Lowen A.:** (1975), *Bioenergetics*, Coward, Mc Geogham Inc, New York, trad. Fr. (1976) *La Bioénergétique*, Tchou, Paris
- Lowen A.:** (1985), *Narcissism, denial of the true self*, Macmillan Publishing Company, New York, 1987, trad. fr. *Gagner à en mourir, une civilisation narcissique*, Hommes et Groupes, Paris.
- Lowen A. ;:** (1989), Présentation du séminaire sur “*Grounding in sexuality and love*”, A. Lowen, F. Hladky
- Lowen A.:** (1990), *The spirituality of the body*, McMillan, New York, (1993) trad. Fr., *La spiritualité du corps*, Ed. Dangles, St-Jean-de-Brayes.
- Lowen A.:** (2004), *Honouring the Body*, Bioenergetic Press, Alachua, Florida.

#### **Paradigm IV - attachment motility and its patterns**

- Bowlby J.:** (1969), *Attachment and Loss, Vol. I, Attachment*, The Tavistock Institute of Human Relations, 1978 trad. Fr., *Attachement et Perte, Vol. I, Attachement*, Paris, PUF
- Bowlby J.:** (1973), *Attachment and Loss, Vol. II, Anxiety and Anger*, The Hogarth Press and the Institute of Psychoanalysis, 1978 trad. Fr., *Attachement et Perte, Vol. II, La Séparation, Angoisse et Colère*, Paris, PUF
- Bowlby J.:** (1980), *Attachment and Loss, Vol. III, Anxiety and Anger*, The Hogarth Press and the Institute of Psychoanalysis, 1978 trad. Fr., *Attachement et Perte, Vol. II, La Perte, Tristesse et Dépression*, Paris, PUF
- Evrard P.:** (1999), Stimulation et développement du système nerveux, in J. Cohen-Solal, B. Golse, *Au début de la vie psychique. Le développement du petit enfant*, Paris, Odile Jacob
- Ionescu S., Jourdan-Ionescu C.:** (2001), La résilience des enfants roumains abandonnés, institutionnalisés et infectés par le virus du sida, in Manciaux (dir.), *La résilience. Résister et construire*, Genève, Médecine et Hygiène
- Beaurepère R. de:** (2003), Aspects biologiques des états de stress post-traumatiques, in J6M Turin, N. Baumann, *Stress, pathologies et immunité*, Paris, Flammarion, Médecine-Sciences; PP.135-153
- Labard K.S., LeDoux J.E., Soencer D.D., Phelps E.A.,:** (1995), Impaired fear conditioning following unilateral temporal lobectomy in humans, *Journal of Neuroscience*, 15, pp. 6846-6855
- Schacter D.L., Wagner A.D.:** (1999), Medial temporal lobe activation, in fMRI and PET, *Studies of episodic encoding and retrieval hippocampus*, 9, 1999, pp.7-24
- Tiberghien G.:** (1997), *La mémoire oubliée*, Margada, Spimont
- Parkes C.M., Weiss R.S.:** (1993), *Recovery from Bereavement*, New York, Basic Books

**Frool T., Meisenzal E.M., Zetzche T.:** (2004), Hippocampol and amygdalo changes in patients with major depressive disorder and healthy control during 1-year follow up, *Journal of Clinical Psychiatry*, 65, pp.492-499

## **Paradigm V – a methodological model for trauma**

**Lewis, R.:** 1976, Infancy and the head: The psychosomatic basis of premature ego development, *Energy and character*, Vol. 7, n°3.

**Lewis R.:** (1984), Cephalic shock as a somatic link to the false self personality, *Comprehensive Psychotherapy*, 4, 1984, Trad. fr. 1996, Le choc céphalique, une réaction somatique sous-tendant le faux "self", *Les Lieux du corps*, n°3, Ed. Morisset, Paris, 39-55.

**Lewis R.:** (1986), Getting the head to really sit on one's shoulders : a first step in grounding the false self, *The Clinical Journal for Bioenergetic Analysis*, Vol.2, n°1, 56-77.

**Lewis R.:** (1998), The trauma of cephalic shock: clinical case study, *The Clinical Journal for Bioenergetic Analysis*, Vol.9, n°1, 1-18.

**Eckberg M.:** (1999), Treatment of shock trauma: a somatic perspective, *Clinical Journal of the International Institute for Bioenergetic Analysis*, 10 (1), pp.73-96

**Levine P.:** (1997), *Waking the tiger; healing trauma*, Berkeley, CA: North Atlantic Books, trad. fr, 2004, *Réveiller le tigre. Guérir le traumatisme*, Socrate Ed. Promex.

**Berceli D.:** (2003), *Trauma Releasing Exercices*, AZ, TRAPS

**Lewis R.:** (2003), Human trauma, *Energy and Character*, vol.3, pp.32-40

## **Paradigm VI – a clinical model for the therapeutic intervention: the intersubjective relation**

**Stern D.:** (1985), *The interpersonal world of the infant*, Basic books, Inc., Publishers, New-York, 1989, *Le monde interpersonnel du nourrisson*, PUF, Paris.

**Fonagy P.:** (1994), Mental representation from an intergenerational cognitive science perspective, *Infant Mental Health Journal*, 15, 57-68.

**Fonagy P., Steele M., Steele H., Kennedy R., Matton G., Target M.:** (2000), Attachment, the reflective self, and borderline states, in Goldberg S., Muir R., Keer J., *Attachment theory, Social development and Clinical perspectives*, London, the Analytic Press.

**Schore N. A.:** (2001), The effects of a secure attachment relationship on right brain development, affect regulation and infant health, *Infant Mental Health Journal*, 22, 7-66

**Tonella G., Jacomini V., Girard F., Granier F., et Escande M.:** (1989), L'émergence de la douleur/souffrance en psychothérapie corporelle à médiation corporelle chez le psychotique, *Psychologie Médicale*, Vol.21, n°6, 698-700.

**Tonella G.:** (2006), Körperpsychotherapie und Psychose, in Marlock G., Weiss H. (Eds), *Handbuch der Körperpsychotherapie*, Stuttgart, New York, Schattauer, 734-740.

**Green M.J.:** (2004), La persécution (ressentie) : un évitement actif, *Neuroscience Biobehaviour Revue*, 28 (3), PP.333-342

**Gallese V., Fadiga L., Fogassi L., Rizzolati G.:** (1996), Action recognition in the premotor cortex, *Brain*, vol.119, n°2, pp. 593-609

- Rizzolati G., Fogassi L., Gallese V. :** (2007) Les neurones miroirs, *Science*, janvier 2007
- Evrard P., Marret S., Gressens P. :** (1997), « Genetic and environmental determinants of neocortical development : clinical applications, in A.M. Galaburda, Y. Christen, *Normal and abnormal development of the cortex*, Berlin, Ipsen Foundation, p.165-178
- Grézes J., Costes N., Decety J.:** (1998), Top-down effect of strategy of the perception of human biological motion: a PET investigation, *Cognitive Neuropsychology*, 15, pp.553-582
- Ainsworth M.D.S., Blehar M.C., Waters E. et Walls S.:** (1978), *Patterns of attachment : a psychological study of the strange situation*. Hillsdale, New Jersey, Erlbaum.
- Ainsworth M.D.S.:** (1979), Infant-mother attachment, *American psychologist*, oct.1979, Vol 34, 10, pp. 932-937, (1986), trad. fr. l'attachement mère-enfant, in R. Zazzo (Ed.), *La première année de la vie*, Paris, PUF, 17-27.
- Lewis, R.:** (1976), Infancy and the head : The psychosomatic basis of premature ego development, *Energy and character*, Vol 7, n°3.
- Lewis R.:** (1986), Getting the head to really sit on one's shoulders : a first step in grounding the false self, *The Clinical Journal for Bioenergetic Analysis*, Vol.2, n°1, 56-77.
- Lewis R.:** (1998), The trauma of cephalic shock: clinical case study, *The Clinical Journal for Bioenergetic Analysis*, Vol.9, n°1, 1-18.
- Hilton R.:** (1988-89), Narcissism and the therapist's resistance to working with the body, *The Clinical Journal for Bioenergetic Analysis*, Vol.3, n°2, 45-74
- Campbell D.:** (1991), The word made flesh, *The Clinical Journal for Bioenergetic Analysis*, Vol.4, n°2, 57-63.
- Campbell D.:** (1995), It takes two to tango, *The Clinical Journal for Bioenergetic Analysis*, Vol.6, n°1, 9-15).
- Eckberg M. :** (1999), Treatment of shock trauma: a somatic perspective, *Clinical Journal of the International Institute for Bioenergetic Analysis*, 10 (1), pp.73-96
- Finlay D.:** (1999), A relational approach to Bioenergetics, *The Clinical Journal for Bioenergetic Analysis*, Vol.10, n°2, 35-52.
- Finlay D.:** (2001), Notes on intimate connections, *The Clinical Journal for Bioenergetic Analysis*, Vol.12, n°1, 9-28.
- Heinrich V.:** (1999), Physical phenomena of countertransference : the therapist as a resonance body, *The Clinical Journal for Bioenergetic Analysis*, Vol.10, n°2, 19-31.
- Tonella G. :** (2000), The interactive self – Le self interactif, *The Clinical Journal for Bioenergetic Analysis*, Vol.11, n°2, 25-59.
- Resneck-Sannes H.:** (2002), Psychobiology of affects: implications for a somatic psychotherapy, *The Clinical Journal for Bioenergetic Analysis*, Vol.13, n°1, 111-122.
- Doess, M.:** (2004), Physical contact and construction of a therapeutic intersubjective bond, *The Clinical Journal for Bioenergetic Analysis*, Vol.14, n°1, pp. 01-18



**Paradigm VII – a comprehensive clinical model**

**Paradigm VIII – a sociological model based on the principle of “shared vitality”**

# ***Bioenergetics and modes of therapeutic action***<sup>1,2</sup>

*Bob Hilton*

I was delighted to learn that Dr. Stark would be presenting at our conference and further delighted that I was asked to follow her presentation with some comments on how the models she outlined in her marvelous book, *Modes of Therapeutic Action*<sup>3</sup> relate to the work we do as Bioenergetic therapists. I want to begin with my own introduction to Bioenergetics thirty-two years ago.

In 1965, while still a professor of counseling in a theological seminary, I attended a weeklong Gestalt therapy seminar at Esalen Institute in Northern California. While there, I touched a deep sadness in my life. Never before had I felt such overwhelming feelings of loss and grief. The ensuing three years brought a lot of changes to me. I left my wife, the professorship and the ministry. I ended up working as a therapist for the Institute for Therapeutic Psychology, a clinical practice in Santa Ana, California. There, we had monthly seminars where guest therapists discussed cases or presented their particular understanding of psychotherapy. At one of these seminars in 1968, the guest therapist was Harold Streitfeld, a bioenergetic analyst from New York.

After speaking briefly about Wilhelm Reich and his work with Alexander Lowen, he was asked if he would demonstrate his bioenergetic approach to therapy. He looked around the room and seeing me said, "You look pretty depressed; maybe I could demonstrate with you." He asked me to stand with my knees slightly bent and put my fists in the small of my back. He then asked me to arch back over my fists so that my body was in a bow position and to breathe deeply. Within a few seconds my body began to vibrate from the stress. As it increased, I was asked to continue the deep breathing. After only a few minutes of this, I was then instructed to lie on the floor on my back, keep my head still while looking at the ceiling and then, without moving my head, let my eyes wander to the four corners of the room.

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<sup>1</sup> Presented at the International Conference on Bioenergetic Analysis. Montebello, Canada, May, 2000.

<sup>2</sup> Published in *Relational Somatic Psychotherapy: Collected Essays of Robert Hilton*, Ph.D. Kindle Edition.

<sup>3</sup> Stark, M., M.D., *Modes of Therapeutic Action, Enhancement of Knowledge, Provision of Experience, and Engagement in Relationship*, Jason Aronson, New Jersey, 1999.

After several seconds of this, I began to cry. Soon the crying became deeper and I began to sob involuntarily from deep inside. The tears tasted familiar and the sounds, as if coming from the distant past, were very present. My colleagues, puzzled by what was happening, got up out of their chairs and stood over me. This put me into a rage as it reminded me of my parents standing around my crib not picking me up. The rage

moved through my arms and I started to hit the floor in a temper tantrum only to realize that the floor was hard and unyielding. As if time had stopped, the whole experience continued for what seemed like an instant and also an eternity. I eventually stood up and asked Dr. Streitfeld where I could learn more about this. He said Dr. Lowen was going to be teaching in a few months at Esalen.

I would like to make a few observations about this experience. First, I touched once again the depth of the sadness experienced three years before at the Gestalt seminar at Esalen and this time reached it through a physical intervention. By increasing my breathing while in a stress position that invited involuntary muscular movement, I revisited a previous emotional state apparently buried in my body waiting for release.

Second, I realized the experience demonstrated a defining and self-organizing principle of my personality. I experienced in the present what was behind my bitter depression. This was not guess work, not a theory, an idea or an interpretation but an experience that said, "This is the core of your being and around this trauma you have built a self as you now know it."

Third, I was aware that I was regressed and yet very present at the same time. I never lost awareness of who I was or where I was and yet the expression of my body was as if I were 18 months old reliving a trauma that I knew was true but yet was totally out of my normal conscious awareness. Again, this told me that I could access unconscious material through a physical intervention.

Fourth, I was amazed that in addition to the deep sadness came an intense rage I had never experienced before. I was totally unconscious that such rage existed. I then also knew that this repressed rage had something powerfully to do with my depression. So, I not only experienced one emotional state but was led to other feelings associated with it. And, all of this I knew was real; I experienced it directly in my body.

Fifth, I absolutely knew that I had to have more of whatever had just happened to me. I felt stimulated but terribly unfinished. Dr. Streitfeld was a total stranger but I implored him to give me more sessions. He said he was just here on vacation but I wouldn't take no for an answer and finally persuaded him to see me the next day. I was able to have two more sessions before he left. This truth about my life created an intense hunger for more. I felt an aliveness that I had not felt before. I was later to realize how unusual

this was, for part of my depression was based on not allowing myself to want anything ever again because I had been so disappointed.

However, once I had a taste of my own life, I wanted more and I wanted it now.

Two months later, I attended a bioenergetic workshop at Esalen. Al Lowen, John Pierrakos, Stanley Keleman and Jack McIntyre were the trainers. At this seminar we were taught that the structure of the body is like that of a worm and release of constriction would allow this worm to move and bring about emotional health. The assumption was that the ego is primarily a body ego and the self of the person is synonymous with the body. "My body, my self - I am my body." This idea can be traced to Reich's idea that all ego needs are blocked vegetative movement. He said, "...the ego instincts are nothing other than the sum total of vegetative demands in their defense function," and that "ego and id appear merely as different functions of the human organotic system"<sup>4</sup>. He also reminded us that, "The greatest thing that ever happened in psychiatry was the discovery that the core of the neurosis was somatic"<sup>5</sup>.

The experiential part of the workshop took place in a large room, with four mattresses on the floor, one placed in each corner of the room. The room was filled with 25 or 30 people all walking around in their underwear waiting their turn with one of the trainers. A turn consisted of standing before the trainer who would read your body, tell you what your problem was and introduce you to a physical movement that might address it. When Stanley Keleman first saw me he said, "I know what you need." He had me turn around and he put his back against mine. He then said, "Put your hands in the air," which I did, and he proceeded to lift me up on to his back by bending over. He was attempting to open up my chest, which he said was collapsed, and a physical manifestation of my oral depression.

It is difficult to relate this mode of therapy to Dr. Stark's classifications. In one way it is like a one-person model because while the therapist provides an experience, much like in model two, the experience is an intrapersonal one and not related directly to the therapist. The therapist addresses a deficit as in model two yet this deficit is filled by actions in the client's body - not through a relationship with the therapist. In this way, it is more like a one body model where the person and the organism are one and the psychic structures are determined by the way the organotic energy of the organism has been allowed to find its expression in life.

This bioenergetic one person/one body model was based on a particular interpretation of what constitutes a person and emotional health. Through it, the goal was not the enhancement of knowledge as in the one-person model Dr. Stark spoke about but rather the release of chronic muscular tension that prevents the

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<sup>4</sup> Reich, W., *Character Analysis*, Simon and Schuster, New York, New York, 1972, pp. 302-303.

<sup>5</sup> Higgins, M. and C. Raphael, MD (eds), *Reich Speaks of Freud*, Noonday Press, New York, New York, 1968, p. 69.

organism/person from experiencing the full expression of biological life, and, in particular, sexuality. In the one person model of psychoanalysis, the statement was "Where id was let there ego be." In the one body model of Bioenergetics, it was more like "Where ego is let there id be." The cure was not, as in the one person model, to get ego integration over primitive forces of aggression and sexuality but rather to surrender the ego's attempt to control these forces and allow the body to find its own integration. The ultimate integration was seen in the orgasmic reflex which involves the involuntary surrender of the ego to the sexual energetic expression of the body.

Like the one-person model, this bioenergetic one body model addressed organization of an intrapsychic structure but not through free association or transference analysis but rather through the outer manifestation of this structure as seen in the body. The energetic dynamics of the body and its holding patterns were seen as an outer manifestation of an inner process. To effect change in the form and motility of the body was to alter the rigidity of the client's inner psychic conflicts.

I remember once standing in line for one of the trainers, The man in front of me was on the mattress breathing and looking at the trainer. The trainer said to those of us standing there, "What do you think he needs to do." I had been watching the trainers work so I ventured that it looked as if he needed to cry. The trainer said, "And what would you do to help him?" So I did what I had seen the trainers do, I looked at this stranger and said "Could you reach your arms up to me and ask me to help you?" When he did this, he immediately began to cry. The trainer said, "See, you know what to do."

Two basic bioenergetic assumptions they were trying to teach us were involved in this little interaction. One was that the body heals itself. If you release the tension of holding back, up, on, in or together, the body will relax and release the pain held in the armoring. Health is the result. The second assumption was that physical movement facilitates emotional expression. To move a part of the body held back from expression contacts the feeling and invites further expression. Reaching with the arms reactivates longing and thus the pain of rejection. Crying releases the pain and therefore tension in the arms is no longer needed so one can now reach again.

What was not acknowledged or taught was the relationship between client and therapist. The result of the reaching was noticed and processed but not the interpersonal nature of this accomplishment. This was thus presented as a one person/one body model even though it involved a one and a half person dyad. The half person of the therapist was not acknowledged since it was assumed that healing "occurred by release of tension and did not involve a relationship with the person 'facilitating the release."

When I felt alone and stuck in my own character armor and the one-person/one body model was not working; that is, I was not spontaneously releasing my tension patterns through breathing or bioenergetic exercises, my

therapist/trainer would come after me using his own energy and skill in an attempt to reach me. By doing so, he really was moving into a one and a half person model. He would become the good and desirable love object and attempt to help me let him into my life as such. This was done not only mentally but also physically. I remember once being lost in despair when Al Lowen leaned over my body on the mattress and pressed his fingers under my eyes to allow my terror to surface with a scream. He would then look at me and ask me to acknowledge how frightened I was and to see if I could tenderly reach up and touch his face.

When I did manage through my terror to touch his face I burst into deep sobs and he held me like a child. I remember to this day the touch of his face against mine, the smell of his skin and firmness of his arms. At that moment, I became emotionally and physically bonded to him. I had never been bonded to anyone in my childhood and now I looked at him like the little lost duck in the children's story, "Are you my mother?" This movement on the part of Lowen reminds me of Harry Guntrip when he writes about work with people in regressed ego states. He reports one patient saying to his therapist, "I can't reach you. If you can't reach me I'm lost." Guntrip continues, "This is what the more schizoid patients are always saying to us one way or another. I haven't got a real self to relate with. I'm not a real person. I need you to find me in some way that enables me to find you."<sup>6</sup>

Out of such experiences I entered into a relationship with Lowen that had been missing for me as a child. He introduced something new to this one body model - a contact with him as the good object who offered me a corrective good object experience. I idealized him. I need to add here that this was more than a one and half person model as described by Dr. Stark because there was a strong physical as well as psychological attachment. Seeing his eyes, feeling his touch, being over the breathing stool where he would crush me with his chest until I panicked and gasped for breath only to be held by him and brought down to the floor with the feeling of safety and love all created a visceral attachment to him. He not only *represented* a nurturing good object but also *presented himself physically* so that I internalized his, physical touch and presence.

Unfortunately, however, this one person/one body → body heals itself model does not address this kind of bonding experience. Since my body was to heal itself through releasing tension, working with the ensuing relationship was not considered essential to the healing process. Strong persona! interventions were seen only as techniques to help me contact and process my early loss. They were not seen or used as a means to help me find a real self through the empathic reflection and real presence of the therapist. Again, the assumption was that the body is the self and, since I had a body, all I had to do was own it and I would have the self I needed.

Winnicott's concept that it takes two to make one and that the self begins as a body experience that's developed through relationship was not considered. Therefore, any expectation that I had for person to person contact to be

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<sup>6</sup> Guntrip, H., *Psychoanalytic Theory, Therapy, and the Self*, Basic Books, 1971, p. 185.

remembered and processed was seen as a further indication of my orality and inability to mourn my original loss. Similarly, the loving attachment I experienced was seen as masking an underlying hostility and as an inability to express anger at not ha-ving the original love object.

Of interest, the theory did acknowledge that the original pain was due to a loss in love relationships. Reich stated it this way. "The road between vital experiencing and dying inwardly is paved with disappointments in love. These disappointments constitute the most frequent and most potent cause of inward dying."<sup>7</sup> Ne-vertheless, there was no consideration that this disappointment could be healed through a new or different relationship. The original loss involved a two- person dyad but the healing was based on a one-body model. Contacting the child in the patient was important but to help the child grow up within this bonding relationship was not considered. Dependent clients were encouraged to "grow up" by expressing their anger toward the therapist. This is extremely difficult to do since the client at first needs the therapist so much. Even if successful, it risks a prema-ture move into "adulthood" that masks a shamed, despairing child.

I was learning that regardless of what therapeutic model is used, transference is present. The child in the client always seeks a particular kind of contact with the therapist. The relationship is always there. The self-need of the client is always there; it is simply a matter of how the therapist chooses to address it. If it is not addressed, in a way that the client can use for his own self-recovery, the client will find other ways to adapt to the therapist's modality. Guntrip comments on Freud's observation that "Identification is a substitute for a lost human relationship" by saying, "Thus a child who finds that he cannot get any satisfactory kind of relationship with a parent who is too cold or aloof or too aggressive, or too authoritarian tends to make up for his sense of apartness and isolation by identifying with or growing like that parent, as if this were a way of possessing the needed person within oneself."<sup>8</sup>

When the one-person/one body bioenergetic model did not allow a way for my therapists/trainers and me to address myself needs, I adapted to their model. I did what I had always done before entering therapy; I became a good boy and memorized their system. I tried to get what I needed from them personally by becoming just like them and championing their system of therapy. Every child does this in the family and, if the basic self-need is not addressed, the client will do it in therapy. This is also why every form of therapy, no matter what the modality, works for a while. The client adapts to what the therapist wants to hear. It is when the therapy is not working that the true test comes. At these times, can the therapist change the model to meet the client's needs or are the client's needs reinterpreted to meet the therapist' s comfort level?

Meanwhile, back in my office, I was facing the same problems with my clients

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<sup>7</sup> Reich, W., op. cit., p. 320.

<sup>8</sup> Guntrip, H., op. cit., p. 10.

and trainees that my therapist/trainers and I were facing. They wanted a different relationship with me than the one provided by the one-body model. I felt very apprehensive about trying to meet their needs and, like my trainers did to me, I wanted to turn their need back on them and reinterpret it through their character structure. Doing this, I began to realize that I was using the bioenergetic one-person model to defend against feelings of inadequacy as a person. I was defending my narcissistic ego from exposure to their desire to relate to me as a person since I feared they would find me wanting.

I had one client who was a therapist. She said she had a lot of borderline characteristics and would need to see me three hours a week. I remember feeling intruded upon and defensive by her request and underneath feared that I could not keep up the magic show for three hours a week. She would soon know all of my tricks and want to know me. I was inwardly afraid that I was really like the Wizard in the Wizard of Oz. When Dorothy's dog Toto pulled back the curtain and revealed the Wizard, he was just a frightened and insecure little man trying to impress others with his magic and illusions of power.

Another client/trainee said he hoped the bioenergetic exercises worked to help him with his depression since otherwise he would lose me. We discovered together that while he was doing all of the right things as a bioenergetic client, behind his effort was his attempt to contact me. In what now seems very naive of me, I realized how important I as a person was to him and that his access to me was through my particular modality of therapy. The next time we met I stayed with our relationship and tried to be available for the contact he needed. I shifted from a one to a one and half person model. However, after relating to him from this model for a while, I stood up from my chair. I then realized that in the past this was the unconscious signal I gave to him that it was time to do some "body" work. In the past, he would follow my cue and body work would begin.

This time I realized that I did this to break the contact we were having with each other. When we would reach a certain level of intimacy, I would stand up and offer to do body work. Since he needed to stay in contact with me, he would follow my lead and we would miss the moment of connection he needed. We would move quickly back from a one and a half person model to a one-person model because of my discomfort level.

When I stopped, sat back down and just looked at him, I had to take in my importance to him as a person. I then also felt my discomfort being in the kind of relationship he needed. I was avoiding participation the same way his mother and mine had failed to participate with us. By owning and working through this material, when we now make the kind of contact he needs, he feels in his body the desire to move and express his new found freedom and life. As a result, the bioenergetic aspect of the therapy becomes a spontaneous expression rather than a prescribed exercise.

About twelve years after being introduced to Bioenergetics, due to personal circumstances in my life, I went into a deep depression. During therapy I had to



face the problems of intimacy I had experienced with my own clients and trainer/therapists. I discovered in this state that I needed certain responses from a therapist that were essential for me to stay connected to my weakened and depressed self. The energetic expression of my body alone was not enough. I needed something else

Fortunately, I found a woman therapist who had been trained in Biodynamic therapy who was available to contact me in my desperation. I needed someone who worked with the body and recognized it as the energetic core of self expression and source of the true self but more than that, I needed a person who wanted to connect to me; not just a body, not just a problem, not just a character, not just an energetic system, but me, with all of my weaknesses and needs. In short I needed someone who could acknowledge the importance of model one and be able to shift to model two, from a one-person/one-body model to a one and half person model.

First I want to underscore an important point. It has been my experience over and over again in the one body model of Bioenergetic therapy that when I give in to my body and release my deepest cries, I momentarily reconnect to the person I am. My cry is essential. It brings an affirmation of my wounded self back into the world. It is a way of reintegrating the split in my personality, of bringing my ego and body together as a single self-affirmation. However, I have also realized that my cry is not enough to *sustain* my contact with myself. In the same way that my cry alone was not enough to keep my psyche/soma soul together as a child, so it is not enough now. In the same way that I needed certain responses from my caregivers then in order to keep body and soul together, so I need them now. I need to cry, but I also need a relationship that will provide a certain kind of nurturing environment where I can sustain contact with my fragile self.

During my Biodynamic therapy, I found myself going through the various phases of relational interaction that Dr. Stark speaks of in model two. At times the therapist was a parent substitute and a good object; at other times she was a frustrating object and I had to deal with both. However, underneath this struggle with her to find and sustain a true self, I needed certain constants - the main one being her recognition of me and my impact upon her as a person. I needed someone who was committed to our relationship; someone who could weather the storms of my rage and disappointment; someone who never once thought that whatever happened in the therapy could not be worked out; and someone who was committed regardless of the outcome. I needed someone who would fight for us.

So far we have spoken about the one-person/body model and the one and half person model. What about the two person model? The one body model of bioenergetics does not allow room for the mutuality of shared experience between therapist and client. In this model countertransference is viewed from the Freudian perspective as an interference with the therapy. How the

character of the therapist impacts the client and participates in their mutual experience is not studied. However, as we all know as clinicians and clients, it is the subjective experience of the therapist that is often the key healing factor in the therapeutic relationship.

A therapist who had become an assistant trainer in a bioenergetic society asked if she could come into therapy with me. She had seen me at conferences where I was the speaker and I had also observed her presentations there as well. However, her request for therapy was that I not use the modality of bioenergetics. She respected the work, was certified as a Bioenergetic Analyst; knew my reputation as a bioenergetic therapist but needed something else from me. After years of training and bioenergetic therapy she still felt some essential ingredient in her understanding of herself was missing.

She was attempting to find this missing piece by studying and participating in a self-psychology group and in particular the intersubjectivity work of that discipline. I liked her and told her I was not sure if it would be possible for me to treat her in this modality since I had read about it but had not been trained in it. She said, "I think you do bioenergetic therapy from that perspective anyway, so let's try." It was not always easy for me to change. Many times when she would come to the sessions extremely depressed and overwhelmed, I knew exactly what to do from a bioenergetic perspective but such suggestions seemed to her like I was imposing my agenda and this reminded her of her intrusive mother. Sometimes I could not stand it anymore and I would share with her my dilemma of feeling helpless when I knew I could help.

One particular day when she was hurting so much and lost in her inner world of pain, I knew from a bioenergetic perspective that she needed to reach out to me and yet I also knew that this suggestion would be rejected. I finally said to her, "It seems as if you are asking me to sit here and watch you drown." She said, "Right, can you do that?" I said, "I don't know if I can." At that moment I felt my caring for her and my heart ached and I also felt angry that she was robbing me of a way I had to ease my pain. I knew in some profound way that I was to be a model for her how to be with her own pain. She was asking me to bear this pain of love and helplessness which she could not bear.

I realized that my bioenergetic modality of therapy was not only to help her but was also to protect me from my own distress. She saw this struggle in me as I put my hand over my eyes, bowed my head and cried softly in her presence. Inwardly I was experiencing this as an important moment of healing for me. However, when I looked up I saw that the desperation I had observed on her face just a few moments before was gone and in its place was a peacefulness that I had never seen. From this place she softly reached her arms out to make contact with me. She now did spontaneously what I had wanted her to do with my bioenergetic technique. Only this time her reaching was not the result of a technique but a spontaneous expression of her real self.

Later, when we talked about it, she said what moved her was observing my

struggle to give up the bioenergetic form of therapeutic interaction of which I was an expert and to be with her in the way she needed me to be. She experienced this as a genuine act of love on my part. I was willing to be with her in her pain and not try to fix her. From this experience with me she could find that essential piece of herself that she had been seeking. I too found that piece of me that had been hiding behind my therapeutic mode of interaction; namely, the value of my real self to another person.

I have been privileged to share the two-person model with many of my colleagues and some of my clients. One group of colleagues as some of you know is called the 79'ers and we are all bioenergetic trainers who have been meeting together 2 or 3 weekends a year for the past 21 years. Another is a group of colleagues that began as a supervision group also 21 years ago. We have moved from my supervising them to their supervising me just as often. We are successfully moving from a one to a one and half to a two-person model. Also, for the last 12 years I have met once a week with my colleague, Dr. Edsel Stiel and we move with each other from one modality to the other. Personally, I have discovered that the shift to the two-person model is both a mode of therapeutic action as well as a natural development within a long-term therapeutic relationship. Just as children demand a different response over time from us as parents to keep up with their changing needs, so clients ask that we be available in different and at times more persona! ways with them. Always the question is, "What is appropriate for the client?"

So far we have discussed three modes of therapeutic action. How are they integrated within our practice of bioenergetic analysis? What are the three modes of therapeutic action from a bioenergetic perspective? I would like to address this question through the example of grounding. It is a concept the Alexander Lowen introduced in Bioenergetics as a result of his work with Wilhelm Reich. He felt that the experiences with Reich did not hold up over time because they were too dependent on the power of Reich as a charismatic figure and not grounded enough in the body. Grounding as a bioenergetic concept means literally feeling one's feet on the ground. It also means being oriented to reality rather than illusion and possessing one's adult sexuality.

As a part of the experience, it includes the free flow of energy in the body from the head to the ground and back again. To achieve this experience, the client is directed to follow various bioenergetic grounding techniques. These usually involve some form of leg and feet exercises. A typical one is to lean over with knees bent and touch the floor with the hands - allowing a vibration to build up in the body. This is a physical attempt to bring about an energetic and psychological integration within the client. Often after a regressive or disorganizing therapy session, the client will be asked to get grounded before leaving. In the beginning of a therapy session, a client may be asked to get grounded to be more in their body.

This approach to grounding is a one person or one body model. Yet I believe with Winnicott that grounding begins with the mother as the ground of experience for the infant. Winnicott writes, "With the Mother the infant has the possibility of being 'all over the place' with someone in particular whom we would at a later stage describe as having their feet on the ground. There is a dawning sense of being a person whose particularity is rooted in his body and which will be elaborated into the sentiment of being who one happens to be."<sup>9</sup> In other words the infant finds his feet by being safe to be unorganized and unintegrated while the mother maintains the ground of his being. Through their mutual interaction, integration is a natural process and the psyche and soma stay united without his premature effort to hold himself together.

In a similar way I find that when my clients are facing the breakdown of their usual patterns of self-organization, they need me to hold the experience for them. They need to feel that I am present in the way they need me to be. In this way they have the freedom to find a new form of grounding and integration. This is the one and half person model of grounding. However, as soon as this is achieved, like a child who no longer panics about being left, the client next wants to explore his or her own individuation. Once they can tolerate the feeling of being on shaky legs or shaky ground because I am there to authenticate and hold the ground of their experience, they want to explore the full dimensions of being alive in their bodies. Thus, we move from a one-person model to a one and a half and back again all within the therapeutic relationship.

As this form of individuation takes place, my client looks at me in a different light. Having found their ground through our relationship and discovered their own life and sexuality apart from me, they want to engage with me from a two-person model. What would have been impossible and even harmful before is now a necessary step in the growth process. They begin to observe who I am. They discover my age, my sexuality, and the way I dress and observe when I am tired or distracted in a different way. They want to know how I respond to them and what is happening to me when they express certain feelings that may be frightening to them. Now grounding takes place through an I-thou relationship.

Recently, I had a 60-year old woman client who had lived her whole life in anxiety and depression. She also suffered from a rather pronounced scoliosis. Any physical touch made her writhe in pain and anger as if she was being tortured and yet she was starved for contact. She was desperately trying to hold herself together and this was exhausting and depressing her. After several months, we had a good therapeutic alliance and she called me one day after a terrifying experience. She was driving her car alone when another car came alongside her with three young men in it. This car raced in front of her, turned the corner and

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<sup>9</sup> Phillips, A., Winnicott, Harvard University Press, Cambridge, Massachusetts, 1988, p. 123.

then came back at her deliberately ramming the right front end of her car. They did this to disable her car and gain access to her - probably to rob her. However, in her panic, she floored the accelerator and with rubber burning from her damaged tire, made it to a gas station and a telephone.

When she was able to reach me by telephone, I told her to come to the office as soon as possible. It was not until the next day that she came in and as soon as she began to talk, I knew that she was reliving the unspeakable terror of her early existence. As she recalled the incident she literally began to fall apart. I put my arms around her and held her while she writhed, screamed, cried, became sick to her stomach, spit up in the wastebasket and collapsed. I became the ground that held the terror and disintegration. I held her where she had always tried to hold herself. Realizing that I could hold the ground of the experience, she could allow herself, in Winnicott's words, to "be all over the place."

Something rather profound happened in that holding. For the first time, she experienced having a body. Building on that experience over time, she gradually learned that with a body she could explore contact with me and ultimately found others in her life she never knew were there. Slowly this grounding with me resulted in grounding for her. When I later read this statement to her, she said the body memory of my holding her while she panicked still serves to ground her in her present day life.

As bioenergetic therapists, one of the theoretical formulations of our work comes from the discoveries of Wilhelm Reich. According to David Boadella, one such discovery was what Reich called "psychosomatic identity and antithesis; "namely, that "the expansion and contraction process in the amoeba is functionally parallel to the process in higher animals by the vastly more complicated network of vegetative nerves."<sup>10</sup> This expansion-contraction process is seen all the time as we work with our clients. But, we are also more than expanding and contracting organisms. Guntrip comments on the Freudian concept of man as an "organism," and says "all this seemed to me to miss the final key to human problems by not beginning with the primary fact about human beings, namely their experience of themselves as that significant and meaningful "whole" which we call a person."<sup>11</sup> This person/client needs another real person/therapist with whom to engage in this ever expanding-contracting process of human relationships.

In Southern California we began a new training group last year. On our first meeting day we displayed another quote from Harry Guntrip. It said, "One can teach a technique, but cannot teach anyone to be a therapeutic person. The point of the training analysis is not to teach theory or technique

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<sup>10</sup> Murphy, M., *The Future of the Body*, Jeremy P. Tarcher, Inc., Los Angeles, California, 1993, p.662.

<sup>11</sup> Guntrip, H., *Schizoid Phenomena, Object Relations and the Self*, International Universities Press, Inc., Madison, Connecticut, 1995, p. 10.

but to free the real person in the candidate."<sup>12</sup> Whenever clients are interviewed regarding what was effective in their therapy, they inevitably talk about the person of the therapist. The effectiveness of the therapy is directly connected to the therapist's faith in them and his or her caring about them. This is true regardless of the modality. We all seek approval, affirmation and a real person with whom to respond and share our pains and joys. If this real person is not available, then, as I mentioned earlier, the client does what he or she did as a child and adapts to the therapist's personality or his/her mode of therapeutic action in an attempt to gain the valuable nurturing supplies he/she needs.

In summary, we as Bioenergetic therapists have the sacred responsibility of often working directly with a person's body and its expression of life. I say sacred because as Carl Jung reminds us, the body is the outer manifestation of the inner soul. I have often said that we as Bioenergetic therapists know too much too soon. We see in the person's body her life struggles to love and be loved as well as her will to live and survive. Our direct access to the inner soul through the body is only to be pursued with the greatest respect for the whole person and requires deep humility on our part to assume such an action. This direct work with the energetic processes of the body is my bioenergetic model one.

We must also be aware that from the time we speak to a client on the telephone about an appointment or meet him/her in our office, we are engaging in an experience together where our every action has meaning. The client will be consciously and unconsciously attuned to our every move: the sound of our voice, our gestures, the way we say her name, and the way we interpret his story. They will look for ways to impress us or reject us or prepare themselves for our love or disappointment. In short, we cannot help but enter into an intimate experience that each hope will eventuate in repairing the past and bring us to a different and more fulfilling life in the present. This intimate interpersonal experience is my bioenergetic model two.

However, to be available for the experiences of such an intimate journey can only occur if we as bioenergetic therapists have spent time discovering who we are and what the impact of our relationship is upon our clients. In our California curriculum I wrote the following statement,

"The therapist and client eventually create an I-Thou relationship wherein each is taught and renewed as a whole person by the other. The therapist in this process is constantly attempting to integrate the interpersonal self-needs of the client along with his own limitations to meet those needs. As the therapist accompanies the client on his journey back to the origins of his interactional failures, the therapist must know and understand her own relational failures and the solutions she sought for them. This dynamic interplay and all that is implied in it becomes the healing process for both therapist and client."

This mutual and co-created relationship is my bioenergetic model three.

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<sup>12</sup> Guntrip, H., op. cit., p. 183.

In my opinion these three models in the hands of a therapeutic person represent the heart of Bioenergetic Analysis as a *relational somatic psychothe-rapy* and as such provide the most powerful and effective therapeutic moda-lity in existence today.

In closing I want to remind us again of the words of Wilhelm Reich that I quoted earlier, "The road between vital experiencing and dying inwardly is paved with disappointment in love." Harry Guntrip said the most important thing Fairbairn ever wrote was that mental illness develops because "parents fail to get it across to the child that he is loved for his own sake, as a person in his own right."<sup>13</sup> We as therapists enter into that sacred and perilous arena of daring to reengage with another with the desire to recover our capacity to love and be loved. In this journey we discover with each other our desires and limits in meeting these goals. But like children, the clients forgive us when we make mistakes if our hearts are open and we

are willing to share in their inevitable loss. All of these models at their best represent our meager, human but heartfelt attempts to reunite mind, body and soul and, in so doing, recover what we once had or longed for and lost.

In the forward of Dr. Stark's book is the following statement written by Sheldon Roth, M.D. Training and Supervising Psychoanalyst for the Psychoanalytic Institute of New England and Assistant Clinical Professor of Psychiatry at Harvard Medical School. "It is fitting that a book on modes of therapeutic action should conclude by leaving the reader with the quandrous dilemma of love, since it is ultimately love that patients are seeking- and love that heals."<sup>14</sup>

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<sup>13</sup> *ibid.*, p. 112.

<sup>14</sup> Stark, M., op. cit., p. xiii

# ***What do human bodies tell us?***

## ***In Search of statistically significant empirical confirmation for the "Language of the Body"***

### ***A study in bioenergetic body-diagnostics<sup>1,2</sup>***

*Margit Koemeda-Lutz & Hans Peter*

#### **Introduction**

Hardly anyone would deny that by looking at someone, one could determine how he or she feels at that moment. Ekman and Friesen (1986), and Ekman (1994) showed that certain basic feelings coincide with specific mimic configurations, and that this is found across all cultures. Most likely the capability to decode these signals quickly and to then react in an appropriate way phylogenetically functioned as a selective mechanism.

European intellectual history has had a long tradition of attempting to infer character or personality traits from outer appearance. Physiognomic studies of Leonardo da Vinci (shown in a touring exhibition in the "Schweizerisches Landesmuseum" (2000)) and Lavater (1776) are noteworthy examples of this tradition, as well as the constitutional typologies of Kretschmer (1921) and Sheldon (1940, 1942). However, recent academic psychology has dismissed this area of research, relegating it to the domain of "Arm Chair Psychology" (Amelang & Bartussek 1981) and declaring it to be charlatanism.

Nevertheless people in everyday life - often unconsciously - do infer personality traits from outer appearance, and in many cases they do so with high interindividual agreement (Krieger 1999). In addition to that there is a need for models and methods in Applied Psychology, especially within Psychotherapy, that can be used to infer from easily detectable and coinciding features of a certain type (or syndrome) to further features of that type (or syndrome).

Modern theories of personality (Hofstätter 1971, Amelang & Bartussek 1981, Johnson 1994, Rudolf 1999) agree that people develop through interaction with their environment, and that their personality is a product of both environmental and inherited factors. Personality concepts focus more on stable dispositions, i.e. feeling, thinking and behaving, rather than on those induced purely by the

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<sup>1</sup> Revised Version of a paper presented at the 2<sup>nd</sup> Congress for Body-oriented Psychotherapy at Basle, November 16<sup>th</sup> 2000.

<sup>2</sup> Published on *Bioenergetic Analysis*, 2002 – 13.



situation. Yet a personal self is never static, but has the potential for many possibilities of variable likelihood. Many different domains of human science have produced personality-typologies (e.g. Hippokrates 420 v. Chr., Aristoteles 330 v. Chr., Kant 1798, Kretschmer 1921, Jung 1921, Sheldon 1940, 1942). Although empirical confirmation has been difficult to find, some of them have shown heuristic value in psycho therapy.

Based on clinical experience and the writings of Wilhelm Reich (1933), especially on his concept of "character armouring", Alexander Lowen in "The language of the body" (1958) detailed his typology of characterstructures encompassing body and mind. He conceptualised these characterstructures as mainly crystallising around basic developmental conflicts. Freud had already put forward the idea that certain life issues come to the foreground during specific developmental phases (matching the somatopsychic maturity of the individual, who is either harmonising or conflicting with his or her environment) to produce certain dispositions of thinking, feeling and behaving.

Specific to body-psychotherapeutic concepts of personality, namely the bioenergetic model, is the basic idea that emotionally significant lifeexperiences and attitudes manifest physically. And inversely that, any habitual use of the body influences mental attitudes and basic moods. Consequently, physical appearance should provide relevant information about a person- not only indicating his or her current emotional state and / or immediate willingness to act, but also providing relevant information about stable dispositions of thinking, feeling and behaving that were shaped during repetitive interactions with early object-relations (Fairbairn 1952, Guntrip 1968, 1971).

Interactional experiences with the environment evoke psychosomatic coping or defence strategies. These somatic manifestations of repetitive interactions as "deeply ingrained" ("eingefleischten", Bünting (1983)) tendencies to react are portrayed in detail in the works of Reich (1933), Lowen (1958), Hilton (1980, 1997 b), Kurtz (1983), Kurtz & Prester (1976), Keleman (1985) and Johnson (1994). In the following, one specific character structure, the oral character structure, shall be picked and briefly described (following Lowen (1958), see also Koemeda-Lutz (in print)).<sup>3</sup>

## **The Present Study**

Recently psychotherapy has increasingly been pressed to legitimate itself for

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<sup>3</sup> Our bioenergetic colleagues may wish to skip the following paragraph. But for an appraisal of the results concerning the interrater reliability among bioenergetic therapists with regard to diagnosing character structure it may be clarifying for colleagues not familiar with bioenergetic literature.

several reasons<sup>4</sup>. Concomitant with this, an exciting process of communication among different psychotherapy schools has begun. Noteworthy is the "Swiss Chart for Psychotherapy" founded in 1993. In this context all psychotherapists are asked to present their special concepts and basic convictions in order to discuss them and to test them scientifically. We did this in the following study with one of our specific tools: bioenergetic body-diagnostics.

## **Methods**

### ***Material and conduction***

Photographs (whole-body) were taken of 90 patients (54.44% (49) female, 45.56% (41) male) who attended 2 hours of bioenergetic group therapy on a once a week basis for 2 years. Photos were taken from a frontal, dorsal, lateral and lateral-hunched ("elephant-position") viewpoint at the beginning and at the end of the therapy, providing eight photos per patient (for one subject the photos from the end of therapy were missing, therefore the number of items varies between experimental conditions). In order to suppress distracting or significant information given by the background of the photos, the background was standardized. Four-colour-scans of the photos were produced with a Lino-Type-drum-scanner, model S3300, the background was turned into white with the PhotoShop graphics package, and the photos were again printed in the original size. In addition all lateral photos were supplied with a face-masking for one of the experimental conditions.<sup>5</sup>

### ***The raters***

6 bioenergetic therapists ("experts" - 3 female, 3 male), as well as 6 "non-experts" (3 female, 3 male)<sup>6</sup> evaluated the photographs previously described on the basis of different modes of presentation and rating tasks. The raters' age varied between 41 and 70 years. Variance (STD = 10.36; STD = 10.81;  $F(1,10) = 0,15$ ;  $p(0.70)$ ) and means  $X_{-n} = 53.00$ ;  $X_{-c} = 52.17$ ;  $T(10) = 0.14$ ;  $p = 0.89$ ) were

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<sup>4</sup> Financial scarcities in health politics; and after a long time of disinterest, university professors and lecturers have lately been discovering the attraction of teaching psychotherapy.

<sup>5</sup> "Maus Interaktiv" at Konstanz, FRG, an office for design, could be charged with this task thanks to financial support by the CH-EABP (Swiss section of the European Association for Body Psychotherapy)

<sup>6</sup> The raters signed a statement that all information which could be derived from texts or photos would be treated confidentially. Thanks to all of them for their time and effort. The average time spent for the total of all rating tasks was 5 hours and 6 minutes (ranging from 181 to 485 minutes).

comparable for both groups. They did not differ in terms of level of education: 5 of the experts had university degrees (psychology, medicine or theology) and one had a "Fachhochschule" degree (psychology), while among the non-experts 5 had university degrees (information sciences, theology, sports sciences or law) and one had a "Fachhochschule" degree (teaching).

### ***Experimental tasks***

The experimental tasks contained:

- 1) Two runs presenting single photos (B): a) side views with masked faces (BK: 178 items) and b) frontal views with faces visible (BG: 178 items).

Two runs with pairs of photos (P), one taken before therapy and one at the end of therapy: c) pairs of side views with faces masked (PK: 89 items) and d) pairs of frontal views with faces visible (PG: 89 items). Raters were asked to judge whether the persons on the photos were at the beginning or the end of therapy.

For the results of these four tasks a three-factor (2 steps respectively) design with retest for the last two factors was used: 1. factor "group" (E: experts / N: non-experts), 2. factor "reference" (B: single photos/ P: pairs of photos), 3. factor "body" (G: face visible / K: face hidden).

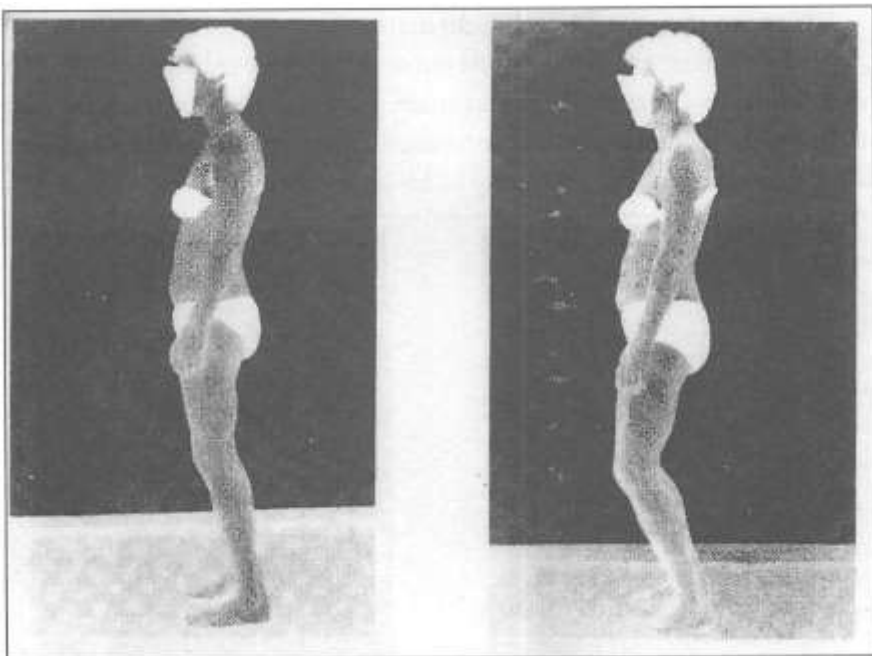


Figure 2: PK: pairs of photos: lateral view with faces masked

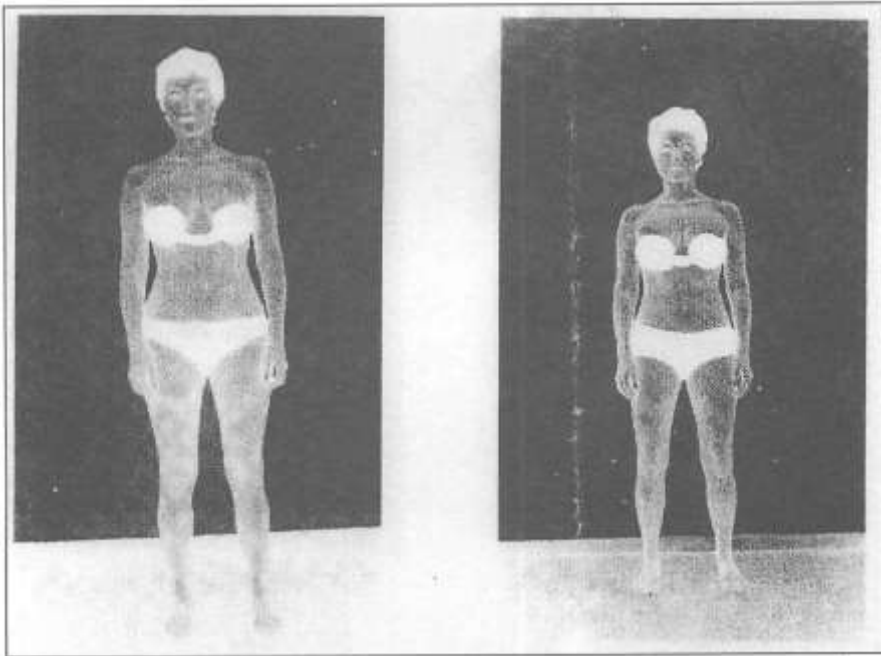


Figure 3: PG: pairs of photos: frontal view with faces visible

2) photo-text-matching (BT: 90 items)

Here the task was to match one out of three texts consisting of 10 to 15 lines about current complaints and anamnestic data (derived from the files of the psychotherapist who had conducted the treatment) with four photos of a person taken at the beginning of his or her therapy.

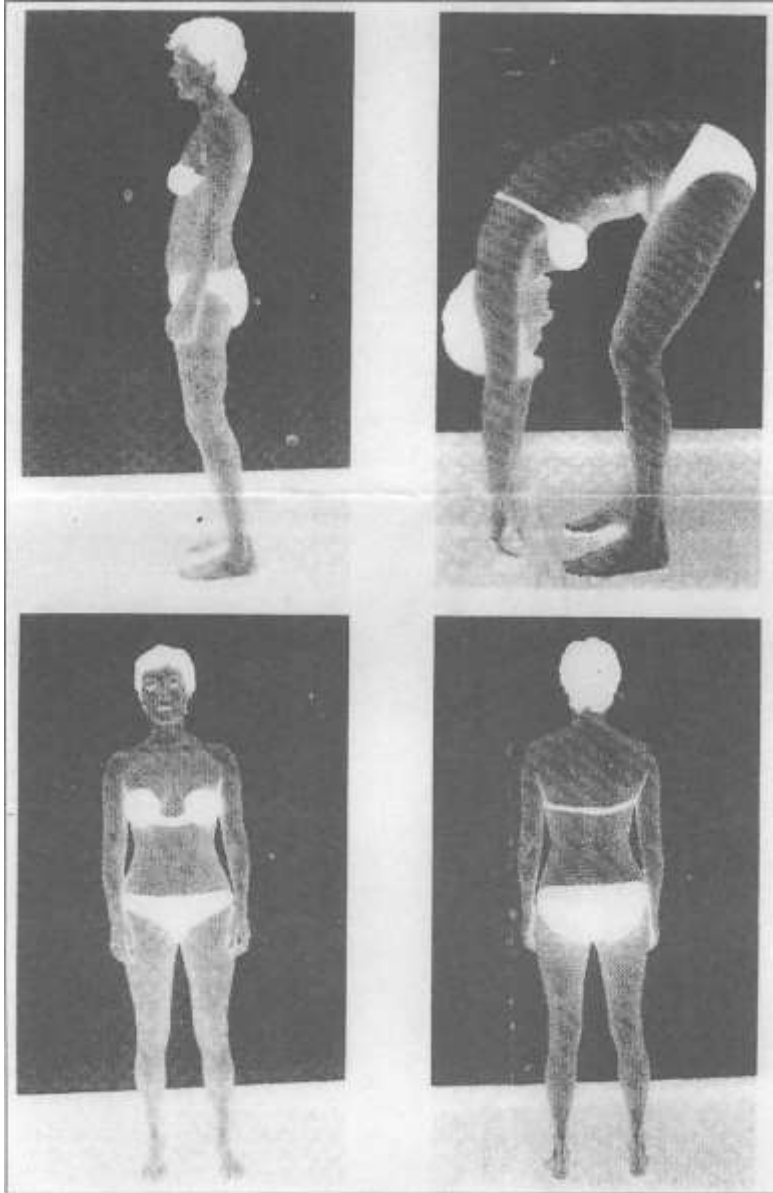


Figure 4: Four photos from the beginning of therapy

### 3) Diagnoses of character structure

The bioenergetic therapists (experts) were asked to assign diagnoses of character structure based on the four photos taken at the beginning of therapy and framed within the concepts of character-structure according to Lowen (1958). This section was carried out as a test of interrater reliability among bioenergetic therapists as to diagnosing character structure. The percentage of patients categorized by their therapist into the five main character structures were: schizoid 5.56% (N=5), oral 51.11% (N=46), psychopathic 14.44% (N=13), masochistic 6.67% (N=6) and rigid 22.22% (N=20).

### *Questions*

The following questions were examined:

- 1) Is it possible to determine by evaluating (whole body) photographs<sup>7</sup> whether a patient is at the beginning or the end of a two year group-therapy with a success rate better than chance guessing?
- 2) Do experts and non-experts differ in the correctness of their assumptions?
- 3) What role does facial expression play in rater judgements (as compared to body posture only with faces masked)?
- 4) Is there a difference in the accuracy of judgements whether photographs are compared with a subjective concept of psychosomatic health in contrast to a comparison between pictures of the same person before and after therapy?
- 5) How well is the correct text picked out of three possibilities (written by the therapist who had conducted the treatment) including current complaints and anamnestic information and matched to a given set of four photos of a patient taken at the beginning of his or her therapy?
  - a) Do experts and non-experts differ in the correctness of their assumptions?
  - b) Does one or do both groups outperform chance level?
- 6) What is the interrater reliability among bioenergetic therapists regarding the assignment of Lowenian character structures by evaluating 4 (whole body) photos of a patient taken at the beginning of therapy?

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<sup>7</sup> For reasons of confidentiality no original photos may be published in this paper. The photos printed show a person who never took part in the above-mentioned group therapy and who only put them at our disposal for demonstrative reasons. The authors would like to thank her.

## Results<sup>8</sup>:

### *Testing for equality of variances (group-comparisons)*

The variances of the measured variables (number of correct answers) were tested as to whether they were the same for both groups, experts and non-experts.

Table 1: Test of variances: groups (E / N)

Variable	Group	Variances	F-values	P (STD <sub>E</sub> =STD <sub>N</sub> )
Age	E	10.36	F (1,10) = 0.15	P = 0.70
	N	10.81		

Task				
BK	E	9.63	F (1,10) = 1.40	P = 0.26
	N	6.99		
BG	E	8.24	F (1,10) = 0.14	P = 0.72
	N	8.38		
PK	E	3.98	F (1,10) = 0.07	P = 0.79
	N	4.36		
PG	E	4.42	F (1,10) = 2.54	P = 0.14
	N	2.83		

BT	E	8.31	F (1,10) = 0.65	P = 0.44
	N	5.12		

### *Testing for equality of variances*

The results of the Levine test suggest that variances of the experts' and non-experts' ratings were comparable for all conditions.

In cases where variances tended to be different (BK and PG), Welch ANOVAs were computed (comparison of means when variances are assumed to differ). The results were similar to those of the T-test (see below): BK:  $F(1; 9.12) = 3.69$ ;  $p = 0.09$  und PG:  $F(1; 8.51) = 9.22$ ;  $p = 0.015$  \*

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<sup>8</sup> The authors feel indebted to Dr.W.Nagl, department of statistics at the University of Konstanz, FRG, who provided us with valuable advice concerning our statistical analyses.

## Comparison of means

Table 2: Comparison of means: Groups: (E / N)

Variable	Means	M-Diff. $X_e - X_n$	T (10)	P ( $X_e = X_n$ )
Age	$X_e = 52.17$	0.83	0.14	0.89
	$X_n = 53.00$			

Task	Overall means (correct answers)	M-Diff. $X_e - X_n$	T (10)	P ( $X_e = X_n$ )
BK	$X_e = 95.67$	9.33	1.92	0.08
BG	$X_e = 94.92$	7.17	1.49	0.17
PK	$X_e = 52.25$	12.17	5.05	0.0005 ***
PG	$X_e = 50.25$	6.50	3.04	0.0125 **

Task	Overall means (correct answers)	M-Diff. ( $X_e - X_n$ )	T (10)	P ( $X_e = X_n$ )
BT	$X_e = 41.75$	1.83	0.46	0.66

Table 2: Comparison of means (number of correct answers)

In all tasks the experts' performance was superior to that of non-experts. Yet, this was only statistically significant for the tasks presenting pairs of photos in both conditions: faces visible (PG:  $X_c = 53.50$ ;  $X_n = 47.00$ ;  $t(10) = 3.04$ ;  $p @ 0.01$ ) as well as faces masked (PK:  $X_c = 58.33$ ;  $X_n = 46.17$ ;  $t(10) = 5.05$ ;  $p < 0.001$ ).

For single photo-presentations only a trend towards the same direction was found (BK:  $X_c = 100.33$ ;  $X_n = 91.00$ ;  $t(10) = 1.92$ ;  $p = 0.08$ ; BG:  $X_c = 98.50$ ;  $X_n = 91.33$ ;  $t(10) = 1.49$ ;  $p = 0.17$ ).

There is no evidence for any significant difference between groups regarding the matching text with photos condition (BT:  $X_c = 42.67$ ;  $X_n = 40.83$ ;  $t(10) = 0.46$ ;  $p = 0.66$ ).

Since the size of both groups of raters was relatively small, nonparametric tests (Wilcoxon) were computed for mean-comparisons as well. The results resembled those of the parametric tests.



## Comparisons to Chance Level

Table 3: Comparison to chance level performance (RW)

Task	Group	RW	means (correct <sup>a</sup> answers)	Overall means	T(10)	P
BK	E	89	100.33 (50.17) <sup>b</sup>	95.65; t = 2.46 *	2.88	0.017 *
	N		91.00 (45.50) <sup>a</sup>		0.70	0.26
BG	E	89	98.50 (49.25) <sup>a</sup>	94.92; t = 2.34 *	2.82	0.019 *
	N		91.33 (45.67) <sup>a</sup>		0.68	0.26
PK	E	44.5	58.33		8.51	0.000 ***
	N		46.17		0.94	0.20
PG	E	44.5	53.50		4.99	0.002 **
	N		47.00		2.17	0.041 *
BT	E	30	42.67	41.75; t = 6.12***		0.007 **
	N		40.83			0.002 **

Table 3: Comparisons to Chance Level (RW)

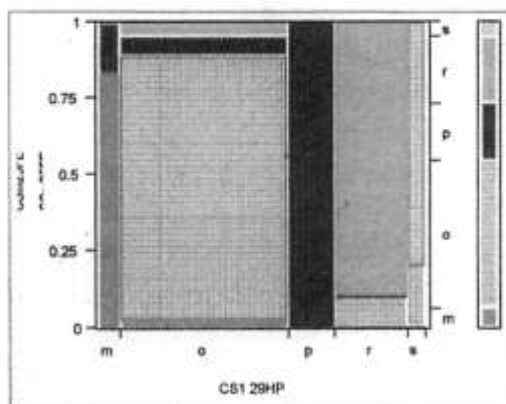
To make sure that the raters had not only been guessing, means were compared to the corresponding level of chance. For those tasks where no significant group differences had been found (BK, BG, BT), means over all raters (E + NE) and means for each group were separately compared to chance level. The experts' ratings significantly exceeded chance level performance in all 5 tasks ( $2.82 \leq t \leq 8.51$ ;  $p \leq 0.019$ ). The non-experts' ratings were also above chance, but significantly so only for tasks PG (photopairs with faces visible:  $t(10) = 2.17$ ;  $p = 0.041$ ) and BT (matching texts with photos:  $t(10) = 5.19$ ;  $p = 0.002$ ). Both experts and non-experts performed better than at chance level in the photo-text matching task ( $t(10) = 6.12$ ;  $p = 0.002$ ). Non-parametric tests provided the same results.

Interrater reliability among bioenergetic therapists with regard to diagnosing character structure (according to Lowen).

Diagnoses assigned by the therapist who had conducted the treatment allowed a correct prediction of the diagnoses of his bioenergetic colleagues in 71% of all cases (1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> choice): The median of Kappa-coefficients was 0.71 ( $0.53 \leq k \leq 0.83$ ).

# Interrater-reliability among bioenergetic experts concerning diagnoses of character structure (Kappa)

Example: Congruence between ratings of the therapist who had conducted the treatment (29HP) and of one expert (25FE)



s = schizoid  
o = oral  
p = psychopathic-narcissistic  
m = masochistic  
r = rigid character structure

cross table

		29HP					
		m	O	P	R	S	
25FE	m	<b>5</b>	1	0	0	0	6
	o	0	<b>40</b>	0	2	1	43
	p	1	3	<b>13</b>	0	0	17
	r	0	2	0	<b>18</b>	0	20
	s	0	0	0	0	<b>4</b>	4
		6	46	13	20	5	90
		Kappa: 0.834711					Std. Error: 0.049525

Figure 5: Congruence (bold numbers) between the ratings of an expert (25 FE) and the therapist's ratings who had conducted the treatment (29HP)

Figure.5: Cross table showing the congruence of character structure diagnoses between one expert and the therapist

## Multivariate analysis of variance

(assigning photos to the beginning or end of therapy: 4 conditions: single photos, faces masked: BK, single photos, faces visible: BG, pairs of photos, faces masked: PK and pairs of photos, faces visible: PG)

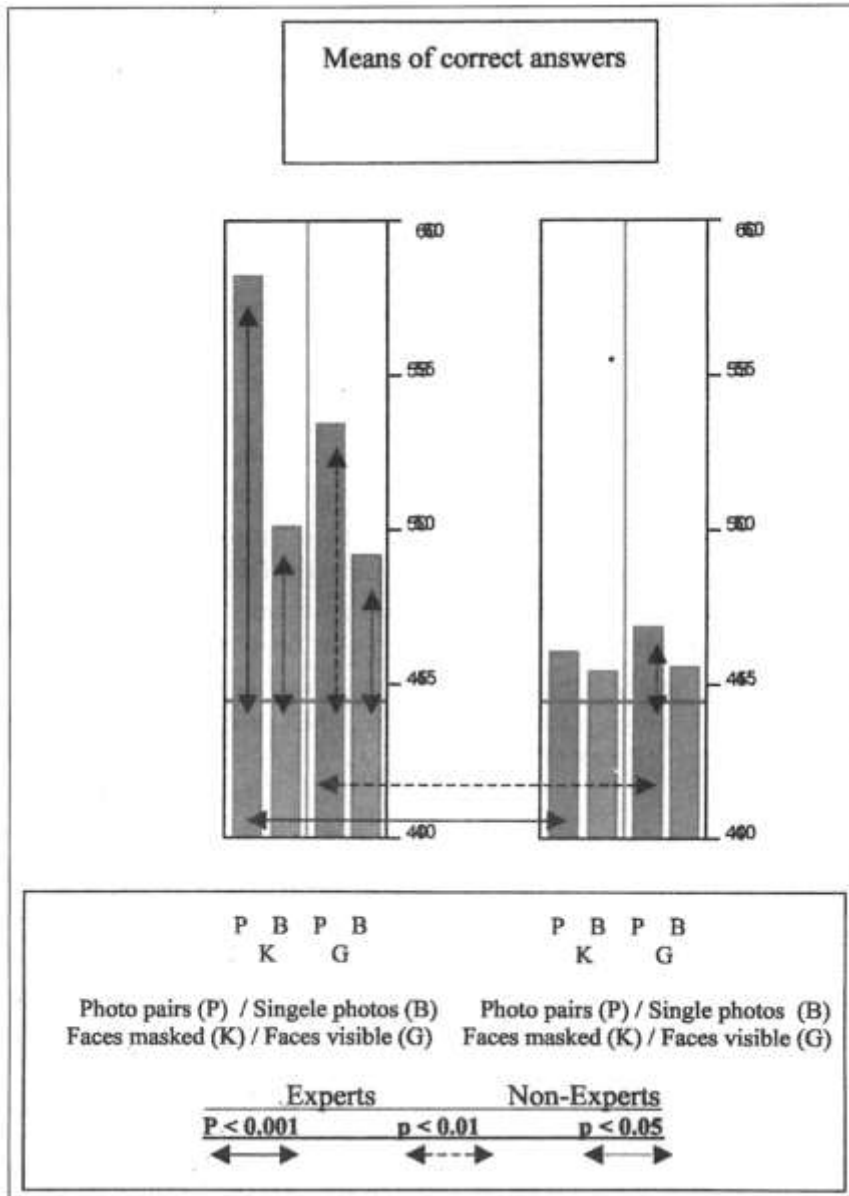


Figure.6: Results from the Analysis of Variance

## ***Main effects***

Experts are more accurate in their judgements over all conditions (main effect "group":  $F(1; 10) = 22.31$ ;  $p < 0.001$ ).

The number of correct judgements is higher if the photographed person is compared to him- or herself (at the beginning of therapy versus the end of therapy) than if comparison is made to a subjective concept of psychosomatic health (main effect "reference":  $F(1; 10) = 11.74$ ;  $p < 0.007$ ).

Averaged over all raters there is no significant difference in the accuracy of judgements between faces masked and faces visible (main effect "body":  $F(1; 10) = 0.74$ ;  $p = 0.41$ ).

## ***Interactions***

The experts' superiority is more pronounced for photo-pairs (interaction "group \* reference":  $F(1; 10) = 6.13$ ;  $p = 0.03$ ). The value for power here is .85.

The experts' superiority is more noticeable when only "reading the body" (faces masked) than for presentations of both body and face (interaction "group \* body": only the T-value becomes significant, the F-value does not:  $t(10) = 2.29$ ;  $p = 0.043$ ;  $F(1; 10) = 1.49$ ;  $p = 0.25$ ).

In summary non-experts performed best when they had to evaluate photo-pairs with open faces (the only task - apart from the text-photomatching - where their performance was significantly above chance level (expected value: 44.5 correct answers);  $X_n = 47.00$ ;  $t(10) = 2.17$ ;  $p = 0.04$ ).

Experts on the other hand performed above chance level in all conditions. For photo-pairs with masked faces their ratings are most accurate ( $X_c = 58.33$ ;  $t(10) = 8.51$ ;  $p < 0.0001$ ).

## **Discussion**

- 1) Based solely on (whole body) photos, experts can judge with an accuracy above chance level whether a photographed patient is at the beginning or the end of a body-psychotherapeutic treatment. For the photopair condition this could have been due to decoding ageing effects in the patients' appearance. However, the single-photo condition shows that this is not the case, since experts perform here as well clearly above chance level. The body-psychotherapeutic non-experts also performed slightly above chance level. Had they exclusively guessed, their performance should have varied around the level of chance. For condition PG, i.e. when photographed patients can be compared to themselves and their faces are visible, even non-experts perform significantly better than at chance level. Therefore there may be some form of everyday-competence at "reading" body-messages.

- 2) Experts are superior to non-experts in all four tasks concerning the patients' relative state of well-being. However, for single-photo presentation this does not become statistically significant. We infer from this result (and from result 3) that the capacity to gain information from a person's physical appearance can be trained systematically-which is done during bodypsychotherapeutic training.
- 3) The experts' superiority is most pronounced when only "reading the body", i.e. photos with masked faces.
- 4) The experts' superiority is more pronounced when intraindividual comparisons are made over a time span of two years (photo-pairs) than when the photographed person is compared with a subjective concept of psychosomatic health (single photos).
- 5) a) Surprisingly, experts are not much better than non-experts matching text with photos. b) Both groups perform above chance level.

The diagnoses of character structure made by bioenergetic therapists agree fairly well with one another. It has to be considered here that real persons rarely "ideally" or purely manifest all features of a given character structure. They might have experienced problems or conflicts at several developmental stages and therefore exhibit some highly individual mixture of the described patterns of thinking, feeling, behaviour and posture. This may justify the inclusion of side diagnoses into our analysis and explains why a perfect correspondence is not to be expected. Only hypotheses about inner conflict-dynamics, structural deficits or traumatic experiences are derived from character structure diagnoses in a therapeutic process (Hilton 1980, 1997 a+b; Keleman 1985; Johnson 1985, 1987, 1994). Accordingly tentative interventions and therapy-strategies develop from that, and require continuous re-negotiation with the patients for necessary adjustment throughout therapy (Downing 1996).

Lowen's character structures form a core of bioenergetic theory and practice. A personality theory has to prove its usefulness and validity. In our view, the theory developed by Lowen lives up to the qualifying criteria postulated for example by Rotter and Hochreich (1979) in several ways:

- a) It allows a description of persons in a sufficiently reliable (Hepke 1988; Fehr 1998) and valid way (as suggested by this study).
- b) It explains differences in human behaviour under comparable conditions and leads to predictions.
- c) It explains the etiology of behaviour by co-operation of genetic imprint, congenital developmental programs and specific environmental influences.
- d) It suggests concrete methods and techniques to create conditions for behavioural change during the therapeutic process.

Empirical testing of causal or path relationships in b) - d) has so far only been carried out for single cases, and been communicated in publications, inter and supervisions.

Longitudinal studies with larger experimental groups have yet to be conducted. Since bioenergetic analysis and therapy (BAT), has for political and historical reasons - scarcely been represented at universities, who are provided with funds and mandated with research tasks, more difficulties in the practical conduct of research in BAT must be expected than for other fields of psychotherapy.

While taking photos results in a significant reduction of the information one would receive from a breathing, moving, acting and interacting person, body-psychotherapists in their professional everyday life, have to deal with a wide range of complex information. Given this fact it is even more astonishing that the raters in this study are capable of reading more information from captured static moments than the statistical chance level would predict. We consider this as sufficient evidence to ascribe importance to the non-verbal, especially visual information in the therapeutic process. To reflect this systematically and to use it effectively may be considered as a central effort of body-psychotherapeutic schools.

Although psychosomatic changes take a prolonged effort we think that "body-reading" is an efficient diagnostic tool for a quick intake of information, that does not replace a detailed initial interview, but that can complement it in important aspects.

Since intake and processing of non-verbal information is an interesting and important field in psychotherapeutic processes, the authors hope that this study will be followed by further research, specifically examining the "language of the body".

## References

- Amelang M, Bartussek D (1981) *Differentielle Psychologie und Persönlichkeitsforschung*, 2. erweiterte Auflage 1985, Kohlhammer, Stuttgart
- Aristoteles (330 v. Chr.) *Physiognomica*. In: Flashar H (Hrsg) *Aristoteles. Werke in Deutscher Übersetzung* Bd. 18, *Opuscula Teil VI*, pp. 11-31, Wissenschaftliche Buchgesellschaft Darmstadt, Lizenzausgabe: Akademie Verlag, Berlin 1999
- Büntig W E (1983) *Bioenergetik*. In: Corsini R J (Hrsg) *Handbuch der Psychotherapie*. Beltz, Weinheim
- Downing G (1996) *Körper und Wort in der Psychotherapie*, Kösel, München
- Ekman P & Friesen W V (1986) *FACS. Facial action coding system*. Consulting Psychology Press, Palo Alto
- Ekman P (1994) Strong evidence for universals in facial expression. A reply to Russell's mistaken critique. *Psychological Bulletin*, 115, 268-287
- Fairbairn W (1952) *Psychoanalytic studies of the personality*. Chapman & Hall, New York, Routledge 1974
- Fehf T (1998) *Bioenergetische Prozessanalyse BPA. Screening-Verfahren zur Persönlichkeitsstruktur*. Swets & Zeitlinger, Frankfurt

- Guntrip H (1968) Schizoid phenomena, object relations and the self. Hogarth Press, London
- Guntrip H (1971) Psychoanalytic theory, therapy and the self. Basic Books, New York
- Hepke M (1988) Bioenergetische Körperdiagnostik. Eine Kontrolle der Therapeuten-Übereinstimmung. Bericht für den Arbeitskreis GBA Nr.2, Bielefeld 1988; und: S. 97-107. In: Hoffmann-Axthelm D (Hrsg.) Körper & Seele, Bierhoff, Alternativ-Verlag, Dortmund 1989
- Hilton R (1980) General Dynamics of Character Structure Development. In: Cassius J (Hrsg) Horizons of Bioenergetics. Memphis
- Hilton R (1997 a) The Perils of the Intimacy of the Therapeutic Relationship. Pp. 69-85. In: Hedges L E, Hilton R, Wink Hilton V, Brandt Caudil O (1997) Therapists at Risk. J.Aronson Inc. Northvale N.J.
- Hilton R (1997 b) Countertransference: An Energetic and Characterological Perspective. Pp 251-260 In: Hedges L E, Hilton R, Wink Hilton V, Brandt Caudil O (1997) Therapists at Risk. J.Aronson Inc. Northvale N.J.
- Hippokrates (420 v.Chr) Humours pp.63-95 in: Hippokrates Vol IV, Page T E (Ed) The Loeb classical Library, Harvard University Press 1949 English Translation by W.H.S.Jones.
- Hofstätter P R (1971) Differentielle Psychologie. Kröner, Stuttgart
- Johnson S M (1985) Characteriological Transformation -The Hard Work Miracle. W V/ Norton & Company, New York
- Johnson S M (1987) Der narzisstische Persönlichkeitsstil. Edition Humanistische Psychologie, Köln
- Johnson S M (1994) Character Styles. W.W.Norton & Company, New York
- Jung C G (1921) Psychologische Typen. Rascher, Zürich, Stuttgart
- Kant I (1798) Anthropologie in pragmatischer Hinsicht. Nicolovius, Königsberg. Und: Vorländer K (Hrsg) Immanuel Kant, Anthropologie in pragmatischer Hinsicht. Philosophische Bibliothek Bd.44 Felix Meiner Verlag, Leipzig 1922. Darin: Die anthropologische Charakteristik. Von der Art, das Innere des Menschen aus dem Ausseren zu erkennen.
- Keleman S (1985) Emotional Anatomy - The Structure of Experience. Center Press Berkely. Dt. :Verkörperte Gefühle, Transform Verlag, München 1992
- Koemeda-Lutz M (2001) Psychosomatische Konzepte des Selbst - Charakterstrukturen. In: Koemeda-Lutz (Hrsg) Körperpsychotherapie \_Bioenergetische Konzepte im Wandel. Körper & Seele Bd.7, Schwabe Verlag, Basel - im Druck.
- Kretschmer E (1921) Körperbau und Charakter. 20.Auflage, 1951, Springer, Berlin
- Krieger R (1999) Was Gesichter (nicht) verraten. In Psychologie Heute. August. 40-45
- Kurtz R (1983) Körperzentrierte Psychotherapie - Die Hakomi-Methode, Synthesis Verlag, Essen 1985
- Kurtz R & Prester H (1976) Botschaften des Körpers. Body Reading. Ein illustrierter Leitfaden. Kösel, München, 8.Aufl. 1997
- Lavater J C (1776) Physiognomische Fragmente zur Beförderung der Menschenkenntnis und Menschenliebe, Weidmanns, Steiner & Co., Leipzig + Winterthur
- Lowen A (1958) The Language of the Body. Grune & Stratton, New York. Dt.: Körperausdruck und Persönlichkeit. Grundlagen und Praxis der Bioenergetik. Kösel, München 1985
- Reich W (1933) Charakteranalyse, Verlag Kiepenheuer & Witsch, 1971, Köln

- Rotter J B, Hochreich D J (1979) Persönlichkeit. Theorien, Messung, Forschung. Springer Heidelberg
- Rudolf G (1999) Persönlichkeit und Symptom im Kontext der Psychotherapie. In: Buchheim P, Cierpka M, Seifert T (Hrsg) Lindauer Texte. Springer, Heidelberg
- Sheldon W H (1940) The varieties of human physique. Harper, New York
- Sheldon W H (1942) The varieties of temperament: a psychology of constitutional differences. Harper, New York
- Da Vinci Leonardo, Wandernde Weltausstellung im Schweizerischen Landesmuseum, Herbst 2000





# *Bioenergetics in search of a secure self<sup>1</sup>*

Robert Lewis

## **Introduction**

This paper<sup>2</sup> is an important clarification for me and I hope for others. In it I am relying heavily on my own experience of Al Lowen over the 48 years that I have known him. For years as a young man I idealized Lowen and felt soothed and secure that he had the answers to life's problems. Unfortunately for all of us, I would argue, he called the therapy he created "Bioenergetic Analysis" rather than Lowenian therapy. Furthermore, like many therapists, as he became aware of problems in himself, he saw them in his patients. He also saw them as givens in the human condition, at least in our western, contemporary culture. As was and still is his style, he expressed his beliefs with great conviction.

Because of my personal history with him, it has been important to me over the years that I gain a more objective perspective on his life and work. Lowen's candor in his Festschrift interview in the IIBA Journal (1990) and his autobiography (2004) helped me to understand with more clarity the relationship of his mind and body. This, in turn, enabled me both to preserve the bioenergetic treasures he gave us and to better see how easy it had been as a bioenergetic patient to surrender my psyche-soma in the hope of being cured. This is an intensely personal paper, perhaps a later day version of a paper (1996) entitled: Bioenergetic Analysis: My voyage to self-discovery. But the paper is also at the same time a commentary on a topic with which the IIBA (International Institute for Bioenergetic Analysis) is currently struggling as it attempts to chart a realistic course with Lowen no longer at its helm. The topic I am referring to is the proper scope and importance of the therapist-patient relationship in the theory and practice of Bioenergetic Analysis.

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<sup>1</sup> Published on *Bioenergetic Analysis*, 2007 – 17.

<sup>2</sup> I would like to thank Marlee Manning and David Campbell for first calling my attention to attachment research and literature. I also thank Margit Koemeda, Peter Fernald and David Finlay for their substantial editorial assistance.

*A. Underlying assumptions: in this regard, the central thesis of my paper is built on a number of underlying assumptions.*

1. Therapists pick the modality that suits their own proclivities ... specifically, their own capacity for intimacy/autonomy, their own attachment style.
2. There is always a relational significance to any therapy process; it may be explicitly and fully acknowledged or not.
3. In the latter case, regardless of the explicitly stated vehicle of healing, the relational process will operate, out of awareness, on an implicit, nonverbal level.

*B. My central thesis is that*

4. in bioenergetic analysis (better described as Reichian/Lowenian therapy), the above relational significance has been distorted in a manner that weakens the otherwise deep healing power of a relational somato-psychic approach.
5. This distortion, which Lowen inherited from Reich, is at the heart of a poignant attempt to find a personal solution to Lowen's deep woundedness. Further, this distortion:
  - a) is richly documented in recent autobiographical material from Lowen himself;
  - b) must be understood and faced if we are to integrate our powerful psychosomatic legacy with a more mutual and realistic model of the clinical encounter.

While the above propositions can probably be illustrated from a number of relationally-oriented perspectives such as self-psychology, object-relations theory, etc., I have found the attachment paradigm (with its empirically derived model of normative development) particularly helpful in illuminating how relationship issues are woven into the fabric of bioenergetic analysis.

It is clear that Lowen has left us a rich legacy in the clarity and depth of his understanding of the body and its dynamic interaction with our thoughts, feelings and emotions. He and Reich are indeed the giants on whose shoulders we who follow stand. Lowen's passion and penetrating insights about the life of the body are clearly unmatched. But we are also left with the practical question as to how therapy actually works. I am suggesting that to properly evaluate any school of therapy, the interactive field is so complex, that, for a start, we are well advised to understand the relationship between who the founder is as a person and the "method", the therapeutic edifice he is presenting as "the way". Finally, I am aware that many of my colleagues no longer practice "classical" or Lowenian bioenergetics. They are no longer poor copies (as I was for the first five or more years of my practice) of Dr. Lowen himself. Nonetheless, it behooves us to look

carefully at where we come from, and, to date, I am not aware that the message in this paper has found its way easily into print.

## **History and background**

### ***My early training and therapy:***

Bioenergetics and the three charter members of the institute in New York City were my second family. I bonded deeply and early in my career with Alexander Lowen, John Pierrakos and William Walling who were each at one time or another my therapists and mentors. For years, their truths were my dogma. Slowly this changed, as I had to face how little I had actually been able in my bioenergetic therapies to deal with the pre-symbolic, nonverbal issues that had drawn me in the first place to a body-oriented approach. Actually, all along the way I had the occasional experience in which reality disturbed my dogmatic use of bioenergetics.

One occurred during a workshop in New York in which Bill, John and Al each worked in a different area of a large loft space. Participants would move around the room and be worked with by each of my three idealized attachment figures. It was both frightening and deeply relieving to discover that Bill, John and Al each focused and worked on completely different issues with the same person. The message landed: Either there was not a story that could be read in the form and motility of each workshop participant's body, *or that story was so complex* (currently, I would add, and so influenced, moment-by-moment, out of awareness, by the unique limbic conversation with each therapist), that each of my three mentors trusted themselves to work with that part of the story that spoke to them at the moment. Slowly, I became able to maintain my respect and affection for colleagues, experienced pediatricians for instance, who found some of the Reichian/Lowenian propositions about parents and children simplistic. I could value them as people and even consider that bioenergetics might not have all the answers.

### ***Winnicott and my abiding professional interest in early terrors for which there are no words:***

Then there were my “unthinkable anxieties”. I felt deeply spoken to by the work of Balint, Guntrip and especially Winnicott. Indeed while I was still in bioenergetic therapy I formed a transference to Winnicott; I found myself wishing that my own body-oriented therapy had been more informed by Winnicott's deep understanding of pre-symbolic issues. In particular, the essay in

which he described the “mind as the locus of the False Self” (Winnicott, 1949), galvanized my sense that the head was a misunderstood part of the body in bioenergetics. Over several decades, I elaborated the somatic aspects of this alternative, Winnicottian view of the dissociated mind and body. I called it ‘cephalic shock’. I consider it my most important contribution to our work, and it plays a central part in the main thrust of this paper.

### ***The attachment paradigm and its implications for relationship:***

The attachment paradigm is a work in progress, generating further empirical research that in turn enriches its models and lends them more detail and sophistication. Mary Ainsworth and colleagues (1978) did the first empirical, observational studies that focused on the normative (healthy) developmental psychology of attachment. A multitude of confirming studies have brought an exciting new empirical and predictive power to our field. Not surprisingly their model stresses the importance of sensitive and responsive parenting as the heart of what results in a secure, vital child. I would imagine that the entire bioenergetic community is as excited as I am by empirically rigorous findings that we can intuitively embrace, that make psychosomatic sense to us, and that confirm the truth of what Ferenczi, Balint, Spitz, Winnicott, Stern and others have already given us.

But there is a problem here. In the attachment model the relatively secure mother possesses an essential quality that enables her to be sensitive and responsive to her child. This is the capacity to see, consider and relate to her child as an autonomous being with rhythms, feelings, intentions and perspectives of its own. Her secure infant senses his (for simplicity's sake I will use the masculine pronoun) efficacy in the many exchanges every day, from the earliest moments, as he both regulates and is regulated by the mutual interaction with his mother. Further, he experiences her recognizing his movement as a gesture, his babbling as the beginning of speech. Thus, to their surprise, Ainsworth and her colleagues (1978) discovered that the factor that distinguished the mothers whose infants were rated as secure at one year from those rated as insecure was not the quantity of physical contact that their children received, but the quality of contact. Quality referred to attunement, the ability to tune into the child's unique rhythms that was, for instance, reflected in the space given or not given for the child himself to initiate the contact.

The bioenergetic problem that we are left with here, I would suggest, is that the Reichian/Lowenian developmental model tends to be so exclusively quantitative that it simply does not map onto the qualitative factors supported by controlled, longitudinal research. The classical bioenergetic model is about the amount of time (three years) that the baby should be nursed and given body contact. I will return to this theme, but for now, let me say that it would be

reassuring to believe that Lowenian bioenergetic theory takes for granted the above crucial parental capacity to tune in and consider the child's unique rhythms, intentions and desires. But this is not the case. The Lowenian bioenergetic infant's self consists of a desire/need to be nursed and held for three years. The parental qualities that predict a child who will be nursed and held in such a way that it becomes a secure individual are simply not in focus and therefore not dealt with in Lowenian bioenergetic theory and practice. These same qualities were sorely lacking in the parents of both Reich and Lowen. Thus Lowen is not able to describe what he never experienced. What he can tell us about is the attributes his parents did have. For instance, his mother's obsessive and shaming preoccupation with his bodily functions, his father's easy-going, un-ambitious nature.

Attachment research (Fonagy et al., 2002) has now followed insecure infants whose insecure parents did a poor job of reading their intentions and desires into early adulthood and found that they are lacking in this same ability to reflect on the inner life of others. Attachment-oriented clinicians such as Holmes (1993) and LyonsRuth et al. (2004) tell us that the way a secure parent is with his child is a good model for an effective therapist. A basic tenet of the bioenergetic model is that one can read a person's secrets, conflicts and traumas in the form and motility of his body. While most of us value this insight deeply, I would suggest that this tenet also curiously reproduces the way an insecure parent inadequately appreciates and therefore diminishes the autonomy and ultimately unknowable inner life of its insecure child.

On a practical level, over the years, many colleagues have come to and then left bioenergetics, often citing its lack of relationship between therapist and patient as an integral, embodied part of the therapeutic process. In Lowen's written corpus the emphasis is strongly on the therapist as a guide, and on the transformative process as between the patient and his body. Many therapists who have stayed involved in bioenergetics were able to do so by not directly questioning Lowenian bioenergetics, but rather by finding their own way to be present to the two-person relationship going on in the room. Others (Clauer, 1995; Finlay, 1999; Heinrich, 1999; Hilton, 2000) have argued strongly for a more relational focus in our work.

## **Main thesis**

### ***Proposed***

Over my many years in the bioenergetic community I have contributed articles that attempted to integrate a developmental, relational perspective into our psychosomatic approach. But it was only last month at the IIBA conference in

Massachusetts, thirty-six years after my first article, that I was able to get to the heart of my lingering dissatisfaction with the official Lowenian model of bioenergetic analysis. I was helped to do this by looking at some recently available biographical material about Dr. Lowen from an attachment perspective.

What became clear to me was that both Alexander Lowen, and his teacher, Wilhelm Reich, came from families of origin in which they had two strikes against them. Both were insecurely attached and sexually overstimulated children. If you want to check this, I refer you to Sharaf's biography of Reich (1983), Lowen's recent autobiography, and an interview of Lowen on his 80<sup>th</sup> birthday (1990).

I believe that these two gifted men, each in their own way, created a school of therapy which reflected their doomed attempt to compensate for the inner emptiness that in turn resulted from their lack of ever having had a fundamentally secure relationship with their fundamentally insecure parents. Their solution was to substitute their bodies, their sexuality and energy for the missing external secure base. This is not to minimize the deep and abiding gift they gave to our field and society with their pioneering focus on the body and its vitality. It is rather to illuminate the subtle lack of focus in classical bioenergetic analysis on the qualities that enable a person to parent a child whose sexuality is a natural part of a secure self. Indeed, the wounded healers of any persuasion, body-oriented or not, are an unlikely source for the requisite parental qualities of basic security in oneself and a natural sensitivity to the people in one's life. Thus, the debt we owe to the prospective, normative research of Ainsworth and others in the attachment tradition.

***Impressionistically rendered, by putting the above proposition in a first-person narrative of al lowen's experience:***

“I never became attached securely to my parents ... they weren't present enough, attuned enough, affirming enough ... so I became attached to my body, its athleticism, its sexual feelings ... but it left a void; the endorphins only go so far ... with no core sense of security and belonging, I became inflamed by my prematurely awakened sexuality; I was driven by my sexual feelings; I sexualized things that were not sexual in their nature ... (sexuality became the solution to problems that were not sexual). Never having bonded securely as an infant, true intimacy was difficult for me. Not having the comfort in and with myself of a child that was attuned to, as an adult I could only make contact with someone, see them as a person, if they needed me, that is, if they came to me as a patient. Sadly, that also meant that I could not surrender myself to a therapist who might help me, by *how they were with me*, to repair my narcissistic wounds. So I tried to use my brilliant mind to heal via understanding. But being a psychosomatic unity, one cannot be sexually driven without being also mentally driven. So, while both Reich and I have

made deep and abiding contributions to our field and the larger society, we are also accurately described as brilliant but wounded healers who could not tolerate opposition to our ideas. Our minds and ideas were both our salvation and our torment.”

Even brilliant ideas can become maddening when they are an attempted solution to an insane anguish: If you doubt this, contemplate two such gifted men as Reich and Lowen spending their lifetimes trying to get us out of our heads and into our bodies, in a vicarious search for a peace of mind which they never found. Some of you know that I have called this cephalic shock. In the biographical and autobiographical material that I will be citing, Lowen frequently mentions the threat of insanity, which is often warded off by masturbation, athletics, sexuality and working with the body. He is, in my opinion, describing cephalic shock, or as Winnicott understood it, psychotic, unthinkable anxiety. Lowen calls it the mind/body split, Winnicott (1962) also called it “falling forever, having no relationship to the body” (p. 58).

So, to reiterate the central issue which I will attempt to illustrate in the remainder of this essay, bioenergetic analysis can be understood as a life-long attempt to find in the body a better substitute than the dissociated mind for the missing, attuned, maternal (parental) care. We are describing here an attempt to restore psycho-somatic unity by escaping the dissociated mind (mind as the locus of the false self) and getting back to the body. This attachment to the body is then a more wholesome, but still inadequate replacement for the original failed secure base with one's parents.

## ***Consequences***

There are a number of consequences that I believe follow from the above proposition.

1. The underlying fear of insanity in both Reich and Lowen is responsible for the paradoxical failure of bioenergetic analysis to include the head (which is experienced as housing the dissociated mind) along with the rest of the body as part of a truly *psycho*-somatic unity.
2. The belief system, which I will call Reichian/Lowenian bioenergetics, that results from this inherently flawed attempt to restore psychosomatic unity, is, by definition, a rigid system of thought. On the one hand, the product of two brilliant minds, it is a truly profound contribution to the understanding of psyche and soma in health and in illness. But, inevitably, on the other hand, it is the product of two dissociated minds, and as a substitute for the missing security that comes only from a secure relational base, cannot be questioned.
3. As already stated, the Lowenian bioenergetic vision suffers from a subtle, at times not so subtle, lack of understanding of the personal qualities in a parent



that recent research has shown to predict a secure child. The subtlety is to be found in the way Reichian principles are imposed as explanations that oversimplify life issues.

4. There is an alternative model (there are many) of the function of the therapeutic relationship than that which Lowen has given us that I will attempt to illustrate; first, by describing my own bioenergetic therapy experience, and then by exploring our differing views on grounding and shock.

### **My journey into bioenergetic therapy**

These are cautionary tales about what may well be going on psychosomatically in any therapy approach that deals explicitly with the body, but does not view the central task of therapy as engaging and reworking the patient's embodied attachment relationships. The tales are also a commentary on how *the attachment style of each therapist and of his preferred therapeutic method impose a specific attachment dynamic on the patient.*

Towards the end of my 10 years of therapy with the three men who founded the bioenergetic institute, I finally found the courage to be fully in the room, that is, there were two of us present. Most of the rest of the time my compliant, avoidant self was quite comfortable surrendering my body to the therapy with the understanding that once my underlying stasis and biopathy was corrected, I would somehow be returned a healthy psychosomatic self. In hindsight, I was only too happy to go along with this understanding of what bioenergetic therapy involved: I would not have to deal with relational intimacy of which I was terrified. In this story we look at the *shifting attachment relationship which my avoidant style makes with my therapist's own attachment style and, additionally, at the attachment significance of the therapeutic method in question.* Therapists choose and work in a modality that matches their gifts and personal comfort level with intimacy/autonomy.

In my first therapy the talking and the body work did not threaten to get too close to my hidden self and seemed a small enough price to pay in exchange for a relationship which, crucially, kept me from feeling alone. One time Bill, my therapist grabbed me and we wrestled, and I actually felt that some of the frozen shock in me let go. But I continued to dread the silences that threatened whenever there was a pause in the activity of our bodywork and talking. Bill died seven years into my therapy with him. In the midst of my grieving for him, I felt what seemed like too much shock of an abandoned infant that cannot survive and conserves what energy it has by freezing down close to the core. I sensed that it was this abandoned infant in me that had been so terrified of the inchoate abyss of silence, and I developed an abiding professional interest in early terrors for which there are no words.

In my second therapy, this time with Alexander Lowen, I was still watching the interaction from a secret, broken place within myself, but I was a little less avoidant. Less terrified of my grief and brokenness, I was less content with a bioenergetic method that never asked me about my internal experience. The use of my body and its energy as a self-object to stand-in for an attuned, responsive relationship with another human being was not working as well for me as it allegedly had for Dr. Lowen. As I lay back over the Bioenergetic stool, I barely heard a whisper from my secret self, wishing that I could just lie there in my oral collapse and not do anything . . . just luxuriate in my apnea . . . slow down and face the part of me that was mostly dead in my chest, and maybe even come to life a bit as a result. But I am not sure that I really made sense of the whisper until some time after the therapy ended, and so I “breathed” on top of this half dead, low energy, despicable part of me, convinced that Al had no patience for such lack of energy.

In the grounding position, the dynamic shifted slightly, but as I had done for most of my career as a patient, from the unattached place where I lived, I never stopped watching the interaction between my therapist and my body. From the waist down, my body had a higher charge and energy than my upper body with which I was more identified. So, for some minutes, as I stayed in the grounding position, Al Lowen sat, seemingly fascinated, perhaps, I thought, even enraptured with the energy and vibrations that emanated from my legs and pelvis. The mostly dead child in my chest, who has never been enough, felt deeply envious of my strong lower body which did not have to do anything more than to release its tension and energy to hold the attention of my therapist.

My final bioenergetic therapy was with John Pierrakos. About a dozen years earlier, I had an important experience with John as a member of a group of bioenergetic therapists that he was leading. Actually, generally speaking, in my contacts with John as a senior colleague, I was very drawn to the warmth and considerateness I felt from him. While John was focused on the identified patient in the center of the group circle, I somewhat avoidantly sat down next to him ... wanting the contact, thinking that he wouldn't notice me absorbing his warmth. So I was a bit startled when I felt his hand on mine, but I was really stunned when I turned towards John to show my appreciation and I realized that he was focused intently on the “patient” in the center of the circle. Indeed, he seemed barely aware that he had touched me. John's implicit gesture went beneath my avoidant, False Self and found me in a way that no touch done as a body technique could have. I knew and felt in that moment something about secure attachment that was new. John had touched me not just with his hand, but with his humanity. I am reminded of Conger's (1994) words:

“... only genuine presence and true contact brings forth the deep healing of our injured humanity...there is no technique, no clever use of words, and no substitute for the intuitive nature stepping forth as human soul” (p. 90).

This was definitely a “now moment” as described by the Process of Change Study Group (Stern et al., 1998). In that moment there was a shift in my “implicit relational knowing” (Lyons-Ruth, 1998) about how I could be with someone and thus my attachment status shifted, even if fleetingly, towards secure. In that moment John was with me in a way that a secure parent is with her soon to be secure infant many times a day, and for a while my isolated psyche was not watching from someplace in my head; I was just there, in the room. As opposed to the moment with Lowen when I felt excluded from his attachment to my lower body, this time, on a level below self-consciousness, John's hand sent and my hand received a message that my bodily self need do nothing other than be alive. Although the “thank you” I was about to give him was genuine, it was from a false self place that did not know love freely given.

Fast forward to twelve years later, and I am in an individual therapy session with John. He is pounding on my chest chakra, and suddenly my entire career as a patient flashes before me. When, as Woody Allen might have urged, I asked myself, my heart pounding much louder than John was pounding, am I finally going to show up? As some of you may know, John was particularly interested in energy, charkas, and auras. But, determined this time not to lose myself in his therapeutic belief system, while he was still pounding on my chest, I said, don't know if you are interested in what's going on for me . . . but while you are working on my chakra . . . I am thinking, >What a stupid shit you are and that I would like to tear your head off your shoulders!!««

John stopped and seemed genuinely interested in what I had said, even though it had interrupted his work. Nothing succeeds like success, so I then told John what had been happening spontaneously in my body recently in my daily life outside the office i.e., I had a new sense of unity when I held my head up in a way that released the tension at the base of my skull. This was truly attachment individuation at work. I was in the room with John, putting my subjective reality on a par with and even ahead of what I perceived as his belief system. I then asked John to confirm my body reality by reading my aura while I held my head in this position. He liked the blue hues he saw. I cannot convey the intensity of joy and aliveness, the inner light of integrity that came over me as I left that session, and which stayed with me for several weeks. I must have sensed from my earlier encounter with his implicit warmth that John would stay present and receive the first direct expression of protest and hate I had ever made to a therapist. In doing this John made me feel that he valued me more than the chakras, energies and procedures to which he had seemed so attached, and which I would no longer accept as a substitute for a contactful, secure relationship. In conclusion, a therapist who, by his sensitivity and responsiveness to your body and soul, fosters a secure attachment with and in you, is a blessing.

## **The nature of healthy (secure) relationships in life and in therapy: a bioenergetic model amiss**

The following quotes are from an interview that Lowen gave in 1990 (Lowen, 1990). Here Lowen speaks about Reich, and, as I read it, many therapists, himself included:

Well, “naturalness is a funny word for Reich, because while he says “natural”, I don’t know if he ever knew what naturalness is. How can he, given that background? Being that tormented, that obsessed with sex, how can he know what naturalness is? All he knows is that he has a tremendous sexual drive” (p. 4). Now remember, Lowen is not just talking about Reich; I submit that he is talking about the world that he knows best, that includes himself and the patients and therapists that have been a big part of his world. If you doubt this, listen to his response to a question as to how secure in her sexuality Reich’s mother was: “No, of course not. If she were secure in her sexuality, Reich might not have been a psychoanalyst!”

A minute earlier in the interview Al is asked what he makes of the fact that Reich had such early sexual relations with his nurses:

”I think that saved his life and his sanity. You can see that this boy (and man) was sexually tormented all his life. And that is not normal. That is compulsive. He is obsessed with sex. But that doesn’t mean that he is screwy! We are all obsessed with sex in this culture. I know I am. Once in a while you meet somebody who isn’t obsessed with sex, and you realize what a difference there is between the way you feel and the way a really healthy person feels about sex . . . and the reason he (Reich) was obsessed with sex is because it came upon him at an age when he couldn’t deal with it. How can you deal with it when you are over-excited as a child with a mother who is beautiful, seductive, voluptuous and soft?”

I have no problem with this as far as it goes. Why should I? I am probably as obsessed with sex as most of my colleagues, and I credit my mother’s seductiveness with me for a good measure of it. But what is out of focus, what is missing in Lowenian bioenergetics, is a description of the qualities that enable a person to parent a child whose sexuality is a natural part of a secure self. My wife for instance, is not obsessed with sex. But what was it about her parents that gave her a secure base, a sense that she belonged, a basic comfort with herself and a natural sensitivity to the people around her? It must have been something balanced and secure in their own beings that would never have allowed sexuality to become so seductive, so acted out, so crazy-making. They were like the relatively secure parents who tend to raise children who test (in double-blind

rating) as secure. These people, who van Ijzendoorn & Bakermans-Kranenburg (1996) and other attachment researchers consistently find, make up about 60% of not-at-risk populations, are sensitive and responsive to their children, give them firm boundaries, and accept their protest without retaliation. In this regard, Tuccillo (2006) has recently proposed a much-needed somato-psychic, relational model for the healthy development of human sexuality. If the reader is a therapist, this description may strike him as a touch unreal, because such people do not spend much, if any, time in therapy and therapists, who work a lot and spend a lot of time with colleagues, may not meet such people very often. I say this because of a personal conviction that most therapists (wounded healers) were not securely attached children, even though their own therapies may have helped them rewire their limbic imbalances in a more secure direction. I do not know if anyone has done research on the attachment status of therapists, but I wonder how many of us recognize ourselves in this description (Lewis et al., 2001) of 3, 4 and 5 year olds:

“Happy, socially competent, resilient, persistent, likeable, and empathic with others. Had more friends, was relaxed about intimacy, solved problems on his own when he could, and sought help when he needed it”. This is typically the way teachers describe children who showed secure attachment behaviors at 15 months (p. 74).”

Turning to the rendering of Lowen's family background in his autobiography (Lowen, 2004), I find once again that something crucial is missing. As in Reich's story, the conflicting parental personalities are described. We are told that as a child Lowen was severely shamed around sexuality, and that he did not have a warm emotional life at home. Considering the obsession with sexuality, the narcissistic lack of contact with people in everyday life and the lifelong struggle to accept failure that he shares with us in his interview, it rings hollow that turning to his body via masturbation and sports could actually substitute for the lack of a fundamentally secure relationship with his fundamentally insecure parents. Lowen (2004) tells us that,

“every infant or child needs an unconditional commitment from its parent ... Whenever a parent fails a child in this regard ... each such experience undermines the child's feeling of being secure in its world ... once childhood ends, one cannot be fulfilled by another person. We must then stand on our own feet ... But it is not hopeless, because we have our two legs to stand on, even though they feel insecure. As an adult, one can take appropriate measures to strengthen one's legs and to make them feel more secure, and one may need some help in that endeavor” (pp. 155-156).

I find that if this is to mean more than any physical trainer does to strengthen your leg musculature and your balance, then it is about an attuned caregiver/therapist helping you to tolerate the deep feelings of despair, rage, terror, etc. that open up as you get in touch with your body and open up its feelings. I believe that something paradoxical occurs to the extent that patients experience a significant deepening in their sense of grounding in their work with Lowen. They bond with him deeply via sharing his conscious belief that he is just a guide and that the essential process is taking place exclusively in their bodies.

I believe that one experiences the missing security and one's body slowly changes in the way that Lowen describes in his chapters on grounding, *but as part of a process in which one becomes deeply attached to the person who is doing the shepherding*. The specifics of what kind of nonverbal interventions attunement, acceptance, being seen, quality of contact, etc are optimally effective in changing the psyche-soma of each patient vary with the specific relational history that is embodied in the form and motility of their body. This also depends naturally on the body and soul of the therapist; on what kind of shepherd he/she is. how attuned, how sensitive, how accepting of protest. The details vary as to how, in his daily life, each patient learns to live closer to the life and feeling in his body. What I have not seen in my forty-five years in the bioenergetic community is a successful outcome when the attempt is made to substitute an attachment to one's own body for the original missing secure relationship. is relationships with people that break our spirits and our connection with our bodies. It is relationships with people that heal them" (Hilton, 1988/89).

Lowen's (2004) vision is quite different: "Bioenergetic therapy does not offer treatment for emotional problems. Therapy is a self-healing process in which the therapist is a guide and facilitator" (p. 221). I find this quite divorced from a grounded description of two real people in a room together, one of whom is witnessing and being entrusted with the other's unbearable anguish. Lowen's stance here follows from my main thesis: He employs his mind and his sexuality to defend against deep emotional woundedness, insecurity. Thus he cannot really be in the room with his patient's terror and agony and thus retreats up into his head as a guide who depends on his understanding of "the human condition ..." (p. 221).

## **Grounding and cephalic shock**

A third source that has helped me to formulate this essay is Helfaer's review (2005) of Lowen's autobiography. Helfaer says, "From this voice (Al's) I gained insight into my own life journey and a deeper understanding of Bioenergetics" (p. 135). While I might have written the same sentence, Phil and I come to very different conclusions about Lowen's recent (1990 and 2004) autobiographical revelations.

Actually, it was back in 1976 that I first put in print my divergent understanding of the relation of the head to the rest of the body (Lewis, 1976). Over the years, I developed my clinical construct, cephalic shock (1984, 1986, 1998), more fully. Lowen (2004), as he tells his story, sensed, following his therapy with Reich, that his basic insecurity was still with him. He also realized that Reich himself had not dealt with his own deep humiliation and resultant messianic grandiosity. So, going his own way, Lowen pursued a more secure connection and contact with the earth through his pelvis, legs and feet. This, then, became the unique focus on grounding of Bioenergetic Analysis. In his autobiography Lowen makes it clear that he has struggled mightily to personally achieve this secure connection to the earth right into the ninth decade of his life.

I, on the other hand, following my first Bioenergetic therapy with William Walling, realized that I did not experience my shocked head as part of my body and could not trust it to another human being. So, although Lowen and I both sought a more grounded body, mine included the head. He tried to let down into a connection of his legs and feet into the ground; I tried to deal directly with the shock in my head that had been causing me to unnaturally fight the force of gravity since I was an infant. Neither of us had had much peace of mind. Until his autobiography, Lowen has not written directly about his being in a state of shock. Without using the word, however, he has previously shared the story of the spontaneous screams that came out of him during his initial therapy session with Reich. As he describes it in the recent book (2004):

“but I felt something in my personality that was not healthy. The screams had surprised me, because I did not feel any fear. My conscious mind, which was split off from the action, was an observer, unconnected to what was happening” (p. 39).

I would argue that this is a very clear description of a state of shock in which a trauma has split a dissociated mind from its anchorage in a feeling body. Lowen tells us on the same page that it was his mother's eyes which caused him to freeze and that “I knew that I had to do a lot more work in therapy to free myself from that fear” (pp. 39-40). I believe that the older he got, the more Al Lowen realized that the grounding, as he originally understood it, did not do the job unless it also included his shocked-since-infancy-head. I would ask the reader to view the touching photo of Lowen as an infant in the autobiography (2004), about which he says, “even as a baby my head is straining from my body” (p. 95).

In 1995, when Lowen was 84, he tells us that he suffered a breakdown in his knees secondary to the way he unconsciously held his head forward (got ahead of himself) in reaction to his basic Oedipal insecurity. His knee cartilage took the brunt of this un-centered, imbalanced stance. “Even though I tried to keep myself straight, I could never find the position of my feet that would give me the good sense of security that many other people have” (Lowen 2004, p. 198). Lowen

explains, “This problem is not solved from the head but from the ground up. We must start with the feet” (p. 138). He continues:

“I had come to some awareness that the neurotic character structure was a frozen state, as if the person had been shocked at some earlier point in his life (p. 142) ... I had been in a state of shock that prevented me from seeing the deeper dynamics of my problems. The issue was still grounding, but I needed a technique that would help me break through the shock state” (p. 143).

The older he gets, the more Lowen puts in writing the basic insecurity and shock in his structure and his life long, poignant struggle to free himself from the *driven sanity of a man who cannot risk losing his head*. Each innovation is presented as finally creating the energetic connection he is seeking. He has the patient raise his head while kicking the bed; he has the patient do somersaults; he hits the patient on the head. Al explains, “At age 87, I began to feel the tensions in my neck muscles, and I realized that it was associated with my fear of losing my head or breaking my neck. This fear of losing the head or breaking the neck is common to all of my patients” (pp. 164-165). At 93 years of age, Lowen is still on the quest with a new exercise, which he calls “connecting the feet to the earth”, the goal of which is to “have the vibrations begin with the feet and move up the body” (p. 240). In summary, Lowen's odyssey is about never having come to terms sufficiently with the shock in his head (cephalic shock) to find the peace of mind that eluded him. I do not know if I have done any better with my own shock, but I believe I had no choice but to look it more directly in the face/head.

Finally, in a number of earlier papers I have made the following point (Lewis, 1986), which, I believe, bears repeating. *Sometimes our words reveal what we truly believe. In all of Lowen's books and on p. 145 of Helfaer's essay (2005), the head is designated as something other than a part of the body: “After that, he (Al Lowen) was equally excited about re-discovering the somersault, age 93, as a way to work with the cervical block, allowing a better connection between head and body and, thus, fuller grounding” (p. 145). I would ask the reader to ponder the absurdity, the anatomical impossibility, one might even say the insanity, of it being common practice, in a discipline dedicated to psychosomatic unity, to understand and thus refer to the head not as part of the body, but as something additional.*

### **Belief systems help us to cope with personal tragedies that are too painful and shameful to grieve**

In this regard, Reich and Lowen, like all of us, needed a set of beliefs to help them with the intuitive sense of how small and frail and unknowing they really were in the larger scheme of things. In fact, in the event that the reader has been



discouraged rather than encouraged by the drift of my essay, I hope that my written work over the past thirty-two years demonstrates my continued passionate commitment to our evolving model of bioenergetic analysis, which strives to stay true to the life of the body, even as it is enriched by attachment, relational and neurobiological perspectives. But this paper is about missing pieces in a puzzle that I believe most of us can use in our journey as therapists. We all become attached to our patients, to their pain, to their vitality. We become attached to our beliefs, to our techniques, whatever adds to our security and makes us feel more alive. We are therefore always well advised to check that there are two of us in the therapy office, each with an inner life.

So, even if, too often, I take for granted how much life and health I was given by my Reichian/Lowenian therapies, please bear witness that I also feel grateful. It is somehow easy for me to forget that my bioenergetic therapists were a second family to me, that they brought me to a place where hope outweighed despair. Paradoxically, in spite of the limitations of the classical bioenergetic model that I have been addressing, the therapy it spawned was fundamental to the rich, fullbodied personal and professional life that I have enjoyed. But the paradox is more apparent than real, because, praise the Lord, *the healing humanity of my three bioenergetic therapists pulsed through, both in spite of and with the help of the model that made them feel most whole*. Additionally, Lowen's clarity, for instance, about the physiology of panic (1967), and many other somato-psychic dynamics were gems that focused my embodied sense of the timbre and tension and flow and gesture of the other person in the consulting room. But this is NOT the topic of this essay. In truth, it is partly my lingering disappointment that I was not more relationally healed by my therapies that fuels the searching look I take in this essay at the inherent limitations of the bioenergetic model which prevailed in those years.

In this final section, I am going to explore a bit further what I have already called the rigidity of a model that attempts to substitute for the missing secure relational base. From this perspective, the model can be seen as a rigid system of thought, a belief system in support of which limited or no data are offered, and which cannot be questioned. I find that another attribute of this model, which I will explore in regard to sibling relationships, is its unreality. I will just touch lightly on a number of areas in which I see the model's rigidity and unreality come to bear. I refer those readers who are interested in more detail to my website ([www.bodymindcentral.com](http://www.bodymindcentral.com)) where a slightly longer version of this paper will be available within a year of this publication.

One basic area in which I believe this rigidity and unreality plays out is the issue of childrearing. In this regard, there are two qualities in a parent that I would highlight as signs of his being a secure person. The first is his acceptance of his inner intuitive sense of how to raise a child, and the second is his awareness of his relative helplessness and limited understanding regarding the complex mystery of the young life that has been entrusted to him. Lacking this inner

security, Lowen tells us repeatedly in the autobiography (2004) and the Festschrift interview (1990), of the two linked belief systems that informed his work and brought a measure of sanity and meaning to his life.

The first is an amalgam that I will call socioanthropology, for lack of a better word. It enables Lowen to project his personal guilt and shame out into the culture at large and make them into everyone's problem. While there is truth in his formulation, there is also a denial of the particular shock and trauma through which he lived in his family of origin. Here, for instance, Lowen (2004) discusses the dynamics of the Oedipal situation:

“... most people in the Western world have both success and power. The collapse of their world is the impoverishment of their inner or emotional lives. Having committed themselves to success and power, they have little else to live for. And like Oedipus, they have become wanderers on the earth, uprooted beings who can find no peace anywhere. Each individual feels alienated, to some degree, from his fellowman, and each carries within him a deep sense of guilt that he does not understand. This is the existential condition of modern man” (pp. 121-122).

The second is a set of principles, most of which he inherited from Reich, which impose order on and offer oversimplified explanations for the messy business of raising a child. A central belief, for example, that appears throughout his writings is that a child will be healthy if it is nursed on demand and in contact with the warm body of the mother for the first three years of life. This belief system also specifies the grim results of any break in this continuous contact. Lowen (2004) explains:

“When a baby is born its ground is the warm and loving body of its mother. In most cultures before the turn of the century, the baby was connected to the mother's body by being carried on the mother's back for about three years (p. 153) .... This allowed the mother to nurse the baby any time it needed to be fed (p. 154) ... Every infant or child needs an unconditional commitment from its parent to be there for the child every time that the child needs that assurance or connection. Whenever a parent fails a child in this regard ... each such experience undermines that child's feeling of being secure in its world. That lack of security will be carried throughout life ...” (p. 155).

Lowen's words have great intuitive appeal. But is any data, any research offered in support of them? Lowen does not tend to offer empirical data in support of his assertions. He often gives descriptions of childrearing and other practices in cultures distant in time and place from our own Western industrial/technologically advanced societies. Since they are not referenced, they must be taken on faith.

On the other hand, off the written record, Lowen spoke with much more common sense. He knew that one can not actually raise a child according to a consciously held belief system. He and Leslie, his wife, only tried it once. Although he has remained committed to the Reichian principles in his written work, the life lessons of raising his son Fred were not lost on him. He told me personally on several occasions during his son's teen-age years, that the only way to really raise a child was to “muddle through it”. This advice helped me with our two adopted children. I must confess that after surviving the Watsonian behavioral principles which my own mother employed, and sensing the unreality of some of our own bioenergetic principles, I was actually somewhat relieved that my wife, Barbara and I, and our two adopted children would have to do the best we could without the prescribed three-year nursing experience. We would have to settle for less than perfection.

### **Some empirical data**

After several decades of careful observational research led by Mary Ainsworth (1963, 1967, Ainsworth et al. 1978), the attachment paradigm provides us with an empirically based model of normal development. There is now a vast number of controlled, longitudinal, infant and mother-infant observational studies that have given us a new model of how a baby develops into a healthy child. While Ainsworth initially spent several years studying mothers and infants in Uganda, most of her definitive work was done in white, middle-class homes. It is difficult to relate recent empirical attachment research to Reichian/ Lowenian principles, belief-systems, and statements about the necessity of unconditional availability in raising a child. Even parents of infants, who prove to be secure children, are only in a matching, attuned state with them 30% of the time (Tronick, 1989). Parents who match the emotional state and rhythms of their infants in the midrange, rather than the extremes, have the best outcomes: They and their children are rated as secure. Similarly, it is the quality - the sensitivity and attunement to the physical contact - rather than the quantitative amount that codes for secure outcomes in the cutting-edge research (Ainsworth et al. 1971, 1978) of this era.

And finally, although they are acutely aware of bonding issues, attachment researchers find the strong correlation to be between a secure sense of self in the parents and security in their offspring. They have not come up with data to support the Reichian/Lowenian hypothesis that any quantitative break in the “unconditional” availability of the mother leads to life-long insecurity.

## **No man is an island unto himself, or where are my siblings?**

This section details a legacy of unreality that I believe we inherit from an unexamined aspect of Al's narcissism: his relationship, or more accurately, his lack of relationship to his siblings. Again, because it bears repeating, I am exploring these issues in the hope that if we really face the ways in which Reich and Lowen, in the company of other heroic figures, had their Achilles' heels that weakened their roots, we will be both a humbler and more vital Institute. Our practice of bioenergetics will move towards an ever more sober and grounded somatic psychotherapy. In his recent essay (2005) Helfaer tells us how touched he was by the way Lowen spoke to him in a tender and protective way about his younger sister. I was as relieved to read this as I was shocked to learn five or ten years ago that Al actually had a younger sister named Sylvia. As in his conversation with me about "muddling through" childrearing, I believe we are dealing here with a profound split between the reality of what Al Lowen can in rare moments acknowledge in a private conversation, and the unrealities he enshrined in his self-healing vision of a bioenergetic model of health.

Over the years, Al told us old-timers time and again about his nuclear family-of-origin, himself, his father and mother. I listened carefully, and, as I say, was startled to discover that a sibling existed. The only place in all his writings that a sibling is mentioned is in his latest book (2004). Here, however he does not mention Sylvia, his living sister who was born when Al was four years old, but rather Sylvia's twin, the sister who died in her infancy. His comment is that her death did not affect him. Now, while Al was certainly not your average person, most of us come into this world either as only children or we learn early that we must share the joys and pains of life with our brothers and sisters. Al Lowen, however, seems on some level to accept what he tells us was his mother's image of him as her savior, whose success gave meaning to her otherwise empty life. Common sense, not to mention clinical experience, tells us how deeply a family is usually haunted, at least in our Western culture, by the death of a child. While Lowen may not have picked up a "messianic" (Lowen 2004, p. 92) strain in his personality until his encounter with Reich, he somehow created himself into such a special child that he was the only child.

The theory and practice of bioenergetic analysis has paid the heavy price of an impoverishment of both the rivalry and richness of an embodied sister-and-brotherhood. Children, no matter how brilliant, who cannot make peace with their brothers and sisters, are at risk for becoming thinkers who overvalue their own perspective. This seems more dangerous for an applied discipline that concerns itself with a model of psychosomatic health than, for instance, Kepler's predictions about planetary motion. Kepler's laws are easier to prove or disprove. Let me confess how immediate (non-theoretical) this issue is to me: Perhaps the purest murderous feelings I have ever felt were towards my own younger sister at the dinner table whenever she took the spotlight to say something, anything at

all! But, finally, my concern with Lowen's siblings is about *the main thesis of this paper: the blurred focus in Lowenian bioenergetics on his own crucial family dynamics and the consequently flawed model of the quality of relationships in a secure, healthy family of parents and their children.*

### **And ... speaking of the truth**

About five years ago I wrote this definition of bioenergetic analysis:

“When you have no words for your feelings, for what happened to you, for what is missing in you, we listen to the inner resonance - of your inchoate secrets - as it lives in your body. We help you to sense and amplify this inner resonance until its movement comes close enough to the surface of your being to enter your consciousness.

But we also listen carefully to your words and we are touched by them when they come from a depth of your being that no one can put a hand on...’

I have italicized the sentence about spoken language, because words have long been second-class citizens in the psychosomatic equation of Reichian/Lowenian therapy. This has been the case because, in spite of the brilliant vision of psychosoma equivalence, both men had a strong belief that words could not be trusted to convey a person's deeper truth. They, in common with most victims of family of origin trauma, had very personal reasons for this mistrust. Their primary attachment figures consciously disavowed and/or were unaware of their feelings, thoughts and behavior - such that their verbal descriptions of what took place denied Reich and Lowen's experience of that reality. This is commonly described as a particularly destructive aspect of trauma within the family. As is also well known, these patients, for many reasons, in their heads” and are both cut off from and do not trust their deeper feelings. But we also tend to filter our experience of others through our own structures: What if both Reich and Lowen, sensing their own cephalic shock (dissociation), assume that others' words are also not to be trusted as direct expressions of their essential being?

So, on the one hand, we bioenergetic therapists are lifesavers when we pay less attention to the words of the dissociated patients, and help them to come down into the life of their bodies. On the other hand, let those of us bioenergetic therapists, like Reich and Lowen, who have felt traumatically betrayed, be cautious that our deep mistrust of our own parents' words, does not blind us to the moments when our patients' words, come from a depth of their being that no one can put a hand on.

I hope that this essay has kindled an ongoing curiosity both as to how our attachment styles affect the mix of intimacy and autonomy we embody as

therapists, and, how we are all at risk to attach everything from our own beliefs to our patients' vitality, in an attempt to heal our less than secure beginnings.

It may bear repeating that our creations are always more or less about ourselves. Most of us hope that they will speak to and touch others. In our field we offer personal help to others who have been significantly broken by life. I believe that the more genuine we can be, as wounded healers, about our own personal brokenness, the more healing our help will be. My work on cephalic shock is nothing if not about my struggle to live more fully in the moment. I hope I have been as candid about this as I ask of Reich and Lowen.

## **Bibliography**

- Ainsworth M (1963) The development of infant-mother interaction among the Ganda. In: Foss B (Ed) *Determinants of Infant Behavior*, Wiley, New York, 67-104.
- Ainsworth M (1967) *Infancy in Uganda: Infant Care and the Growth of Love*, The Johns Hopkins University press, Baltimore.
- Ainsworth M, Bell S, Blehar M, and Main M (1971, April) Physical Contact: A study of infant responsiveness and its relation to maternal handling", Paper presented at the biennial meeting of the Society for Research in Child Development, Minneapolis, Minnesota.
- Ainsworth M, Blehar M, Waters E, Wall S (1978) *Patterns of Attachment: A Psychological Study of the Strange Situation*. Erlbaum Associates, Hillsdale, H.J.
- Clauer J (1995) Some Developmental Aspects of Body and Identity: Analytic-Imaginal Body Psychotherapy. Presented at the First congress of the European Federation of Bioenergetic Analysis/Psychotherapy, May, 1995 in Rome.
- Conger J (1994) *Character and Character Armor. The Body in Recovery*, Frog, Ltd., Berkeley, California, 89-94.
- Finlay D (1999) A Relational Approach to Bioenergetics. *Bioenergetic Analysis. The Clinical Journal of the IIBA*, 10 (2).
- Fonagy P, Gergerly G, Jurist E, Target M (2002) *Affect Regulation, Mentalization and the Development of the Self*. Other Press, New York.
- Heinrich V (1999) Physical phenomena of countertransference: therapist as a resonance body. *Bioenergetic Analysis. The Clinical Journal of the IIBA*, 10 (2) 19-31.
- Helfaer P (2005) Review of "Honoring the Body: The Autobiography of Alexander Lowen. *Bioenergetic Analysis. The Clinical Journal of the IIBA*, 15, 133-146.
- Hilton R (1988/89) Narcissism and the therapist's resistance to working with the body. *Bioenergetic Analysis. The Clinical Journal of the IIBA*, 3 (2) 45-74.
- Hilton R (2000) Bioenergetics and modes of therapeutic action. Presented at the International Conference on Bioenergetic Analysis, Montebello, Canada, May, 2000.
- Holmes J (1993) *John Bowlby and Attachment Theory*. Routledge, London.
- Lewis R (1976) *Infancy and the head. Energy and Character* 7 (3). Lewis R (1984) Cephalic shock as a somatic link to the false self personality. *Comprehensive Psychotherapy*, 4, Gordon and Breach, New York.
- Lewis R (1986) Getting the head to really sit on one's shoulders: a first step in grounding the false self. *Bioenergetic Analysis. The Clinical Journal of the IIBA*, 2 (1) 56-77.

- Lewis R (1996) Bioenergetic analysis: My voyage to self-discovery. *The Clinical Journal of the IIBA*, 7 (1) 42-56.
- Lewis R (1998) The trauma of cephalic shock: clinical case study. *Bioenergetic Analysis. The Clinical Journal of the IIBA*, 9 (1), 1-18.
- Lewis T, Amini F, Lannon R (2001) *A fiercer sea. A General Theory of Love*, Vintage Books, New York, 66-99.
- Lowen A (1967). *The physiology of panic. The Betrayal of the Body*. The Macmillan Company, New York, 161-182.
- Lowen A (1990) An interview with Alexander Lowen. *Bioenergetic Analysis. The Clinical Journal of the IIBA*, 4 (1) 1-11.
- Lowen A (2004) *Honoring the Body*. Bioenergetic Press, Alachua, Florida.
- Lyons-Ruth K (1998) Implicit relational knowing: Its role in development and psychoanalytic treatment. *Infant Mental Health Journal*, 19, 282-291.
- Lyons-Ruth K, Melnick S, Bronfman E, Sherry S, Llanas L (2004) Hostile-helpless relational models and disorganized attachment patterns between parents and their young children. In: Atkinson L & Goldberg S (Eds) *Attachment Issues in Psychopathology and Intervention*. Lawrence Erlbaum, London.
- Sharaf M (1983) *Fury on Earth: A Biography of Wilhelm Reich*. St. Martin's Press, New York.
- Stern D, Sander L, Nahum J, Harrison A, Bruschweiler-Stern N, and Tronick E (1998) Non-interpretive mechanisms in psychoanalytic therapy. *International Journal of Psycho-analysis*, 79, 903-921.
- Tronick E (1989) Emotions and emotional communication in infants. *American Psychologist*, 44, 112-119.
- Tuccillo E (2006) A somatopsychic-relational model for growing an emotionally healthy, sexually open body from the ground up. *Bioenergetic Analysis. The Clinical Journal of the IIBA*, 16, 63-85.
- Van Ijzendoorn M H & Bakermans-Kranenburg M J (1996) Attachment representations in mothers, fathers, adolescents and clinical groups: A meta-analytic search for normative data. *Journal of Consulting and Clinical Psychology*, 64, 8-21.
- Winnicott D (1949) Mind and its relation to the psyche-soma. In: *Through Pediatrics to Psychoanalysis* (1975). Basic Books, New York, 243-254.
- Winnicott D (1962) Ego integration in child development. In: *The Maturation Processes and the Facilitating Environment* (1965). International Universities Press, New York, 56-63.

# *The embodied mind<sup>1</sup>*

Helen Resneck-Sannes

“Put your ear down close to your soul and listen hard”

Anne Sexton

In the September issue of the “Psychotherapy Networker”, Kathy Butler writes: “No longer is the skull a black box, its clockwork invisible as it was to Sigmund Freud, Carl Jung, and I will add here, Reich *and Lowen (italics are mine)* and the seminal thinkers and clinicians who have shaped 20th-century psychotherapy. For the past decade, in well-funded university neuroscience laboratories from Boston to Madison to San Francisco, the black box of the skull has been opening and spilling out diamonds. (Butler, K. 2005,p.28)

Understanding this research is important as I agree with Angela Klopstech's (2005) conclusion that:

“At this point in time, it is obvious that Bioenergetic Analysis can neither remain solely within the limitations of its original energy concepts, nor can it afford to lose its roots and become lost in the recent relational and process oriented approaches. In part, its viability will require that it open itself and cast a curious eye on the research from contemporary neuroscience.” (p. 101)

Because of the current interest in the field of psychotherapy in neurobiology, and in order to converse with our colleagues, I think it is important that we, in the Bioenergetic community have a basic knowledge of the anatomy of the brain and how it functions. This article focuses on some of the salient aspects of this research, which are relevant for psychotherapy and particularly Bioenergetics. This research, which is concluding that the brain informs the body and the body in turn informs and sculpts the brain, has implications for the Bioenergetic theory of character development. A brief review of theories regarding the processing of traumatic memories is presented. However the major focus of the article will be on early infantile attachment. Some of the findings from neuroscientific investigations will be summarized regarding how empathic interactions between caretakers and infants build neuronal structures in the sensory motor areas of the brain.

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<sup>1</sup> Published on *Bioenergetic Analysis*, 2007 – 17.



## The brain

As Bioenergetic analysts, we talk about being body therapists and learn the various muscles and their functions. However, we leave off the head, as if it isn't part of the body. I thought it might be interesting to take a look at these different brain parts and at least have some kind of visual represent Iti on of what we are talking about.

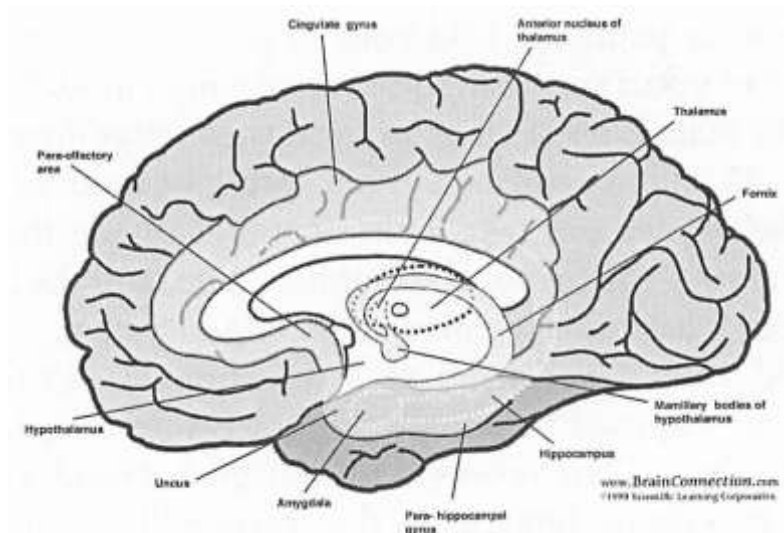
I will focus on those brain structures, which develop during the first three years of life and are important for the development of attachment, empathy, emotional regulation, and the processing of traumatic events.

Daniel Siegel has a description of the brain, which he refers to as: “The Brain in the Palm of Your Hand”. If you take your thumb and bend it into your palm and fold your fingers over the top, you will have in front of you a surprisingly accurate rough model of the brain. Of course, the brain is made up of impossibly complex interconnections among 10 to 20 billion neurons and can hardly be reduced to a human fist. Nonetheless, we can take a shortcut and divide the brain into three major areas - the cortex, the limbic system, and the brain stem - and talk about what role they play in the larger system.

Now, hold your curled hand up - the “brain” - so that you are looking at your exposed fingernails. Unlike Daniel Siegel, I also have pictures of the brain. The “eyes” in this imaginary head will be just in front of the two center fingernails, the “ears” will be coming out the side, the top of the head will be at the top of your bent fingers, the back of the head will correspond to the back of your fist, and the neck will be represented by your wrist. Looking “inside” the head, your wrist represents your spinal cord coming up from your back. Then the center of your palm symbolizes the brain stem, which emerges from the spinal cord. The brain stem, the lowest area of the brain, is an interface between the brain and the outside world: it takes in information from perceptions, from the body, and it regulates states of wakefulness and sleep.

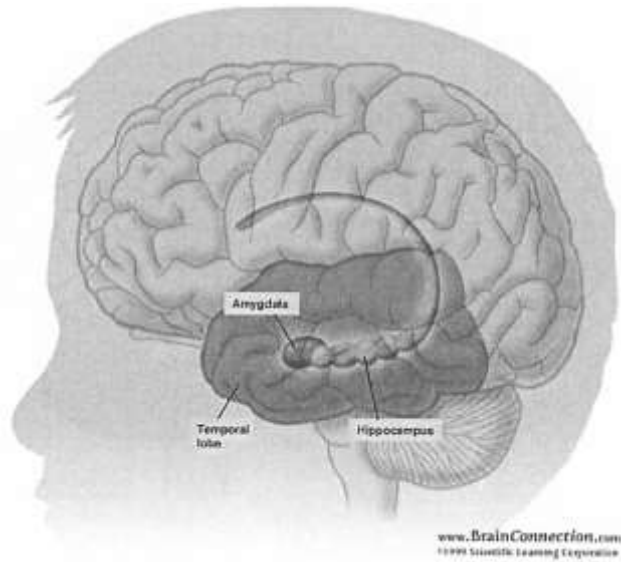
If you raise your fingers up and reveal the thumb curled into your palm, you're looking at the area symbolizing the limbic structures, which generally mediate emotion and generate motivational states. This crucial function influences processes throughout the brain. Emotion is not simply based or limited to the limbic circuits, but appears to influence virtually all neural circuits and the mental processes that emerge from them.

For clinicians, several regions of the limbic system are especially important to know. First is the *hippocampus*, which is important for integrating processes that result in “explicit memory” or factual and autobiographical memory. (Remember that the brain is divided into a left side and a right side, so there are really two hippocampi, as there are two of most structures in the brain.) As you can see the hippocampus extends up into the cerebral cortex.



The *amygdala*, represented on the second to last segment of your thumb, is more toward the center of the temporal lobe. As you can see, the amygdala is out there all by itself, only connected to the hippocampus. The amygdala evaluates whether an incoming stimulus is safe or is a threat and does this isolated from the cerebral cortex. The reaction is simultaneous, e.g. suppose I'm about to begin a walk with a friend. As we walk by the fence that is the boundary of the trail, we notice a sign that says: "think I saw a mountain lion today, be careful." Further on down the trail I spot a flash of gold out of the corner of my eye. Immediately, my heart begins pumping blood into my extremities, my neck lengthens, extending my head so that I can orient to the spot, where I think I saw the gold which now, in my mind's eye, appears as gold fur. My body is in a high state of arousal, hopefully instigating its fight/flight response and not freezing. Another 30 seconds passes and my mind is wondering, whether I actually saw a mountain lion or whether it is the pampas grass waving in the wind that appeared to me in that millisecond out of the corner of my eye as gold fur.

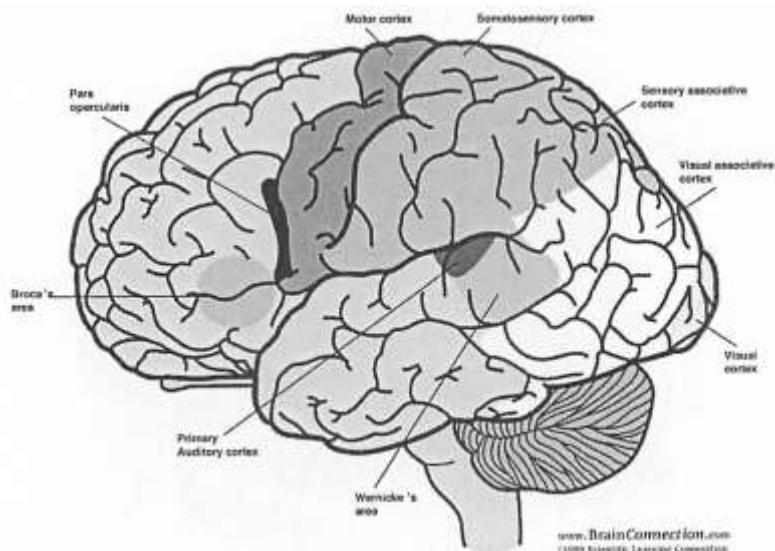
This entire arousal reaction happens without the direct involvement of the cerebral cortex. The amygdala is in fact, one of the important appraisal centers in the brain and may be part of a general purpose defense response system. It is important for processing emotions, especially sadness, fear, and anger. *Processing* means not discussing the meaning, but generating the internal emotional state and the external expression, as well as the perception of such states in others. The amygdala, for example, has face-recognition cells, which become active in response to emotionally expressive faces.



Then, toward your thumbnail, we can imagine the anterior cingulate cortex. Some people think of this region as the chief operating officer of the brain. It helps coordinate what we do with our thoughts and our bodies. Some experts include the hypothalamus here as part of the limbic system. The hypothalamus is a crucial neuroendocrine center, which initiates hormonal secretions and neurotransmitter flow involved in coordinating many brain-body functions, including the experience of hunger and satiety.

Putting your fingers back over your thumb will represent the third major area of the brain: the cerebral cortex. Also known as the neocortex or cortex, this region sits at the top of the brain and is generally regarded as the center of the most evolved functions of reflection and awareness - functions that distinguish human beings from other animals. The cortex has lobes that mediate distinct functions. In mental health, we're interested in the frontal part of the cortex, called the frontal lobe. Symbolized by the front of your fingers from the second-to-last knuckles down to your fingernails, the frontal lobe mediates reasoning and associational processes. Its front part is called the prefrontal cortex, and is symbolized by your last knuckles down to your fingernails.

Two major areas of the prefrontal cortex are the side parts called the dorsolateral or lateral prefrontal cortex, where your two outside fingernails are. These are the centers for working memory, the chalkboard of the mind, which enable us to remember a phone number long enough to dial it, or a sentence long enough to say it. The middle part includes the orbitofrontal region, so called because it's behind the orbit of the eyes. In the hand model, the *orbitofrontal cortex* is



symbolized by the middle two fingers, from the last knuckles down to the fingernails.

The orbitofrontal cortex is the only area of the brain that is one synapse away from all three major regions of the brain. It sends and receives neurons to and from the cortex, limbic structures and brain stem, integrating these three areas into a functional whole. This unique structural position gives it a special functional role in integrating the complex system of the brain. It appears to play a critical role in the human capacity to sense other people's subjective experience and understand interpersonal interactions. The orbitofrontal cortex regulates emotion and emotionally attuned interpersonal communication (often involving eye contact). This is the region of the brain where neuroscientists are beginning to believe that empathic understanding happens. The orbitofrontal cortex also has to do with response flexibility, i.e., the ability to take in data, think about them, consider various options for responding, and then produce an adaptive response. Finally, it is believed that the orbitofrontal cortex is essential for self-awareness and autobiographical memory.

It is believed that an important function of the orbitofrontal cortex is the regulation of the autonomic nervous system, the branch of our nervous system that regulates body functions such as heart rate, respiration, and peristalsis, systems we work with a great deal in Bioenergetic therapy. It has two branches: the sympathetic, which is like an accelerator (up regulates) and the parasympathetic, which resembles a braking system (down regulates). Together, the regulation of the two systems keeps the body balanced, ready to respond with heightened sympathetic arousal to a threat, for example the mountain lion, and able to calm itself down when the danger is past. In PTSD there is a malfunction of the system in that the danger is past and the body is still activated, as if the

threat is still present. Optimal stress is an important concept emerging from the neurobiological research. As Cozolino (2002) says:

“Although stress appears important as party of the activation of the circuits involved with emotion, states of moderate arousal seem optimal for consolidation and integration. In states of high arousal, sympathetic activation inhibits optimal cortical processing and disrupts integration functions. States of moderate arousal maximize the ability of networks to process and integrate information.” (p. 62)

Siegel has referred to this optimal state as the therapeutic window. I do want to highlight, that when Siegel is talking about integration, he is referring to verbal integration, as revealed in a coherent narrative. We, Bioenergetic therapists are tracking somatic coherency as well, by noticing not only the breaks in the verbal story but also by paying attention to when the client's breath is shallow or held, when the shoulders rise in fear, when the thigh muscles contract and feet lift off the ground. We help move the energy of the body when it is stuck, and we also have mechanisms of somatic down regulation, discharge, and soothing, supporting the vibrations of the body to evolve into streamings of flowing energy.

## **Brain research and bioenergetics**

Now, that we have a cursory understanding of this brain, you might say, that is interesting, but what does that have to do with Bioenergetics and character analysis? First of all, an important finding from the brain research, using pet scans and neuroimaging is confirming that the mind grows in relationship to its environment, especially during the first three years and that various parts of the mind are affected as a result of different parenting. The neurobiological research is supportive of Lowen's (1975) theory of character development, that the amount of trauma and support during the first three years of life influences a person's ability to develop emotionally and handle traumatic events. In my view it is also supporting his definition of character formation and its representation in the body.

Daniel Siegel (1999), Allan Schore (2003, 2003b) and others have summarized a great deal of research indicating that early attachment experiences primarily affect the development of the right brain, specifically the right orbitofrontal cortex. The right brain contains a more integrated somatosensory representation of the body, including the state of tension of the body's voluntary muscles and the position of the arms and legs. A major finding is that excitation, which follows from attuned parental stimulation builds structure by laying down neurons in those parts of the infant's brain that are concerned with sensorimotor functioning. Those neurons in the brain are responsible for sending signals to various muscle groups throughout the body as they mature and come into action at various ages. It appears that stimulation from caregivers during the first few years of life is necessary for the forming of those muscular, visceral, and sensorial structures that go into the building of

the form and functions that Bioenergetic theory has labeled as character. When a therapist analyzes character, she is gathering information about the form and function of her client's body and from that information, develops hypotheses about the early relationships that person had with her caregiver. These early interactions built a neuronal network in the sensory motor part of the brain. These neurons sent signals to the muscles to contract or to expand, to build structures. However, if the parts of the brain didn't receive the necessary stimulation, then signals weren't sent to those muscle groups, and the body wasn't built, or it was weak, or collapsed. Think of the pictures in Stanley Keleman's (1985) book, Emotional Anatomy. When there is a great deal of invasion, the body is dense, without support; there is an oral collapse. When the input from the parent is attuned, the body is represented in the development of a balanced musculature. Now, we also know that some people are born with more resilience to handle the stresses of life, while others are more easily over-whelmed and traumatized by the same events. Some of these differences may be genetic, and some people may from the very beginning already have a greater capacity for managing stress.

Our early relationships with our caregivers influence our reactivity, and sculpt the form and functioning of our brains. Daniel Siegel uses a computer model to describe how the mind works. Summarizing recent neurobiological theories, he says that the human mind emerges from patterns in the flow of energy and information within the brain and between brains (p. 2). He says: that engaging in direct communication is more “than just understanding or even perceiving the signals - both verbal and nonverbal - sent between two people. For “full” emotional communication, one needs to allow his state of mind to be influenced by that of the other” (p. 69). Allan Schore has talked about how the mother uploads information from the infant's mind and reprocesses it, presenting it back in a more regulated experience to the mind of the child. Notice the language. He talks about uploading and downloading information, terminology of computers, but one of the purposes of this transfer of information is to provide regulation of emotional needs (drive theory). Recently those neurons that are being affected in this emotional empathic communication have been discovered and given the name of: *Mirror Neurons*.

## **Mirror neurons and empathy**

Like much of the early developmental research, mirror neurons were initially discovered in animals. Giacomo Rizzolatti and his colleagues (1992) attached electrodes to monkeys' brains. It was discovered that when the monkey reached for an object, a certain neuron was activated. Later it was discovered that the same neuron was activated when the experimenter reached for the object. It was called a mirror neuron, because it fired whether the animal itself was initiating the action or it saw someone else, like a mirror initiating the same action.

Although the experimenters eagerly inserted electrodes into the monkeys' brains, they weren't willing to succumb to the same treatment themselves. Instead, functional magnetic resonance imaging (*fMRI*) was used to evaluate the neurons in the experimenters' brains. Keysers and his colleagues (2004) looked at "tactile empathy", or how we experience the sight of others being touched. They found that the same area of the somatosensory cortex was active both when the participants, men and women were lightly brushed on the leg with a feather duster, and when they viewed someone else being touched in the same spot (Keysers, C. and Bruno, W. 2003). This finding is somewhat interesting in and of itself, but the researchers were interested in whether the intentionality behind the action made a difference. They discovered that different neurons were activated depending on whether the experimenter lifted the teacup to pour tea or reached for the cup to clear the table. Although they didn't find the identically same mirror neurons that were activated in the minds of the monkeys, they did find that similar neuronal systems were activated.

Researchers speculate that the amygdala, which resides in the limbic system, may be the area of the brain where the mirror neurons are formed. It is thought that the amygdala sends signals to the hypothalamus, which in turn stimulates the neuroendocrine chemicals such as: adrenaline, noradrenaline, dopamine, gamma-aminobutyric acid, thyrotropin-releasing hormone, neurotensin, enkephalins, and endorphins. These chemical reactions generate the processes of internal emotional states - sadness, rage, fear and their external expression - tears, trembling, etc. The amygdala is also capable of identifying the emotional states in others. For instance, babies' understanding of mothers' emotions was demonstrated in an experiment in which young infants used their mothers' emotional expression to navigate a "visual cliff" (a sheet of glass over which the baby crawls, under which a bottomless cliff appears in the midway). The infants looked at their mothers, before crawling on the glass to get the toy on the other side of the visual cliff. When mothers displayed fear, no infant crossed the cliff, but when mothers showed joy, about two-thirds of infants crossed the cliff to get the toy (Hojat, 2004, p. 29). According to the theory of mirror neurons, the mothers' emotional responses stimulated the same neurons in the infants' brains, which then empathically generated the same state in their bodies. Researchers are very interested in mirror neurons, because this may be the beginning of how empathy is transferred and taught. By using functional brain imaging, it has been shown that the system of mirror neurons that was first discovered in monkeys also exists in humans' brains. The mechanism of mirror neurons is innate, and constitutes a basic organizational feature of our brain that can cause a set of neurons to "fire together" by observation of the mother's behavior, and subsequently "wire together" in later stages of development. It has been proposed that the mirror neuron activation could be the basis of action recognition and this mechanism can sow the seeds for understanding others and thus development of empathy in children.

They are also discovering that infants are capable of imitating facial expression, motor mimicry, and of understanding their mothers' emotions, which suggests that infants have a remarkable ability to communicate nonverbally in the early days of life. This can provide a foundation for the development of a capacity to share subjective states with others and fosters understanding of other people's happiness as well as pain and suffering. Although Bob Lewis (2005) doesn't explicitly refer to mirror neurons, he does review the work of Beebe and Lachman (1997, 2002), and Ekman (1983) and discusses the mirroring of facial expression as a precursor to empathy, and explores the role of expressive matching of body posture, and the rhythms of speech in terms of mutual regulation during the therapeutic process.

Additional evidence in support of the concepts regarding infants' understanding of maternal emotion was provided by using the "still face" procedure (Cohn, J.F. and Tronick, E.Z.1987). In this experiment

"interchanges between mothers and their 2 1/2- to 3-month-old children are filmed and played back in slow motion. In the first phase of the experiment the mother is told to behave normally as she and the infant sit face-to-face. Slow motion review shows the rapt interest with which they view each other. Next, the mother is asked to leave the room for a few moments; and on her return, to sit opposite from the infant but refrain from making any facial gesture.

For a short time the child will exhibit a number of facial expressions in an apparent attempt to engage the mother in their normal mode of interaction. After a while the infant will exhibit one of two characteristics. Some children will cry in distress, but many will slump down in the chair with a sudden loss of body tonus, turning the head downward and to the side, averting their eyes from their mother's face. When Demos reviewed the "still face" experiments, she felt that these children were exhibiting a primitive shame response" (Resneck-Sannes, 1991).

I wonder if the neurons in these collapsed infants' brains are sending signals throughout their bodies about the lack of excitation and excitement from their mothers, which leads to a collapse. Once again, I direct you to pictures in Keleman's book, *Emotional Anatomy*, for visual representations of this phenomenon.

## **Neurobiology, attachment, and the therapeutic relationship**

Discussing the mother-infant interchange is important as the conclusion Siegel, Schore, and others have drawn is that there are two situations in which this full emotional communication is paramount: not only the attachment



relationship of an infant and her caretaker but also during the therapeutic connection of a client and his therapist. The relationship of the mother and child in infancy has often been a metaphor for the therapy process. Empathy and attunement have been the heralds of a good mother-child connection, and these are the same factors that seem to influence a good outcome in psychotherapy. Siegel (1999) says: "The alignment of the therapist's state allows him to have an experience as close as possible to what the patient's subjective world is at that moment" (P.69).

One of the outcomes of the neurobiological research is that it is becoming obvious both to developmental psychologists and psychotherapists that clients and patients are in an intersubjective relationship that is somatically based. Psychoanalytic psychotherapists are beginning to include the body in their writings. Shaw writes that "the body is the very basis of human intersubjectivity" (2004, p. 271). And Mathew writes:

"The body is clearly an instrument of physiological processes, an instrument that can hear, see, touch, and smell the world around us. This sensitive instrument also has the ability to tune into the psyche: listen to its subtle voices; hear its silent music and search into its darkness for meaning" (1998, p.17).

For the last three to four years I have been following the notes from the Alan Schore study groups as they appear in articles in the journal, *The Psychologist/Psychoanalyst*. Contemporary psychoanalysis is now viewing psychotherapy as a relational process. The stance the neurobiologists are taking is that we are regulating one another. But as Allan Schore writes in the latest issue:

"that intersubjectivity, an essential construct of current developmental, clinical, and neuropsychanalysis, is more than a match or communication of co-gnitions, and that the intersubjective field co-constructed by two individuals includes not just two minds but two bodies" (Schore, 2005, p.18).

All those body states that we have been taught to attend to, i.e. facial expression, energetic arousal level, body posture, are now entering the purview of psychoanalysis, albeit in a primitive, and in a somewhat disjointed fashion, as one reads the transcripts. They are monitoring clients' laughter and smiling to assess degree of arousal, and don't look much below the head. And to quote Bob Lewis (2005), "Of course, as Bioenergetic therapists we work with the expression of the entire body, not just the face" (p. 14).

One of the classic Bioenergetic interventions is that of body mirroring. In order to empathically know the body of another, we arrange our body in the same holding pattern as our clients, to enable us to sense our clients' experience of their

bodies by sensing ours. By aligning our bodies to that of our clients, we are activating a neuronal mirror of their neural activation patterns, and by engaging in this empathic encounter we may already be intervening or changing the neuronal patterns in the brain. And after all, we are in an intersubjective matrix, so while we are realigning our bodies to our clients' they are also, most likely, aligning their bodies with ours.

Mirror neurons may be one of the mechanisms of psychobiological regulation. Psychologists for a long time have known about behavioral contagion, i.e. when one person yawns, it tends to stimulate the desire to yawn in others. So, we can be “down-regulators” or calming, by grounding, slowing our breath, our rhythm of speech and speaking in a quiet voice, or we can be up-regulators by encouraging large muscle movements, loud voices, and being excited with our clients. Sometimes, we do this consciously, sometimes not. When I was in graduate school our sessions with our clients were videotaped. I vividly remember watching my first family therapy session in which my co-therapist and I were working with a hyperactive boy. My co-therapist and I were as hyperactive as the boy in the family. I'm not certain who was influencing whom.

Recently, I was working with a client utilizing a technique, which supposedly down regulates the amygdala. As I was holding the back of her head at the brain stem, I focused my attention on her body, specifically thinking about holding my hands on her amygdala, and then focused on my own amygdala. Whenever my attention was on my own area of my head, she would spontaneously report warmth, softening, calming in her head. Whenever I focused on her head, her energy would jam. The same process was true of other areas of her body. This client suffered from pneumonia, when she was newly born. Her mother was sick and depressed, most likely not very present in her own body, or an almost “dead Mother”. This client has worked much of her life attempting to be available to others, trying to feel loved. In this exercise she described herself as feeling wrapped and held by the mother, without having to work to find the contact. The calm she felt was new for her and very much appreciated.

I feel that we as somatic analysts have much to offer the field of psychotherapy as many contemporary psychoanalysts attempt to influence and be influenced by a real body rather than just a metaphorical one. In my article published in the IIBA journal (2002) I wrote about the therapist as a psychobiological regulator. Such regulation is an essential part of therapy when dealing with clients with infantile trauma, and trauma in general. As Bioenergetic analysts we know that we need to stay attuned even when our clients present us with as Bob Lewis (2005) describes: “The kind of primitive, chaotic, visceral (gut wrenching) material that has no words and is delivered into the room sensory-motorically, and tends to be threatening to most of us (p.25) Just last week I had such an experience with a client I have been seeing for a year and a half. I will refer to him as, Larry. What I know of him is that he is very smart, but has never been able to realize his intellectual gifts, has a good sense of humor and was beaten by

both parents, not always certain of the reason behind the hitting. He is currently in a relationship with a woman who I feel treats him badly. She doesn't return his phone calls sometimes for days at a time, is often late meeting with him, and is reactive to his small lapses of courtesy. He has a non-essential tremor and startles easily. My only physical intervention at this time has been to ask him to relax his jaw by letting his feet rest on the floor and opening his mouth slightly. His body went into such violent tremors that I instructed him to close his mouth and tighten his jaw and slowly open and close his mouth.

The session before we talked about how frightened he is of me although I have done nothing to harm him. There was a sudden shift in the atmosphere of the room and I saw him looking at me with slanted eyes filled with such sadistic hatred that it felt like ice cubes were sliding up and down my spine and my stomach and chest had become a familiar iron plate. I saw that he had no idea of the look he was sending me, and I waited awhile, uncertain of whether to say something. Darkness began to fill the room and I hesitated to move from my chair to turn on the light. I looked him directly in the eyes and said: "I know why you're afraid." I described the look I had seen and then got up and turned on the light. You know how energy changes the tone of a room. Instead of being bathed in safe yellow warmth, the light had a sickening green tone. However, as we explored that look, his fear, my knowing of what he faced as a young child almost every day of his life, the room began to soften and the shadows seemed more familiar.

The next session he came in visibly trembling. His girl friend had accumulated a \$300.00 cell phone bill during the Christmas vacation (they have the family share plan), when he was on vacation from work and at home alone. He had last seen her when they were together at a bar and she had left suddenly, without saying goodbye or later returning his calls. During this therapy session, the girlfriend was at his house, where after discussing the bill, they had had sex, obviously to keep him attached to her. I asked him if the sex was worth \$300.00, and he said: "no". He was able to verbalize his dilemma. He needs her to comfort him, even though she is the one causing his suffering. He has named the worse kind of traumatic attachment, when the child needs to go to the parent for comfort and that caregiver is the same person who is frightening the child. Larry was afraid that I would force him (as if I could) to end his relationship with her, and then he would have no one. And as we know, it is better to have an abusing caretaker than no caretaker at all, for infants die without their parents. But Larry is a grown man. He only thinks he will die without his tormenter/ comforting girlfriend. Oh, the limbic attraction. The unconscious zing to that old familiar flame and too bad if it is /was an abusive fire.

I would like to end this paper with a quote from *A General Theory of Love* (Lewis, Amini & Lannon 2002), which I think best describes the mind to mind, body to body intersubjectivity of the therapeutic relationship.

“An attuned therapist feels the lure of the patient's limbic attractors. He doesn't just hear about an emotional life-the two of them live it. The gravitational tug of this patient's emotional world draws him away from his own, just as it should. A determined therapist does not strive to have a good relationship with his patient-it can't be done. If a patient's emotional mind would support good relationships, he or she would be out having them. Instead a therapist loosens his grip on his own world and drifts, eyes open, into whatever relationship the patient has in mind - even a connection so dark that it touches the worst in him. He has no alternative. When he stays outside the other's world, he cannot affect it; when he steps within its range, he feels the force of alien attractors. He takes up temporary residence in another's world not just to observe but to alter, and in the end, to overthrow. Through the intimacy limbic exchange affords, therapy becomes the ultimate inside job.” (p. 178)

## Bibliography

- Butler K (2005) September / October, Psychotherapy Networker: 28
- Cohn JF and Tronick EZ (1987) Mother-infant face-to-face interaction; the sequence of dyadic states at 3, 6, and 9 months. *Developmental Psychology* 23 (1) 68-77.
- Conzolino L (2002) The neuroscience of psychotherapy; building and rebuilding the human brain. WW Norton Inc, New York
- Hojat, Mohammadreza (2004) Development of prosocial behavior and empathy in the hand that rocks the cradle. *World Congress of families*: 29-31
- Klopstech A (2005) Catharsis and Self-regulation revisited: Scientific and Clinical Considerations. *Bioenergetic Analysis* 101-131
- Keleman S (1985) *Emotional Anatomy*. Center Press, Berkeley
- Keysers C and Bruno W (2003) *Neuron* 40 (2) 335-346
- Keysers C, Wickers B, Gazzola V, Anton J-L, Fogassi L, and Gallese V (2004) A Touching Sight: SII/PV Activation during the Observation and Experience of Touch. *Neuron* 42 (April 22) 1-20
- Lewis R (2005) The anatomy of empathy. *Bioenergetic Analysis* 9-31
- Lewis T, Amini F & Lannon R (2002) *A General Theory of Love*. Vintage Press, New York
- Lowen A (1975) *Bioenergetics*, Penguin Books, New York
- Mathew M (1998) The body as Instrument. *The Journal of the British Association of Psychotherapists* 35: 17-36
- Melzack I, Lacroix R & Schultz G (1997) Phantom limbs in people with congenital limb deficiency or amputation in early childhood. *Brain*. 120 (9):1603-20
- Resneck-Sannes H (1991) Shame, Sexuality, and Vulnerability. *Women and Therapy* 11(2) 111-125
- Resneck-Sannes H (2002) Psychobiology of Affects: Implications for a somatic psychotherapy. *Bioenergetic Analysis*: 1 11-122
- Rizzolatti G & Craighero L (2004) The Mirror Neuron System. *Neuroscience* 27: 169-192
- Schore A N (2003) *Affect dysregulation and disorders of the self*. WW Norton, New York
- Schore A N. (2003b) *Affect regulation and the repair of the self*. WW Norton, New York

- Schore A N (2005) Psychoanalytic Research: Progress and Process: Notes from Allan Schore's groups in developmental affective neuroscience and clinical practice. *Psychologist Psychoanalyst*: 18-19
- Shaw R (2004) The embodied psychotherapist: An exploration of the therapists somatic phenomenon within the therapeutic encounter. *Psychotherapy Research* 14: 271-288
- Siegel DJ (1999) *The developing mind: Toward a neurobiology of interpersonal experience*. Guilford Press, New York
- Tronick EZ (2003) Things Still To Be Done on the Still-Face Effect. *Infancy* 4 (4) 475-482

# ***Containment, holding, and receptivity Somatopsychic challenges<sup>1</sup>***

*Scott Baum*

## **Introduction**

Case Example: A supervisee in the China training program in Bioenergetic Analysis tells me about her patient. His reasons for coming to see this therapist at this time are somewhat vague. He wants to feel his body, his insides, in an immediate and integrated way. The therapist tells me that he immediately reminds her of a friend, whom we both happen to know, a very tightly constricted man, very withdrawn into himself even when he is in contact with another person, whose mother also committed suicide when he was young, as this patient's mother did.

This patient came to see this therapist to avail himself of an approach to psychotherapy that also used active techniques stemming from an understanding of the subtle relationship between somatic structure and process and psychic structure and process. The therapist observes him and sees a man in his late thirties who is tall and thin. His shoulders stoop forward, his belly protrudes, and his legs are stiff with locked knees. His left shoulder is noticeably higher than his right. His head and neck are thrust forward in a way the therapist describes as a "goose neck." Overall, he gives the impression of someone staving off imminent collapse.

The therapist offers him movements and postures that are expected to intensify his contact with himself and with the environment around him, movements familiar to bioenergetic therapists as part of increasing groundedness. This is done to meet his request to feel himself and the reality around him more. His reaction to the experience of himself standing in a more aligned posture, activating muscle systems that are chronically flaccid, is to become flushed with energy, overwhelmed by even the small effect of these quiet movements.

He withdraws and becomes silent. The therapist asks him what he is feeling or thinking. He says he is considering ending the therapy because he is making no progress. Nothing is changing. He also says that when he stands and feels the

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<sup>1</sup> Published on *Bioenergetic Analysis*, 2017 – 27.

floor under him he wants to feel like a "cock" with the aggression and brashness of a rooster. Instead he feels tremendous tightness in his shoulders and neck.

The therapist tells me of the struggle to know what to do at this moment; both with the patient and how to deal with the therapist's own feelings, which include some anger at the patient. The anger feels to the therapist a result of the patient's unwillingness to take the therapist's care and offers of help. We talk for a while about whether it is the therapist's job to 'get' the patient to take what is offered. We talk about the difficulty of caring for someone and wanting them to feel better, get stronger, and facing the limitation that the therapist cannot make those things happen. I suggest to the therapist that the anger felt by the therapist might be made up of two elements. One is a projective identification, the patient has evoked in the therapist his anger at not being enough for his parents (this fits with data we already have about him), and that what he offered them as a child did not make them feel better. Second is the therapist's anger at not being received and appreciated. We talk about how the first vector of anger can be useful as a way to share with the patient the enactment of this relationship process. The second vector belongs in the therapist's therapy - she has similar feelings of resentment and anger at not being sufficiently cared about and taken care of by those in her early environment who should have done so.

In the session the therapist adroitly responds to the patient's needs in a very effective way. In response to his complaints about discomfort after the active interventions, the therapist explained to him that he has been holding himself in these rigid somatic patterns for a very long time and that disrupting the patterns or challenging them results in discomfort. It is hard for him to feel the changes as natural. He responded to this by saying he was not ready to face the feelings that arose from the movements and postural changes. He reported a strong feeling of nausea that was more than he could work with.

He did relate the nausea to his feelings about his mother. He talked about a woman he has had as a friend for a decade who "also suffered with her family". She has a baby and from speaking with her he realized that those first two years of listening to their mother's language, connected with physical closeness to your mother, this is called mother tongue. You don't get this attachment you don't have a sense of identity." He said this made him aware of what he lacked.

His therapist and I talked at some length about what the therapist's job is. Where we left things, for now, is that the therapist's job is to create a space in which this patient can feel himself as deeply and fully as he can and wants to. In that space the patient can form a relationship with himself and the therapist that includes maximal freedom for self-expression, the possibility of encountering himself as he is now, and stretching to be in new ways, to develop new forms. The therapist accompanies him in this, and organizes the space along the lines of very specific principles.

This paper discusses some of the principles presented in the previous case example. These central, basic principles are necessary to organize the

psychotherapeutic space. This paper is also about the challenges posed by the requirement to establish an environment based on these principles. This construction demands a great deal from therapists. At the end of the paper I will propose that facing these challenges and the work to meet them offers a model for psychotherapy and also for relationships more broadly.

## **The holding environment**

Containment, holding, and receptivity in modern psychotherapy practice are concepts that describe basic functions of the therapeutic process. These terms are often used impressionistically, with a spaciousness that allows for inclusion of various significant elements. But sometimes there is not enough clarity or specificity to assure that the users mean the same things by their use of the terms. This is particularly significant because, as will be suggested in this paper, these terms refer to essential elements in the construction of the psychotherapeutic environment. Included in that construction are characteristics of the space, both material and conceptual; and characteristics of the therapeutic relationship, including therapist characteristics. Since the method for understanding psychotherapy process in Bioenergetic Analysis includes the examination of energetic forces at work within and between people, and also treats psychic and interpersonal phenomena as events observable in somatic processes and structures, it provides a very useful lens for focusing on the concrete meanings of these concepts and their operation in the psychotherapeutic setting.

One way to organize the group of concepts and functions represented by the terms containment, and holding, and receptivity, is to place them under the rubric of what is meant by a holding environment. The concept of a holding environment is a concept developed by Winnicott (1958) to describe the relationship between mother and infant, the qualities of which can be repeated in later life relationships. If the original holding environment was deficient emotionally and psychically it will be repeated in the psychotherapeutic relationship. If the therapist facilitates the development of a healthier and more constructive environment than in the original parental-child relationship the possibility for healing is engendered.

The conceptual framework represented by the idea of a holding environment has penetrated the consciousness of psychotherapists of many orientations (see Mitchell and Black, (1995), for an elucidation of this idea and its prevalence in the field). To some extent it has found a reception in the public at large, along with a general idea of the significance and importance of attachment processes in the formation of people's personality, starting perhaps in contemporary times with the work of Benjamin Spock, MD (1946) whose book on baby development and earlier relationships are among the most widely read books in the world.



Attachment forms a matrix in which the person is embedded, and which nurtures - or impedes - the development and emergence of her or his personality. This perspective on formative processes, the somatopsychic aspect of which is profoundly elucidated by Stanley Keleman (1985), and the particular role of early relationships, is the product of many influences and many theorists. Nowadays it has become conventional wisdom among psychodynamically oriented psychotherapists that it is the therapeutic relationship between each therapist and patient, which is the primary healing agent of the psychotherapeutic process. What this means exactly is somewhat unclear. There is a general consensus on certain elements that ought to be present in the therapeutic environment, emanating from the therapeutic relationship, but not so much clarity and specificity on what those are, or why they work. This paper is an attempt to organize some of those characteristics of the psychotherapeutic relationship that operate in the holding environment, and enable it to function as a medium for healing and for growth. I will also illuminate what some of the challenges are if the ideas currently espoused about the nature and function of the relationship are correct.

## A basic matrix

A student in a class of creative arts therapists I taught made a comment that opened a way to a deeper understanding of the psychotherapeutic relationship than I had before, or that I had seen or heard previously. She said that she thought that psychotherapy was an evolutionary development brought about in response to the particular kind of healing possible in the environment created by this practice. Her comment stimulated me to begin thinking about what it is that makes the psychotherapy environment unique. And how that uniqueness might be part of its function, and, now I see, integral to its success.

The psychotherapy relationship is not just a better version of other, especially parental, relationships. **In the relationship between patient and psychotherapist the patient is always, and forever, at the center of the process. In no other relationship is the focus on one partner so absolute. It would not be healthy were it so.** In all other human relationships it is essential that the relationship be explicitly mutual. Giving and taking are reciprocal functions. Interdependency requires the needs of both (or more) parties in the relationship to be considered and for needs to be met in appropriate ways.

The psychotherapy relationship is a human invention, similar to a hyperbaric chamber. That is a device in which a person is placed that creates conditions of oxygen saturation and air pressure that do not exist naturally on earth. These conditions facilitate healing from certain medical conditions - the bends, severe burns - that are not easily healed otherwise. Similarly, **psychotherapy is not a better version of relationships that have come before. Or even an ideal**

**version of relationships, a sort of paragon. It is a unique kind of relationship that we have created for the purpose of healing damage caused in other relationships. The central principle of that uniqueness is that the patient's welfare, autonomy, self-determination, and the patient's centrality in the relationship are always prioritized.**

It is not a natural part of relationships to be so exclusively at the center of the relationship for so long a time (as it is in psychotherapy) without any demand that the needs and feelings of the partner in the relationship (the therapist) be considered in the patient's decisions about what to do in the matrix of the attachment. One thing we learn from early infant research is the critical importance of the mutuality that informs healthy early relationships, even in earliest infancy (Bowlby 1969). There is no time when the infant and parent are not a pair. No time when the dance does not include both partners. To dance effectively, creatively, passionately, happily, and constructively, both partners have to be aware of each other, of each other's needs, limitations, what needs gratifying and what is gratified. This part of the dance is explicitly not required in psychotherapy.

The relationship that is co-created by patient and therapist specifically permits the patient to occupy the center of the relationship in whatever way, and for as long as is necessary, that the healing requires. And it specifically enjoins the therapist from impinging on that centrality in any way not absolutely necessary for the maintenance of the relationship (fee, scheduling, and the like), and certainly not to provide for the gratification of the therapist's needs to be loved, adored, admired, followed, served, deferred to, or otherwise to take the center.

This is the abstention that the therapist agrees to in order to create this unique environment that we have come to call in shorthand "the holding environment". Once this specialized environment is constituted the therapeutic actions of psychotherapy can begin to take place. Many of these actions get subsumed under the general rubric of the holding environment. But they are specific dynamic actions each with their own structure and energetic impact. Just as, for example, love and respect are not the same emotional-energetic forces, so each of the elements in the therapeutic holding environment are not the same. Bioenergetic Analysis with its focus on energetic processes, and its refined approach to understanding somatopsychic processes gives us tools to examine in finer detail the nature and operation of these therapeutic elements and their actions.

## **Embodiment**

It seems necessary here to ask what psychotherapy is for. The earliest emphasis in modern forms of psychotherapy was on liberation from repression and the freeing of personal autonomy, part of the political changes in Western civilization that began in the Enlightenment. More recently, there is a focus much

more on anxiety and the reduction of suffering and on the possibilities for positive feeling.

One way to synthesize these two positions is in the concept of embodiment. Embodiment is another of those conceptual and experiential understandings that we have difficulty defining with specificity, although we kind of know, implicitly, what we mean. In modern bioenergetics embodiment refers to the capacity for deeply felt experience and strong expression of emotion. In this context **embodiment refers to somatopsychic structure and capacity in an individual that holds that deep experience and powerful expression and the holding allows for continuous integration and refinement of the experience.** Somatic oriented free-association, the following of one's process in a profoundly attentive way, without judgment, accepting of whatever arises, is made possible by the psychotherapeutic space.

From the moment of embodiment self-possession is possible, choice is possible, options for amelioration of suffering, if any exist, can be chosen. In this perspective one thing psychotherapy does is facilitate a person's capacity to be in reality. To be in reality means to be able to feel things and experience things as deeply as possible, to broaden awareness and understanding of ourselves and the environment, and to use as much of the information available to us as we can tolerate knowing and immersing ourselves in.

With this general view of what psychotherapy is for we can examine the ways that a holding environment creates and sustains a space in which this project can be undertaken. The next part of this paper involves an analysis of the elements that constitute a holding environment. It is not my idea that this exhausts the analysis. Rather this is the beginning of an investigation using the tools of bioenergetic analysis and is designed to illuminate the elements both structural and procedural that make the holding environment the therapeutic envelope, and why it works as it does. I hope others will add to our understanding of it.

**So far my analysis has led me to divide the functional elements of a holding environment into three general categories that I label containment, holding, and receptivity.** Each of these functions has both structural and procedural dimensions. That is, there are aspects of each that are built into a successful holding environment, and there are dynamic parts that are behavioral, executed by the therapist.

## **Containment**

Containment refers to all the elements of the therapeutic space that contribute to its therapeutic effect. This use of the term has nothing to do with modulation, or suppression, or restriction, or regulation of affect. It has to do with the constituent elements in concrete material terms, in ethical and professional terms, and in characteristics of the therapist, of the therapeutic environment. **From a**

**bioenergetic perspective the therapist's space is an extension of her or his body. It is designed to contain, meaning to cradle, and to sustain, strong and deep emotional experiences of self.** Some of the elements of a successful psychotherapeutic container are common to all psychotherapeutic modalities.

### *Common elements*

The common elements include structural elements of private and secure physical space. They also include the ethical and professional elements such as confidentiality, and a covenantal relationship, a bond based on faith and trust that the therapist will maintain the centrality of the patient, in which the interests of the patient take priority. And there are certain characteristics of the therapist: a non-judgmental attitude, and an ability to respect and appreciate the patient as an autonomous person, that are requisite for the containing function to operate properly. In bioenergetic analysis these characteristics extend to a physical space that allows for expressions that can be loud and unconventional by the standards of psychodynamic psychotherapy, and include emotionally evocative physical interventions that require the therapist to have mastered a discipline of direct physical contact and a tolerance for the ensuing emotional expression.

A clinical example of what I mean by this idea of containment comes from my own psychotherapy. Here is a moment from my psychotherapy with Michael Eigen, a therapy of many years duration now. One day, many years ago, I was on the bed he used as an analytic couch at that time, and I was in the throes of certain kind of unbearable tension in my neck. It is a maddening, demonic force in my body. It overtook me, and still does. I said to Mike: **"I wish you could hold my head so I could scream."** He said: **"I wish I could too."** **This was an immensely important moment for me. He was not denying the validity of that way of working. He was saying, to my ears anyway, honestly what his limitations are. That I could accept.** Those limitations of his have meant that I have had to do this, for me lifesaving, work of strong, loud, emotionally intense expression, on my own, or occasionally with others who work in this modality. Learning that has reinforced my conviction about the importance of the characteristics of the containing environment for strong expressive work, and how that environment can be internalized by patients.

Mike has personal experience with bioenergetic work, and the forceful emotional expression does not seem to throw him. But once, when I began on my own to make too loud or intense an aggressive sound, I'm not sure the exact nature of the stimulus, he asked me to tone it down because he had heard complaints. From other residents, I assume. So I have had to monitor and modulate my expression. I am clear that he can receive the force of my emotional expression, but I cannot express myself as fully as I can. Luckily for me, by the time I came to him, I was experienced at working with explicit strongly expressed emotion.

My first extended therapy was with Vivian Guze, a bioenergetic therapist who saved my life, and the work with her taught me how to stay present for myself in the throes of intense experience despite the possibility of decompensation. And, even more important, I had a life partner whose capacity for strongly felt and expressed emotion exceeded mine and who could therefore provide a holding environment greater than any of the others in my life.

In fact, when I left my therapy sessions with Mike - who, despite his familiarity with bioenergetic work, and comfort with it, was not working in that modality - I would always need to make time for expression of the rage that was mobilized in me. I have been doing this kind of work on myself for years. Screaming, punching, kicking were the ways that I could exit, however temporarily the deadness engendered at the core of my being by early childhood mistreatment. I could not complete an episode of work without it. I had to be able to fight with those who so harmed me, and I had to express my own feelings of hate and sadism. This was the only way to return to some relationship with reality and to be in the present even in the limited way that may be possible for me.

### *Containment and intimacy*

A containing environment, which is the first constituent of a holding environment, is created when a therapist creates a physical, ethically guided space, and enters it prepared to embody the characteristics required for therapeutic action. The therapist uses the tool of empathy to register what the patient is experiencing internally, including that which is out of the patient's awareness. Starting from this position, the therapist attempts to effect a moment of meeting with the patient. This means receiving the patient as she or he actually is as a person and taking her or him in. This is a much harder task than it appears. **It is not tolerance, or compassion. It is intimacy, a knowing the other as the other actually is.** This is the first constituent of the holding environment, and already the task is very demanding for many of us. From this standpoint it is inconceivable to see the other person (patient) as someone who needs correcting, or fixing, or adjusting. To know the other person in this way is to know how they came to be who they are, and how much that history is who they are.

This turns out to be quite a difficult skill to develop and to deploy in a sustained way. I will take the risk to say that much of the criticism of psychotherapy, its slowness, its aimlessness, and the like comes from the fact that therapists are not engaged in this process of embodied containment with our patients. Some of us are too afraid - of the feelings in us and/or in the other; some of us are too narcissistically invested in having an impact; some of us allow the press for our own need gratification to take us out of the posture needed for containment. Whatever the reason, **the feeling of aimless, or pointless wandering comes from that lack of presence, not from a fundamental**

**deficiency in the work.** The pressure then to produce a method that does more, and faster, is a response to a limitation in the way the therapist behaves and feels, and is not a problem exclusively in the method being used.

Containment is that set of functions which structures the therapeutic environment to make it possible for the patient to reveal and experience that which must be revealed and experienced, thus making intimacy possible. This revelation takes many forms. Here is one compelling description of that revelation from Michael Eigen's *The Annihilated Self*, published in 2006:

"Emboldened by their contact and driven by need, this person comes in one day without makeup and shows herself as she is. Chilling, bloodcurdling, necessary. She shows her ravaged self to the one person who can take it. No, incorrect. Marlene [the therapist] may not be able to take it. She shows herself whether or not Marlene can take it. That is closer. To risk in therapy what no one can take." (p. 25)

Eigen goes on to say something that I think relates to the specific and unique function that psychotherapy performs for human beings, that is specific to it, and not only better versions of what relationships should be. He says:

"The human race has not evolved the capacity to take what it does to itself, the pain people inflict on each other. In therapy one risks what is too much for another, too much for oneself. One risks what no one can take or may ever be able to take. That enters the room and is shared, whether or not anyone can take it." (p. 25-26)

Containment provides the environment in which that which must be felt and revealed will occur. The therapist prepares the space and most importantly, prepares her or himself for an encounter with what is most real and most painful, and most disturbing, and most frightening for the patient. In bioenergetic analysis creating the containing environment includes creating a physical space in which emotional expression can take place at the most intense, most overt and most evocative level possible for that person. In the context of Mike Eigen's article the affect is in response to damage, harm and destructiveness. But the same preparation applies to love, pleasure, even ecstasy.

The therapeutic environment is unique in its focus on the patient and the patient's process. It is the patient's experience that takes precedence. This is not to the exclusion of the therapist or her or his experience. It is a matter of prioritization and of the nature of the space. No judgment is offered as the therapist endeavors to receive and experience both what the patient can and cannot tolerate experiencing.

This is the containment that we mean as bioenergetic therapists. There is no suppressive element in it. On the contrary, the space is made safe for as big or as

small an expression as the patient and therapist can tolerate. It is part of the therapist's skill to open the space and invite expression that is within the range of tolerance for the patient, so that the experience can be integrated and metabolized. Since what is dealt with is so often chronic relational trauma and the longlasting effects it leaves behind, the movement of revelation and expression followed by integration is both continuous and slow moving. This is the true nature of catharsis - a powerful emotional experience that results in a new integration of awareness and experience, and so requires a space for contained deeply felt and deeply expressed emotion.

## **Holding**

In her book *Holding and Psychoanalysis: A Relational Perspective* (2014) Joyce Slochower describes the holding function in psychoanalytic psychotherapy. In a very elaborated exposition she describes holding as one dimension of the psychotherapy process common across many modalities. She uses holding to denote a condition in which the therapist minimizes the impingement of her subjectivity, her 'otherness' from the patient. Doing so creates the possibility for establishment of a temporary "*illusion of analytic attunement* [italics in original]" (p. 21). This state permits the patient to feel safe and secure in the therapeutic relationship without being confronted with the therapist's separate and unique self and the perspectives on reality, which that (the therapist's self) introduces into the therapeutic field.

Slochower contrasts this condition of soothing attunement that offers reparative possibilities for traumatic experiences of annihilation, abandonment, disregard, and denigration, with interpretative functions. Interpretations are one form of encounter between patient and therapist that require the patient to come face to face with the therapist's subjectivity, his difference and separateness as a unique person. In Slochower's view, holding represents those functions performed by the therapist when the patient cannot respond to the reality of the therapist's otherness without too great a disruption in the holding environment, which would threaten to derail the therapy. Depending on the patient's underlying personality organization the holding phase of the treatment might be short, in response to temporary regression in the patient needing a more soothing adaptation by the therapist. Or it can last for years as the patient strives to build enough ego and self structure to tolerate the reality of the therapist's personhood, thereby building the capacity to bring other dimensions of reality into the therapeutic encounter.

## *A bioenergetic view of holding*

I take a different view from Joyce Slochower. I use holding to represent all the operations that offer therapeutic contact between the therapist and the patient. These are functions the therapist offers the patient.

Starting with early psychoanalytic concepts of the therapeutic space, holding, in this sense of the term, is a critical element of what makes the space therapeutic. Some of the holding characteristics have been taken now as fundamental to this therapeutic possibility, and are nearly axiomatic in the expectation of creation of such a space. These include holding the patient in non-judgmental positive regard; suspending and holding at bay conventional expectations of social interactions; acceptance of the patient's self as valid and valued; validation of the person's experience as intrinsically valid and meaningful, are among the most significant. All of these represent holding energies, they are extensions of the therapist's energetic being and presence. The therapist holds the patient (the other) in her or his consciousness, as Bion (1959) suggests, without expectation or desire, in order to apprehend the person. When that specialized relationship between therapist and patient happens other elements of holding can occur. In bioenergetic psychotherapy, those other elements can also be directly physicalized, which adds another dimension to the psychotherapeutic process.

In bioenergetic psychotherapy the holding can refer to direct physical contact. Body-to-body contact can represent holding for the purpose of comfort, or holding for the purpose of restraint, or holding to reassure that the patient is not alone, or to support expression. Holding means, in almost all cases that a physical act, at least in its energetic form is taking place. When the therapist holds the patient in her or his consciousness, remembers the patient, her or his identity and suffering, there is a physical and energetic aspect to this event that we can identify and study. Holding, in this view will involve changes in both patient and therapist along every dimension of psychic and somatic process.

A concrete example of this is what takes place in the bodies of people organized as borderline or schizophrenic personality structures. Many such people have a location in the back, behind the heart, alongside the thoracic vertebrae that is experienced as a black hole. I know this phenomenon both personally and with patients of mine. The experience is that energy runs out of the body through that hole which cannot be stoppered. When I put a hand over that hole, some patients report what I have experienced, that it is as if the hole operates in a realm of absolute zero, no warmth at all, and the hand delivers warmth for the first time ever, even though the touch has been made before. James Grotstein (1990) has written very movingly about this same phenomena from an intrapsychic perspective.

To illustrate this approach using the bioenergetic conceptual framework I will offer three clinical vignettes, the first taking off from this example of the black hole as an effect of early chronic relational trauma (Tuccillo 2012).



### ***Vignette 1: holding in presence of terror in a cold, dark place***

Eleanor has been a patient of mine for many years. Over those years she has vouchsafed with me the version of her who was terrorized as a child. She was terrorized in a family that looked to those outside, and, amazingly, even to Eleanor on the inside like a happy wholesome family. But the abusive use of children to gratify profound deformations in the parents' narcissistic functions is evident, as is the ignored but regularly expressed hatred and vicious competitiveness with the children. Eleanor, who is very successful in her worldly life, has increasingly allowed me to bear witness to the abused child and hold her suffering in the foreground, even as she herself writhes in torment, accused of the wickedness of false accusations toward her parents.

An experienced patient, Eleanor guides herself into the inner reality of her childhood. Immediately I have to *hold* her conflicted and ambivalent feelings. She can validate the reality of her own experience now, but also wants to disown it simultaneously. She wants me to come and sit by her, but for the first time also expresses her ambivalence about that. An expression like this would be unthinkable in her family of origin. She had to be available at all times and in all ways for her parents in *their* need that she attend first and foremost to their psychic and emotional needs. To feel ambivalent is to be too autonomous. If she expressed the ambivalence, or any other autonomous self-representation they would punitively abandon her.

She decides to go ahead and ask me to sit by her as she lies face down on the bed and asks me to put my hand on her back just below her neck. A long conversation follows between us in which she asks me questions that I know from past work are based on her experience of her mother's (largely unconscious) hatred of her. Am I disgusted touching her? Is it painful to me? Do the sounds she makes cause me to have contempt for her? Am I repelled by her inadequacy and ignorance? No, I say to each of these questions. I have created a holding environment where my own struggles to deal with the feelings and states Eleanor lives through do not impinge on our relationship.

She says: "I am in a cold dark place. I can be here and there at the same time." This is actually the first time she can acknowledge this fact. Yes, I say, I know that what she is saying is so. As she cries out in pain and terror I am holding her in that cold place, even though no one was there to hold her when she was first thrown into it. I am holding her by my presence and by my touch, holding her ambivalent feelings, and holding her terror of being left there. My touch is a crucial part of the *holding*. When it is time to stop we need to move to end it slowly so that she can substitute holding herself before she can return to the everyday world.

## *Vignette 2: An unexpected strength late in life*

Jack is an older man, in his middle sixties who has engaged in a deep and lifealtering psychotherapy in the five years or so he has been seeing me. Two persistent symptoms that have bedeviled him are profound anxiety and fear of criticism when he teaches or presents material (he is a very accomplished professional scientist and researcher), and an abiding irritability directed at his second wife who is - both by his report and by my direct contact since I did some couple sessions with them before beginning to work exclusively with him - a mature, caring person who treats him respectfully and well. In a session those two themes came together and the resulting associations illuminated an aspect of their origin in his relationship with his mother. The way the work went illustrates another aspect of holding in the holding environment.

Jack came in that day talking about obsessing about perfecting a poem he had written. This is not like him; he is not usually perfectionistic about his creative work, as he is about his professional presentations where his need to secure approval and his dread of criticism pervade the experience. It sounds to me like elements of his relationship with his mother are activated by his striving for selfexpression, and I say so. He has to do things perfectly so that she (mother) will feel good about herself. He hopes she will then offer him praise or appreciation that he could turn into some positive self-regard. So, I say, he is very dependent on her for any positive self-regard he might be able to generate.

This reminds him of a recent visit to his mother in a nursing home. She is an irascible woman, often critical of him, and he is devoted, nevertheless, to her care, and she is very dependent on him. On this visit she is in the dining room when he arrives, eating. His wife who happened to be with him on this visit, advises him to wait until she finishes eating before approaching her, knowing, I suspect what will likely happen if he does not. Jack tells me that he "stupidly" ignored his wife's advice and went over to her anyway. At this his mother becomes "panicked in a way" he had never seen before. She stops eating, and it takes quite awhile for him to settle her down.

Our discussion of this event leads to his considering that he went over when he did with the unconscious intent of disrupting her. He considers this likely, but he can't feel it. He can't feel the rage he believes is there underneath a layer of sadness evoked by his mother's reaction to him. Jack is experienced at active, emotionally expressive work, and when he enters expressions of strong negativity it is clear how strong he is. Despite his age, and an appearance that looks on the surface somewhat collapsed, his chest sunken, his shoulders drooped forward, when he becomes charged another underlying somatopsychic reality emerges and can be seen.

I ask him if he wants to try to find the feelings he believes are there but cannot feel through movement, and he says yes. Often when Jack first starts to breathe deeply he experiences profound spasmodic gagging-like movements

accompanied by loud, blasting sounds that carry feelings of rage and pain. That is what happens at first as he stands, bends his knees and increases breath. Knowing the effect on him of hitting with his fists I offer that approach. At first his twofisted blows to the cushion on top of the bed as he swings both arms down are forceful but not yet infused with much emotion.

This is uncharacteristic of Jack. He usually finds his way to what he needs and wants to express in his negativity quite quickly and needs only my supportive presence to facilitate the expression. But this time I see that he needs more. So using my voice I encourage him to stay with the feeling and to amplify it, to use his own voice. When that is hard for him to do - to amplify his voice and intensify the rage and eventually, hatred, in it - I raise my voice, I make sound also. I see how my guttural angry sounding vocalizations support his extending his expression further. **I am holding him, with my presence and my voice and my intention, in the active expression of his indignation, his outrage, his rage and hatred at his mother's use of him.** Her use of him without subsequent appreciation is exploitation.

The realization that it is exploitation is stimulated by this event. That includes a dawning understanding for Jack that this was the chronic state of affairs between his mother and him. The expression of his rage is not an emptying out of a reservoir of feeling, not only a discharge of pent up emotion, it is also a moment in their relationship when his hurt, his disbelief, his rage at her for her treatment of him as a child can be organized into expression as fully and deeply as he and I can tolerate. Luckily for me he is not yet approaching my limit of tolerance for the experience and expression of these feelings. So I can continue to hold him as we work our way through the layers and formations of his relationship with his mother, started then, and that persist in his life today.

### *Vignette 3: a failure in holding accountable*

I worked with Paul for a brief time many years ago. He was a man who rested on the edge of manipulative, self-aggrandizing behavior while failing to find success in life, at least during the time when he saw me. He was almost completely refractory to any of my interventions, many of which were challenges to characterological patterns. His defenses included rationalizations he employed to account for, or justify failures to do what was right, by acts of commission or omission.

There was a significant event in his early childhood that he did tell me about. He lived in a big city, in a neighborhood of modest one-family homes, many with small front yards that were often fenced-in. When he was a toddler he was unsupervised one day, wandered through the open gate in the fence at his house, and was hit by a car passing on the street. He was taken to the hospital, although not severely injured. He reported this story with anger that it happened, but not

as evidence of a pattern of neglect or lack of care by his family. I thought it might represent that, but my efforts to call that possibility to his attention for consideration failed to arouse any interest in him.

One day he told me that he was planning to visit a prostitute. In keeping with what I have described above as the non-judgmental quality inherent in the containment provided by the psychotherapy environment, I took no position pro or con on this proposed action. But in taking this position without further consideration and nuance, I made a serious error. Paul was planning this action at a time when public awareness of the sexually-transmitted vector of AIDS was coming into the foreground of public view, and the significant risks of sexual activity with partners who had had themselves multiple partners was becoming known.

Some weeks after the announcement of his intention Paul came in, told me he had indeed been with a prostitute, and then told me that he was ending the psychotherapy with me. I should have warned him, he said, to use a condom, given the current state of knowledge about the risks attendant on his behavior. Taken aback, and certainly not sure he was wrong, I tried to investigate with him what he thought my failure might mean. But as before he was unavailable for further investigation. There was to be no greater connection to themes or patterns of his life. I had done wrong by him and he was going to go.

Afterwards, I began to delve into my failure, his experience of it, my experience of it, and what it might represent in a larger way than he related to it. What I came to understand was that I had acted like his family members in failing to hold him back from acting dangerously. Like his mother who left the gate open to the street, I had failed to hold him in my consciousness, hold his welfare as a priority, and act to create a restraint that would prevent harm to him. These are also elements of holding that take place in the holding environment when the containing functions of the environment have been put into place. **The enactment of this event with Paul created an opportunity for him to live out the experience of neglect to hold him in this way with me, and use that experience to open a way to his feelings about me, his family, and himself.** But he ended the enactment as the events had unfolded in his family, and my failure and his anger led to no new resolution.

Paul held me accountable for my failure to be alert to the danger to him, as well he could. But he did not hold himself accountable. Holding accountable - oneself or another - is a body state. It is a posture that accompanies the resolve necessary to hold one's ground and confront oneself or another with the consequences of behavior. This will become a significant element of the holding environment in understanding the importance of receptivity in the therapeutic relationship.

## ***The strain of holding***

Joyce Slochower speaks movingly of the strain of holding in the psychotherapeutic relationship. Whether meant in the narrower sense she means it or the broader way I describe it, that strain is undeniably true. It is true even when the therapist is free to be more herself or himself because the patient is capable of responding healthily and constructively to the therapist's unique personhood. The strain of maintaining the patient's centrality, of maintaining constant awareness, even vigilance on the part of therapist of intention and feeling is tremendously demanding.

It is true because a great deal depends on the therapist's ability and commitment to do this. The patient puts his or her psychic and emotional, and sometimes physical, life in our hands. In other relationships a bond of mutuality and maturity will develop between the partners and the load of care, of attention, of decision-making will come to be shared. In the therapeutic relationship this is not required. In fact, the psychotherapy relationship has been created to heal the damage to that maturative capability in the patient, and healing possibilities are unknown until the work of healing is engaged.

The strain inevitably results in failures. These failures include failures of attunement, lack in understanding or experience, and even acting-out of countertransference feelings and attitudes that injure, or even harm the patient. It is to this dimension of what makes the psychotherapy relationship a healing process that we turn our attention now.

## **Receptivity**

### ***Introduction***

In the continuing clinical research to understand the healing powers of the psychotherapeutic relationship the emerging perspective of relational psychoanalysis has offered a dramatic proposition. Building on a foundation that comes from feminist ideas about relationships and about psychotherapy, relational theorists consider all relationships to be intersubjective. This means that the partners uniquely construct each relationship. All members of the relationship have equal value and significance; dependency is a feature of the relationship flowing from each member and to each member. In this relationship matrix people know each other through direct, conscious communication. They also know each other through the interpenetration of unconscious self, sharing themselves with

each other and receiving each other through various psychic and emotional instruments: empathy, projection, identification, sympathy, are examples. To this

bioenergetic therapists would add the transmission of energetic states of being and feeling which are received in various somatopsychic channels - body states, constellations of sensation and emotion that are studied for their complexity.

Receptivity to the other person at this level of openness and vulnerability allows for a knowing of the person that can be brought into the open. This knowing at so basic a level fulfills a developmental need that is in itself healing. It also permits the psychotherapist to continue to create holding moments that are responsive to the reparative, restitutive, boundary-making needs of the patient.

### ***Somatopsychic challenges of receptivity***

This way of understanding psychotherapy process does raise significant questions. Joyce Slochower points to those challenges in an interview in a recent issue of the magazine, *New Therapist* (May/June 2016). She talks about the perceptiveness of some of her patients and the fact that they may pick up aspects of her reactions despite her attempts to keep them out of the interpersonal field (a process she calls bracketing). She goes on to say that for that bracketing process to be successful both therapist and patient must engage in it. The therapist tries to shield the patient from aspects of her that would disrupt the sense of resonance on which she or he relies. And the patient collaborates by removing awareness of those characteristics revealed by the therapist.

This resembles previously understood methods of protecting the primacy of the patient's welfare in a therapeutic space by restricting the impingement of the psychotherapist's needs, attitudes, or destructive impulses. The principles of neutrality, a non-judgmental attitude, abstinence from meeting the therapist's needs, are all elements of creating and preserving a benign space and a benign therapeutic presence. But from a bioenergetic standpoint once we introduce the idea of the interpenetration of energetic unconscious processes the already very difficult task of maintaining the benignness of the space becomes much more complicated. If the core of the therapist's identity is benign, if not benevolent, perhaps things are easier. But what if they are not?

### ***Psychopathy and the function of receptivity***

This is a sharp term to introduce here, and it may seem to some readers as antithetical to an attitude of receptivity. It is not antithetical to the function called receptivity, which is the ability to see and feel the other. Psychopathy is a narcissistic deformation. It is a compensation for severe damage to a person's self-esteem system. Depending on the level and extent of damage to the system the person so damaged cannot sustain positive self-regard or in the worst case cannot develop even the forerunners of self and other regard: admiration, appreciation, idealization. Where the therapist has no durable and flexible system

of positive self-regard, one that can observe negative reflection on the self, the drive to restore approbation can deform the therapist's ability to sustain the environment I have described above. This can deform, if not vitiate, the containing environment in which holding operations can be conducted in the best interest of the patient.

In the modern understanding of relationships as applied to psychotherapy process, failures by the therapist are inevitable and necessary. These failures of attunement and of resonance, or even of loss of the centrality of the patient in the dyad are considered opportunities for the patient to find the long-buried history of similar, damaging failures in earlier life and feel them through. The failures also provide an opportunity for a different resolution to the interpersonal problem with a relationship partner (the psychotherapist) who prioritizes the patient's welfare and the maintenance and support of positive regard for all parties equally, even at the risk of confronting unattractive and unfavorable aspects of her or himself.

These are difficult conditions to maintain, however. Michael Eigen in his online book on psychopathy (2006) describes the prevalence of psychopathic compensations in human behavior. And in an article entitled the "Immoral Conscience" (1991) he talks about the way that omniscience, the drive to represent oneself as knowing everything, always, is a bane of healthy relating. Bernhard Brandschaft (2010) calls attention to this problem specifically for therapists. He warns therapists about the tendency to be so invested in favored theories and ideologies that the capacity to apprehend the patient as a unique person is compromised.

### ***Receptivity gone awry: transgressions***

How serious is the question of therapists' failures to maintain the most central element of the holding environment: maintaining the centrality of their patients' welfare and the preservation, recognition and receptivity for the unique subjectivity embodied by each patient? Articles by Muriel Dimen (2014) and Charles Levin (2014) point to answers. In her article Dimen talks about a "lapsus linguae" a slip of the tongue. Dimen reveals an episode in which her beloved therapist, to whom she feels much gratitude, slipped his tongue in her mouth in the only moment he physically embraced her in a long, and for her very helpful psychotherapy. The therapist never brought up the 'slip' and neither did she. Even writing about this long after his death she chose not to name him. Somehow she bypassed the transgression, even as she writes that his failure was greatly compounded by the additional failure of bringing up the lapse in boundary, which was the introduction of the therapist's need and then its gratification at her expense. In a presentation she made based on this work she called on therapists to find a forum to talk with each other about such lapses in maintaining the

holding environment (as I term it in this paper). Thinking about her exhortation I realized the great difficulty in doing so.

Levin expands the discussion of transgressions of the boundaries necessary for maintaining a proper holding environment to institutional training in psychotherapy. His article is in a volume devoted to themes of abandonment and betrayal in the analytic relationship. To my eye it is the most graphic and unapologetic of the articles that detail violations of dependency relationships. Many of the articles are on other subjects, the untimely death of one's analyst for example. But even among those relating inappropriate therapist behavior leading to betrayal of the therapeutic covenant and rupture of the relationship, his voice is singularly clarion in identifying both individual therapist rationalization and avoidance of blame, together with institutional collusion in covering up the transgressions and their significance. I am reminded of something that happened to me as a therapist, seeing someone - also a therapist - the child of a very well known psychotherapist, who depicted the parent in horrifying terms as an abusive self centered person. It seemed credible to me. When I talked about it with my therapist his reaction was sufficiently watery that it felt like an apology for the parent therapist; enough so to disappoint me. I needed a full-throated denunciation of the parent. Why I needed that may provide a personal example of the question that bedevils me (no pun intended here, because the devil is a relevant part of this discussion) about the influence of the therapist in the energetic, interpersonal, psychic and emotional soup that constitutes the therapeutic relationship.

### **Where we are, where we go:**

#### **The challenge of sustaining a holding environment**

#### ***The transgenerational transmission of abuse***

My reality is an extreme. Extreme conditions have been used throughout human history to deepen understanding of more normative phenomena. The horrific brain injuries caused in wars past and present has led to more understanding of central nervous system functioning. Terrible burn injuries, and the damage caused by deep-sea diving has led to the development of technologies and techniques to react to and heal the damage. Similarly, the exposure of clinicians to the lifelong harm to soul, psyche and emotional life caused by chronic relational trauma informs everything we do with patients, including those patients whose suffering is less comprehensive, in whom damage to self is less severe, and whose capacity for recovery is greater, than that I know of for myself.

I have described much of the life experience and its effects that I am going to refer to here in more detail elsewhere (Baum, 1997, 2007, 2014). To make my point here I will say that I was destroyed psychically and emotionally by my



mother and by the environment of people around her who were malevolent mad people who penetrated me body and mind. These people were driven by impulses, urges, and feelings that were un-neutralized and carried in adult bodies. My father, who ultimately saved me from all that (long after the damage was done), demanded unconsciously that I comply with his self-serving narrative of what happened by believing that he had saved me, that I had recovered, and that he had created me into an emotionally healthy child.

### ***Facing what there is to face***

To so bend the truth of my own experience, under threat of loss of his approbation, and the threat that he would otherwise forget who I was and leave me, or return me to my mother, meant leaving all connection to inner truth and reality. This demand, plus the destruction already wrought on my inner being; plus a merged identity with my father that included his severe narcissistic deformations; plus the attacks leveled at me by both parents seeking an outlet for their vicious hatred for hypocrites and the sanctimonious self-brighteous people who had harmed them, destroyed any capacity in me to develop the narcissistic functions and structures necessary for self-esteem. As Otto Kernberg (1975) delineated in his seminal studies of borderline and schizophrenic personality organizations, the problem for those of us living in that universe is not low self-esteem it is the absence of self-esteem.

Self-esteem is quite literally admiring and feeling good about oneself. Healthy self-esteem is built on the ability to encounter, integrate and metabolize negative aspects of oneself, act responsibly and appropriately in response to those discoveries and return to a positive relationship with oneself. When basic structures that undergird that functioning are destroyed then the craving for positive regard comes to dominate inner life, and the desperate search for anything that will quell the craving becomes the guiding star of behavior. There can be no moral center without the self-correcting mechanism of healthy self-esteem. Also, the craving for relief from self-loathing that accompanies the destruction of self-esteem systems warps all other considerations in decisions about behavior and relationship.

There are many descriptions of people organized this way in human history, in literature and drama. Coincidentally one very trenchant description came to me in an article in the New Yorker Magazine, by Jane Mayer (May 2016) profiling Tony Schwartz the man who acted as a ghostwriter for Donald Trump in the production of the book *The Art of the Deal*. Schwartz kept detailed notes for himself of his contacts with his subject. Asked about his understanding of the man he says a number of significant things that are relevant to our understanding of the functioning of someone for whom the drive for positive regard is a central organizing principle of his personality.

Schwartz says about Trump: "Lying is second nature to him. More than anyone I have ever met Trump has the ability to convince himself that whatever he is saying at any given moment is true, or sort of true, or at least ought [italics in the original] to be true." (p. 23). This mechanism is part of the distorting effects of omniscience. Schwartz says also that Trump is driven entirely by a need for public attention to the point where it is all for "... recognition from outside, bigger, more, a whole series of things that go nowhere in particular." (p. 23) Ultimately, Schwartz sees Trump as driven by an insatiable hunger for 'money, praise, and celebrity'." (p.24) Tony Schwartz concludes about Donald Trump that: "He's a living black hole." (p. 24). The damage that gives rise to this somatopsychic effect includes annihilation of self and identity, and I now see more clearly, also of narcissistic functions.

I recognize myself perfectly in Tony Schwartz's depiction of Donald Trump. Family, friends and acquaintances would find this unbelievable unless I have shared with them my knowledge of my interiority. I know it is true. A concrete example is in a comment made to me many years ago by my late wife, who loved me, and admired me and never wished me any harm. She told me that I could start a sentence going in one direction and end it going in the completely opposite direction. She was calling my attention to the fact that reality, facts, opinions, attitudes, everything is fungible in the service of securing the center and the possibility of obtaining narcissistic supplies - admiration, respect, adoration, idealization, idolization.

### ***The challenge to therapists***

We say that power is corrupting. This is partly because power is related to feeling good about oneself. Power is force, energy, and the capacity to do things or get things done. It is related to instrumentality (as described very well by Ron Robbins (1978) in his work on the limbic character). It is related to being responsible for oneself. David Shapiro (1965) describes the connection of the disavowal of responsibility to the formation of psychopathic character defenses. It is very difficult to take responsibility for one's actions if it will lead to a devastating collapse of the shell of ego built on extracted narcissistic supplies that cannot be metabolized into somatopsychic structures that allow tissue to swell with pride, and glow with inspiration. In *Narcissism and Power*, Hans-Jürgen Wirth (2009) shows how this deformation of narcissistic functioning shows up in public life.

The corrupting effect comes from the use of power to supply self-interest at the expense of others. Greed certainly is a big element in this, envy also. So is the desperation to garner positive regard. This type of positive regard goes as far as needing the centrality of the old-testament God, being at the center of every moment, and as the basic referent of a person's life.

Granted that most psychotherapists are not afflicted with this in the way I am. Many are likely more benign to begin with. They are likely to have metabolized and organized self and other representations that include the inevitable fallibility and moral confusion that affects all human beings. They may well, as clinicians, have learned to receive, accept and work with critical reactions of their patients about them, including those that have a correct percept of the therapist's narcissistic deformations, or limitations, or slips. I have had to create a self that could function as if I lived in the universe inhabited by those people. But as Dimen and Levin call to our attention, the problem of therapist transgression of boundaries to satisfy self-interest is common. Some theorists notably Harold Searles (1965) have made it a central principle of their work to sharpen their awareness of the destructive impulses, attitudes and feelings the therapist has toward the patient.

As I wrote in an article about the two-person identity (2014) I cobbled together whatever shards of soul survived the attacks on me, the projected idealism of my parents and their ego-ideal selves, and the souls lent to me by others - my late wife most of all, my children, my therapists, my friends, my patients, and I developed a consciously intended, purposeful self. As much as I able that self embodies the principles and values of goodness. The connection of pleasure and goodness is articulated now in the theory of Bioenergetic Analysis (Baum, et al. 2010). But the underlying self, as I know myself, built around a core of malevolence, revenge, and madness, cannot partake of that pleasure in goodness. Contempt and disdain and their corrosive effects are at the core of my body and identity and threaten all attachments.

I am acutely aware of the ways that self-interest seeps into relationship. Acutely so because of my knowledge of myself and because of both my father's and mother's mission in life to root it out in everyone, exposing hypocrisy and self delusion. My father did this while sleeping with many of his women patients, espousing a theory proposed by Martin Shepherd in his book, *The Love Treatment* (1971), and then feeling scrupulous because he "didn't sleep with the fat ones". He told me this after I was already a fully qualified clinical psychologist! **In this case my need to be enfolded in his being, the only safe place I had ever known (as dangerous to my soul as it actually turned out to be), combined with his need for complete merger and identification with him. The result in me was best described in energetic terms as a swoon, a loss of self-possession and surrender to the sway and influence of another. This forced approval of his unconscionable behavior was both a result of and further augmented my general incapacity to register reality.**

Registering reality, in its most complex, nuanced and subtle ways is what is required if therapists are to conscientiously investigate transgressive behaviors, our own or those of others. Here too a bioenergetic perspective helps to understand the dynamics of the investigative process, and the challenges it poses. I will use myself as the case study again. I know that many of my father's patients

benefited from his ministrations, although not those he sexually abused. When I contemplate his sexual abuse of patients my consciousness is split. I can say categorically that I know that what he did was wrong. But the knowing is not uniform. In one of the splits in my being and in my body and in my psyche with which I am very familiar, I know cognitively and ethically that what he did yields to no rationalization. But my stomach and my guts do not follow this conviction. I feel the conviction wash out of my insides, even as I know on the other levels that I am right that he was wrong. I have worked on this phenomenon in me for a very long time. I understand the energetic process underlying this phenomenon, as part of the necessary transformation of self required of me to secure my adoring undying attachment to my father. I also know it is a manifestation of what was done to me articulated clearly when Mike Eigen said to me: "Your psychic heart and guts were torn out."

From the bioenergetic standpoint something has happened to my guts. We do not have the means to study cellular process at the level needed to understand this. But the ethical and moral function of gut reactions has been abrogated. It is a particular torment to know so certainly that what my father did was wrong to his patients and to me, and to be bereft of the gut feelings and the intestinal fortitude to stand and denounce him and his behavior without being shaken by my dissolving insides.

This experience gives me insight into the difficulty we face when we strive to identify transgressive behavior when doing so threatens our relationship with ourselves, and with our positive regard. Or when it threatens our relationships with the important others in our lives who we want and need to admire, to identify with, and by whom we need to be positively regarded.

Some therapists I have told about his behavior have not, at first anyway, been able to generate a sufficiently outraged reaction to assist me in maintaining my own in the face of all the historical pressure to relinquish it. It cannot be only a rule-derived reaction. We therapists have to open ourselves to the impact that transgressions and violations have on our patients. This is delicate ground. The daily newspaper tells us how prevalent the rationalization of predation and exploitation is in the world we live in. On the micro-social level this behavior starts in families and the communities that surround them.

### ***What to do***

If receptivity means being available to receive the toxic destructive elements of our patients, the concept seems straightforward enough. If we hypothesize that there is a healing that takes place in an intersubjective relationship environment and that environment includes the mixing of unconscious material and of emotional energies of both the therapist and the patient, then my experience of myself tells me we are in delicate, and perhaps dangerous terrain. It behooves us therapists to develop methods to investigate our own psychopathy. Even if

blessed with a fundamentally benign core self, our irreducible humanness assures the intrusion of destructive, self-interested feelings, and at least occasionally actions, into the holding environment.

The solution does not lie in a kind of neurotic, and ultimately self-righteous scrupulosity, it lies in assisted self-reflection. In developing this as a principle and methods for it, we can lead not only in our field but also in the world around us. **Sharpening, refining, delving into the ways that negativity, greed, envy, and narcissistic compensations create the ways therapists deform the holding environment becomes a method for preserving it.** Talking about it, among us and in the world is a mission to convey the hard-won knowledge that comes from the difficult work of psychotherapy for use in dependent relationships of all kinds.

## References

- Baum, S. (1997). Living on shifting sands: grounding and borderline organization, *Journal of Contemporary Psychotherapy*. 27(1 61-86.
- Baum, S. (2007). Living on purpose, reality, unreality and the life of the body. *Bioenergetic Analysis*, (1 7), 165-188.
- Baum, S. et. al. (201 1). Modern bioenergetics: an integrative approach to psychotherapy. New York Society for Bioenergetic Analysis.
- Baum, S. (2014). Living the two-person identity. *Voices*, 50(2), 35-41
- . Bion, W. (1959). *Experiences in groups*. London: Tavistock Books.
- Brandchaft, B. (2010). *Toward an emancipatory psychoanalysis*. New York: Routledge.
- Eigen, M. (1991). The immoral conscience. In: *The Psychotherapy Patient*. New York: Haworth Press.
- Eigen, M. (2006). The annihilated self. *Psychoanalytic Review*. 93(1). 25-38.
- Eigen, M. (2006). Age of psychopathy. [www.psychoanalysis-and-therapy.com/human\\_nature/eigen/pref.html](http://www.psychoanalysis-and-therapy.com/human_nature/eigen/pref.html)
- Grotstein, J. (1990). Nothingness, meaninglessness, chaos & "the black hole" part II. *Contemporary Psychoanalysis*. 26(3).
- Keleman, S. (1985). *Emotional anatomy*. Berkley, CA: Center Press.
- Levin, C. (2014). Trauma as a way of life in a psychoanalytic institute. In: *Traumatic ruptures*. New York: Routledge.
- Mayer, J. (2016). Trump's boswell speaks. *The New Yorker*. (July 25). New York: Condé Nast. 20-27
- Mitchell, S. and Black, M. (1995). *Freud and beyond*. New York: Basic Books.
- Searles, H. (1965). *Collected papers on schizophrenia and related subjects*. New York: International Universities Press.
- Shapiro, D. (1965). *Neurotic styles*. New York: Basic Books.
- Shepard, M. (1971). *The love treatment: sexual intimacy between patients and psychotherapists*. New York: Wyden.
- Slochower, J. (2014). *Holding and psychoanalysis*. Hove: Routledge.
- Slochower, J. (2016). An interview with joyce slochower. *New Therapist*. May/June.

- Spock, B. (2012). Baby and child care. New York: Simon & Schuster
- Tuccillo, E. (2012). Somatopsychic unconscious processes and their involvement in chronic relational trauma. *BioenergeticAnalysis*. 23. 17-62.
- Winnicott, D. (1953). Transitional objects and transitional phenomena; a study in the not-me possession. *International Journal of Psychoanalysis*. 34(2). 89-97.
- Winnicott, D. (1958). The holding environment. In: *The maturational processes and the facilitating environment*. New York: International Universities Press.
- Wirth, H-J. (2009). Narcissism and power. Giessen, Germany: Psychosozial-Verlag

# ***The importance of integrating pre- and perinatal issues into Bioenergetic Analysis<sup>1</sup>***

Wera Fauser

## **Introduction**

*"I am inside a cave with a torch in my hand. I feel very good and think what a funny experience this is. Then I am walking along a dark channel when suddenly my torch starts to flicker and I feel panic that it may lose all its energy and leave me in the darkness. Will it last until I can manage to get out of here? I doubt it. I am sure that nobody will ever find me in there. I wake up shivering and in total fear of dying."* (Birth-dream of a client, a wanted child with a Blue-Baby-Syndrome, born with the umbilical cord three times around his neck. A priest had already given him an emergency baptism, because his survival was so unlikely.)

Whereas until the late eighties the embryo and foetus were seen as a mere accumulation of cells without any sensitivity, and newborns and babies up to four to six months were operated on without being narcotized, more and more the realization that the unborn and just born baby is equipped with an independent, elementary emotional life and receptivity and a rudimentary memory has become more accepted in the medical and therapeutic world.

The fact that the unborn and newborn has been able to experience the life in the womb and his birth particularly via body-sensations and physical awareness (Dowling 1991, Emerson 2000, Janus 2000, 2013) is gradually playing a more important role especially in bodily-oriented psychotherapy. It is from our first prenatal and perinatal experiences and impressions that we all derive our fundamental attitudes, our deepest conclusions and convictions about life on earth and about what we might expect from those who take care of us.

Never again in life will we be that vulnerable and dependent on just one person than during that early time. Without our mother we cannot survive the first three quarters of our prenatal months, whereas after birth others can take over the role of the mother and can at least help us to stay alive. Our first abode was absolutely the only place in the world where we could ground ourselves, where we could grow in a hopefully secure and welcoming atmosphere, and the way we could

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<sup>1</sup> Published on *Bioenergetic Analysis*, 2015 – 25.

settle there as well as the way we left this abode, has shaped our existence and is engraved in our brain and our body.

If this intra-uterine bonding and grounding or the extra-uterine attachment during the first few weeks and months have been severely disturbed, and in case our birth had taken place under traumatic circumstances, it will have the deepest effects on the entire psychic and physical development of the child (Bauer 2011, Nathanielsz 1999, Schore 1994, Verny 1995). Will the baby be strong, resilient and self-confident or rather weak and not provided with much ability to tolerate stress? Will it be able to keep its temper or will it be nervous, hyper-active or in constant alarm? How will it be capable of concentrating and sleeping peacefully? How much basic trust will it have? How much deeply rooted mistrust? What kind of character will it form? What kind of diseases might it get later?

This earliest period of our life can also be responsible for the development of mental disorders or psychosomatic diseases (Janus 2013, Nathanielsz 1999, Schore 1994).

The most decisive and most damageable time certainly is the period of the so-called "*foetal programming*" during the first 12 intra-uterine weeks when the organs are being developed and the earliest withdrawal-reflexes come into being (Blomberg 2012, Dowling 1991, Emerson 2000, Nathanielsz 1999).

As undisturbed, relaxed and at ease the unborn had been allowed to live, and the more powerfully it can enter the earth with no birth complications and of course provided that it has afterwards been cared for and raised in a relatively optimal way, determines how relaxed he can be in his future life.

Fundamental answers cannot be found solely by considering the genes and the experiences days and weeks after birth but by literally going back "to the dark wonderland of womb life" (Verny 2013) and to the roots of pre- and perinatal experiences to find the basic melody of our life. Therefore, this article will focus on these issues and leave aside the obviously also very important and character-forming months and first years after birth. Due to limitations of space only some of the mentioned issues can be described in detail.

## **Historical introduction**

The psychoanalyst *Otto Rank* was the first to acknowledge already in 1924 that the relationship between mother and child begins long before the child is born and that pre- and perinatal memories were true memories. One of his main statements referring to this matter says that prenatal feelings and experiences and the ones during birth could essentially influence the dynamic between therapist and client (Verny 2013, in Janus 2013).

Both *Otto Rank* and *Gustav Gruber* investigated this subject and described it systematically.



Otto Rank attached more importance to the intra-uterine issues and the birth experiences than to the oedipal complex which in 1926 led to a breach between him and *Freud*, who was not willing to revise or expand his psychoanalytical concept. Otto Rank could imagine the time in the womb as the very beginning of the mother and child relationship and is considered as the precursor of Ego-Psychology.

In the thirties the Hungarian psychoanalyst *Sándor Ferenczi* realized the importance of the preverbal time in the womb and in the first year after birth and was occupied with the issue of the rejected unborn and baby (*The Unwelcome Child and His Death Drive*, 1929). Not knowing anything about birth-trauma he valued this procedure as an event of omnipotence.

All of the analysts mentioned above, as well as *Nándor Fodor* in the fifties, who also had been interested in this subject and emphasized the traumatic aspects, did not meet with a positive response and remained outsiders.

*Alfred Adler* rather looked at the aspects of feelings of inferiority and powerlessness during this period. He was the first psychoanalyst who did not idealize the intra-uterine phase.

In *C. G. Jung's* archetypes one can also find references to prenatal themes.

Like Freud, *Wilhelm Reich*, had been more concerned with postnatal drive concepts and *Alexander Lowen* followed Reich in this tradition.

During the last three decades research on and the preoccupation with these issues of early life, initiated by classical psychoanalysts, has been taken over by more body-oriented therapists and physicians. Referring to pioneers like *Arthur Janov* (*Early Imprinting*, 1984) and *Stanislav Grof* (*Topography of the Unknown*, 1983), it was *Terence Dowling* and *Alfred Tomatis*, who developed new approaches to help their clients or patients to dive into the pre- and perinatal period of their life. In the eighties Tomatis was the first to re-enact traumatic womb and traumatic birth experiences and he used the mother's voice on tape or in reality as a remedy. Also one of the most important scientists and therapists, *William Emerson*, has been working with children and adults on this theme for more than 30 years now (Schindler 2011, p. 8).

Meanwhile pre- and perinatal issues and early trauma are gradually being considered within the bioenergetic world. For the exciting journey back to the very roots, Bioenergetic Analysis with its definite body-orientation within the frame of a secure and hopefully step-by-step, trustful and warm therapeutic relationship and with its elaborate know-how concerning trauma in general, actually seems to be especially suitable for this task.

Fortunately neurobiological research nowadays affirms the necessity of a physical approach to preverbal subjects. Neuronal network-patterns are prenatally determined by the genetic disposition, but as the neurobiological findings prove, they depend in their evolution on the experiences within this habitat (Bauer, 2011). "*Prenatal traumata are burned into the brainstem, like Bruce Perry (2005, p. 18) formulated and this prenatal trauma sets the limits for*

*future brain development*" (Schindler 2011, p. 55). These early patterns form strong connections particularly if negative or traumatic experiences have been made which lead to fixed convictions because the foetus or newborn draws all conclusions from his narrow little primary world (Gerald Hüther: *Die Macht der inneren Bilder*, 2008).

Unfortunately, it is normally completely unconscious that this overshadowed world outlook stems from the very beginning of our life and is therefore, of course, too simplified. Moreover one can hardly change it by pure verbal therapy and mere mental insight. Modern brain research has proved that we tend to perceive and repeat what is already known to us and the new and unknown is rather turned off in the brain. Once our first coping strategies are learned we will stick to them and prevent ourselves from learning and trying new solutions.

## Important stages of prenatal development

Time	Division	Size (ca.)	Characterization
1 <sup>st</sup> day	Early Development	0,1 mm	Conception, Fertilization
day 4–5			Free Blastocyst
day 5–6			Adhesion of the blastocyst on the uterus's mucous membrane. Nidation. At present <b>the basic plan of body and brain is female</b> .
3 <sup>rd</sup> week	Early Development	0,2–2 mm	<b>Three-leaved embryonic disc</b> , beginning of the <b>spine</b> -development, (primal vortex), <b>a small brain is functioning after only 20 days</b> . <b>The stem-brain develops first and grows quickly</b> . Shortly afterwards the heart begins to beat. Nervous cells are spreading all over the body. Skin and brain spring up from the same cell layer (ectoderm). A part of the nervous cells is being locked up in the emerging brain, another part floats in the abdomen and forms the <b>intestinal brain</b> . The <b>unmyelinated dorsal vagus (DVC)</b> is developing. This enteric system functions almost independently from the central nervous system (Porges, 2011).
4 <sup>th</sup> week	Embryonic Period	2–5 mm	A yolk bag produces stem-cells of leucocytes and erythrocytes, <b>arm- and leg-buds</b> can be recognized, <b>the umbilical cord</b> is created. The embryo is swimming in the amniotic cavity.
5 <sup>th</sup> –8 <sup>th</sup> week		–40 mm	<b>Organogenesis</b> From week 6 on, the sense of touch is the 1st sense to be developed before seeing and hearing is possible. Shortly afterwards the <b>embryo is able to hear</b> the mother's (or twin's) blood circulation and intestinal noises. From week 6 on: <b>muscles emerge, first active movements. Muscle training stimulates the creation and linking of nervous cells</b> . From week 7 on, the muscles distribute Dopamines and Endorphins. <b>Emotions can now be suppressed by contracting the muscles, which weakens the perception</b> . From week 7 on the gonads of future boys produce Testosterone. <b>Fingers and hands</b> come into being before the feet develop. Eyelids are shut now. <b>The Babkin-reflex</b> (Blomberg, p. 115) starts to develop. If later in pregnancy it touched the palms of the hands it might bend the head forward, open the mouth and make sucking movements <b>to train for later breast-feeding</b> . This reflex continues for 3–4 months after birth. In case the newborn does not suck properly, the palms of the baby can be massaged to stimulate the Babkin-Reflex. <b>The fear-paralysis-reflex</b> as a stress-reaction is now being established as a very early retreat-reflex. If the pregnant mother experiences a lot of stress in the first months or the unborn child is threatened, it might stay in a <b>state of freezing and immobility</b> for most of the time (DVC, Porges, 2011). Or in a <b>state of constant stress</b> and adrenalin and cortisol (SNS) is poured out (Blomberg, p. 109).

3 <sup>rd</sup> month	Foetal period	~9 cm	<p>Legs and arms grow. Taste-buds can be seen in week 10.</p> <p>In week 11 <b>the Plantar-reflex</b> develops as an early grasping reflex and <b>trains the movement of the toes to be able to cling on to someone</b>. Like the Babkin-Reflex, another grasping reflex, it also supports the later breast-feeding.</p> <p>From week 12 on the <b>sex is recognizable</b> and identifiable. The organs come into being. First reflex actions and reactions occur after being touched (Abortion, abortion attempts, Amniocentesis in week 16/17). <b>The Moro-reflex</b> starts to develop and should be fully formed in week 30 (Blomberg, p. 113f.). It is also triggered by loud unpleasant noises, quarrels, fighting, disagreeable or threatening touches like being boxed or hit from the outside.</p> <p>The yolk bag disappears since liver and spleen function now. They produce their own blood corpuscles and can detoxify the blood now without having to send it all back to the mother. From week 14 on, thumb-sucking is practiced.</p> <p>The grasp-reflex is now beginning to be developed.</p>
4 <sup>th</sup> month		~16 cm	<p><b>Bones</b> are perceptible, <b>joints</b> are created. Swallowing reflex and sucking reflex. A separate closed blood circulation system allows some more self-regulation. The whole <b>5 million eggs are developed in the female foetus</b>.</p> <p>From week 16 on <b>noises and sounds</b> from the outside world can be perceived.</p>
5 <sup>th</sup> month		~25 cm	<p>Hair growth: Fur-like Lanugo-hair covers face and body. Mothers can now feel the movements of the foetus. The beginning of the <b>myelination</b>. <b>Until the end of month 6 all neurons (100 billions) are built. Especially the part for perception is completely active.</b> Parts of the limbic system are now developed and are networking. The <b>amygdala</b> is fully functioning now (LeDoux 2002). From week 24 a rapid increase of <b>myelinated vagal fibers (Ventral Vagal Complex, VVC, Porges, p. 122)</b>.</p> <p>After birth the linking of the neurons continues in all parts of the brain. <b>The synaptogenesis of the cortex only begins after birth. Postnatally it takes 6 - 8 months until the orbitofrontal cortex functions fully</b> (Herman 2010, p. 90).</p> <p>In week 18 <b>the asymmetric tonic neck-reflex (ATNR)</b> starts to develop. When the foetus turns the head to one side, the arm and leg are stretched to the same side whereas at the other side of the body the arm and the leg bend. This releases kicking movements and is a <b>training for the birth-process</b> (Blomberg, p. 114).</p> <p><b>The ears are now completed, the ability to hear is entirely formed.</b></p>
7 <sup>th</sup> -8 <sup>th</sup> month		~35 cm	<p>Via hiccup in the last three prenatal months <b>the diaphragm</b> is trained. In month 7, specialization is already completed. From now on the embryo only puts on weight. Communication between mother and unborn functions via <b>right hemispheres</b> (A. Schore). The eyes are open, lungs work but are still immature. The foetus is viable.</p>

38 <sup>th</sup> –40 <sup>th</sup> week	<p>Birth: <i>"The human infant is not born with a completely functioning myelinated vagal system. The mammalian vagus is only partially myelinated at birth and continues to develop during the first few months postpartum"</i> (Porges, p. 122).          If there are no medical interferences the foetus defines the exact time of leaving the womb and pushes itself off the contracted stable wall of the uterus <b>by the toes. In fish-like, involuntary movements it starts the journey.</b>          (The more the unborn had to protect itself, the less mobile and vigorous it is during the birth-process.)</p>
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## Examples of circumstances causing prenatal trauma

"... the amygdala is fully functioning in the second half of the prenatal period, and if the unborn baby perceives through sensory activity a situation threatening survival, this will be stored in his amygdala. Moreover, if the mother perceives a threatening situation, the amygdala nuclei of the unborn baby will also register the perceptual context along with the mother's physiological response" (LeDoux, in: Janus, Diepränatale Dimension in der Psychotherapie, 2013, p. 160).

- Abortion-attempts;
- Longer duration of strong ambivalence and feelings and thoughts of rejection;
- Chronic anxiety and stress;
- Severe depression;
- Premature uterine contractions (the earlier, the more frequent, the more life-threatening they are);
- Longer use of tocolytics (meds to suppress premature labor);
- Violence and quarrel in the partnership or in the close surrounding, (e. g. screaming, being boxed, kicked, pushed);
- Natural catastrophies, accidents, shootings, terror, war;
- Separation of the parents;
- Medical problems like Gestosis, Eklampsia, Preklampsia, etc.;
- In-utero death of a twin;
- Lack of food;
- Abuse of alcohol, medicine, nicotine, drugs (Frank Lake, \*The Toxic Womb Syndrome).

### *Abortion-attempts*

Abortion-attempts are always very traumatic experiences and result in the deepest form of schizoid frozenness. In panic the heart begins to beat fast, then

the tachycardia ceases, the embryo shies away, and in a fear-paralysis-reflex falls into total numbness by activating the dorsal vagal complex (Porges, p. 292). The embryo stays there and has to defend against the danger from the outside, against its own panic and the fear of being attacked again or of being caught when finally coming out.

Possible consequences:

- deep-rooted coldness;
- severe depression;
- feelings of profound worthlessness;
- reduced vitality and weak perception of the body;
- feelings of not belonging to this world;
- psychoses, paranoia;
- strong feelings of mistrust, unsociableness, even Autism (Dowling 1997);
- hospitalized movements;
- uncontrollable fits of aggression;
- chronic pain-syndrome;
- feelings of being threatened in human closeness (Lowen, *The Betrayal of the Body*).

### *Case 1*

*"A sky-scraper stands in the middle of a torrent. I live on the first floor and can only get there by boat. I think: For God's sake that's where I should live, I need to escape at once. The torrent gets worse, it will sweep me away. How can I ever manage to reach the shore?"*

*"Someone hands me a little lifeless child with terrible strangulation marks on the throat and, homified, I think by myself: How can people do this to a child?"*

A woman of 50 years, a midwife herself, had been in therapy with me for almost 6 years.

She came because of her hypertension, her repeating nightmares, her severe depression and her being incapable of working. In her marriage with her much older husband she felt "hemmed" in as if she felt hindered to breathe. She was the 6th child of seven, with two miscarriages right before her. It was not certain whether the mother had on purpose induced abortion with them. But during therapy she found out that this was

certainly the case. From the start she remembered her dreams clearly and gradually it became obvious and was later coldly confessed by her mother that she had tried to get rid of her several times by using knitting needles. What the mother did not know at that time was that she had expected twins and when one embryo left, she stopped further efforts. My client later experienced herself in utero as

being a frozen foetus in an awful conflict: She was afraid to stay and afraid of coming out.

Actually she was born 3 weeks too early via an emergency-cesarean with the umbilical cord twofold around her neck. Her mother often told her that her birth was the most dramatic one of all other births, because she suddenly had started to bleed and for a long time this bleeding could not be stopped. When born, my client was blue and unable to breathe. Both mother and child were in mortal danger and were separated from each other. The doctor and nurses grabbed the newborn by the feet, held her underneath cold water and kept hitting her on her back and her buttocks until she finally cried, which she did more or less for the following three days and nights. Fortunately her grandmother sometimes turned up and carried her around because her mother could not care for her.

When the baby was three months old, her mother arranged an operation for her, because my client's spider naevus (lesion) at her throat annoyed her. This operation was not completely successful and had to be repeated at the age of six months. Both operations were undertaken without any narcotics. From then on she was described as a very quiet and well-behaved baby and child.

When she was older she tried in vain to win her mother's love by helping her as much as she could. Fortunately her warm, accepting father, an architect like her husband, was, besides the grandmother, a compensation and without the two of them she "... *might have died very soon*".

## Case 2

*"I crawl up a steep hill to a tower on the top. Inside is a hole and I climb down, headfirst along a narrow channel until I come to a little cave. Suddenly a knight attacks me from the right hand side with a lance, then another one with a lance from the left hand side. I press myself against the wall and try to hide."*

*"I can see myself in an igloo standing in an arctic landscape. I'm all alone with no-one to turn to. It is terribly cold and I have no idea how to survive in such coldness."*

In 1986 at the age of 32 a very pale, haggard psychologist "*full of fear, hate and rage*" came into my office looking more dead than alive. The above dreams he called his "*standard dreams of my childhood*" with no idea what they meant. During therapy he realized and felt deeply that, "*already there had I lost all hope, all optimism, all joy and trust in life*".

He had been living in almost total isolation thus far, with only one student-friend and regular visits to his family. He had never had any close contact with women and it took all his courage to come to me now, because he "*could not stand life anymore and was considering suicide*."

His parents had been very poor and lived together with the mother's mother in one flat.

He was the first child and the mother was very ambivalent about her pregnancy. Since the grandmother and the unemployed father who had a drinking problem and later became an alcoholic, were definitely against a baby, she and her mother had tried for several times to get rid of him by using knitting needles. When they did not succeed, his grandmother finally said: *"Let us stop, somehow we will manage to get the baby through."*

During his birth his mother fell into a coma and stayed there for three weeks. Every four hours the nurses took him to her and thus he was at least breast-fed for a while, even though she did not notice him and it felt very embarrassing to him. His mother needed months to fully recover and his grandmother cared for him most of the time.

When he grew older he became a very beautiful child and his mother started to cuddle him, which ended abruptly when his brother, who was four years younger, was born. The economic situation had improved and they lived in their own flat now.

In recurring dreams he was haunted by war-scenes and murderers chasing him. At the beginning of therapy his only safe place was a space-shuttle far away in the universe with at least a direct talking-line to me. In 1990, after 4 years of therapy he left because he had finally got married and his wife and he expected a child. He returned 10 years later, just separated and stayed a few months to get over it. In the beginning of 2013 he showed up again, because he and his girlfriend, a warm sociable teacher, planned to live together after five years of acquaintance.

### ***Chronic anxiety and stress***

*"In comparison to most of the other mammals the placental contact between mother and child is especially strong. Hormones, medications and toxic substances need only a few seconds until they flow through the mother's blood circulation into the placenta. For a short time the placenta can even function as a buffer against them, but if the distribution continues they reach the unborn"* (Terence Dowling, seminar 2006).

In cases of chronic anxiety and stress the unborn is flooded with a lot of maternal stress hormones like adrenalin, cortisol and noradrenalin, which all stimulate the sympathetic nervous system and generate tachycardia. *"In a tense environment the blood of the foetus rather flows to the muscles and the brain-stem to supply those parts of the body that are necessary for a life-saving reflex-behaviour. Owing to this protection reaction less blood flows to the intestines and the stress-hormones also suppress the function of the basal forebrain"* (Lipton 2007, p. 174). For a while the child can regulate itself but if the situation



continues the child suffers under constant stress and the exhausted stress-system can cause infections, since the immune system is weakened (Bauer 2011, p. 47, p. 117). This can later lead to various diseases like colitis ulcerosa or Crohns Disease. Usually these babies, thus made insecure, are very anxious and clinging and tend to cry a lot.

### *Case 3*

A professor at the age of 57 came to see me after 700 hours of psychoanalysis, because some of his most annoying symptoms like burn-out, hypertension, chronic sinusitis, bronchitis and the inability to feel well when alone had not changed. The analysis had concentrated on the early parental divorce and on his violent stepfather. He had gained a lot of understanding for himself, but still felt that he could not relax and feel comfortable in his own body.

He was the first child of a mother who had tried to chain her weak, latent homoPhile husband, a gifted painter, to her. When it became clear that he would never really love her and be a responsible father she regretted the pregnancy, and was in constant worry that she might not manage to raise a child all by herself. He was born two weeks late via an emergency-caesarean and was covered with infantile eczema and furuncles (boils). His mother refused to hold him or nurse him and only every now and then gave him his bottle. Whereas, she left the clinic within two weeks he stayed there and was finally put into a dark small room "*to die*" where his father found him two weeks later. He took him to a university hospital where he was treated with antibiotics for five months. His mother had gone back to work and never visited him and his father came rarely.

After he had realized that his symptoms had a lot to do with the suppressed feelings of the unborn and newborn, the symptoms gradually vanished and he started to be more considerate with himself by doing sports, eating less food as well as more wholesome food and working less. He is now in the middle of a dramatic journey back to his earliest injuries and his deep desperation and frozenness.

### *Case 4*

A woman in her late thirties, a doctor and therapist herself, was sent by a colleague, who felt that she needed body-oriented therapy and not merely talking therapy. Literally, since she had moved into the house of her current husband, (where he had lived with his first wife who had left him against his will) she had developed a grave colitis (Crohns Disease) with sporadic heavy bleeding. Shortly before I first saw her she had been in hospital and the doctors now advised an operation to remove the infected parts, which scared her a lot. She described

herself as being under stress very easily; even the packing of her luggage to go on holiday stressed her awfully.

She was the second child of a young, insecure mother who had lost her son two years ago during birth because of an iatrogenic mistake. During her second pregnancy, being still traumatized by the loss of her beloved son, she felt a lot of panic that she might also lose this child. The mother later confessed that she was afraid of loving my client and building a strong prenatal connection to her as a protection for herself.

In many dreams and prenatal exercises my client remembered this period as a time of "*complete loneliness*" and her body as being stiff and immobile. Being born she met a very sad and exhausted mother who for three weeks put her away in a children's home at the age of three months, because the parents found that they needed to go on holiday. When the parents fetched her "*she was a completely different baby, very thin and fragile*" since she had not really wanted to eat and additionally had suffered from diarrhea.

Daring to gradually feel the connection between stress and her stressful and sad beginning of her life helped her to recover without needing any operation so far. And even though she is not yet totally cured the bleeding has completely stopped.

On the deepest level of her prenatal time she found the parallel between her mother and her husband. For both of them she was "*the wrong person*" and her mother "*would have definitely preferred if her son had survived instead of me.*" And her husband would have liked to still be with his first wife. After trying couple therapy she finally moved out and is now divorced. This is a step the unborn could not take!

### ***Lack of food during pregnancy***

The growth and the development of the child can be lastingly affected by the lack of food during pregnancy. It can be seen as the deepest form of orality. In case this lack occurs during the first three months of the pregnancy, the development of the organs could be influenced and they could be irrevocably undersized (Nathanielsz 1999).

Consequences:

1. The liver cannot regulate the cholesterol level sufficiently, which can cause chronic hypertension and arteriosclerosis;
2. The pancreas does not produce enough insulin to assimilate normal amounts of blood glucose. Diabetes is likely to be developed;
3. A general risk to suffer from overweight and cardiac and circulatory troubles in later years.

### ***Alcohol abuse: an intoxicopathy***

Besides nicotine, alcohol belongs to the most damaging poisons during pregnancy. Each year about 10,000 babies in Germany are born with physical or mental damage. 2,000 of them suffer from severe and irrevocable defects. The pregnant mother's consumption of alcohol is far more often the cause of physical or mental harm in children than genetic diseases. Even small amounts of alcohol in the first three months of pregnancy can drastically damage the development of the embryo's optic nerve by reduction of the vitamin A level. Furthermore intoxication can lead to hypertension and renal insufficiencies. In severe cases, (which we usually do not see in our private practice) it results in deformities of the face (Downing, seminar, 2006).

In the second trimester of pregnancy alcohol can disturb the building of the nerve-cells whereas in the third trimester it can destroy the already existing neurons. In comparison to nicotine abuse enough blood reaches the unborn, but the blood is intoxicated so that the child has to protect itself and its liver must carry out heavy labour.

*Physical Protective Measures:* With the help of the contraction of the psoas muscles the unborn adducts its little legs to pinch off the groin. Thus the heartbeat is reduced and the child waits in a protective position until the level of the alcohol decreases and the dilution of the poison, (all of which must be processed through the developing liver of the foetus), starts. Gradually the heartbeat comes back to normal again.

### ***Nicotine abuse: a deprivation-syndrome***

Nicotine is one of the most damaging poisons constricting the development of the body and the brain. Even a relatively small dose of this poison (about 6 cigarettes a day) is enough to vitiate the growth and the brain development. Postnatal hyperactivity is seen in this connection (Dowling, 1997).

If the pregnant mother had been smoking or was forced to chronically smoke passively the risk of having a still-birth or a preterm birth or a caesarean rises. The newborn babies are usually lighter, smaller and have a diminished circumference of the head. More often they suffer from allergies, asthma or infections, more frequently they later become addicted to tobacco and/or overweight, and can show developmental retardations and problems concerning learning and their behaviour (Dowling, 1997).

The unborn inevitably has to "smoke" with the mother causing the following results:

- Shortly afterwards the concentration of nicotine increases in the blood of the mother and the unborn;
- The supply with oxygen and nutrients deteriorates;

- The nicotine causes stress in both organisms and the blood pressure rises which leads to tachycardia and the veins and arteries get tighter and thus impede the blood circulation. The blood first supplies the brain that is essential for survival and flows away from the abdomen and the extremities, which get cooler and less supplied with blood;
- Even the mother's wish to smoke provokes tachycardia in the unborn;
- The carbon monoxide creates an oxygen deficiency that can lead to a so-called "false suffocation" and the organism is in a state of alarm and distributes a lot of adrenalin.

Physical Protective Measures: The unborn can better protect itself from the poison in comparison to alcohol, the anoxia, however, is very threatening. By an accelerated heart beat the baby pushes the blood out of his own blood circulation back to the placenta and thereby it has to do excessive work that can tense or even enlarge the heart. This can later result in the feeling of "I have to work to survive" (See Case 5).

### Case 5

The 46 year-old teacher, born in Lithuania, came to me because of burnout, constant stress and her bad contact to her only daughter. Her mother worked as a medical doctor and midwife in a clinic. Twelve times she herself had successfully completed abortions via a suction apparatus when she finally ("*I have no idea why*") decided to keep my client alive. Relentlessly, she smoked "*2-3 packages of cigarettes every day*" and on weekends she liked to drink heavily. My client was born with an enlarged heart and hepatitis and a "*very tense body*". She used to cry for hours and only the grandmother could calm her down. For months in therapy I had to appease her because she was in a state of chronic hyperarousal and stress. She could hardly be still for a while and relax and as a mother she used to be very demanding, impatient and even aggressive toward her own daughter. It took us a rather long time to realize how early these patterns had been installed and how difficult it was to change them.

### Examples of perinatal trauma

*"Birth is the greatest challenge to human survival... (it) ... disrupts the fetus's dependency on maternal physiology and expels the fetus from this secure environment"* (Porges, p. 83).

- Premature birth;
- Umbilical cord around the neck with anoxia;

- Cyanosis, Blue-baby-Syndrome (or other reasons);
- Cesarean Section;
- Breech delivery;
- Suction cup delivery;
- Forceps delivery;
- Precipitate delivery;
- Placenta praevia;
- The use of forceps during birth;
- Postnatal separation without any bonding because of an amniotic liquid aspiration or other medical problems of the mother or the baby.

## ***Cesarean***

*Primary cesarean:* 5 to 10% and planned before birth because of a medical indication and without any uterine contractions. Usually done under a general anesthesia or less often under a peridural anesthesia. (At first the mother is 'gone' and shortly afterwards the unborn is also numbed.)

*Secondary cesarean:* Unplanned and suddenly necessary because of complications during the birth process. More often the child here can experience uterine contractions for a while. Usually done under peridural anesthesia.

*Wished cesarean:* Planned on an appointed time without medical reasons and without any labour pains. Tendency increasing.

In the USA caesareans are the most frequent operations and the rate lies between 25-50 % depending on the specific clinic (Emerson, 2013, p. 90).

For the mother the big belly wound means pain and a long scar and the risk to get a thrombosis and embolism and for the child it can also have grave effects, such as the following:

*Respiratory problems:* Since there is no body-massage as during a normal birth to press the amniotic liquor and/or the meconium out of the child's lungs it can come to an amniotic liquor and meconium aspiration, which often results in lung infections and breathing problems. A Swiss study showed that "*a cesarean increases the risk for asthma in comparison to a normal delivery about 80% ... and that the rates for caesareans and asthma are rising in parallel in the last decades*" (RN Z Wissenschaft, p. 15, December 2008).

*Missing physical experiences:* The numbed mother cannot encourage the baby. The first very important full body massage and the experiences of one's physical boundaries of a vaginal birth are omitted. Furthermore, the child is bereaved of the experience of being active and effective and it cannot co-determine the time of the leaving. Involuntarily, mechanically and often too early he is quickly taken out of his warm abode.

*Nursing problems:* This frequently occurs since the milk is produced one day later than normally and the mother is weaker and more strained.

*Bonding disturbances:* The intoxicated mother needs longer to recover and be really there for the baby. Sometimes, due to medical complications, a separation is necessary.

## Case 6

*"Nazi soldiers abruptly and violently open the door of my room. They give me no time to get dressed or pack anything. They grab me firmly, I have to leave at once."*

Three years ago a young teacher, suffering from allergies, chronic sinusitis and severe asthma combined with fits of panic, came to see me. Like her older sister she was born via a planned cesarean together with the third daughter, her twin-sister. Unfortunately she had swallowed too much amniotic liquid and meconium and had difficulties breathing. Whereas her mother stayed with the other twin, she had been taken to a special hospital and had to stay there for two weeks. Her mother never visited her and she developed pneumonia. During therapy she realized the relationship between her early suffering and her actual disease and the panic. She lost her fear of dying and after undergoing several respiratory infections is now almost completely healthy. Since then she never again had any life-threatening asthma attacks.

During the therapeutic process she became aware of the fact and expressed it with wonder that, *"my inner child had not yet realized that it was already born without any birth-massage and without a loving touch afterwards."*

## **Breech delivery**

The baby does not glide with the head but with the pelvis down towards the birth channel, while the legs are folded up and cover the body and the head. The baby thus finds itself in a very difficult situation. The more it tries to fidget and follow the natural need of the legs to move and to push against the uterus wall the worse it gets and the baby experiences helplessness and impotence. If there soon is competent help this might not be necessarily traumatizing, but if this is not the case the little head and the vertebra are submitted to high pressure and a strong drag force. Frequently the baby gets stuck and anesthesia has to be given to the mother and she loses the contact with her baby.

*Typical later consequences:* Feelings of anxiety and impotence, drug abuse, back pain, spine disk problems, blockage of the sacroiliac joints. The pelvis area

is often very tense which can cause cystitis and myoma. The following is a case involving breech delivery.

### *Case 7*

*"I'm sitting in a wheelchair and I desperately want to be able to walk, but no matter how hard I try I cannot move my legs. Usually I wake up in panic."*

One reason to come into body-oriented therapy was this repeating dream of a forty-two year old nursery-school teacher. Besides that she mentioned that she could not go to sleep without having drunk 6-8 bottles of beer, that she was afraid of the darkness, but also afraid when it was too bright and that she could not go and visit her mother in the hospital, because of panic attacks approaching the building. She could not explain her symptoms, since she was a loved child and had a rather good relationship with her parents.

When working deeper with her dreams it turned out that the person in the wheelchair was not yet born. When she asked her mother she told her that she was a breech delivery and had been stuck in the birth channel for almost an hour (and) three doctors, and three nurses had pressed and pushed against her belly and the mother's pain had been so unbearable that to her greatest relief she finally had received laughing gas and did not remember anything else.

Gradually and after a lot of preparatory bioenergetic work with her legs, she needed several healing re-experiences of her birth until the panic lessened. After two and a half years of therapy she left me and had no more inclination to drink alcohol to ease the pain of the baby (she had been) as the laughing gas once did.

### ***Suction cup delivery***

The most frequent vaginal-operative delivery is when the unborn gets stuck in the birth canal, the heart rate decreases or the mother cannot press. By generating a vacuum the baby is pulled out with the suction cup tight around his skull. Sometimes this works very well within a relatively short time with little risk for the mother and the child, but in difficult cases complications can be quite serious.

Possible consequences for the baby:

- Swelling and/or strong deformations of the head;
- Hematomae and injuries of the skin;
- Kiss-Syndrome (Atlas-Axis induced asymmetry);
- Panic with tachycardia and mortal fear.

## Case 8

A very beautiful 34 year old single woman came to me with the feeling "I am ugly, I am not okay, I have nothing to say, nothing to determine, I am afraid of closeness and I would need my own slow tempo but never have it. I feel completely numb in my body." Her mother had had eye-tuberculosis as an adolescent and when she gave birth to her first son, my client's 3 years older brother, the scars in her eyes burst and she had been blind for several weeks after delivery. She was very afraid to receive a second child, but her husband persuaded her and with constant worries she became pregnant again. During the second birth she was not allowed to press at all because of her eyes and my client was dragged out via a suction cup. "In total shock and way too early" as she found out later in therapy, she entered the world. Her freezing state that could have been released by a loving comforting mother was even aggravated because her cool and unempathic mother refused to hold her, because her "head was elongated and strewn with blue-green hematomae and swellings." The nurses took her away for several days, because the mother could not bear the sight of her.

## Therapeutic procedure

### Stabilization

*"The injuries can only be healed in the same way they were primarily generated: In the relationship with another human being" (Herman 2010, p. 90).*

- Verbal anamnesis (recollection) including the time of the mother's pregnancy and the birth, without dramatizing, just registering;
- Physical anamnesis;
- Establishing contact and building a trustful relationship in a safe, warm and welcoming atmosphere;
- Mental reinforcement;
- Help for self-help and learning of techniques to calm the amygdala;
- Grounding in mother earth and one's own body;
- Introducing physical relaxing and self-strengthening exercises;
- Focus on the resources and inner healing power and self-regulation;
- Encouragement of working on one's resilience;
- Gradually enhancing the breathing;
- Working with the right distance and closeness and - if allowed - with touch and holding;
- Grounding in the therapist's body, especially when the standing position does not feel right or seems impossible and there is yet no pleasant and secure place



to find in oneself;

- Mindfulness based stress-reduction, sensitive awareness exercises;
- Anxiety and immobility must be uncoupled, methods to come out of freezing and dissociation must be learned;
- Dream analysis without interpretation from the therapist's side. The client will and can find his own answers.

### ***Re-experience/trauma-reconstruction***

*"Un-discharged toxic energy does not go away. It persists in the body and often forces the formation of a wide variety of symptoms such as anxiety, depression, unexplained anger and physical symptoms from heart trouble to asthma" (Levine 1997, p. 20).*

Since the prenatal and early child does not have a developed prefrontal cortex and hippocampus, which is only fully mature at the age of three years, these early events and injuries can not be understood by cognition, but they will be stored in the amygdala as wearing emotions and symptoms (Herman 2010, p. 60).

To communicate with the early traumatized prenatal or perinatal child one has to speak the language of the brain stem, the limbic system and the body-memory. A right hemisphere to right hemisphere dialogue between the therapist and the client should be established (Shore, 1994).

When dreams, physical postures or memories show up that indicate pre-or perinatal trauma (sometimes they are there from the very beginning) the process step by step goes back to the womb-time and the birth experience with the help of:

- Working with dreams;
- Learning to differentiate between the adult and the child, the therapist and the original caretakers;
- Understanding the symptoms as the language of the wounded child;
- Carefully developing analytical understanding and the discovery of the why and when and what happened;
- Fingerprint diagnosis (Dowling, Nathanielsz);
- Diving deeper into one's sub-consciousness and one's inner world by bringing the client into an alpha-state (Place of super-learning, Lipton, 2007);
- Technique of guided imagery in an alpha-state. Without any information about the time in utero or about the birth one can precisely perceive and feel what happened;
- Re-living and re-experiencing the time in utero and/or the birth in a healing new way;
- Sometimes literally going back into a symbolized womb, covered underneath a darker sheet, and with the legs grounded in the therapist's belly. In a dialogue

with the unborn we can find out how it really felt, why it may-be did not want to be born or in some cases why it had a reluctance to settle down in the womb of this specific mother at all. The client must deeply understand and learn to believe, that the danger is over, that if he now moved and lived fully in the womb and in his life and if he decided to be finally born there is no cold or disinterested or disturbed mother anymore, but that he will now be received and accompanied by a warm, welcoming therapist and the grown-up part of the client himself.

- Prenatal breathing;
- Specific rhythmic breathing exercises;
- Specific prenatal rhythmic physical exercises for the integration of the not integrated primitive reflexes. These rhythmic exercises also dampen the sympathetic tone, promote activation of the emotive, social vagus (Porges, 2011) and a stimulation of the brainstem. They are done while the client is lying down and the therapist moves the client rhythmically and softly, beginning with the feet, then the knees, hips, chest and head.  
This specific passive rocking simulates the mother's movements, heartbeat and breathing. By activating the brainstem, higher parts of the brain structures are also positively influenced and can mature (Blomberg, 2011); the limbic of system can thus be soothed, that supported fight, flight or freezing behaviours (Porges, p. 190); and the HPA axis activity can also be inhibited.
- Establishment of the natural, involuntary birth-reflex that shakes the freezing loose and helps to prepare for the re-living of the delivery;
- Finding out which primal instinctive reactions had not been carried out and have to be performed now;
- Learning to express and integrate deeper feelings;
- Understanding and integrating that one is no longer trapped inside a cold or rejecting or intoxicated home;
- Several re-enactments of the birth process are usually needed until the clients really feel their own efficiency and potency and until they can realize that they are now able to manage to be born in a normal way with a now strong and grown up body;
- Learning to find completely new solutions;
- Understanding that the prenatal and just born baby had only very few possibilities to react, and could neither flee nor fight and that this is not the case anymore;
- The therapist should go into resonance and feel what the baby felt without being overwhelmed and should encourage and comfort the inner child (Bauer 2011, Levine 2011, p. 65);
- The linking of the pre- and perinatal child's brain-stem and limbic system with the cortex and prefrontal cortex of the grown-up gradually has to be strengthened to help alter the strongest and earliest convictions and to better understand and finally accept the most deeply rooted experiences and

perceptions of this period of life and to mentally and physically realize that it is all over.

## Conclusion

Never again in our life will we be a part of someone else, will we be so deeply connected to someone else, so fundamentally influenced by someone else, never again will we be so vulnerable and dependent. Even before looking into the eyes of our mother we 'know' a lot about her personality, her strength, her health, her feelings, her sexuality, her attitude and especially about the quality of her bonding and loving feelings toward us. Our personal story starts long before we are born and if this first bonding was sufficiently optimal and positive, our birth-experience uncomplicated and our perinatal time with the mother was warm, loving and undisturbed, it provides us with a very important first secure base in this world. In cases where this did not happen it is inevitably necessary to go back to the very beginning of our earliest and most forming injuries and imprintings, otherwise they will never be annihilated.

The prenatal and perinatal period creates the first important foundation and, of course, this period is just the beginning of a long story, but a beginning that can make a permanent impression on our entire later life. As Thomas Verny put it: *"Consideration of pre- or perinatal traumas without an exploration of subsequent traumas is as incomplete as psychotherapy that neglects the pre- and perinatal period"* (Verny 2013, p. 203).

## References

- Albert, B. Die Seele fühlt von Anfang an. München, Kösel, 2005.
- Bauer, J. Das Gedächtnis des Körpers, München, Zürich, Piper-Verlag, 2011.
- Bowlby, J. A Secure Base: Parent-Child Attachment and Healthy Human Development, New York, Basic Books, 1988.
- Blomberg, H. Bewegungen, die heilen. Freiburg, VAK-Verlag 2012.
- Chamberlain, D. Woran Babies Sich erinnern. Die Anfänge unseres Bewusstseins im Mutterleib. München, Kösel, 2001.
- Cheek, D. Prenatal and Perinatal Imprints, in: Pre- and Perinatal Psychology Journal, 1, Winter 1988, S. 97-110.
- Dowling, T. The Use of Placental Symbols in Accessing Pre- and Perinatal Experience. In: Fedor-Freyberg, P. Vogel (Hrsg.), Prenatal and Perinatal Psychology and Medicine. Mattes Verlag, Heidelberg, 1989.
- Dowling, T. The Roots of the Collective Unconscious. In: Janus, L., Haibach, L. (Hrsg.) Das Seelenleben des Ungeborenen, Centaurus, Herbolzheim, 1991.
- Dowling, T. Pränatale Regression in der Hypnose, Heidelberg, Textstudio Gross; 1991.
- Dowling, T. Arbeit mit autistischen Kindern. In: Janus, L., Haibach, L. (Hrsg.), LinguaMed, Neu-Isenburg, 1997.

- Emerson. W. Shock: A Universal Malady, Pre -and Perinatal Origins of Suffering, Emerson Seminars, Pataluma, 2000.
- Fodor, N. The Search for the Beloved. A Clinical Investigation of the Trauma of Birth and Prenatal Condition. University Books New York, 1949.
- Grof, S. Topographie des Unbewussten. Stuttgart, Klett-Cotta; 1983.
- Häsing, W, Janus, L. (1990): (Hg.) Ungewollte Kinder. ext-o-phon, Wiesbaden.
- Hermann, J. Die Narben der Gewalt. Traumatische Erfahrungen verstehen und überwinden, Paderborn, 3. Auflage 2010.
- Hollweg, W. H. Der überlebte Abtreibungsversuch. Int. J. of Prenatal and Perinatal Psychology and Medicine 5: 256-262, 1998.
- Hüther, G, Die Macht der inneren Bilder. Bern, Hans Huber Verlag, 2008.
- Kakalides, A. The Knowledge of the Womb, Corfu, Triklino House, 1995.
- Levine, P. The Tiger: Healing Trauma. California: North Atlantic Books, 1997.
- Levine, P. Sprache Ohne Worte. Wie unser KörperTrauma verarbeitet und uns in die innere Balance zurückführt, München, 2. Auflage 2011.
- Lipton, B. Intelligente Zellen. Wie Erfahrungen unsere Gene steuern, Burgrain, KOHA-Verlag, 2007.
- Janus, L. Zum Zusammenhang von Geburt und Lebensgestaltung, Kind und Umwelt. Nr. 57. S 3-19, 1988.
- Janus, L. Erscheinungsweisen pränatalen und perinatalen Erlebens in den psychotherapeutischen Settings. Textstudio Groß, Heidelberg, 1991.
- Janus, L. Der Seelenraum des Ungeborenen, Pränatale Psychologie und Therapie, Walter-Verlag, 2000.
- Janus, L. (Hrsg.) Die pränatale Dimension in der Psychotherapie, Mattes-Verlag, Heidelberg 2013.
- Janus, L. (Hrsg.) Die pränatale Dimension in der psychosomatischen Medizin, psychosozial, Heft 134, Gießen, 2013.
- Ledoux, J. The Synaptic Self. How Our Brains Become Who We Are. New York, Penguin Books 2002.
- Nathanielsz, P Life in the Womb. The Origin of Health and Disease, New York, Prometheus Books; 1999.
- Nilsson, L. A Child is Created, Stockholm, Mosaic- Books, 1998.
- Pearce, J. C. Biologie der Transzendenz. Neurobiologische Grundlagen für die harmonische Entfaltung des Menschen. Freiamt, Arbor- Verlag, 2004.
- Porges, S.W. The Polyvagal Theory, Neurophysiological Foundations of Emotions, Attachment, Communication, Self-Regulation. New York, Norton.
- Schindler, R (Hrsg.) Am Anfang des Lebens. Basel, Schwabe Verlag, 2011.
- Schore, A. Affect Regulation and the Origin of the Self, New York, Erlbaum, 1994.
- Sonne, J. C. Interpreting the Dread of being Aborted in Therapy. Int. Journal of Prenatal and Perinatal Psychology and Medicine 8: 317-340, 1996.
- Storch, M., Hüther G. Embodiment, Hans Huber Verlag, Bern, 2006.
- Ventling, C. D. Sensitivity Training during Pregnancy. Journal of Bioenergetic Analysis, Gießen, Psychosozial-Verlag, 2007.
- Verny, T. Das Leben vor der Geburt. Zweitausendeins, Frankfurt/M. 1992.
- Verny, T. The Secret Life of the Unborn Child, New York, Dell, 1995.
- Verny, T. Birth and Violence. Int. J. of Prenatal and Perinatal Psychology and Medicine. 9: 5-15, 1997.

## **Internet sources**

Human Development aus The Virtual Embryo (L. W. Browder, University of Calgary).  
Human Reproduction Testfragen und Tutorial aus The Biology Project, an interactive online resource for learning biology (University of Arizona).  
Life Before Birth The Fetal Senses (David Chamberlain).  
Befruchtung, Schwangerschaft, Geburt, In-vitro-Fertilisierung und Empfängnisregelung (Vorarlberger Bildungsserver).

# ***Neurobiology and psychological development of grounding and embodiment***

## ***Applications in the treatment of clients with early disorders<sup>1,2</sup>***

*Jörg Clauer*

### **Introduction**

One of the most significant contributions of the recently deceased founder of Bioenergetic Analysis, Alexander Lowen, is his concept of grounding. Bioenergetic therapists understand it as rootedness in the reality of ones own body, of ones own history, in relationships and in the reality of a person as lived here and now. "Grounding stands for the uniqueness of Bioenergetic Analysis that can not be confused with other theoretical and practical orientations of psychotherapy. The concept of grounding does not exist in psychoanalytic literature and emerged when Alexander Lowen ... began to work with breathing and the body in the standing position ... The psychoanalyst was brought out of his passive-abstinent role ... Grounding was intended to reconnect the patient with the ground of reality." (Oelmann 1996, p. 129 (translation by author, which hereafter will be referred to as tba.)). Lowen has developed grounding as a new corner pillar of his energetic perspective. The charging in the upper half of our body and the longitudinal or pendular swing of our energetic charge needs discharge through the lower half of the body downward into the earth or as sexual discharge (Lowen 1958, p. 78ff.+92, Helfaer 1998, p. 65ff.). "We move by discharge of energy into the ground ... All energy finds its way eventually into the earth; this is the principle known as "grounding." It explains the discharge through storm and lightening of the overcharged atmosphere. This principle must also underlie the sexual act" (Lowen 1958, p. 80).

In bioenergetic therapy grounding can be seen as an important acquisition to prevent experiences of dissolution of boundaries, dissociation and loss of reality. It is also a concretization of Freud's reality principle: "Being grounded means

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<sup>1</sup> This paper is an updated version of an article first published in a German journal of psychoanalytic orientation (Clauer 2009). Part of this work was presented in Paris (November 2008 at the first international congress of body psychotherapy of ISC and EABP).

<sup>2</sup> Published on *Bioenergetic Analysis*, 2011 – 21.

being in touch with reality" (Lowen 1978, p. 48). "The difference (to Freud, author's note) is, that it is not restricted to cognitive understanding" (Pechtl 1980, p. 193, translation by author (tba.)). Also grounding circumscribes the holding a person receives through the voice, eye contact, touch, and physical contact in relation with another person. In this paper the concept of grounding is mainly being conceived of as relational and rooted in the embodied self.

The concept of grounding is mostly associated with six realms:

- a) Upright gait in the gravity field of the earth - i. e. the contact with the ground, secure stance and autonomy, which we do not have in the early days of our life as a baby;
- b) Feeling contact with all realms of ones own physicality - i.e. the rootedness in the perception and awareness of the bodily-self (i. e. the phenomenal self model);
- c) As a precondition for containment (emotional holding capacity) and discharge of excitement into the ground;
- d) The ability to connect and maintain relationships, to love;
- e) The ability to tolerate the dissolution of boundaries of self or dissociation in the sense of connectedness with a higher power or spiritual dimension (transcendence);
- f) Connectedness with ones own history, understanding of ones biography;

As Bioenergetic therapists we expect that the importance of embodiment and grounding in particular will be reflected in findings of neurobiology. Nonetheless, it is relieving to really find these scientific roots in neurobiology, systems theory and modern philosophy. This can be helpful to explain our knowledge to the modern world that believes in scientific proof. Lowe, like Freud, was eagerly looking for biological explanations and he connected his concept of grounding to the phylogenetic development of the human species (c. Lowen 1958, p. 70ff.). Our unique development has been inseparably linked with the evolution of the *upright gait* and thus our hands became free for using tools. Learning by imitation and playful acquisition of skills in the group then represented an essential advantage for survival. The precondition of a development viewed in this way is a tremendous achievement of integration of the signals. These signals come from the organ of equilibrium (vestibular system) as well as touch and perception of position in space/ depth sensitivity (proprioception). All these systems of the body developed in the brain so that upright walking became possible. This is one of the many explanations for the eminent significance of grounding. The neurobiological implications of this subject and their applications in therapy will be the first part of this article.

*Cooperation* in hunting or gathering bands led to a further developmental leap. For this reason refining of the exchange of signals became increasingly important, and that encouraged affect attunement by facial expression and collaboration by

gestures as well as the development of language<sup>3</sup>. Recently, in the discovery of one of our ancestors, "Ardipithecus ramidus" researchers discuss that the *cooperation* of the parents in bringing up the infants was an important step in human evolution (Lovejoy 2009). The upright gait and thus new form of grounding as a unique characteristic of our human species is not to be found in early childhood. The baby needs to be grounded in the relationship to his/her caregivers and its excitement and affects need their help to be regulated, either to be calmed (discharged) or to be stimulated/vitalized. Lowen (1958, p. 108+56) points to this: "... and reality for the child is its mother." It is fascinating that the research of the primary triangle of mother, baby and father shows that contact and mutual affect regulation needs is based on the orientation and organization of the lower half of the body that according to Lowen (1958) is closely connected to grounding. The second part of this paper involves the developments and therapeutic implications of this triad research. In the developing infant the intense struggle for his own upright gait, grounding and consciousness can be observed easily. The developmental steps of phylogenesis are thus reproduced in ontogenesis.

The development of our embodied self, our selfhood, in the first years of our lives can be subject to limitations, disturbances or traumatic events (Stern 1985, Schore 1992). The outcome of such events we will find in our clients with "early" disorders. Three case examples are included in this paper to illustrate the value and therapeutic use of the principles and knowledge described here. Like in childhood our therapeutic affect attunement and collaboration is not and should not be perfect. Miscoordinations or interruptions in affect attunement or collaboration always need to happen. The important step for the development of the baby and our patients as well is the reestablishment/reconstruction of attunement and collaboration in the relationship. Within the therapy process this reconstruction of the collaboration and affect attunement is fostered or enabled by a process of "*deconstruction*" of the perspective of patient and therapist. This is the subject of the *third case vignette* of this article.

## **Part 1: neurobiological aspects of embodiment and grounding**

In Bioenergetic therapy grounding can be seen as an important acquisition to prevent experiences of dissolution of boundaries, dissociation and loss of reality. The developmental model of Bioenergetic Analysis expanded by the results of infant, attachment and neurobiological research offers an understanding of the therapeutic relationship and processes, which provides a safe frame and developmental space for patients suffering from personality disorders. It led to an emphasis of a safe therapeutic working relationship as well as differentiated

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<sup>3</sup> A further development of my ideas concerning this subject you will find in: Forum der Bioenergetischen Analyse 2011.



approaches of treatment for individuals with different life experiences and types of disorders (Heinrich-Clauer 2008). Also, grounding circumscribes the holding a person receives through the voice, eye contact, touch, and physical contact in relation with another person too. Rootedness, i. e. the building of a secure self-structure with the perception of their own body and the therapeutic relationship is particularly important for patients suffering from disruptions of the coherence of self. "Relationship has a grounding effect for the therapeutic process C.. This view does not contradict Lowen's notion that grounding can be achieved mainly through the energy flow in legs and feet and the contact with the ground of an individual. But it is not just a question of grounding techniques, whether clients in the therapeutic situation are able to be really grounded or not . . . In order to be able to integrate the doubtlessly stabilizing and vitalizing experience of the energy flow in legs and feet and the good feeling of ones own stance in the therapeutic situation into ones sense of self, a relational response of the present therapist is essential. Clients need to be able to relate to themselves and to the other while perceiving body sensations and trying to communicate them verbally. *Relatedness of the therapist* means mindful looking, sensing and listening as well as the ability to verbally confirm and propose words for the integration of the experience" (Heinrich 2001, p. 68 (tba.)).

The first case vignette elucidates the importance of the inclusion of resonance (Heinrich-Clauer 1997 and 2008), grounding and exploration of one's own body in a critical situation to foster integration processes.

### *Case vignette 1: a hallucinatory episode*

A 55-year-old female teacher suffering from sleep disturbance, alcohol dependency, severe depression, dependent-narcissistic personality traits and living in a traumatizing relationship was in inpatient treatment. In addition to verbal psychodynamic individual therapy with me, she worked with concentrative movement therapy (CMT) in a group setting. After a couple of weeks she appeared to be stabilized and abstinent from addictive substances. One Friday afternoon I received a phone call from the CMT colleague. With an excited voice she described her distress with the patient. Later on, when I was alone with the patient in my office, I understood my colleague being so upset. In front of me I saw a sweating, highly restless, fearful patient. After a while, in spite of my own tightness, I managed to find out what she experienced bodily and mentally. She felt helplessly and physically exposed, because she saw the big erect genital of a man on the wall. (I suppose she suffered from an alcoholic hallucinosis. Background for the form of the hallucination was that she was daily forced by her husband to have intercourse with him.) For a while I felt downright uncomfortable in this emotionally charged atmosphere and shared her helplessness. Then I noticed how in my standing position I involuntarily worked

(like in Bioenergetic exercise groups) into my legs and ankle joints in moving with slightly bent knees gently back and forth in my feet and ankle joints. [I was looking for a secure stance and in this way dealt with my feelings of insecurity and helplessness.] I invited the patient to try something similar as I did and also to stamp lightly with her feet on the ground. When she hereupon had somewhat quieted down, I asked her to describe the apparition on the wall more precisely. In touching the wall with my hand I managed to encourage her to explore the wall at the place of the apparition together with me. In this process she became quieter and the hallucination disappeared. After this her therapy made significant progress, as the work on her conflicts and traumatization was enhanced by this episode.

Conclusion: Instead of exploring the obvious fear and transference situation (which would have needed more contact with reality from the patient) I relied on my experience as a bioenergetic therapist and helped my patient and myself in this critical situation with grounding and contact with reality. In the therapy situation I shared the feelings and excitement of the patient implicitly in my embodied countertransference (resonance) and carried (contained) them with her. The perception of my resonance opened for me a way to direct the attention of the patient to her body, her contact with the ground and then to re-establish contact with reality together with her. Beside containment/grounding of the therapist, the patient's *contact with the ground* and the *mutual tactile exploration* and the *touch* itself were important elements of the therapy process. "Bringing one's self back to a sense of the feet on the ground allows one to bring oneself back to an ongoing sense of self-regulation and self-respect." (Helfaer 1998, p. 70).

### *Grounding in the therapeutic relationship*

Grounding, either in the standing position or by sitting in front of each other, enhances the orientation to the reality principle, adult functioning, (i.e. the integrative ego-functions) and guides patients in their exploration. Settings based on the lying position can have a regressive function. When the relational context and experiential background of the patient are disregarded they can lead to dissociative phenomena, depersonalization and ultimately psychotic decompensation. Reinert (2007, p. 504f.) a psychoanalyst, describes such cases and takes them as a cause to caution against: "Dangers of the inclusion of the body in therapy: More severely disturbed Borderline patients with insecure ego-boundaries would be massively overstrained by such an immediate confrontation with their physical experience." He describes a patient, "with a Borderline structure with severe secondary addictive disorder (Ibid.). In his first therapy session already in the lying position without an instruction that would have provided a framing by the therapist, the patient got into severe dissociation and

states of excitement. As a bioenergetic analyst one misses here the application of therapeutic (grounding) principles providing for structure and holding and a discussion of the effect of the relational context. Without working on contact with the ground (reality principle) and without exploration and clarifying of the relationship with his own body as well as with the therapist, a lying setting for such patients is hardly imaginable for a Bioenergetic analyst. The significance of physical interaction and grounding in the therapy process of a borderline patient will later be the subject of the second case vignette.

The very experience with events of dissolution of boundaries has led to a further development of Bioenergetic Analysis. Especially important is the integration of impulses from the face musculature (emotional perception) with those of body movements (ibid. p. 44). Body movements, our expectation of movements and intentions are mainly directed by the integration of information from depth sensitivity (proprioception), sense of equilibrium and touch (Blakeslee & Blakeslee, hereafter referred to as B&B p. 29). According to the Bioenergetic concept of "cephalic shock" (Lewis 2008), the integration of this information can be disturbed by a layer of tension at the base of the skull and in the region of the eyes (Lowen 1978, p. 58). These tensions lead to disintegration or lack of integration of information coming from the organ of equilibrium, visual perceptions and depth sensitivity. Lewis related his concept to Winnicott's concept of the "false self". He described the physical side of dissociation, which according to Schore (2002), is an outcome of trauma-induced developmental disturbances. Seen from the perspective of developmental psychology, the infant lacks the holding of body and soul, which is the foundation for the development of a cohesive self. According to Bioenergetic experiential knowledge, the integration of body perception can be seen as surrounding the center of the diaphragm/Hara/like an onion. From the perspective of the functional unity of body and soul, the area at the base of skull and around the eyes functionally corresponds with ankle joints and feet. Sense of equilibrium, secure stance and the ability to let oneself down into the ground are as disturbed as the ability to surrender to a partner in a relationship.

### *The true self and our conscious mind is rooted in proprioception*

*The central anchor of our true self in the body is the proprioceptive sensations.* Winnicott (1974, p. 193f.) was engaged in this subject: "The true self comes from aliveness of body tissue and the agency of body functions including the functioning of heart and breathing ... The true self emerges as soon as there is some psychological organization of the individual, and it means little more than the totality of sensomotor aliveness." "Whenever conscious experience occurs (i. e. activation of a stable integrated model of reality [in the brain, author's note]), also this continuous source of inner, proprioceptive input exists" (Metzinger

2005, p. 19; hereafter quoted as Met. (tba.)). Damasio (2000) refers to this as *core self*, (a term used by Stern [1985] for the development of the infant) that is dependent on the constant neuronal activity of those brain regions of the body self, which are independent from external input (that means independent from sensations like seeing and hearing). In bioenergetic therapy we experience this fact in patients with diminished grounding and fear of falling. They try to compensate the insecurity within their self and their contact to reality by controlling the world by visual information. If they close their eyes they may lose their sense of equilibrium, feel very insecure and may get in a panic.

### ***Embodiment and grounding foster the cohesion and vitality of the self***

Our self-perception (and introspection) is not a passive reception process but an active construction procedure (B&B, p. 41). Disturbances of body perception or integration of body maps in the brain leads to disturbances of the cohesion of the self. These have been investigated thoroughly by self-psychology. Early traumatization of the infant (by violence, abuse or neglect) instead of developing a vital and cohesive (integrated) self (-model) leads to depressive-depleted/devitalized or *fragmented/dissociated* self states (e. g. Lichtenberg 2000, Schore 2002). Depleted/devitalized self-states we find in depressions that are frequently connected with a sense of emptiness and missing holding, a silent void or black hole of nothingness, a groundlessness (Clauer 2007, Schore 2002). The importance of the stimulation of body perception and grounding in the case of depression is part of our common knowledge in body psychotherapy (e.g. Lowen 1972, Clauer & Koemedalutz 2010).

During growth spurts of children and adolescents there frequently occurs a temporary disturbance of proprioceptive perception of the body and a sense as if they have lost their feet or legs (B&B, p. 29). Difficulties in adolescents of orientation in reality that correspond with this loss of grounding are well known. Their urge for motor activity might have a self-healing effect in this process. Like in a young mammal, feedback from its own bodily movements provides meaning to what it experiences.

There is a similar state of "hovering above ground" associated with restriction of contact with reality in depressions and psychoses. As a psychiatrist I have experienced a number of floridly paranoid-hallucinatory patients, who "hovered above ground" on their toes during a phase of deep fear. B&B have described how the impairments of depth sensitivity and sense of equilibrium can lead to illusionary misperceptions.

Proprioception is the predominantly unconscious perception of position and movement of our muscles, bones, joints, sinews and skin. "An especially large number of such sensors is situated in the facial skin, the *soles of the feet* and in the fingertips" (Storch, hereafter quoted as Sto., p. 96). The integration of depth

sensitivity, sense of equilibrium and touch therefore can very well be enhanced by *stimulating the soles of the feet in various ways* as well as by dynamic grounding (Steckel 2006), and can be enhanced by Do-In exercises<sup>4</sup> (Clauer 2007). "Flummies" (small hard rubber balls of 2.5 (to 3.5) cm of diameter, i. e. one to one and a half inch of diameter) have been found to be very effective tools for stimulating the sole of a foot by stepping with one foot on the ball and slowly rolling back and forth (Vita Heinrich-Clauer, personal communication).

*Coherence of self is enabled by integration of "body maps"*

Neurobiology and philosophy arrive at the same conclusion, that rootedness in the bodily self and especially in proprioception represents the foundation for ever more complex levels of consciousness. *Proprioception - integrated with sense of equilibrium, touch and somatovisceral sensations - is a central indispensable component of grounding and rootedness in the bodily self.* The "balancing disk", also known as the "wobble board" can be an important tool in Bioenergetic analysis to foster the integration of these body senses, especially proprioception and sense of equilibrium. It has been applied independently by V. Heinrich-Clauer, K. Oelmann (personal communication), Clauer (2007) and Ehrensperger (2006) with many types of disorders. Alternatively the "airex balance pad" may be used (personal communication, H. Steckel). The neural integration of the different internal information of our body (self-awareness) in our brain seems to be a crucial process and step. Putting some pieces of the puzzle together might give us an important impulse for Bioenergetic therapy. In the treatment of diseases with disorders of body schema and body image for instance (psycho-) analysis of affect attunement, transference and countertransference *alone* are insufficient. "To bring the clients bodies and minds back together - to fire up their body schemas C...] you need to try something more direct, more dynamic, more tactile, more proprioceptive. The wobble board provides a powerful entry into body schema repair via stimulation of the vestibular cortex. By putting balance at the center of attention, your body schema cannot be ignored" (B&B, p. 45f. cf. Bauer 2002, p. 190).

"Basically there are four types of internally generated information, which create a persisting functional link between the phenomenal self model and its physical base in the brain" (Met. p. 19 (tba.)): input from the *vestibular system* (sense of equilibrium); input from invariant parts of the *body image* (mainly *proprioception, touch, temperature, pain*); *somatovisceral information* from the intestines and the cardiovascular system; and input from brainstem and

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<sup>4</sup> "Do-In" is a collection (set) of exercises (practices) and teachings about physical and mental development of the human being (Kushi 1994). I refer here to the part of "General practices", changed and supplemented by us. These exercises are a form of self-massage, which mobilizes especially the body surface, joints and musculoskeletal system.

hypothalamus (that provides background emotions and moods, anchored in the biochemical landscape in the blood). B&B refer to the particular representation of the information in different neural networks of the brain as "*body maps*": "The sum total of your numerous, flexible, morphable body maps gives rise to the solid-feeling subjective sense of "me-ness" and to your ability to comprehend and navigate the world around you. You can think of the maps as a mandala whose overall pattern creates your embodied, feeling self" (B&B, p. 12). An integrative system in the parietal brain seems to be part of the formation of the mandala, i. e. a representation of the system as a whole (B&B, p. 51). The process of 'sensory integration' is an important long lasting process in childhood development up to the age of seven years and can be disturbed by many different reasons (Ayres 2002). The final classification and stable self-model seems to be a construct of the frontal brain. It needs circuits in a network between parietal brain and an analytic region in the frontal brain (Heinen 2010). The *embodied sense of self* corresponds to the existence of a *single, coherent and temporally stable self (model)* that is known as *selfhood*<sup>5</sup> i. e. prereflexive familiarity with oneself (Met. p. 8, 17, (tba.)). This means nothing less than the functional centering of the phenomenal space (of the experiential irreducible ego sense) through physical anchoring. *When this physical anchoring is lost, the coherence of the self is also lost* with the consequence of denials, dissociations or ego disturbances like e. g. psychoses (ibid. p. 16f.). The formation of (higher) neural patterns (of the self-model) has to be embedded in body perception, otherwise hallucinations predominate. Concerning dissociative identity disturbances, the integrating system uses different and alternating self-models and the integration (e. g. of the optical and proprioceptive map) occurs not at all or in a distorted way (Metzinger 2005, p. 17f.). In the context of dissociative disorders, grounding has proved of value also in trauma psychotherapy (Bercelli 2005, Clauer 2007) to discharge the "frozen residue of energy" and enhancing body awareness and self-possession. The recalibration of body maps is a key to healing trauma (B&B; p. 48).

### ***Disorders of body schema and body image: touch and contact***

Another form of the missing integration of the "body-maps" is to be found in eating disorders and (body-) dysmorphic disorders (e. g. dysmorphophobia), where the body scheme, the *integration of touch with depth sensitivity (proprioception) and sense of equilibrium is changed* (B&B, p. 51f.). Individuals with binge eating feel dissociated, as if body and brain inhabit mutually exclusive worlds." (B&B, p. 45). Modalities that use body sensations as a key to healing (like Bioenergetic analysis and other physical therapies) enhance awareness and attentiveness, they recalibrate your body maps (your body schema awareness,

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<sup>5</sup> Speaking of selfhood, Lowen (1984, S. 111) says it is comprised of self-awareness (self-perception), self-expression and self-possession.

which is mostly implicit) so that you can feel yourself from inside out and selfpossession is enhanced (B&B, p. 37+48).

Beside the improvement of self-awareness, Bioenergetic psychotherapy also will address the more conscious body image and the shame affect and the system of self hate (Helfaer 2007, p. 63+67). The feeling, "who I am is shameful and that my body, body parts, and bodily expressions are shameful" will prevent self-respect and trust in being touched. The "body image" is a concept for our emotional response to how we experience our body, including how we dress, pose, move, and *believe others see us*. It is embedded both in our body maps and in the parts of our cortex that store our autobiographical memories and social attitudes and so can be drenched in shame (B&B, p. 42f.). Especially important in this respect is the integration of impulses from the face musculature (emotional perception) with those of body movements (ibid. p. 44).

Anorexia patients hate to be touched and they leave situations in which they are expected to have body contact with others. Research further suggests that they are suffering from such a mismatch between body maps of touch and vision, that their body schemas are unreliable (B&B, p. 50f.). In an experiment, a full-body neoprene suit an anorexic patient wore stimulated the tactile perception. "Before she wore the suit, when she was starving, her left hemisphere was dominant. After she wore the suit - and had gained several pounds - brain activity shifted to her right hemisphere, particularly to the parietal lobe" (B&B, p. 52). The integration of the brain maps in the right parietal lobe seemed to be restored.

We might connect this to the work of Schore (2002): "Traumatic attachment experiences negatively affect the early organization of the right brain," (p. 462). "Schore further stresses that the right hemisphere is centrally involved in the analysis of direct information from our own body ... due to the fact that it contains more than the left extensive reciprocal connections with the autonomic nervous system (ANS) ... The energy-expending sympathetic and energy-conserving parasympathetic circuits of the ANS generate the involuntary bodily functions that represent the somatic components of all emotional states (p. 445).

Mutual pleasant touch (especially on the front side of the torso) contact and sexuality with another being stimulates the parasympathetic system and raises the oxytocin level. Oxytocin is the hormone of calm and connection, of healing and growth. Touch not only creates an emotional bonding but also transmits the positive health and anti-stress effects of oxytocin (Uvnäs Moberg 2003, p. 89+127). "Touch is beneficial for human growth and health" (Ibid p. 111). So this might be an important effect in anorexics - that touch enhances parasympathetic inner responsiveness with the oxytocin balance and counteracts in this way the fight-flightmechanism (and traumatization).

Touch and contact proves to be important for the healing of at least some patients with early disturbances like anorexia nervosa. The same (combined with balance and viscerosensitivity) I found to be the case for a patient with Colitis ulcerosa (Clauer 2007) where it was important too that: "Vestibular signals are

intimately tied to touch ... Nothing stabilizes balance better than light touches and contact with the environment."(B&B, p. 30f.). The integration of body maps of viscerosensitivity and of the brainstem will be fostered when we are working with breathing and other body rhythms (e. g. Buti-Zaccagnini 2008).

***Body perception (proprioception, touch and sense of equilibrium) and its integration as the foundation for consciousness and coherence of the self***

Like grounding, *selfhood* is an important concept of Lowen's (1983, p. 11 If.): "The goal (of bioenergetic analysis) may be described as the attainment of selfhood, which is comprised of self-awareness, self-expression and self-possession. Being aware of oneself means being fully in touch with the body, but that is possible only if the person gains insight into the unconscious motivations of behavior. Self expression denotes the ability to sense and express all feelings, while self possession means that one is in conscious command of this expression. " Neurobiology, systems theory and the philosophy of the "self model" have also demonstrated the inseparable unity of psychological and physical experience and the rootedness of the self in the body.

From the viewpoint of systems theory we are self-organizing systems, whose conscious, increasingly complex, processing abilities rest on (recognizable) formation of neural patterns. Keeping Lowen (1978, p. 55) in mind: "Grounding roots a person in his animal or physical basic functions and in this way nourishes and supports his mental striving" we recognize that today's systems theory comes to a similar conclusion: that non-verbal, unconscious processes based on mental self-organization driven and shaped by feelings, body sensation and situation form the foundation of *intelligence*. (Storch et al. 2006, p. 34, (tba.)). Intelligent cognition (thinking as formation of neural patterns of a higher order) is unthinkable without it being embedded or rooted in body perception and without perception of the environment. (Sto., p. 30f.).

Neurobiological research even transcends this view and arrives at the conclusion that perceptions (of environment) make no sense except in the reference system of our embodied self: "As a young mammal in its formative stages moves around, feedback from its own bodily movements provides meaning to what it sees. If an animal is exposed to high-quality visual information but only as a passive observer, its brain will never learn what any of that visual information is supposed to mean. [...] The same goes for all the "special" senses: The body mandala is their central integrator, the mind's ultimate frame of reference, the underlying metric system of perception. Sensation doesn't make sense except in reference to your embodied self. C...] In contrast, vision or hearing without a body to relate sights and sounds to would be nothing but psychically empty patterns of information. Meaning is rooted in agency (the ability to act and choose), and agency depends on embodiment. [...] *Nothing truly*



*intelligent is going to develop in a bodiless mainframe. In real life there is no such thing as a disembodied consciousness.*" (B&B, p. 1 If.). This point of view was supported by research concerning artificial intelligence: "While we can readily use disembodied computers to manipulate symbolic information, intelligence requires interaction with the world. In this view embodied cognition ... emphasizes what is enabled cognitively by having a body. Ironically, this knowledge turns out to be exceedingly difficult for robots to acquire ... embodied cognition leads to gains of cognitive function. There is growing evidence from studies in athletes that physical experience can improve perceptual ability" (Grafton (2009, p. 98).

A central subject of the "philosophy of a self-model" and of consciousness of Metzinger (2005, 2009) is his so called "phenomenal transparency" that I conceive of as a necessary fact: Not to know that our subjective feeling of me-ness or selfhood is only an neurological construct of our brain and to experience our self in direct and immediate (online) contact with oneself and the world is an important and necessary precondition, so that we are able to function in the world and enjoy it! "Phenomenal transparency" (ibid. p. 2 If.) means that we are experientially not able to recognize the "self-model" created in the brain as such; instead of we experience ourselves as if we were in direct and immediate epistemic contact with ourselves.

Metzinger further elaborates: "From a transparent model of the system, a self emerges that is embedded in this reality a dynamic phenomenal *online* (author's choice of word) simulation of the self as a subject integrated in the world by constantly changing relations through knowing and acting" (ibid. p. 25). "Malleable and ever more complex self models allow, not only an ongoing optimization of somatomotor, perceptual and cognitive functions, but later on also social cognitions and thereby the development of cooperative behavior (emphasis by the author). With them emerged the fundamental representational resources for adoption of perspectives, empathy and guilt, later on also for metacognitive accomplishments e. g. the development of a self-concept and a *theory of mind* (ibid. p. 11).

## **Part 2: the triad research: cooperation in child development and body psychotherapy**

### ***From dyad to triad and collaboration***

During the last few decades, infant and attachment research have changed our psychotherapeutic work. Developmental research was mostly concerned with the dyadic relationship and the significance of our emotional attunement. For access to awareness and consciousness, psychoanalytic authors underline the experience

of affect attunement, of attachment and intersubjectivity as privileged compared to interaction (e.g. Lichtenberg et al. 2000, p. 124). Research on the family triad, i.e. the interaction of infant, mother and father represents a connective link and has emphasized the significance of the *cooperative interaction* (Fivaz-Depeursinge & Corboz-Warnery 2001, hereafter quoted as F&C). The physical organizing principles of cooperation in the triad described in this research fascinated me, since I recognized their value in my therapeutic work with adult patients. The ability for cooperation is among the highest developed cohesive self-functions of the human being (Met, p. 11). Downing (2007, p. 558f.) referred to cooperative interaction as "collaborative connection" (i.e. mutual coordination for the accomplishment of a practical goal). He highlights it as an important independent category of intersubjectivity: "If it is correct, that the ability for cooperation follows its own separate strands of development, then its inclusion (in therapy, author's note) is virtually called for" (Downing 2007, p. 561).

At least for the development of the child and the family alliances, "cooperation, liveliness and grace prevail over adversity" (F&C, p. 9). After finishing this paper this perspective was supported by the recent scientific discovery of one of our ancestors "*Ardipithecus ramidus*". There is a discussion that the male for the first time in phylogeny became a partner in the *cooperation* of the parents in bringing up the infants. The new perspective is that this could have been an important and possibly crucial step in human evolution (Lovejoy 2009).

### ***The "lausanne-tri logue-play"***

In their "Lausanne-Trilogue-Play" F&C have investigated play scenes of infant, mother and father (known as the triad) during the child's first year of life in a standardized frame using video recordings. The defined and specified task consisted of four determined segments of play. First, one parent was supposed to play with the infant, then the other parent and then the three of them together, and finally the infant sits with the parents while they communicate with each other. Each time the adult has to orient his/her body in the distance and closeness to the child that is specific for the situation. The infant is dependent on this parental frame, which guarantees its participation and abiding by its role in the play, so that it can keep its attention and is able to regulate its affects (F&C, p. 69).

As in any setting of communication such as this complex situation, miscoordinations occur too. The task of the triad principally consists of restoration of cooperation and (affect) attunement, so that it becomes possible to be together in a joyful way (F&C, p. 99). Without being interested in the participation of the others the organization and procedure of mutual play and regulation of affects do not succeed. The infant is an active partner in this, who tries to facilitate communication even between the three of them. Right from the

beginning of the infant's life, successful cooperation of the parents with each other and with the infant is especially supportive of its development. For this to happen, it is relevant that the mother is interested in the involvement of the father, where she seems to have a "gate keeping" function. Her interest in the participation of the father depends on his sensitivity for the needs of the infant and her needs. Interestingly, the marital satisfaction of the fathers predicts the frequency of infants referencing to their fathers and the quantity and quality of his participation in parenting. The ability of the infant for the trilogue communication correlates to a high degree with this competence of the father. Males as husbands and fathers are more vulnerable to stress and conflict with their partners than are females as wives and mothers. (F&C, p. xxxix+175; Dornes 2006, p. 298+304). The stress sensitivity might be connected in some way to the differences in the oxytocin physiology of male and female (Uvnäs Moberg 2003, p. 5+176f.). It is: "interestingly enough, that coordination, whether of cells, effects, or individuals, is a marker for oxytocin" (ibid. p. 56).

As a consequence, missing participation of one (or more) partners of the triad may lead to disorganizing patterns of communication (and maybe attachment) and thus to severe disruption of the infant's self-development. (F&C, p. 50+76f.102; Klitzing 2002, p. 878). The growth, development and the future of infants are dependent on the cooperation of the parents. This cooperation needs the participation of both parents as a couple with different mutual contributions due to different requirements interdependent of role differences and/or only for their special biological functions. For the development of the infant as well as the future of our society and higher order of intelligence, it is not the highly valued independence, competition and power that are beneficial but cooperation, touch, physical contact and love, which are often underestimated. (Cf. Uvnäs Moberg 2003, p. xi+177). Secure attachment grows with the sensitivity of the mother to comfort the baby and the sensitivity of the father in the play with the infant. The ability for triadic relations grows with triangulation of the parents in respectively cooperative family alliances (Dornes 2006, p. 318, tba.). Attachment and cooperative family alliances or collaboration now seem to be separate strands of development (E. Fivaz-Depeursinge, 2010, personal communication at the 12<sup>th</sup> world congress of the "World Association for Infant Mental Health [waimh] in Leipzig, Germany).

### ***Physical hierarchy of family cooperation and the grounding concept***

The evaluation of family cooperation research done with three and nine month olds as well as follow-ups of four-year-old children have been analyzed. The differing ability of parents to cooperate in so-called family alliances is already evident in the developmental stage of the basal or body core self (in two or three month old infants), and can be seen on four levels of physical interaction:

1. Pelvis = *participation*: the *orientation of the lower body* to each other is foundational and crucial, whether all three partners in the relationship are included in the play (basic rootedness of social interactions).
2. Torsos = organization: the relation of the upper body (shoulders) indicates, whether each partner is aware of his/her role (*turns* to the other in the appropriate distance).
3. Gazes = focus of attention: the position of the head (direction of look) indicates whether all three partners are able to create a shared focus of attention.
4. Facial expression + voice = affective contact: expressive behavior indicates (analogous to dyadic play) whether each partner is able to initiate, develop and maintain affective contact and thereby emotional intimacy.

So in playing, the partners have to attune on differing physical levels. In doing so their lower body is placed in one spot and this position is kept as a rule. Their upper body is moved from time to time and has to be brought to the appropriate distance; head and look are newly oriented very often; facial expression, vocalization and other forms of expressive behavior change extremely quickly. Considered together, the four physical levels of interaction as hierarchical system form the triangular framing for play, affect attunement and development of the infant. Like in a developmental pyramid, the highest level of affective resonance is impossible without the previous levels of physical attunement: "The most encompassing and invariant components (the participation formations) exert a stronger influence on the least encompassing and most variant ones (the affective contact formations). We refer to the stronger forces as *contextual* and to the weaker forces as *implicative*" (F&C, p. 70). The *participation of the partners in the communication*, which is crucial in such a context, depends on the physical orientation of pelvis and legs for this to happen (the lower half of the body is connected with grounding). This basic framing of the play can be seen as a precondition for the later development of autonomy and grounding of the child. Thus the importance of the grounding concept is expanded by a developmental psychological perspective and dimension.

### ***Effect of disruptive cooperation for childhood development***

The trilogue research has revealed two dysfunctional (*disordered and collusive*) frameworks of family alliances when parents have only low cooperative co-parenting and framing abilities for containment of interaction and play. So-called disordered family alliances are characterized by a paradoxical relatedness (called *paradoxical triangulation*) with absurd corrections in the case of disruptions of attunement. Thus a participation of all three in the play is not possible, a collapse of cooperation is pre-programmed. The infant experiences *no participation* in shared interaction, but is helplessly exposed to the chaos of his

parental environment. This means that already the *grounding*, the relation of the lower bodies with each other is disrupted. In that process the triadic abilities of the child are used and distorted in a paradoxical way (F&C, p. 102f.). Such chaotic relatedness with intrusion or withdrawal is also an indicator of the *disorganizing attachment style*. Disrupted family alliances may lead to the development of Borderline disorders. This would validate cooperation as an important independent category of intersubjectivity that follows its own separate strands of development. A recent investigation highlights the fact that, "individuals with BDP (borderline personality disorder) showed a profound incapacity to maintain cooperation, and were impaired in their ability to repair broken cooperation on the basis of a quantitative measure of coaxing" (King-Casas et al. 2008, cf. Schroeter 2009). How will these pieces of a puzzle fit together? Bioenergetic Analysis focusing on the physical dynamics and the cooperative strands of development might contribute to that puzzle (by focusing the cooperative or collaborative aspects in therapy).

In so-called collusive family alliances aggravating or evasive correction of miscoordination occurs caused by the parents. This leads to an affectively artificial context, which tries to maintain the appearance of cooperation (what later on might arise in alexithymia of adults). The (parentified) child from the beginning has the task to be the guardian of the unity of the parents as a couple. In order to prevent the disintegration of the connection of the triad, in these role-reversing families the child has to bring his own triangular capacities into service for triadic relatedness and affect regulation. The child has to provide for a frame for the conflicting and competing parental relations with a tremendous effort that is holding them together to pacify the parent's relationship. Receiving this framing from the parents would support the very important secure intergenerational boundaries with containment and holding for the baby. This form of cooperation is called *detouring triangulation* (F&C, p. 178f.). According to the insights resulting from the LausanneTrilogue-Play the position of the upper body (torso) is connected with the organization or abidance by roles in relationships. In the course of the development of the infant's triangular capacities, the theme of exclusion from the parent's control field in its second year of life may be of special importance for these subgroups (Fivaz-Depeursinge et al. 2010, p. 137). If my considerations are conclusive, they might be helpful to explain the characteristics that can be observed in patients suffering from somatoform (and psychosomatic) disturbances: the therapist has to be especially careful to stick to his role, to his function as an empathic and supportive relational partner with clear boundaries, who provides for a frame. In this role he has to be authentic and to provide for information and knowledge (Morschitzky 2007).

## ***Relevance of research***

Research about the primary triangle is equally relevant for psychoanalysts as well as for body psychotherapists:

1. Hierarchical physical foundations for patterns of communication are described in a differentiated way.
2. Fonagy et. al. emphasize the significance of affect attunement and mentalization for the development of the self and its disturbances: "In this way in the core of their self structure (of the insecurely attached infant, author's note) the representation of the object becomes imprinted, not the one of the self" (Fonagy et al. 2004, p. 472). Their reflections may not take enough into consideration, that the core of the self-structure represents an embodiment of the relational experience from a time before the acquisition of symbolic representations (cf. Lichtenberg 1989, p. 87, Stern 2005, Sto., p. 86). Even Fonagy and his group seem to now take into consideration the importance of embodiment more (Fonagy&Target 2007). Schore (2005, p. 414) emphasizes more explicitly: "... the defensive response of the child to trauma, the regulatory strategy of this dissociation becomes imprinted in the implicit-procedural memory system of the right hemisphere." In considering the primary triad, the independent significance of the cooperative physical interaction becomes an independent focus of attention in addition to the significance of affect attunement and attachment (F&C, p. 55f.). Both areas are of importance for the development of the infant and are following independent developmental lines (Downing 2007, p. 561).
3. Disruptions in the cooperation of the parents with each other and with the infant, already by the age of three months, verifiably lead to different relational patterns, so-called family alliances. The patterns (of disruption) of such family alliances are quite stable throughout the first year of life and lead to characteristic developmental disturbances, which are detectable in the infant in the fourth year of life.
4. For the development of the infant the interplay of "affective connection (affect attunement)" and "collaborative connection (or physical cooperation)" was shown by video microanalysis (F&C). The connective link between them seems to be represented by the physical hierarchy of the attunement processes. For a coherent self and adult functioning both strands of development have to cooperate in an integrated way.
5. Like attachment, the triangular or collaborative strand of development undergoes some changes in the growing up of the infant. The infant's triangular interactions precede rather than follow the advent of the oedipal complex. In the first year of its life the frustration of the infant in its triad dialogues is about a sense of *exclusion* from the parent's *attentional field*. The second year comes under the *exclusion* from the parent's *control field*, whereas from the third year on, it would concern the *exclusion* from the parent's

*intimacy*. This points to the importance of the family alliance and of the infant's triangular capacity in determining the course of the child's sexual development (Fivaz-Depeursinge et al. 2010, p. 137).

### ***Psychotherapeutic significance of results of research about family triads***

According to the considerations above, grounding understood in this developmental psychological psychosomatic sense means that the *participation* of the partners in the interaction (also in the psychotherapeutic dyad) is necessary (what actually seems self-evident). This means specifically, that *physical* (hierarchically structured) *orientation can* be an important foundation for the *participation of the partners in mutual affect regulation*. The participation can be encouraged in the therapeutic work and by attentiveness to the perception of the lower half of the body. In this way Downing's (2007, p. 561) general description of the significance of the cooperation with the patient is substantiated. Patients with a coherent self and stable ego-functions have a sense of an inner security (or mental representation) of this participation, even independently of (implicit procedural) physical patterns of participation according to my experience. On the other hand, patients suffering from personality disorders with disturbances of self-representations, fragmentation or dissociation, depersonalization, derealization, and/or disturbances of body image for instance may be lacking those secure physical and psychological representations.

The following case example may demonstrate the applicability of these reflections:

#### ***Case vignette 2: physical participation as foundation of development and healing***

I am giving here an account of the still ongoing treatment of a patient with Borderline personality structure. She is 41 years of age, married for four years, and has an extramarital son of 19. After several interrupted attempts to begin her studies at university, she works as a physical-technical assistant.

*About her history:* She is the fourth of five children. Her mother has never overcome the death of a child that died shortly after birth and was born before the patient. The patient experiences her as if she would like to slip into her mother from behind like into overalls using a zipper, in order to be able to control her in this way. The father is a devout farmer. His motto: the human being is fundamentally evil and the devil has to be beaten out of him. As an infant the patient was often ill and suffered from behavioral disturbances and developmental retardation that led to many stays at a health resort.

For a long time the patient used the third person when she talked about herself. She felt easily drawn into public attention, exposed and shamed. With her conviction that everything about her was wrong, it was difficult for her to protect herself and she responded by freezing. She suffered from strong constrictions and pain on the right side of her body, especially in the area of the head and jaw, also from tinnitus, panic attacks and anhedonia. The sense of her right eye uncontrollably turning away by itself was particularly alarming for her. She complained about frequent cramps in her feet, while her extremities normally felt ice-cold. The father of her child had almost killed her during their separation. A girl friend who had been present during this situation had lost consciousness. The patient had survived the situation because of her dissociative processing capacities, in her words by "talking down" what had happened.

*All beginnings are difficult:* she had a hard time getting involved with therapy, with at first one or two, later on two or three weekly sessions. The curriculum vitae I had asked her for she wrote only a year later. Each communication meant stress and panic for her. Only after some progress in her therapy she was able to write to me about how much she hated her body and was ashamed of her-self and her body. Just talking about her body was like being physically touched. In the relationship with men, thoughts dominated which she called childlike and stubborn: "Who cares what he thinks, just let him hit me." Relational patterns like this occurred regularly in therapy, when she would hold her arm protectively over her head in panic. Then as a rule she had no memory of her written statements. "Intellectual knowledge" and "emotional experience" are dissociated.

Consequently she was extremely distrustful and at the same time expected that I simply sense her every inner stirring and know what she needs in each moment. She felt completely dependent on relational regulation by me without having any hope in participation. After some time she was able to illustrate her relational experience by means of a book and we found a comparison for her experience: "Like an Eskimo snow-child, that at the slightest inattention from my side will be left behind in the snowstorm and die miserably." When we had "survived" her feeling storms for a longer period of time, the need in her grew: "But first of all we have to make contact in the first place". After many attempts we ultimately found for that a frame that I had proposed: we sit facing each other at a distance, so that I am able to put my forefeet (without shoes) on her feet. We had also experimented with her feet on mine. Now she asks for this kind of contact at the beginning of each session. It has become informative for the whole process of therapy and establishes a physical relatedness, which according to her feeling does not come too close. Her participation in the relational dialogue is in this way assured (as a rule). Even across difficult conflicts, she becomes rooted through her feet - as well in our relationship as on the ground. Abidance by the role, focus of attention and affective contact are still now and then disrupted depending on the intensity of tension - by turning away in the upper body, her look and closing of her eyes.



*Therapeutic dilemmas:* this kind of relational cooperation allowed us to keep the intensity of feeling again and again in a supportive middle realm. In strong tensions and when she was flooded by feelings the physical holding allowed her a piercing scream as a relieving expression. This was also for her a first tangible way to express protest and rage. She was thus less forced to dissociate or disrupt the connection, and to distort or turn away her upper body and the direction of her look less frequently. The setting and frame of the physical cooperation allowed also turning points or "now-moments" to arise. I mention here one of the most significant ones: during a bus ride three young women provoked a man with their giggling and screeching so much, that he "angrily had a go at them". In this moment the patient feared for her and their life. When I did not share her fear and indignation during her narration without reservations and asked questions, we happened to get into a similarly acute conflict. At the same time she abruptly discontinued our contact with the feet - for the first time -, placed her arms protectively over her neck like in a trance and physically contracted. This did awake me: I became aware of the fact, that I resembled the man on the bus (or was identified with him. Seen from a psychodynamic perspective she experienced me in the role of father or/and mother and was afraid of parental rage and attributions of guilt). But in contrast to her history we were able to re-establish our connection and cooperation. I asked her after a while, how she experienced the situation and myself. She had experienced me as angry and threatening, felt helplessly at my mercy and felt no more participation in the regulation of the relationship. After having told me about her experience it was vital for her, that I recognized "*my participation*" in what had happened - e.g. my angry feelings. In the following sessions she re-established contact with the feet. She referred to it as "melting in contact" (of the frozen snow-child with frozen icy feet).

After having worked through this episode she told me that she had perceived me for the first time as a person *separate* from herself with my own feelings and ambitions and told me that she was now increasingly frequently able to *remember*. She began to perceive her own angry affects in other relational constellations and then also toward the therapist - and she began to find words and meanings for her experience. Here is an example in her own words: "Where previously primarily was a war zone in absolute wasteland now sometimes a little house with a red roof, a little front garden with a little flower meadow happens to stand on/above ruins and bomb craters. It was hard work, to plough through the grey war zone. Very, very exhausting, because I fell into these bomb craters again and again. There were no living creatures at all, but just ice-cold wind and free expanse instead, no beginning and no end. There was *nothing* - no building material, no colors, no plants. However it went on, I do not know. Obviously I have decided to do something ..."

According to the research of F&C, parents allow the infant with their cooperative framing to participate in the formation of the relationship and to abide by its role. In similar ways the therapist can create a reliable frame of participation

and role organization. In the case above, the contact with the feet helped to ensure the participation. Secure framing of participation allowed the patient also to accept, with the orientation of her upper body, implicitly the role organization and enabled her to engage in eye contact and affect attunement. In this way she was able to see (in a double sense) the propositions and efforts of the therapist as such and to remember (explicitly the relational experience). At the beginning of therapy she felt hardly involved, looked rarely at me, distorted her head and upper body and in this way was hardly able to create a common focus of attention. The relational context was then empty or dissociated and lacked any mutual regulation (Schore 2005, p. 454). Creation and maintenance of participation, role organization and focus of attention that by now are possible are an expression of a new experience of relationship and allows for affect attunement.

When interruptions of affect attunement occur by now cooperation is possible, so that relational continuity can be re-established. Conflictual situations between patient and therapist frequently are crucial in the course of therapy. An intersubjective perspective, that tries to understand relational events as co-created (Beebe & Lachmann 2004, Clauer 2007, Orange et al. 2001) enhances the ability to leave the circle of attributions and counter-attributions more easily, to ask the patient about her perspective and inquire into the own perspective of the therapist and/or share it in part if required. By that process of "*deconstruction of perspectives*"<sup>6</sup> of patient and therapist (Beucke 2008), both perspectives are valued and the therapist can recognize his involvement in the evolution of the situation (Clauer 2007). The patient then feels comprehended (understood) again and seen (mirrored) in her perspective. This invited her to *participate* - instead of making her feel powerless or helplessness with a lack of feeling of self-efficacy (agency), feelings that have been so familiar to her. Her statements indicate that she thus has had the chance to experience the therapist as a subject. Current therapeutic work with this patient more frequently takes place on an intersubjective level, and there are increasing moments of encounter from self to self.

From the above follows without constraint: that the experienced participation, the grounding of the patient in the therapeutic dialogue is the more relevant the more the patient appears to be suffering from personality disorders. Even attentiveness and case related formation of the setting of the therapy might be ways to facilitate or establish participation and cooperation.

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<sup>6</sup> A lovely prose description of the "perspectivity of consciousness" and deconstruction can be found in Ende (1960, p. 124f.) in the chapter on the "Scheinriese" (literally: a giant who only seems to be one), who shrinks to his normal size when approached.

### *Case vignette 3: deconstruction on the level of "micro practices"*

A patient with depressive and dissociative symptoms had come for almost three years twice a week to therapy. In her youth she had been abused by her father for years and had never had a sexual relationship with a man. After progress at the beginning, the therapy seemed to be stuck for almost one year in an impasse. The patient felt like she had hit a wall, previous progress seemed to be reverted, and she quickly gained weight again. Welcoming in the hallway of the office was accompanied every time by her strange giggle. Although we recognized the context of the hallway with the experience of abuse and in spite of thorough "verbal" exploration of her perceptions and fantasies, the giggling for her remained unclear and unchanged. Before one session it was particularly intense and we both seemed to be so irritated by it, that after a while I proposed to repeat the scene of salutation. We investigated it a couple of times - like in slow motion on a video. In doing so the patient finally sensed a defensive response during our handshake, as she felt pulled by me. Previously, neither of us had been aware of this slight pull. In the process she experienced the connection to her father, who had "drawn her in his cellar" and abused her. In contrast I experienced myself with a friendly inviting feeling towards her. After that she was able to show towards me a clear response of building borders with arms crossed and a clear "No, not (anymore) with me". In the times after that she experienced and repeated this again and again. Now she made developmental steps that reminded us of those of an adolescent girl. The giggling we understood now as an expression of her ambivalent feelings of "being drawn to" and she could then also show and experience a seductive quality. Now finally she also was able to work with "charge and contain" exercises (cf. Shapiro 2006). She gained a lot of profit from that regular work of changing her "flaccid" qualities both in the sessions and at home, which was not possible before the deconstruction process.

Our different experience of the situation of the salutation apparently had led to an unconscious impairment of collaboration and attunement. The exploration of the perspectives of patient and therapist, the "deconstruction" of the "how and where" of the bodily experience, and the exploration of the "physical micro-practices" facilitated a re-establishment and a new form of the (intersubjective) cooperation (Beucke 2008, Clauer 2009).

### ***Part 3: clinical consequences***

The body formations described in the frame of the family cooperation have systemic properties (cf. F&C, p. xl). They create (as for the infant) a foundation for the development of patients, without which the therapy primarily of patients suffering from personality disorders may be impeded. Even without clarity about

these concepts and connections, most therapeutic modalities and therapists establish such a (hierarchically shaped) physical orientation with their patients. Psychoanalysis for example had to vary its standard procedure in the lying position without eye contact when working with patients suffering from personality disorders and in those cases works sitting position "face to face". This facilitates implicit unconscious affect attunement of the partners of the therapeutic relationship affected by facial expression, but also the possibility of the unconscious bodily attunement and orientation to each other. In psychoanalysis, however, in its classical form this is done without touch!

I tried here to illustrate that our therapeutic options and possibilities are expanded by knowing these physical organizing principles (according to mental organizing principles, Orange et al. 2001). I do regard the knowledge about the foundations of the processes of our physical attunement and the motivational interest of the infant into intersubjective collaboration as an expansion or differentiation of the motivational systems as described by Lichtenberg et al. (2000).

## **Conclusion**

Therapeutic work on the subject of relational problems and conflicts (mainly with patients suffering from personality disorders) does certainly not only consist of the physical interactions described above. I would like to emphasize this explicitly. But the additional observation, consideration and use of the bioenergetic principles of the organization of bodily cooperation/collaboration and grounding can be helpful, both for beginnings of therapy, within the process and in difficult therapeutic situations. At the same time the deconstruction of the perspectives of patient and therapist can be helpful - not only on the level of thinking and affect attunement but also on the level of physical cooperation/micro-practices. In this way the participation of both of them in the interaction can be restored or ensured. Ultimately the main focus will be the interplay and integration of these two levels of our experience of relation.

## **References**

- Ayres, A. J. (2002) Bausteine der kindlichen Entwicklung. Springer (4. Aufl., Berlin).  
Engl. Org. (1979): Sensory Integration and the Child. Western Psychological Services.
- Bauer, J. (2002): Das Gedächtnis des Körpers. Piper (München).
- Beebe, B.; Lachmann, F. M. (2002): Infant Research and Adult Treatment: Co-Constructing Interactions. The Analytic Press (Hillsdale, NJ).
- Belz-Knöferl, A.; Brown, M. (2006): Horizontales Grounding. In: Marlock, G.; Weiss, H. (Hg.): Handbuch der Körperpsychotherapie. Schattauer (Stuttgart) 699-708.

- Beucke, H. (2008): Intersubjektivität. Die Dekonstruktion der Perspektiven von Patient und Therapeut. *Forum Psychoanal* 24, 3-15.
- Bischoff, J. (2009): Schwarmforschung. Die Klugheit der Massen. *Geo* 07, 46-60.
- Blakeslee, S., Blakeslee, M. (2007): The body has a mind of its own: how body maps in your brain help you do (almost) everything better. Random House (New York).
- Buti-Zaccagnini, G. (2008): Affektive Beziehungen und Körperprozesse. In: Heinrich-Clauer, V. (Hg.): *Handbuch Bioenergetische Analyse. Psychosozial* (Gießen) 151-160.
- Clauer, J. (2003): Some Developmental Aspects of Body and Identity. *Analytic-Imaginary Body Psychotherapy. Euro. J. Bioenerg. Anal. & Psychotherapy* 1, 16-31.
- Clauer, J. (2007): Embodied Comprehension: Treatment of Psychosomatic Disorders in Bioenergetic Analysis. *Bioenergetic Analysis* 17, 105-133. Dt. (2008): Verkörpertes (leiblich-seelisches) Begreifen: Die Behandlung psychosomatischer Erkrankungen in der Bioenergetischen Analyse. In: Heinrich-Clauer, V. (Hg.): *Handbuch Bioenergetische Analyse. Psychosozial* (Gießen) 383-409.
- Clauer, J. (2009): Zum Grounding-Konzept der Bioenergetischen Analyse. *Neurobiologische und entwicklungspsychologische Grundlagen. Psychoanalyse & Körper* 15/8. Jg., 79-102.
- Clauer, J., Koemeda-Lutz, M. (2010, in Druck): Behandlung depressiver Erkrankungen in der Bioenergetischen Analyse. In: Röhrich, F. (Hg.): *Störungsorientierte Körperpsychotherapie: Schulenspezifische Konzepte im Dialog. Psychosozial* (Gießen).
- Damasio, A. (2000): Ich fühle, also bin ich. List (München).
- Dornes, M. (2006): Die Seele des Kindes: Entstehung und Entwicklung. Fischer (Frankfurt/M).
- Downing, G. (2007): Unbehagliche Anfänge: Wie man Psychotherapie mit schwierigen Patienten in Gang setzen kann. In: Geißler, P.; Heisterkamp, G. (Hg.): *Psychoanalyse der Lebensbewegungen. Springer* (Wien) 555-581.
- Ehrensperger, T. R. (2006): Erdung in der therapeutischen Arbeit und im Alltag. In: Marlock, G., Weiss, H. (Hg.): *Handbuch der Körperpsychotherapie. Schattauer* (Stuttgart) 692-698.
- Ende, M. (1960): Jim Knopf und Lukas der Lokomotivführer. Thienemann (Stuttgart).
- Fivaz-Depeursinge, E.; Corboz-Warnery, A. (1999): The Primary Triangle. Basic Books (New York).
- Fonagy, P.; György, G.; Elliot, L. J.; Target, M. (2004): Affektregulierung, Mentalisierung und die Entwicklung des Selbst. Klett-Cotta (Stuttgart).
- Fonagy, P.; Target, M. (2007): The rooting of the mind in the body. *J. Amer. Psychoanalytic Assoc.* 55, 411-456.
- Grafton, S.T. (2009): Embodied Cognition and the Simulation of Action to Understand Others. *Ann. N. Y. Acad. Sci.* 1156, 97-117.
- Heinen, N.: Hirngespinnste. *Süddeutsche* 116(2010), p. 24)
- Heinrich, V. (1997): Körperliche Phänomene der Gegenübertragung - Therapeuten als Resonanzkörper: Welche Saiten geraten in Schwingung? (Intuitive Diagnostik). *Forum Bioenergetische Analyse* 1/97, 32-41. Engl. (1999): Physical Phenomena of Countertransference: Therapists as a Resonance Body. *Bioenergetic Analysis* 10(2), 19-31.
- Heinrich, V. (2001): Übertragungs- und Gegenübertragungsbeziehung in der Körperpsychotherapie. *Psychotherapy Forum* 9, 62-70.

- Heinrich-Clauer, V. (2008) (Hg.): Handbuch Bioenergetische Analyse. Psychosozial (Gießen).
- Helfaer, P.M. (2007): Shame in the Light of Sex and Self-Respect. *Bioenergetic Analysis* 17, 57-79.
- King-Casas, B.; Sharp, C.; Lomax-Bream, L.; Lohrenz, L.; Fonagy, P.; Montague, P. R. (2009): The Rupture and Repair of Cooperation in Borderline Personality Disorder. *Science* 321, 806-810.
- Kushi, M. (1994); Do-In-Buch: Übungen zur körperlichen und geistigen Entwicklung. Mahajiva (Holthausen).
- Lewis, R. (2008): Der Cephalische Schock als Somatisches Verbindungsglied zur Persönlichkeit des Falschen Selbst. In: Heinrich-Clauer, V. (Hg.): Handbuch Bioenergetische Analyse. Psychosozial (Gießen). 113-128.
- Lichtenberg, J. D. (1989): Modellszenen, Affekte und das Unbewusste. In: Kutter, P. (Hg.): Selbstpsychologie (2. Aufl.). Klett-Cotta (Stuttgart).
- Lichtenberg, J. D.; Lachmann, F.M.; Fosshage, F. L. (2000): Das Selbst und die motivationalen Systeme. Brandes&Apsel (Frankfurt/M). Engl. (1992): Self and Motivational Systems. Toward a Theory of Psychoanalytic Technique. The Analytic Press (Hillsdale, NJ).
- Lovejoy, O. (2009): Science
- Lowen, A. (1978): Depression: Unsere Zeitkrankheit, Ursachen und Wege der Heilung. Kösel (München). Eng. (1972): Depression and the Body. Coward, McCann&Geoghegan (New York).
- Lowen, A. (1983): Narcissism: Denial of the true Self. Macmillan (New York).
- Lowen, A. (1986): A psychosomatic illness. *Bioenergetic Analysis* 2: 1-11.
- Metzinger, T. (2005): Die Selbstmodell-Theorie der Subjektivität: Eine Kurzdarstellung in sechs Schritten. In: Herrmann, C.S.; Pauen, M.; Rieger, J.W.; Schicktanz, S. (Hg.): Bewusstsein: Philosophie, Neurowissenschaften, Ethik. UTB/Fink (München) 5-32.
- Metzinger, T. (2009): The Ego Tunnel. The Science of the Mind and the Myth of the Self. Basic Books (New York).
- Milch, W. (2001): Lehrbuch der Selbstpsychologie. Kohlhammer (Stuttgart).
- Morschitzky, H. (2007): Somatoforme Störungen (2. Aufl.). Springer (Wien).
- Oelmann, K. (1996): Grounding - Identitätsfindung als Bioenergetischer Analytiker. In: Ehrensperger T.P. (Hg.): Zwischen Himmel und Erde: Beiträge zum Grounding-Konzept. Basel (Schwabe) 129-142.
- Orange, D.; Atwood, G.; Stolorow, R. (2001): Intersubjektivität in der Psychoanalyse: Kontextualismus in der psychoanalytischen Praxis. Brandes&Apsel (Frankfurt/M). Engl. (1997): Working Intersubjectively: Contextualism in Psychoanalytic Practice. The Analytic Press (Hillsdale, NJ).
- Pechtl, W. (1980): Die Therapeutische Beziehung und die Funktion des Therapeuten in der Bioenergetischen Analyse. In: Petzold H. (Hg.): Die Rolle des Therapeuten und die therapeutische Beziehung. Junfermann (Paderborn) S. 189-210.
- Reinert, T. (2007): Langzeitbehandlung bei Patienten mit Borderline-Störungen. In: Geißler, P., Heisterkamp, G. (Hg.): Psychoanalyse der Lebensbewegungen. Springer (Wien) S. 487-519.
- Schore, A. (2002): Advances in Neuropsychoanalysis, Attachment Theory and Trauma Research: Implications for Self-Psychology. *Psychoanalytic inquiry* 22: 433-484.
- Schroeter, V. (2009): Borderline Character Structure Revisited. *Bioenergetic Analysis* 19, P. 3<sup>1</sup>-5<sup>1</sup>.

- Shapiro, B. (2006): Bioenergetic Boundary-Building. *Bioenergetic Analysis* 16, p. 155-178.
- Steckel, H. (2006): Dynamisches Grounding - Containment und Selbstaussdruck. *Forum Bioenergetic Analyse* 1/2006, S. 34-48.
- Stern, D. N. (1985):
- Stern, D. N. (2005): *Der Gegenwartsmoment*. Brandes&Apsel (Frankfurt/M). Engl. (2004): *The Present Moment in Psychotherapy and Everyday Life*. W. W. Norton (New York)
- Storch, M.; Cantieni, B.; Hüther, G.; Tschacher, W. (2006): *Embodiment: Die Wechselwirkung von Körper und Psyche verstehen und nutzen*. Hans Huber (Bern).
- Uvnäs Moberg, K. (2003): *The Oxytocin Factor. Tapping the Hormone of Calm, Love and Healing*. Da Capo Press (Cambridge, MA).
- Winnicott, D. W. (1974): *Reifungsprozesse und fördernde Umwelt*. Fischer (Frankfurt/M). Engl. (1965): *The Maturational Processes and the Facilitating Environment*. The Hogarth Press (London).

# ***Borderline character structure revisited***

*Vincentia Schroeter*

## **Introduction**

While co-writing a book on techniques related to character structure ([Bend Into Shape](#), with co-author Barbara Thomson, available in 2009), I reviewed what we have in our local bioenergetic training curriculum on the borderline character type and by extension, BPD (borderline personality disorder). I found the following problems:

1. Unconvincing View of Parent-Child Dynamics.
2. No Single Clearly Agreed Upon Body Type.
3. No Agreed Upon Age of Primary Childhood Wound.
4. No One Main Area of Major Block in the Body.
5. No Single View of Where the Borderline Fits on the Continuum of Character Types.

In turning a critical eye to what is available in the IIBA curriculum on BPD I acknowledge that our lack of clearly defined characteristics from a bioenergetic perspective is symptomatic of the larger psychological community, which also struggles with this diagnosis. Before turning to examine the five areas above within the IIBA curriculum, I review the current theoretical standards in the field.

## **Summary of current standard theories of BPD**

"BPD is one of the most controversial diagnosis in psychology today ...

Since it was first introduced in the DSM (Diagnostic Standards Manual), psychologists and psychiatrists have been trying to give the somewhat amorphous concepts behind BPD a concrete form. [www.palace.net/~llama/psych/bpd.html](http://www.palace.net/~llama/psych/bpd.html))

- A. **Kernberg** - His view of what he calls BPO (borderline personality organization) is the most general and consists of three categories of criteria. The first and most important has two signs, the absence of psychosis and impaired ego integration - a diffuse and internally contradictory concept of

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<sup>1</sup> Published on *Bioenergetic Analysis*, 2009 – 19.



self. Otto Kernberg is quoted as saying, "Borderlines can describe themselves for five hours without your getting a realistic picture of what they are like." His second category is called, „non-specific signs" and includes low anxiety tolerance, poor impulse control, and a poor ability to enjoy work or hobbies in a meaningful way. The third category which distinguishes borderlines from neurotics is the presence of "primitive defenses". Chief among these is "splitting" or seeing a person or thing as all good or all bad. They have problems with object constancy in people, with a poor sense of continuity and consistency, and cannot see a person over time as part of an integrated whole. Other primitive defenses include magical thinking (beliefs that thoughts can cause events), omnipotence, projection of unpleasant characteristics in the self onto others and projective identification, a process where the borderline tries to elicit in others the feelings s/he is having.

B. **Gunderson** - He is a psychoanalyst whose view of BPD is the most scientific, focusing on differentiating the diagnosis of BPD from other personality disorders. He **constructed** a clinical interview to assess borderline characteristics in patients. Gunderson's criteria in order of importance are:

- Intense unstable interpersonal relationships in which the borderline always ends up getting hurt.
- Repetitive self-destructive behavior, often designed to promote rescue.
- Chronic fear of abandonment and panic when forced to be alone.
- Distorted thoughts or perceptions, particularly in terms of interactions with others.
- Hypersensitivity, meaning an unusual sensitivity to nonverbal communication.
- Impulsive behaviors that often embarrass the borderline later.
- Poor social adaptation - not knowing or understanding the rules regarding performance in job and academic settings.

Use of Gunderson's revised (in 1989) test, called DIB-R has led researchers to identify four behavioral patterns they consider **peculiar** to BPD: abandonment, engulfment, annihilation fears; demandingness and entitlement; treatment regressions; and the ability to arouse inappropriately close or hostile treatment relationships.

C. **Linehan** - In contrast to the symptom list approaches taken above, Marsha Linehan has developed a comprehensive sociobiological theory. She theorizes that borderlines are born with an innate biological tendency to react more intensely to lower levels of stress than others and to take longer to recover. In addition to these innate qualities they were raised in environments where their views of themselves were devalued and invalidated. These factors create adults who are uncertain of the truth of their own feelings. Linehan created a treatment protocol called Dialectical Behavioral Therapy (DBT). Controlled studies found success in DBT which teaches clients skills of mindfulness, interpersonal effectiveness, distress tolerance, and emotional regulation.

D. **Herman** - Some researchers including Judith Herman believe BPD is a name given to a manifestation of post-traumatic stress disorder. When PTSD takes a form that emphasizes heavily its elements of identity and relationship disturbance, it gets called BPD; when the somatic (body) elements are emphasized, it gets called hysteria, and when the dissociative/deformation of consciousness elements are the focus, it gets called DID/MPD (dissociative identity disorder; multiple personality disorder). Others believe the term "borderline personality" has been so misunderstood that trying to refine it is pointless and the term should be done away with. ([www.palace.net/-llama/psych/bpd.html](http://www.palace.net/-llama/psych/bpd.html))

This brings us back to what we have in our literature within the Bioenergetic community. I came across some writings in our field on borderline issues but most of them are only on treatment techniques, and I want to concentrate more on theory or ways of understanding borderline issues from a bioenergetic perspective.

### **Summary within bioenergetics of writers on BPD**

Louise Frechette wrote an excellent article from the 1990's called, "The Borderline: In search of the True self" (Frechette, 1995). She provides a clear summary of current theories on borderlines from writers outside of Bioenergetics, and provides many valuable techniques for working bioenergetically with borderlines. Bob Jacques' provides a summary of older theories from the beginning until the mid-eighties in "The Borderline Character and Bioenergetic Analysis: Taming the Wild Diagnosis" (Jacques, 1987).

Louise takes into consideration the prevalence of abuse in the history of borderline clients, particularly sexual abuse. She refers to the work of Saunders and Arnold who developed the concept of "traumatic bonding" to describe the intense attachment the borderline has with a significant person, where love, dependence, and bad treatment co-occur. Louise also cites the views of Jerome Kroll, who feels all borderlines suffer from PTSD and who thinks they should all be re-labeled as "PTSD/borderline " patients. (Frechette, 1995, p. 9)

Others whose articles on borderline dynamics appear in some of our IIBA training material include Scott Baum, Eleanor Greenlee, Bob Coffman, Michael Brennan and Odila Weigand.

I will present various views related to each of the five areas of concern stated at the beginning of this paper and provide three ideas of my own for your consideration in furthering the dialog in the ongoing search for deepening our understanding of the borderline personality.

## **The parent-child dynamic revisited**

I will start with my search to get a better feeling for the parent-child dynamics that have never made much sense to me. I was taught that the parent clings to the child and does not allow the child to separate. But this seems simple, not realistic, and never gave me an energetic sense of what this must be like for the child. Without that I have trouble feeling enough empathy for the child. So I consulted with two bioenergetic therapists more sure-footed when it comes to walking in the shoes of the client trapped in a borderline world.

### ***Consultation with Scott Baum***

I consulted with Scott Baum (personal communication), who has written extensively on this subject and has as a mission helping others understand borderline dynamics from an energetic point of view. Scott feels the borderline age is young, like from birth to 3 months. Their body collapses in the middle, around the diaphragm. To help me understand exactly what happens, he role-played a hostile parent verbally attacking the baby for wanting to withdraw. I (Vin) was the baby. My experience led more to my understanding of the borderline dilemma than anything I have done before. Feeling like I was punched in the stomach, I did contract in the middle immediately while being yelled at. I wanted to withdraw but felt trapped and was not allowed to withdraw, so my defense was not like schizoid withdrawal. I was not allowed to escape. I felt like my only option was to lash out impulsively to discharge distress but I was too afraid to do so. This is the first time I felt what we call, "borderline rage". My experience was, "You have me trapped, cowering and scared and you won't let me contract or withdraw, so it makes me want to bite you." The impulse to lash out by biting was very strong.

### ***Consultation with Paula Buckley***

The following are some notes from a consult with Paula Buckley (personal communication), who often teaches on borderline personality for our training society in San Diego. Paula says, " You diagnose a borderline by what they do to you. Their energy is intense, you feel turbulence in you and a sense that it comes from them (the client)." Paula warns that if the therapist is unaware of his or her own counter-transference, they won't know this turbulence, and it is important to be aware of it. "Their energy is too permeable. It is leaking, sending the energy into the therapist, and pulling the energy from the therapist." Paula emphasizes the main focus must be on the therapeutic alliance with the borderline client.

The most important thing I learned from Paula was to reconsider my previous view that the parent of the borderline behaves outwardly anxious and only clings as the child moves toward separation. This had been what I was taught and somehow it never seemed to completely ring true as an accurate picture of the parent/child dynamic. Paula said, "The parent who can't show panic at the child's separation will behave in a hostile and punitive way toward the separating child or cling to the child. This hostility is a defense against panic." This view of the parent made more sense to me and seemed more complete. An anxious, indeed panicked parent may not appear scared, but will behave with hostile control. This view of the hostile parent was confirmed later by Scott's role-play with me which I describe above.

Now I had more of a sense of what the parent was like. They hide their panic beneath their hostility. Paula also emphasized that in therapy there will be projective identification, which is when the client throws an un-owned undigested affect at the therapist unconsciously, and the therapist has a strong somatic experience of that affect. It occurs to me that the parent we are drawing here may have done this to their child. This parent projected their un-owned panic out in rage that the child had to swallow whole and feel trapped by.

### **Borderline body type revisited**

Unlike the other bioenergetic character types, the view on borderline body varies. Elizabeth Michel completely left out the borderline in her 1997 anatomy book written for Bioenergetic therapists called, Bent Out of Shape (Michel, 1997). She did mention that Lowen names it as one of the sub-types on his continuum of narcissism. There is no separate chapter with body dynamics particular to that character in her book because her book is based on Lowen's character types and Lowen never wrote a book on borderlines, like he did on all the other types. So we do not have Lowen to lean on and have to fit the dynamics we know into his theories or be responsible in studying on our own and developing theories on where they match or where they diverge. A goal of this paper is to add to this task of building a truer picture of the borderline.

In our local curriculum we have only a blank page illustrating the typical body-type of the borderline because there is not one agreed upon overall pattern of body-type for the borderline character. It also indicates that they may vary in body constellation. Bob Coffman (bioenergetics training material) believes they appear more like an oral or a schizoid in body type. Many of us have also seen borderlines who look more like narcissists, masochists or rigids in body type. So if our theory is that you can read one's character by their body, this seems to not hold true with the borderline.

Here is the first of my theories in this paper. This one provides a possible rationale for the fact that no one body type for the borderline exists. **I have**

**contemplated that borderline is not even a character type, but rather a level of development within each character type.** This means a person may be any character type, but within that type, operate at a lower (psychotic) to middle (borderline) to higher (neurotic) level of functioning. For bioenergetics that would help explain why borderlines have no agreed upon body-type or an overall gestalt of muscular holding patterns that are assessed by typical "body-reading" techniques. If this is the case, while you see in front of you a schizoid, oral, narcissist, masochist, or rigid, if they operate "at a borderline level", which can be determined as most agree, by the way they treat you in the relationship, then you can take into consideration the main issues of that character type, but overlay what we all agree are borderline issues. A borderline level of functioning would look like the symptoms from the current mental health diagnostic manual such as the current DSM IV defining the borderline personality disorder (BPD). The person has a history of unstable relationships, history of acting out rage, is demanding and entitled, litigious, and has poor boundaries.

### **Borderline age revisited**

- A. Scott Baum says the age of developmental wound is in first 3 months of life, which puts the borderline in same timeline as schizoid (zero to 6 Months old). In his paper, "Living on Shifting Sands", Scott writes that the ability to sense external as well as internal phenomenon is compromised profoundly due to a "childhood filled with terror, dread, deprivation and overstimulation." (Baum, 1997)
- B. Bob Coffman says the age is between 6 months and one year, and that the borderline is between the schizoid and the oral (which he puts at 18 months). Coffman feels the symbiosis failed as the child was unable to "incorporate" the mothering qualities. So the client is stuck in the symbiosis, dependent on the caretaker, without having 'fincorporated' the ability to self-soothe. He feels there are two types of borderlines, a withdrawing "distancing" borderline, who acts more like a schizoid and a dependent clinging borderline who acts more like an oral.
- C. The object relations chart from Althea Horner's book Object Relations and the Developing Ego in Therapy (Horner, 1979) is based on Margaret Mahler's developmental schema (Mahler, 1975). Mahler's phases and Horner's revisions are included in chart form in this paper. During the Rapprochement crisis (from around 16 to 24 months), the child struggles to make sense of their awareness of their own smallness following their relative power in the practicing period of 9 to 14 months. The baby discovers that the world exists outside of mother; that she is a separate being from him and he now feels vulnerable and fragile. Unable to reconcile the two aspects of being both small and dependent with beginning to feel bigger and more independent some

children regress to earlier phases. According to Horner's schema of pathology, narcissists retreat back and get stuck in the grandiosity and omnipotence of the practicing period, as they fail to integrate these two aspects. Borderlines regress all the way back before differentiation (5-6 months), back to symbiosis with the caretaker, as they fail to create a cohesive sense of a separate self.

- D. I am developing a theory that the age is between the schizoid and the oral, which is 6 to 9 months. The reason is because the back is trying to develop from a lying down to sitting (tripod) and then to pulling up to standing. In Mahler's schema this is prior to the grandiosity of the practicing period (9-14 months), where the child gleefully explores their world oblivious to danger. It is the age when the baby moves from primarily a lap baby to one who sits up and begins to crawl, with more and more accuracy. **He gets away from the parent better than he could before. Real locomotion away from the parent starts in this age and it is the dynamic of a parent threatened by separation that is the crux of the borderline issue.** It isn't that this threat doesn't happen earlier. Like Scott says, in the first three months the parent might be threatened by the child moving his head to the side away from the parent. It also happens later, through the grandiosity of the 9 to 14 months practicing period, and the rapprochement of 16 to 24 months when the back gets strong, the baby walks well, and the energy gets moved into the anal phase.

The reason I choose 6 to 9 months as a possibility is due to back development. Babies have weak backs at this age that are in the process of strengthening. They have moved from the "C" shape curl of the newborn, to a flexible back for pushing up and crawling to a stronger back and abdominals needed for sitting (around 6 months) and then extensors and upper back for pulling up to standing (around 9 months). Imagine all this is going on naturally and then you get yelled at to "pay attention to me" by a panicked rage-filled parent. You clench and contract from the shock eliciting a fight/flight response. You are not allowed to withdraw in fear so you feel trapped, causing an impulse in you to want to fight. Babies this age are very easily expressive emotionally; they cry frequently, express frustration easily and have low frustration tolerance. These baby characteristics match borderline states, I think. Also borderlines are needy and dependent, also typical of the normal 6-9 month old baby.

T. Barry Brazelton in his book Touchpoints, (Brazelton, 1992), writes that babies at 8-9 months achieve the ability to control their back muscles to the point that allows them to sit up without support. They move from the "tripod" sitting with arm support of 6 to 8 months, where they could sit up, while leaning their hands on their legs. Based on Piaget's studies, Brazelton also writes that babies do not usually achieve object permanence until between 9 and 10 months old. This means when mother leaves the room, he has no faith she will return which immediately causes anxiety. Also separation anxiety occurs to babies this age, when they have had enough consistent parenting that they give up charming

everyone with their smile, and often become clingy with one parent and won't go easily to strangers.

Here is a list of borderline characteristics that match a baby this age: ➤  
Impulsivity;

- Intense fluctuations of affect;
- Intense rage reaction;
- Intense reaction to separation (no object permanence prior to 9 months and separation anxiety 7-9 months);
- Dependent on soothing outside self for comfort and affect regulation.

## **Major block in the body of the borderline**

If you entertain my idea that the borderline may be fixated at the age of 6 to 9 months then the major area of blocking in the body goes with the body development at that age. As described above the baby this age is beginning to strengthen their back in preparation for sitting on their own, then for pulling to standing. This work to sit and stand and become balanced in both involves new skills using the large and small muscles of the back. In bioenergetics we view the segment as incorporating both the anterior (front) and posterior (back), or all the way around the body from the front to the back. Therefore if the back is the major block then the front or anterior side of the back is also part of the block. This would then involve both the diaphragmatic and abdominal segments of the body. Recalling earlier my reaction in the role-play with Scott Baum as the anxious and hostile parent, I felt like I was "socked in the stomach", wanted to withdraw or collapse but was not allowed to. These emotions are felt energetically in these same areas of the body. My stomach contracts, but my back stiffens as I feel trapped, can't withdraw and then feel the impulse to lash out aggressively.

Personally, it felt like an anterior/posterior split in the middle of the body and helps me understand the poor impulse control of the borderline from an energetic point of view. Perhaps not every borderline has this same experience but this may provide a possible area of exploration energetically with clients, by examining the diaphragmatic and abdominal segments as the possible major areas of blocking in this character type.

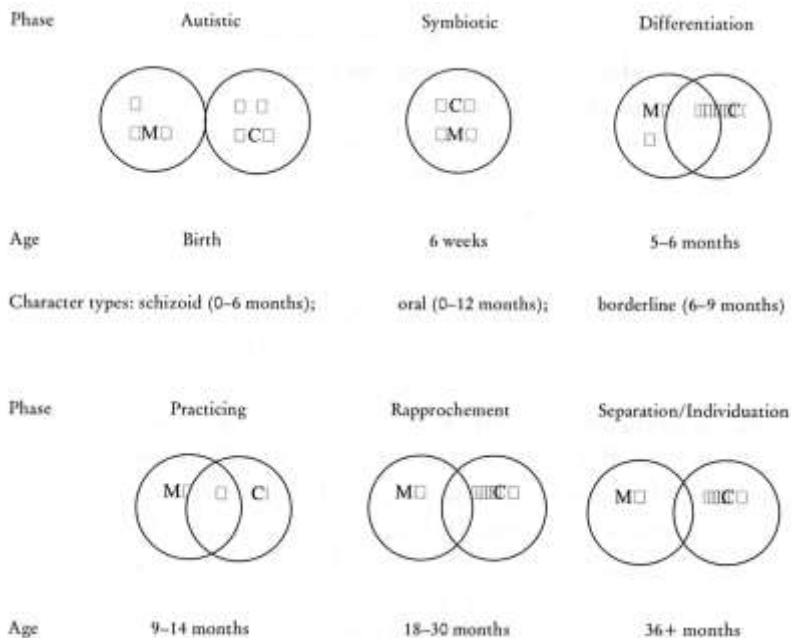
## **Where does the borderline fit on the continuum of character types?**

According to theorists outside Bioenergetics and those inside, notably Louise Frechette, Bob Jacques, Scott Baum, and Bob Coffman, all agree on what a borderline acts like in relationships. However, the origin of when the main wound occurred varies. Using both bioenergetic character types and Mahler's developmental schema I will define all the possible times the wound could have

occurred. Knowing what age the main wounding occurs tells us where they fit on the continuum of character types. I will make an argument for how it could have occurred at various ages.

**Developmental phase when damage occurs in relation to character (see Mahler chart):**

The damage could have occurred in the first months of life, when the baby needs to be welcomed securely to feel they have a right to be here (schizoid core issue). It could have occurred in the next few months where the warmth of the symbiotic attachment is paramount (oral issue) or later during the practicing stage of eager exploration with crawling and walking, where the need is to have parental support in the exploration (narcissistic issue). It could have occurred still later in the rapprochement stage, where the baby returns back to cling after the grandiosity, realizing he is small in relation to the big world and the parent does not allow the ambivalence between neediness and independence (masochistic issue). It could occur during the Oedipal phase, where the support for expression of love and sexuality needs to be supported in a non-exploitive way (rigid issue).



Character Types: narcissist (9-14 months); masochist (24 months); rigid (36 months – 6 years)

M = Mother; C = Child

V. Schroeter (adaptation of M. Mahler, 1975. Psychological Birth of the Human Infant)

Figure 1: Mahler Developmental Chart



## Ways to turn away across the developmental continuum

We all agree that the parent was threatened by the child's independence and somehow demanded the child stay close, and even clung to the child, in an anxious and/or angry way. It occurs to me that this dynamic could have occurred at any of those above ages, because nescient independence begins at birth with the turning of the head or eyes away from the caretaker, when the baby needs to go inside, and stop engaging with the parent for awhile. That is done at that early age a lot with sleep cycles in the symbiotic stage.

At differentiation (5 months old) the child pulls his head back to get a good look at who is holding him and explores the face, at the beginning of sensing the other as a separate being.

At the practicing stage the energy is to excitedly explore the world ("the world is my oyster"), and feel natural grandiosity and relative imperviousness to pain and failure (e. g. learning to walk and falling and getting right back up, with minimal need for comfort). At this stage a parent who is threatened and demands attention, will curtail the energetic move to explore by holding onto the child longer than the child wants and insisting on less exploration and more closeness to the parent. This is a parent who needs validation of their worthiness by being loved by the child.

In the third age (18 to 36) months of the rapprochement period there is often a crisis where the awareness that "I am little and the world is big" dawns on the previously happily grandiose child, plummeting them into a minor depressive state. Though this is a normal state this rapprochement "crisis" requires that the parent allow the sometimes-torturous ambivalence in the child between their need to be close and their need to be distant. The parent of the borderline, having never worked through this ambivalence herself, cannot hold onto to her separate sense of self in order to bring the needed patience and understanding to the child. She threatens him and hampers his working through of the struggle, successfully contributing to the core borderline issue of a split in the personality. This split becomes an ongoing style of anxious attachment that vacillates between entitled regressive neediness with no sense of the effect on the other and impulsive, rageful acting out when those needs are not met or mirrored precisely. In Horner's schema, at the rapprochement crisis the **borderline fails to create a cohesive individuated self and regresses back to behavior of the symbiotic stage (see Horner chart).**

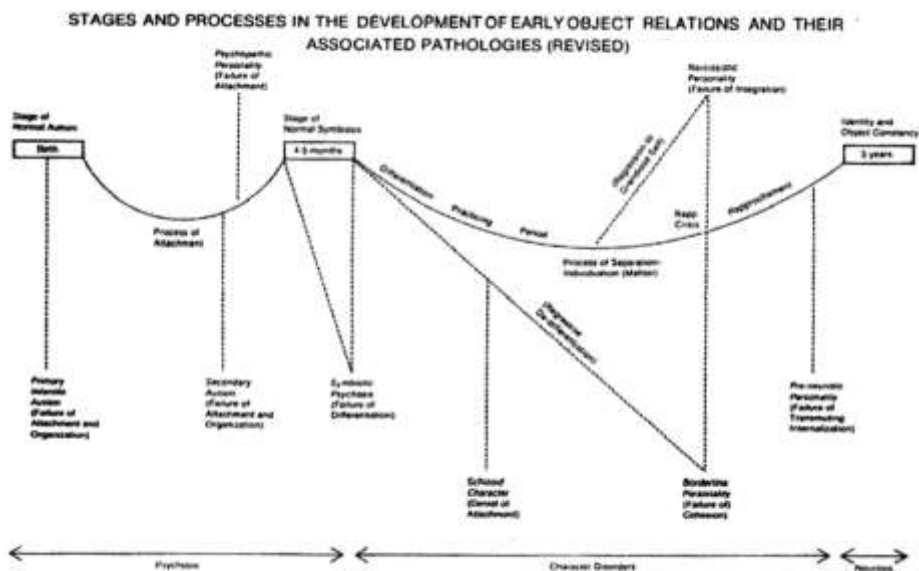


Figure 2: Horner chart

So whether this pattern began in infancy and continued through these developmental stages, or primarily occurred in one stage more than the other and was part of a regression, the borderline dynamic becomes a core issue for some people. One can get stuck in a symbiotic phase or regress back to it from a more individuated stage and still become borderline.

## Treatment

Regardless of the varying views on the borderline within the bioenergetic community, people agree with the treatment protocol. The client is prone to "dissolutionment panic", feeling they could dissolve without external support. A "failed symbiosis" with mother causes this distress. They feel like their sense of self will disintegrate if they lose the object (caretaker). The borderline will cling to avoid this loss of self, will disorganize at abandonment, lose a cohesive self-sense, and react with rage at a therapist he cannot differentiate from the mother. As Bob Coffman says, "The child merges with the mother and the borderline merges with their therapist. This failed symbiosis is where the work of therapy begins whether you want it to or not." This is an important warning that the work with the borderline is based on critical aspects in the therapeutic relationship. These critical aspects are that the therapist must be willing to allow the client to merge with them enough to incorporate some abilities the therapist has to manage anxiety and self-soothe, and that all interventions must emerge out of the relationship. It may help to appreciate this if you think of the borderline client as

that 6 to 9 month old that I posit they are developmentally. Just like a baby of that age, they will disorganize at abandonment, and cannot function without outside support. Once they attach to you, they will need to lean on you to begin their therapeutic journey.

### **General cautions to the therapist:**

1. Do not start with standing, charging or grounding in the legs. The client needs to ground in the relationship with you before they can proceed to this level.
2. Do not react to their rage with your own, but do set limits if they behave abusively toward you.
3. Create a frame within which you create a safe, consistent and clearboundaried holding environment, that includes all the contracts and expectations around fee, lateness, amount and time of phone calls, etc.
4. Make your limits clear from the beginning on the boundaries of the relationship.
5. Seek consultation if you become overwhelmed with the demands of your client.

### **Tension patterns in breath, ground and energy:**

#### ***Breath***

The anxious contraction, with difficulty containing in the diaphragm makes the person's breathing tight. They could breathe in the chest with a tight diaphragm, like a snorting bull when rageful; or have the inflated chest of the narcissist or rigid, when feeling entitled. The split in the middle creates the most constriction, with little capacity (air) to contain feelings. The breathing is mostly contracted laterally (out to the sides), and is not deep. The abdomen may feel diffuse, so breathing will be shallow there also.

Bringing the breathing down to the diaphragm and abdomen will help deepen the breath.

#### ***Ground***

The person can look solidly attached to the ground but quick flares of anger and quick dissipation of energy reveals they are not grounded. They "fly off the handle" easily, so they don't feel safe on the ground or they would be able to contain outbursts better. Grounding work begins by feeling safe in the

relationship rather than grounding in the legs. It is useful to create ways to use the body of the therapist in relationship to help ground, such as placing your feet over the feet of the client. Be sure to watch their response to see if they feel more grounded or less so. Adjust your grounding techniques based on the client's response.

## ***Energy***

Their energy system seems to vary. They can have high energy and be very engaging, but they can't sustain that high energy level and can get rid of it very quickly. Much of their energy is bound by anxiety. There can be major splits in the body, either between the upper and lower halves, with a tense midsection, or between the head and body. Acting out occurs often because the anxiety cannot be contained and gets expressed impulsively to relieve this anxiety by discharging the pain. In the parent-child dilemma, the child was trapped in feeling rage and fear at not being allowed to separate so he or she stays merged with the parent. Expressing this rage can allow a sense of separateness, and perhaps provides an experience of freedom from the incorporation of a rage-filled panicked parent. They need containment work to build their separate self which leads to increased tolerance and trust toward others.

## **Relationship: patterns, research, and techniques**

### ***Relationship patterns***

Borderlines have poor boundaries and very little sense of the other as a separate person with separate needs from them; they act entitled to be taken care of in whatever way they want. They get rageful and don't know they are barraging others with their negativity; they can switch from mean to regressive and needy quickly, with no middle. A rapid fluctuation back and forth often occurs. Once another sets boundaries for them they are often relieved and respond well, as they lack a good internal sense of when to stop. For example they have trouble knowing when to stop reaching, needing, yelling, or pulling. They drain others but do not seem to know it.

### ***Research reveals poor ability to cooperate***

Why don't they seem to know that they are draining for others? A recent study may help shed light on this question. In a research article entitled, "Rupture and

Repair of Cooperation in Borderline Personality Disorder" (Science, 2008) the authors reported that, "Individuals with BPD showed profound incapacity to maintain cooperation, and were impaired in their ability to repair broken cooperation ..."

In the anterior insula part of the brain the level of cooperation was much reduced in BPD's as compared to healthy individuals. The authors used an economic exchange game and neuroimaging to provide a glimpse into the neural mechanism underlying the breakdown of cooperation in people with BPD. In the psychology section of that same volume of Science, in an article called, "Trust Me on This" the author summarizes from the research referenced above that "BPD is associated with abnormal activity in the brain region associated with monitoring trust in relationships." (Science, 2008). They explain that the anterior insula is traditionally associated with sensing the physiological state of the body, but strongly reacts to uncomfortable occurrences in social interactions, such as unfairness, risky choices, frustration, as well as responding to the intentions and emotional states of others. **This implies that those with BPD may have difficulty cooperating because they lack the "gut feeling" that the relationship is in jeopardy.** The correspondence of these brain findings with current psychotherapeutic practice is remarkable in that therapists sense this lack of skills in interpersonal regulation and work to build these skills in their BPD clients.

A labile, fluctuating, erratic, sometimes rageful, demanding and needy presentation without a sense of cooperation with the other is "normal" for a 6 to 9 month old. The research above may help you appreciate how devoid the person is of trust and cooperation, and therefore how much in need they are of your help in building those skills. Therapists may ask themselves, "What would a baby of this age need from the parent?" This helps you start with empathy and connection, ignore the provocations, understand the anxieties and help move the client from symbiosis to creating their own skills at self-regulation.

## **Relational techniques**

- A. Even though they could not move beyond merger (to establish a healthy individuation), they could never relax within the symbiosis with their mother. Create situations where they can begin to relax with you. Start with a safe, consistent environment, and a solid stance of compassion with firm but calm limit setting.
- B. Hold their head and massage the occipital region with them monitoring and making eye contact. The purpose of holding is not to gratify and have them stay there forever, but to soak in some of your goodness, without their needing to panic, so they can move on to incorporate that "goodness" as a part of

themselves, and heal the "bad/good" split. Once they are able to feel nurtured they often can move away more toward individuation.

- C. Sit on a couch or a mat. Have the client lie down on the couch and curl the front of their body around your back. You cradle their head and feet. (see Figure 3). I had a borderline client who requested this type of holding at the end of every session in order to feel grounded. She was always more organized and insightful after this technique. Notice that the middle of their body, the abdomen, is in direct contact with the warmth of your back. As you invite them to breathe, you are supporting the abdominal segment, which as I stated earlier in this paper, I think is the major block in the body.



Figure 3

- D. In dealing with an attack or resistance from the client, I use Martha Stark's technique for dealing with resistance by making a "conflict statement stating both sides of the dilemma, and following whichever one the client responds to" (Stark, 2002). For example, a client attacking could be challenged, "You are really needing me to hear how mad it made you that I went on vacation, even though you know that it isn't realistic to expect me to be here all the time." The reverse order would be, "Even though you know it isn't realistic for me to be available all the time, you really need me to know how angry you are that I was gone on vacation." If they continue to be angry, you mirror the

anger. If they respond that it isn't realistic, you mirror that. If they continue attacking and you feel abused, tell them firmly but calmly and not with a sense of being overwhelmed, "I am feeling abused by you, I need you to stop. I do not allow anyone to treat me like that." Look at them firmly as you set this boundary and maintain eye contact. Breathe slowly in the abdomen and diaphragm and sense your strong back. In this way, you are unlike the rageful panicked parent. You are firm, calm, but with a clear boundary. You have done what they weren't allowed to as a child. They could not create a boundary with a parent, and you have modeled for them a healthier way to respond to distress rather than rage back at the other person.

## References

- Baum, S. (personal communication)
- Baum, S. (1997): Living on Shifting Sands, *Journal of Contemporary Psychotherapy*, Vol. 27, No.1, 62.
- Brazelton, T. B. (1992): Touchpoints, Perseus Books, from <http://www.childproofer.com/development.html#6-12>
- Buckley, P. (personal communication)
- Coffman, R. (SCIBA curriculum material)
- Frechette, L. (1995): The Borderline: In Search of the True Self, unpublished, presented to Toronto Society of Bioenergetic Analysis.
- Horner, A. (1979): Object Relations and the Developing Ego in Therapy, Jason Aronson Inc., Northvale, New Jersey, 36
- Jacques, R. (1987): The Borderline Character and Bioenergetic Analysis: Taming the Wild Diagnosis, Pacific Northwest Bioenergetic Conference Training Manual, Whistler, Canada
- King-Casas, et al. (2008): The Rupture and Repair of Cooperation in Borderline Personality Disorder. *Science*, Vol. 321, 806-810.
- Mahler, M.S. et al. (1975) *The Psychological Birth of the Human Infant*. New York: Basic Books.
- Meyer-Lindenberg, A. (2008): Trust Me on This. *Science*, Vol. 321, 778-779
- Michel, E. (1997): Bent Out of Shape, Anatomy and Alignment for Bioenergetic Trainees, Self-published, Encinitas, California, 162.
- Schroeter, V., and Thomson, B., Bend Into Shape, to be published, 2009
- Stark, M. (2002): Working with Resistance, Jason Aronson Inc., Northvale, New Jersey, 19 [www.palace.net/-llama/psych/bpd.html](http://www.palace.net/-llama/psych/bpd.html) (2008) 4676512

# ***A somatopsychic-relational model for growing an emotionally healthy, sexually open body from the ground up<sup>1</sup>***

*Elaine Tuccillo*

After hearing that the theme for the 2004 IIBA Professional Development Workshop was Sexuality, I posed myself the question: “How do we go about building a body, grounded in reality, that knows on a cellular level the profound value of sexuality for health and happiness?” That is, a body that knows in its cells and bones, and heart and genitals, that sexuality is at the core of the life force, and that it is good. My answer is what follows. It is my vision of human sexual potential. In this paper I am proposing a relational model for the healthy development of human sexuality. I plan to look at, and where possible, integrate aspects of relational theories in Bioenergetics (Keleman 1979, Lewis 1954, 2003, Lowen 1993), Relational Psychoanalysis (Stern 1985) and Developmental Psychology and research (Bowlby 1969, Harlow 1958, Mahler 1979, Tronick & Cohn 1988). I have also been influenced, growing up professionally in the 60's, by the Humanistic/ Positive psychology theorists, A. Maslow and C. Rogers. At the outset, I would like to ask the reader to take a minute or so to think about the person, life event or situational context that had the most profound, positive effect on your own sexual development (if, in fact, this is possible for you). And, also, think about the earliest positive influence on your sexuality. Notice the characteristics that make these interactions or contexts positive. Are there elements or qualities about these life events that continue to the present to have an effect on your adult sexuality? These can be difficult questions to answer and the answers may be quite complex. As I convey my ideas about healthy sexual development, I invite you to think about these personal moments, as an experiential avenue for connecting to your own beliefs about what is nurturant, and to compare or add your ideas to what I am proposing. As I describe my relational model, look to see if any of the elements in it fit with your experience of positive, healthy sexuality.

In reading theories of psychopathology over the last 50 years, one may gain the impression that healthy sexuality, which frequently has been equated with orgasmic potency, develops from the tabula rasa of the infant's psyche that has

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<sup>1</sup> Published on *Bioenergetic Analysis*, 2006 – 16.



experienced minimal negative impact from sociocultural oppression or psychic inhibitions due to castration anxiety, deprivation or characterological deformities. We also get the sense of a “holy grail” kind of phenomenon; an experience or condition of nirvana that we can aspire to, but never quite fully reach or embody.

I believe that there is a substantial foundation of relational elements upon which healthy adult sexuality is built. Sexuality is the core of the life force and it is organized by early relational events. Human sexuality is fundamentally grounded in and impacted throughout by the parents' relationship to the life force of the child. Mother and father influence their child's experience of themselves, particularly their experience of their own internal sensations, energy and temperament through such relational processes as attunement, receptivity and mirroring. Daniel Stern (1985), Ed Tronick (1988) and others have shown us through their research, the powerful impact the mother's attunement or lack of attunement can have on a child's attachment and general sense of belonging within the mother-child dyad. We've seen videos of mothers who are “there” and others who are not, and the powerful impact the connected, attuned mother can have on the child's disposition. We also sense in these videos that the child's general comfort with herself and her own process is directly affected by her sense of connectedness to her mother. Stern points out that there is a “falling in love” that can go on between mother and infant; an intense, passionate, mutual intimacy at the level of the infant's capacity to emotionally metabolize. It is this matching, this balance, that the attuned mother gives within the dyad, that maintains, contains and facilitates this loving bond.

We have learned from Bioenergetic, Psychoanalytic and other developmental theorists that from birth on the child's capacity to connect, to make contact and to expand energetically into the relationship grows in depth and in complexity; and that the child's sexuality emerges developmentally along a path of increasing awareness of loving feeling, and somatic sensations and psychic perception of excitement and pleasure. As we watch toddlers, we see a growth spurt from infancy in their capacity for excitement and charge. It is at this phase of development, as the child progresses through stages of individuation, that we can notice the emergence of the beginnings of sexual attraction and excitement. Lowen (1993) has described the child's full bodied feelings and expression of sexuality. The child appears inspired at this age; she is infatuated with her excitement and with the loving attachment she has to her parents. Her spirit is bound in her attachment to the people she loves with her whole being. We can see the pleasure in her body as she opens her heart to her loving feeling. It all looks very connected and integrated in the child's three year old being. But the vicissitudes of this phase of development, as it progresses, include the Oedipal longings for the opposite sex parent and the Oedipal competition with the same sex parent, according to Psychoanalytic theory. This is the time - the beginning - of relational intensity and conflict. It is this stage of development that I would

like to look at more closely in terms of the impact of each parent's relationship to the child's sexual development. Particularly I would like to look at the *positive impact* a parent can have toward the development of healthy sexuality. What happens here, at this time, between mother, father and child, profoundly impacts and crystallizes the character structure, as Lowen has explicated, in body and soul. What is the positive potential of this time of great energy, excitement and passion? It is my belief that we need to define, and to aspire to, a healthy vision of sexual development originating from the complex nurturant attachment process, and formed in the mutual love and joy of the parent-child bond. Sexual development is a profoundly complex process with many aspects that are still debated. For example, what do we really consider to be healthy sexuality? Do we believe that Oedipal dynamics actually influence most parent-child relationships? Is it really possible to discuss sexuality at such an early stage of development as this? I will not answer or debate these questions, and I am not sure that I wish to tackle the many socio-political issues involved in exploring the theories that answer them. Rather I would like to set the stage for an examination of what I believe are the most significant relational elements that affect the child's growth toward healthy adult sexuality. And I do believe that these elements exist, at least at this toddler phase, if not earlier. Furthermore, these relational elements do not just pop out at a critical developmental moment; but rather, they exist on a continuum of greater or lesser intensity based on such stimulus factors as age, gender, temperament, birth order and so on. And, also, they can be influenced and intensified by transferential stimuli and reactions.

My thesis is that healthy adult sexuality has its foundation in the healthy relationship, with respect to sexuality, of the child with each of its parents. What are the characteristics of that healthy sexual relationship? Key characteristics are safety, love, acceptance and nurturance of the life force, admiration and adoration, pleasure cathexis, and the model set in the relationship of the parents to each other. I see these six characteristics as working like nutritional elements in the growing healthy body. We need vitamins and minerals of different kinds, all working together, to make for sound development. We can't substitute two helpings of Vitamin A, for Vitamin C; and we can't skip calcium or potassium and just use iron exclusively to build strong bones. These elements work synergistically, facilitating and potentiating the effects of the others. They each contribute something unique and essential; and without each of them, there is usually malfunction, stunted growth or deformity. I have picked six key elements. There are probably some you may want to add to the list. Each of these elements can be broken down (because they are complex) to find important components of each to further enrich our understanding. They are again: safety, love, acceptance and nurturance of the life force, admiration and adoration, pleasure cathexis and the positive parental relationship model. They all contribute to self-acceptance which is fundamental to self-exploration. By self-acceptance I mean a non-judgemental attitude toward oneself, characterized by openness to one's

experience; all of it; good and bad, negative and positive, painful and pleasurable. Sexuality is an adventure, a journey of exploration that one must be equipped psychologically to undertake. These key elements are fundamental, essential for that journey to be positive, constructive and life-affirming. I would like to look at how each one contributes to healthy sexual development.

*Safety* - Most important for the child to develop the capacity to expand with excitement and passion, she must feel an underlying profound feeling of safety, since fear or anxiety can squelch or at least negatively transfigure the possibilities for expansive feeling and spirit. Safety also means containment, disciplined attentiveness to boundaries, a social-emotional somatic field (holding environment). Here I'm not talking about the build-up and discharge of instinctual energy, as much as the ongoing nurturant holding and accepting of an emerging passionate energetic love in which the child's life force is completely enmeshed. Keleman's (1979) concept of a somatic field is a good one to describe the parental envelope in which the child expands, emerges, expresses, is received, held and responded to with mutuality. Keleman talks of a somatic, mirroring body field, a parental envelope of safety, where the child begins to know herself in response of the others' somatic emotional shape". The sense of safety is a constant and permits the child's revelations of excitement and adoration, feelings of longing and neediness, and demonstrations of upset when at times gratification is frustrated. Within the protective parental envelope, safety is defined as the freedom to express and experience expansive feeling, sexual feeling, passionate feeling, without fear of rebuke, retaliation, ridicule or rejection. The child can express herself, and the parent is there to see, acknowledge, hold, and respond with attunement to the child's capacity. This experience of safety in experience and expression is fundamental to the adult's ability for intimacy. Feeling safe to know her true feeling, to share herself through expression of her feeling, is key to the development of the capacity for intimacy.

Alexander Lowen talks about how the unsafe parent-child relationship can contribute to trauma and sexual pathology in his 1993 paper entitled "Sexuality, from Reich to the Present".

"It becomes extremely important, therefore, to understand the child's sexual experience during this period. Because the child's sexuality is budding at this time, it evokes powerful feelings in the parents. They can become sexually excited, hostile and derogatory depending on their own sexual experiences as children.

They often act out upon the child what was done to them. This situation generally forces the child to cut off or suppress its sexual feelings to avoid shame, humiliation and abuse. It will also repress the memory of these traumas to maintain some degree of sanity. But the effect of suppression is structured in the body as distortions and so can be read by an astute therapist. The split

between upper and lower half of the body, the lack of full development of the pelvis, the exaggerated heaviness in the lower part of the body, etc.” (p.7).

The relational elements are explicated by Lowen as to sexual inhibition and trauma. But what about the relational elements of healthy sexuality? Is it just benign neglect that fosters robust, passionate, joyful adult sexuality, or is it the complex nurturant process originating in the mutual love and joy of the parent-child bond? My belief is that it is the latter, and the safety in the relationship is the primary and cardinal element promoting healthy growth. That safety is experienced somatically as ground, as freedom to breathe, and to experience the breath opening the body in soft waves to sensation and feeling.

Lowen speaks eloquently and philosophically about this element of safety as it applies to adult healthy sexuality in the context of our current unsafe adult culture and its need for containment:

“Reich had forecast the sexual revolution decades before it occurred. He had also predicted that it would create a chaotic condition in the culture. We have witnessed that revolution and we have seen the chaos it produced which is the consequence of the breakdown of limits”. (p.8).

Lowen is talking here of restraint, control and grounding of impulses in the context of a healthy, loving, self-expression. He goes on to write:

“The philosophy of “anything goes” is disastrous . . . ) [and it has] broken down the barriers between the generations and fostered sexual abuse. I believe we therapists need to recognize the importance of containment as it applies to the sexual impulse. Sexual acting out is a self-defeating process. Intercourse where there is no deep feeling for the partner is unfulfilling. It operates, therefore, to create a seeming need for more sexual activity which must end also in unfulfillment. We all know that only when sexual activity is an integrated activity combining head, heart and genitals in the response is it a fulfilling experience. Learning to contain the impulse promotes this process of integration. Containment is an important aspect of self-possession. Therapy aims to increase sexual feeling not only in the genitals but throughout the body. This translates into a sense of one's manhood or womanhood. It is reflected in the way an individual holds himself and moves. Holding oneself with dignity is the mark of manliness, just as moving with grace is the sign of sexuality” (p.8).

We recognize the relational elements in what Lowen is saying. Healthy sexuality has its origins in a mutuality of deep feeling (love) and protective containment. It is my thesis that this can be seen in the early dynamics of the

child's relationship to her parents. The containment Lowen speaks about must be present in an early emotional and physical safety provided by the child's parents.

*Love* is the second most important element fundamental for the child's development of healthy sexuality. Healthy sexuality is not possible without the capacity for self-love. The child must be able to love herself, her body and her feeling experience, and can only do so to the extent that she receives genuine love from her parents. Love is an opening, and tender empathic surrender, of the heart to the other. Alice Miller (1981) speaks about the capability of the child to do this in her earliest years of childhood and more and more as she grows. Miller also speaks about how this loving surrender of the child can be used and abused by parents. But what if it is respected, treated with gratitude and returned, matched in its depth of attunement? The child will feel loved and will love and respect herself, and will know the power of that nurturant matrix to support her self-assertion and self-expression. This is another fundamental relational element and we can see how it would allow the child to experience her own desire and express it with expansive excitement.

Eric Fromm (1956) in *The Art of Loving* underlines the importance of self-love in the development of the ability for mature love.

“The logical fallacy in the notion that love for other and love for oneself are mutually exclusive should be stressed (...) love for and understanding of one's self, cannot be separated from respect and love and understanding for another individual. The love for my own self is inseparably connected with the love for any other being” (p. 49).

And Fromm writes of a mother's love, if just sacrificial-unselfish, that it can be a burden to the child.

“They (the children) are put under the obligation not to disappoint her; they are taught under the mask of virtue, dislike for life. If one has a chance to study the effect of a mother with genuine self-love, one can see that there is nothing more conducive to give the experience of what love, joy and happiness are than being loved by a mother who loves herself” (p. 52).

The experience of love is profound and as one matures, it can impact every aspect of life. Being able to love, to experience love in one's own body, is a great gift. It is the experience of the passion of one's own heart. The child's ability to give and receive love is often underestimated; but this capacity is quite vulnerable to destructive forces. Yet, it can expansively soar and deepen in devotion with consistent nurturance. And we can see love in the body in the capacity for surrender, for soft tender feeling, and for bubbling joy in the presence of, or thought of, the beloved.

The third relational element is the one most interesting to me. It is the *Acceptance and Nurturance of the Life Force of the child*. For me the concept of life force includes the unique energetic thrust of each child, the temperament, tastes, talent, interests; the child's individuality; what the child is naturally attracted to or naturally avoids. When parents accept and nurture the child's individuality, they are supporting her spirit. It is a big deal for parents to find a healthy relationship to this complex element, because it guides the emergence of the child's unique personality and sexuality. A healthy acceptance and nurturance of the child in this aspect is determined by a compassionate attunement on the part of the parent and a willingness to be guided by (to trust in) the budding likes and dislikes, interests and avoidances of the child. It is around these issues that parents get into conflicts and power struggles. They see something emerging in their child, and then panic at its logical extreme. Surely a parent can provide love and much safety and containment, but fail at acceptance of and support for the child's individual preferences, tolerances and talents. Being attuned, respectful, accepting and nurturant of the life force - the spirit - can truly be a minefield of anxiety and confusion for parents.

There were numerous moments in the first 5 years of my two children's lives that my husband and I looked at each other with fear and confusion; Jon was obsessed with computer games at 3; Mica was only willing to dress in pants and a baseball cap. What did this mean? What should we do, if anything? How about Jon's capability of flooring another child in a single blow if he was angry? Or Mica's devotion to her fantasy playmate Elizabeth, from London? The confusions, questions and parental concern over these issues have stimulated the writing of thousands of parenting books and articles. Many parents think a child is being willful when she refuses peas and will only eat french fries. Parents imagine a fat, diabetic, monstrosity - immediately, reflexively. And it's all their fault. Or if the child won't toilet train at a specific age, they imagine a fully grown person in diapers. And it's all their fault! Or if a child demands to sleep in their bed. What do we/they imagine then? And of course, whatever we do imagine, it's all our fault and we're persecuted by our fears. When is a child being willful? When and how does one set a limit for eating, sleeping, affection, play, homework? And how does a parent respect, accept and nurture the spirit of a child, the desire of the child, the interests and the definitive dislikes? And for the purposes of this paper, what does this have to do with healthy sexuality? Everything! For this is about spirit, about joy, and about the child's internal knowledge of what feels good and what feels bad.

A parent's attunement and respect for this capacity in a child will set the foundation for a child's self-confidence, self-respect and her ability to be guided by her own intuitive sense of what fosters her well-being. It is the essence of the child's aliveness. It is the acknowledgement and respect for the child's passion. But aren't we building a narcissist here? Aren't we indulging a primitive being to run amok? Yes, this is a tricky one, but absolutely essential. Within the parental-

child-family matrix, there can be the safety of containment and limit setting in the context of an absolute commitment to the acceptance and nurturance of the spirit. I have worked on all sides of this issue with children, teenagers, parents, families, parent groups and teachers. Empathy, mutual trust and negotiation are so important. It is clear to me that this attitude of attuned respect can be achieved, but it is the essence of the hard work of a relationship. You know when folks talk about marriage as a wonderful institution, but hard work? This is the hard work they are talking about - the work of relationship, of negotiation, respect and self-respect, giving and taking; and, of course, it has everything to do with healthy adult sexuality!

We can see self-respect and self-acceptance, self-confidence and spirit in the young child's grounded stance, her upright, dignified carriage, her passionate focus and clear-eyed contact, and her enthusiasm for life.

*Admiration and Adoration* are the next essential elements to building healthy sexuality. I combine them here, even though they have slightly different characteristics, because I feel that they are basically two sides of the same coin. Admiration is a perception of the goodness of something or someone. Adoration is a more deeply held loving admiration. It has elements of idealization, even awe, of the life force, of the essential energy and the fullbodied sexuality of the child. We can visualize these emotional elements in the child's idealization of her parents; and we can see the matching feeling in the gleam in her parents' eyes.

Admiration and adoration are certainly a part of healthy adult sexuality. But how are they an element in the parent-child relationship, with respect to sexuality? The expression of admiration and adoration is often a difficult aspect of the parent-child dynamic, with respect to sexuality, and can be fraught with problems of sexual acting-out, intrusion, mutual embarrassment and guilt. We are aware, as therapists, that parental mismanagement of these feelings toward the child can, and often does, lead to emotional trauma. The Oedipal conflict emerges and threatens to contaminate and triangulate the child's relationship with her parents. How can this be negotiated? What does healthy admiration and adoration look like?

Virginia Wink Hilton (1987) talks about the ideal parental attitude that supports the task of healthy negotiation of the Oedipal phase of development:

If we had had the ideal situation for accomplishing this task, it would look like this:

“The opposite sexed parent is secure in his/her sexuality; his needs are satisfied and therefore he makes no demands on the child. The message is clear and unambivalent: “I affirm, accept and take pleasure in your sexuality. I am not frightened by your feeling, and I make no demand on you to meet my needs. And I am emphatically and unequivocally unavailable. Therefore you are completely safe to have and experience your feelings. I can

wholeheartedly support your movement into the world to find the right object for your passion and your love.”

“The same sex parent, in the ideal situation, understands the projection of the threat. Sure in him/herself, (s)he sends this message: “I take pleasure in our likeness and similarity, and delight in the power of your sexuality. I stand behind you and support you as you confront the object of your desire, ready with understanding and empathy for the rejection and loss you will experience, and with joy and delight as you move on to find happiness and completion” (p. 79).

When a child is admired and adored by her parents, she learns that her own feelings of longing and desire are a gift of love. Parents with the capacity to take in their child's sexual excitement, love and longing, to receive it as a gift without feeling provoked, or intruded upon or overwhelmed, can contain and enjoy their child's full body expression and return feelings of admiration and adoration. These parents are not only undaunted and unafraid of their child's expression, but embrace it as healthy. These parents understand that their mature sexual feelings do not have a place in this moment of affection, but rather that the child needs from them in this moment, their ability to maintain their parental role as protective, receptive and grounded in reality. A child needs admiration and adoration from those she loves, to feel secure in her budding sexual excitement. Parents understand that to intrude on the child's process here could overwhelm, overly excite or frighten and inhibit the child, and provoke her withdrawal. Support for the child's loving, excited expression can only be given with grounded receptivity, admiration and adoration, so that the child can walk away knowing that her love, her sexual excitement and her longing, is a true gift to the other. This inner security about one's sexuality as a gift to the other is not well understood, but is essential to a growing person's self-confidence and assertive expression of desire. The child learns from her parents that she is entitled to admiration and adoration; it is her birthright and that her bodily desire is her gift of love. Adult sexuality, of course, is based on the confident giving of oneself and the knowledge that this gift is received with deep gratitude. We can see that when a child knows her excitement and love is a gift, that her parents celebrate her gender, and that she is the gleam in her parent's eye, she is open, assertive and unafraid to feel and express desire.

*Pleasure Cathexis* - Cultures that value pleasure are not hard to find. But cultures that practice safe containment, love, acceptance, respect and nurturance of the life force, and value pleasure as a part of somatic health are much harder to find. Pleasure cathexis means valuing pleasure as wholesome and fundamental to physical and psychological well-being. Children will naturally seek what feels pleasurable if not interfered with or derailed. But as we grow in relationship to others, pleasure as a focus is hard to hold on to and often it is lost, deprecated,



jealously stifled or ripped away. Family cultures that value pleasure as basic to the life force are rarely seen, especially by therapists.

It is important to mention the role of parents as educators in relation to pleasure and sexuality. Parents have a role to play as teachers. They teach the value of pleasure for our body and our health; they teach about bodily selfrespect and self-care. They teach about the importance of sexuality for a healthy, positive life and adult relationship. They affirm sexuality in their attitude, their words and by their example. Of course in this day and age, parents must teach about safety and protection. There is much discussion and debate, and parents often err on the side of too much caution and too little positive, informative, explanatory education about the benefits of healthy sexuality.

The experience of pleasure opens our body, lets us know what is good for our body and connects us with the reality of benevolence in the universe. Without a deep-seated value of pleasure we cannot seek this for ourselves or our partner. The child learns from her parents through example and through the parents' attention and attunement to the child's bodily experience of pleasure. The parent's bodily reaction of pleasure, and grounded certainty in the goodness of the child's pleasurable experience, becomes embedded in the child's psyche and soma. With maturity, the growing person learns to calmly follow the path of pleasure in her body; to follow what excites, what feels good, what feels relaxing, what makes her body pulsate, or flow. And a body that is grounded in the value of pleasure for life is open, flexible, and alive in all its parts.

Pleasure cathexis supports an internal focus and an ability to follow the body's path to pleasure; to explore all its aspects and possibilities. Sexuality is an adventure of pleasure, a journey of exploration and discovery. And as with all adventures, there must be the courage to explore, to seek the treasure. By valuing pleasure as basic to life experience, parents provide the fundamental belief system that supports a child's exploration of her connection to a benevolent universe, and to her unique sexuality.

*The Model Set by Parents* in their relationship to each other has a profound impact on the child's sexuality and, in particular, her eventual sexual relationship.

All therapists are aware of the negative impact of failed marriages, spouse abuse, chronic parental conflict, etc., on the later relationships of their progeny. The unhealthy and traumatic dynamics of the previous generation invade and contaminate the present day relationship of husband and wife and their relationship to their children. Children learn to relate to others through their parents' relationship. Much of this trauma and pathology becomes imprinted, embedded in the unconscious and, although a young adult may vow never to repeat the mistakes of her parents, nevertheless, she often finds herself mired in similar relational traps, blind alleys, and painful conflictual entanglements. The model of healthy sexuality and healthy adult partnership can have the same imprinting, unconscious effect. A positive model can also impact on her eventual relationship and transferences to her partner and children. A child growing up

within the context of a healthy parental relationship knows deep inside the goodness, the sanity, of that way of being, of living and relating. That awareness is unavailable to the child growing in the context of constant conflict or emotional pain, and can only come with tremendous effort.

Fromm (1956) writes about the art of loving and how unavailable the model of loving relationship can be.

“There are many people, for instance, (...) who have never seen a loving person, or a person with integrity, or courage or concentration (...) one has to have an image of complete, healthy human functioning - and how is one to acquire such an experience if one has not had it in one's own childhood, or later in life? While we teach knowledge, we are losing that teaching which is the most important one for human development: the teaching which can only be given by the simple presence of a mature, loving person” (p.98).

And these words are also true for mature sexuality. A loving, respectful, positively sexual parental partnership is the somatopsychic teaching matrix that provides for, nurtures and promotes a healthy, self-possessed, sexually positive and relationally attuned human being.

If we follow Lowen's theoretical model, we can conclude that these six positive relational elements become somatically structured in the body. These elements build structures in the body that reflect healthy sexuality: grounded legs; open, flexible chest; connection and flow at the joints; full breath and sensations in the body; free, uninhibited aggressive movement toward pleasure, genital sensation and excitement; and an overall body openness to authentic feeling.

When we see armoring and splits in the body of a patient, and we move the patient toward cathartic expression, we help her to express her pain and realize her truth. But underneath the armor, or fundamental to the poor grounding and fragmentation, are missing elements that can not be recovered completely, for the time for their constructive impact is passed. If a tree is severely bent and grows that way to maturity, straightening it out cannot be done without breaking it in half; it will not lead to health. The best we can do sometimes, is to acknowledge the truth of the injury and learn ways of alleviation and compensation. Acknowledgement, alleviation and compensation are often all therapy can provide.

As Helen Resneck-Sannes says in her 2003 paper, “armor is a surface structure”. The unmet needs and the trauma that produced the armor have already happened. The positive model and nurturance was never there, never available. The only reparative possibility is in therapeutic relationship. She writes:

“Our ability to be empathic and attuned to the client is what is healing in the relationship. The current research utilizing brain imaging is finding that this

somatic, empathic attunement appears to be necessary for developing attachment in infants and for any therapy process (pp. 16-17).

An empathic therapist is neither understimulating (too removed, neutral, not there) nor over-stimulating (not modulating the material) to prevent the client from flooding, disassociating or splitting off. When our clients are overcharged and over-stimulated, we need to calm and contain our own energy. The therapist needs to be attuned to such an extent that the material is within the therapeutic window (...) Our body interventions should become an invitation for the client to explore somatically (sensate) feelings, meaning, imagistic representation, and internal object representations. We then become the mirroring, empathic, attuned other that hopefully will begin to live inside our client's body/mind and support them in being who they are - vulnerable, needy, scared, loving, hard, angry, punishing, resentful, sadistic, victim, a little child who wants to be rescued" (p. 20).

When client and therapist are exploring sexuality, these remarks are even more germane.

## **Natalie**

When Natalie first appeared in my office in New York City she was a 21 year old graduate student. She was attractive, with long sandy-blonde hair and a fair complexion. Her energy was lively and appealing; she had a strong, well-proportioned body and well-developed musculature. While her eyes looked somewhat frightened and sad, there was a determined effort to smile and be cheerful. When she stood in a charged position, knees soft, shoulders square, hips and shoulders aligned, gaze level, head balanced on her shoulders, she showed a strong, determined, but tense jaw and neck, strong, fairly grounded legs and feet (although this seemed more a capacity, since she didn't actually seem that in touch with her feet, at the time) and a locked, but well developed pelvis. Her upper body was also well-developed with strong, but tight shoulder muscles and fairly good lung capacity. Her voice was high, strained, somewhat nasal and tense. I assessed her body structure as predominantly rigid, with some combination of oral and masochistic features.

Natalie had grown up in an intact, well-to-do family environment. She was the first-born child of parents who were successful professionals. She described her family as supportive and loving. As we talked about her family, it was clear that Natalie was very attached to her father and he to her. Her feelings for her mother were openly more ambivalent. Natalie's father is a schizoid man, admittedly timid and fearful of life, who has worked in therapy for decades both in individual and marital counselling. He has gained much insight over the course of this therapy, including the awareness that he was raised in a deadening,

frightening, horrifically contracting environment with hypercritical parents who evoked in him chronic feelings of intense judgement and intimidation. Presently at middle age his body is breaking down, to the extent that he may need multiple surgeries on cervical and lumbar vertebrae. Natalie experiences her father as sensitive and fragile; she experiences her mother as “more passionate, life-affirming and assertive”. Natalie described some of the dynamics in the family: “Dad would get withdrawn or silent, and Mom would give up on her thing, or stew and eventually get angry.” Natalie said that her personality was more like her father's, and that she found her mother's personality intimidating and overwhelming at times.

Although she didn't tell me at first, she had come to therapy specifically to deal with sexual problems with a young man with whom she had fallen in love. Initially she complained of the problem of not being able to “Frenchkiss” or pet. After a while she was able to tell me that she felt little genital feeling and was unable to vaginally lubricate with sexual arousal. Natalie said she felt numb in her pelvis and with sexual excitement, she chronically felt the muscle in her left groin go into spasm, “like a charlie-horse”. As we went deeper into her difficulty with love making, she complained of anxiety, contractions in her body, feelings of repulsion at times, and an inability to let her body open to sexual feeling. She felt awkward and extremely nervous and avoidant when sexually intimate. Both she and her partner were severely inhibited. She was a virgin; he was not. She couldn't tell whether he was inhibited on his own, or whether she was inhibiting him because of her anxiety, avoidance and frozen unresponsiveness. She described her partner as sweet, sensitive and affectionate. She felt tender, loving feeling and sexual longing for him when they were apart. They had a great, “fun” relationship, always joking and kidding, physically wrestling and playful with each other. But after a short time of sexual contact, they would shut down and eventually pull away from each other. Natalie spoke about this with grounded sincerity; she was confused, didn't understand her responses, especially her body responses. She described fantasies and feelings of excitement thinking about her boyfriend or talking with him on the phone; but in person they couldn't get beyond “good pals”. She would freeze under his touch. Her neck and jaw would stiffen; her lips would clench shut, and there was a knot in her groin that would grow painful, immobilizing her pelvis. We explored the stiffening process and it revealed a noticeable vertical split in her body such that her left side was more pulled back, contracted and in spasm.

Historically, there was no childhood memory of sexual abuse of any kind. At first Natalie thought perhaps her difficult relationship with her last boyfriend was a factor. Her experience had been unpleasant. This young man was physically forceful with her and she felt humiliated by his derisive and threatening remarks. Her reactions to his sexual approach were to freeze, contract and be secretly resentful. She described being afraid, angry and guilty that there was something terribly wrong with her. As we talked about it, (and it did seem like the most

immediate and obvious cause of her negative withdrawal) it seemed that he was an arrogant and narcissistic young man. But when Natalie thought deeply about it, she sincerely felt that he was also being negatively triggered by her girlish, seductive flirtation, and then her private deep frozen withdrawal. She began to look elsewhere for the source of her problem. She sensed her fears and deep insecurities were triggered by her own feelings about her body as unattractive and deeply unsexual.

At this point Natalie's work in therapy took on new energy and commitment. She was on the trail of her lost desire and her travelling numbness and contraction. It was a path of self-discovery. She was willing to open to the process of looking at her physical and psychic reactions, to experiment and take risks in her relationship in order to reveal more about her somatopsychic process.

My approach with Natalie was to investigate the energetic contraction and splitting. Natalie was obviously an energized woman with strong defenses. We worked bioenergetically on opening her body and increasing the charge. Excitement and sexual charge would be experienced, but then shut down. Opening and releasing the neck, jaw and mouth often led to increased breathing and charge, but tightness or spasm in the pelvis or adductors. Opening the pelvic region through specific exercises often led to tightening in the neck and ankles, a shut down in breathing, or a frozen, frightened visage especially in the eyes and mouth. Natalie was amazed to follow her own body process and mental imagery. My attitude in this early phase of therapy was to be curious, exploratory. I made myself as attuned as possible (Lewis, 2003) to her energetic thrust. When she was fearful, I was soft, soothing and worked slowly with her to tease out her anxiety and what was stimulating it. When she was energetic, with more aggressive feeling, and courageous, I matched her energy with my own. When she frightened herself with her own passion, aggression or intensity and inevitably regressed, we returned to slow, small interventions and to tracking the flow and process of her feeling state. My concern was to make it as safe as possible for Natalie to reveal whatever the therapeutic process, exercises and discussion could show us.

It was important to develop a therapeutic alliance with both sides of the energetic split. There was a small, frightened little girl who needed my comfort, support and grounding; and there was a feisty, strong energetic young woman who sought the thrill of her own sexual experience. Processing these recurrent energetic splits led us to a role play in which Natalie spoke from her contractions and from her excitement. We found a little girl, stubbornly refusing to let go in her body, refusing to feel vulnerable. She didn't want to feel those feelings, that energy inside her that wanted to jump on her father with loving sexual excitement. And we discovered an older teenager or young woman wanting to break free, who was angrily pushing, nudging, impatient, annoyed with the little child. As we explored these splits, they became more well-defined and the relational alliances became obvious. There was a war going on inside. The little child, about four years old, was deeply, empathically devoted to her father; to

protecting him, loving him and desperately needy of his approval. She knew he loved her too, but he was a frightened, sexually repressed, inhibited man. In my office Natalie could feel her highly charged body longing to be with him, wanting to share her excitement and very high charge. But the closer she approached him, the more she knew she must shut down and approach him with a calm, tight, numb, but open-hearted, empathic demeanor; a highly charged, from the neck up, intellect. It was imperative that her body contract to be with him. She could feel her body slipping away from her as she imagined her connection to her beloved Daddy and their exclusive camaraderie and alliance with each other. This alliance was forged early between ages 3 and 5, just after her brother was born. Her father, who loved her, pulled her in; she experienced his neediness and fragility and his schizoid-oral regressed longings. Even though her father struggled to fulfill his role as a responsible parent, and despite his best conscious intentions to allow Natalie to grow and to encourage her identification with her mother, his own emotional damage compelled the pair bond between him and Natalie which would constrain and constrict her growth and development into a separate, sexually mature woman. The other side of the split, the frustrated teenager, yearning to break free, her passion hidden from awareness, was barely perceptible to Natalie. She recognized the energy of this part of her as more akin to her mother's. But like her mother, this part of her seemed intimidated by the little girl's determined commitment and devotion. The father-daughter alliance was the energetic partnership that dominated in the conflict.

Regressive work to explore these dynamics further led to a session where Natalie could see herself at her mother's breast. They were in bed and she, perhaps both of them, were in a blissful state of connection. Her body was safe, open and calm, but the pleasure she felt was intense. She could feel it all over. Her process moved to a vision of her father entering the room, and she could feel the beginnings of the need to shut down. (Was her mother also shutting down, colluding with Dad's need?) Natalie understood with extraordinary empathy that her father was jealously competitive, insecure and needy; that this was a secret that must be kept, and that she must dedicate herself to that secret and to keeping him comfortable and unafraid.

Natalie was beginning to understand her mother's experience of loss of her, and that mother and child had let go of each other. Natalie remembered the conflicts in the early years and in the later years in the context of her discovery that Dad must be protected; that he was the fragile one, the brittle one. She understood her mother's frustration, her love and passion for her, and her poignant resignation in letting her go. Was this the only resolution to the family's unconscious conflict? Natalie felt her mother's alive body in her own. She began to accept it as a positive, supportive, passionate life force. She went to her mother to tell her she loved her, to tell her she understood.

In another intense session, where she again processed the energetic split in her body, Natalie wondered at her trepidation at going to visit her father while on

vacation from school. She wanted to tell him, “I love you”, but could feel the contraction in anticipation.

She had become quite excellent at tracking her body sensations by now. She began to wonder out loud how this contraction related to her contraction with her boyfriend. It seemed so much the same. In fact, the love, the excitement and the contraction all seemed to happen in her with both these men in her present life. The transference had become pretty clear, as well as her split-self relationship, the little protective girl and the passionate, frustrated young woman. In this session, we worked on her loving feeling, her open-hearted approach. But she expected disappointment, humiliation in reaction to his (father, boyfriend?) contracted response. I stood in as father in a role play. Natalie approached me, reaching out with her arms, open body, open heart, ready to say, “I love you”. I let my body stiffen as she approached. She said, “I love you, Dad”. I froze at her contact. I let my voice tone become flat, a monotone likeness of her father's. It hinted at fearfulness. The movement in me was subtle, but Natalie could feel it. It was familiar. I asked her to experience in her body the effect of my saying “I love you” as her father. Natalie was stunned. She could feel her body numbing. She could feel her heart hardening on the outside, her loving passion becoming a tiny, knotted ball inside her.

I asked Natalie to try the role play again. This time, I was the “ideal” Dad, without limitation on my ability to experience in my body my love for my daughter. She came to me; I let down. I opened my own body; my tone was responsive, heartfelt and grateful. Natalie's body responded. She was amazed at the difference in her body experience. She felt safe. She felt palpable mutual love. She felt support, nurturance and a lack of fear of her own passion and excitement. Her body didn't need to stiffen to protect, to not overwhelm or threaten the other. She could open, ground herself, breathe, stay alive in her loving experience.

I would like to share one more moment in the therapy that happened about three years into treatment. Natalie was working on her pelvic contraction. Lowen's exercises were very familiar by now. Her strategies were to stress her legs in various ways until she felt she could let go and feel the pulsating energy in her pelvis and legs. She had learned to pay attention to her neck, jaw, eyes. She had developed techniques to relax them, to keep breathing to enhance the flow. Of course, invariably something would tighten up and she had had infrequent success in letting go completely. Recently, however, she had been able to have some success in letting go of the knot in her groin. She had come to see this knot as a wall of defense, a chastity belt, a guard against penetration of her own sexual arousal. But today was different. The block did disintegrate, her eyes rolled back in her head, her neck and jaw stayed soft and her breathing was deep. It was happening and there was no stopping. She looked at me and said, “I never realized it, but the knot is not just a wall. It's a container for all my passion; all my feeling”. “Yes”, I said. “Yes”.

## Discussion

Natalie's body and psyche reflected the impact and the limitations of her social matrix. Natalie was afraid, not safe. In the therapy, transference reactions to me as an authority, as mother or as father, revealed the level of unsafe feeling. We needed to acknowledge the emotional risks Natalie was taking, and to collaborate to make a therapeutic alliance that was as safe as Natalie needed it to be in order to explore her somatopsychic process.

Natalie felt loved, but was deprived of much of the expression of that love. Due to her father's fear and withdrawal, and her mother's collusion, Natalie rarely experienced open expressions of affection. She developed body rigidities, contractions and spasms, to keep her internal experience from conscious awareness, and to contain her aggression and external expression of longing and desire. She consequently and defensively developed feelings of unattractiveness and inadequacy. Our work acknowledged both the love she did receive, and the limitations of it. We worked to allow her to risk having bodily loving sensations emerge in the therapy, and in her relationship with her boyfriend and her parents. We worked through, to a considerable extent, the historical transferential blocks and the physical blocks, toward the experience and expression of loving feeling.

With respect to the third relational element, acceptance and nurturance of the life force, Natalie had to deal with a powerful, unspoken demand coming from the parent-child relationship that her life force, especially her passion, be attenuated to meet the neurotic needs of her parents. In the transference, Natalie saw me as her mother, colluding to protect her father, inhibiting her, not fighting for her. As her transferential father, I was perceived as controlling, frightened, judgemental, constricted, and fragile. The complex transference – counter-transference relationship teaches us not only about the client's feelings in the Oedipal triangle, but about the parent's as well. Working through transferential blocks can allow the eventual evolution of a healing therapeutic relationship. In my work with Natalie, attending to and processing these transferential pieces was essential to progressing to a healthy, positive, supportive and collaborative relationship. When this happens, to whatever extent it is possible, there is the possibility for the client to take from the therapist a genuine respect, acknowledgement and nurturance of her energetic spirit.

Natalie is growing to appreciate how beautiful she was as a child and is now, both inside and out. Looking back, remembering herself as a child, she opened to the vision of herself as a beautiful, energetic, optimistic, fun-loving, open little girl. She was able to see how her parents' limited ability to experience and express their admiration and adoration confused her and denied her the self-confidence and self-love she deserved to have. Natalie is still struggling to value and love herself as an adult woman, as so many of us are. But our therapeutic relationship, I hope, supports her growing awareness that she is a representative of the goddess.



Natalie's energetic blocks did not allow a full capacity to experience pleasurable sensation. Also, Natalie's belief that she was unattractive and unsexual, made pleasure more an idea than an embodiment of joy. I have taken time to teach Natalie about, and to support her exploration of, her body and her physical sexuality. We have grown more and more comfortable talking explicitly about sensation and pleasure. I have supported Natalie in developing an internal focus, especially on sensation that opens, arouses and streams through her body. She is learning to value pleasure as healthy, and to see that her adult sexual life can be an adventure.

The parental model in Natalie's case was of a strong mother who played the role of both mother and therapist to a frightened, inhibited father. While mother did confront and demand therapy for the marital relationship, she was also protective of the father's ego and colluded with his fear and resignation concerning their own sexual life. Natalie had to face the fact that her parents' modelling was inadequate, even damaging; she needed to understand, also, the role she played, that was demanded of her. She had to grieve for lost opportunities of love, sexuality and intimacy for all concerned; for herself, her mother and her father. And she must now move on to more healthy patterns of intimacy based on our relationship and the other healthier models in her life. She must also reach out for support from an adult matrix that can respond to her sexuality with positive resonance.

Natalie's parents' sexual and energetic conflicts in their marital relationship were actually manifest in Natalie's mind-body dynamic. In the therapy, we explored, acknowledged and provided, where possible, the constructive relational elements of safety, love, acceptance and nurturance of the life force, admiration and adoration, pleasure cathexis, and positive modelling. Natalie has grown and brings to her sexual life awareness, self-compassion, energy and understanding. The door is open and she has walked through; there is no turning back. She has learned to give herself, increasingly, the safety, love and support she needs to open to life more and more each day. And she is learning to depend on her positive internalizations of me, of her mother, and of those loving aspects of her father that supported her development and individuation, to direct her search in the environment for the resonance to these internalizations, and to assertively reach for an adult attachment matrix that supports her life force.

The example of Natalie shows us the struggle of the young adult deprived of some of the necessary relational elements in the parent-child relationship. Margaret Mahler (1979) and others have taught us about bonding as an intrinsic part of the development of a separated and individuated self. She lays out a structure that combines the individual thrust of the child with the interpersonal dynamics of the parent-child relationship. The many relational elements I have delineated are essential to healthy negotiation of all stages of individuation and for the development of healthy adult sexuality. An emotionally healthy, sexually open adult incorporates these elements to provide a nurturant ground for a

meaningful and profound relationship to herself and to those she loves. Harry Harlow (1958) and John Bowlby (1969) have shown in their research the negative impact that deprivation of contact and connection can have on individuation, on becoming a relational human being. Both these theorists provide research evidence that supports the conviction that deprivation of these elements - safety, love, respect, admiration, parental support and positive modelling - leads to withdrawal from life, incapacity to empathize or to interact with others, and to sexual dysfunction. Without all the healthy emotional nutrients for somatopsychic growth, an individual's potential for personal and interactive pleasure becomes severely limited. The body contracts deeply, pervasively, turns away from life, and from the stimulation of others.

After raising two children and working three decades with children, adolescents and adults, I have come to appreciate the exquisite sensitivity of the child to the relationship she has with each parent. The child is like an interactive sponge, absorbing, reflective, incredibly responsive to all that is emotional and relational. What a remarkable difference can be seen in the impact of interpersonal abuse as opposed to interpersonal support. It is clear that the effects of early deprivation cannot be totally remedied. The client comes to us with the vulnerability and dependency comparable to a child's, with her history of trauma and deprivation; and as therapists, we are obliged to pay good attention to the healing that can come from our attuned, empathic relationship with our clients (Lewis 2003, 2004, Resneck-Sannes 2002). As therapists, our attention to the relational elements that foster healthy sexual development can deeply impact the path of recovery and the movement toward life expansiveness. For Natalie, her hard won insight that she is a container and that she contains the energy, passion and love that is a gift to herself and to others, is a victorious insight that put her in touch with the deep source of her sexuality, her sexual pleasure and her connection to goodness.

## References

- Bowlby J (1969) *Attachment and Loss*. New York: Basic Books.
- Fromm E (1956) *The Art of Loving*. New York: Harper & Row.
- Harlow H F (1958) *The Nature of Love*. *Am Psychol* 13, 673-685.
- Hilton V Wink (1987) *Working with Sexual Transference*. *Bioenergetic Analysis* 3(1) 77-88.
- Keleman S (1979) *Somatic Reality*. Berkeley: Center Press.
- Lewis R (1984) *A Psychosomatic Basis of Premature Ego Development*. In: *Energy and Character* 7 Lewis R (2003) *The Anatomy of Empathy*. In: *Bioenergetic Analysis* 2005 (15) pp 9-31; lecture at the IIBA Conference. Bahia, Brazil.
- Lewis R (2004) *Projective Identification Revisited - Listening with the Limbic System*. *Bioenergetic Analysis* 14 (1).

- Lowen A (1993) Sexuality - From Reich to the Present. *J Int Inst for Bioenergetic Analysis* 5(2) 3-8.
- Mahler M S (1979) *The Selected Papers of Margaret S. Mahler*. New York: Jason Aronson.
- Miller A (1981) *Prisoners of Childhood*. trans. R Ward. New York: Basic Books.
- Resneck-Sannes H (2002) The Psychobiology of Affects: Implications for a Somatic Psychotherapy. *Bioenergetic Analysis* 13 (1).
- Resneck-Sannes H (2003) Bioenergetics: Past, Present and Future. In: *Bioenergetic Analysis* 2005 (15) 33-54. Keynote Address, IIBA Conference, Bahia, Brazil.
- Stern D N (1985) *The Interpersonal World of the Infant*. New York: Basic Books.
- Tronick E and Cohn J (1988) Infant-mother face-to-face communicative interaction: age and gender differences in coordination and the occurrence of miscoordination. In: *Child Development* 60, 85-92.

# ***Teaching on the theme of sexuality while integrating the homosexual perspective: challenges, joys and personal voyage<sup>1</sup>***

*Louise Fréchette*

As Bioenergetic Therapists, we have a set of therapeutic beliefs and values that guide us when we work with clients. Our beliefs and values are grounded in Reich's and Lowen's work. In addition to that solid base, most of us are also trying to keep abreast of recent developments in clinical psychology in order to enrich our practice.

For those of us who are supervisors or trainers, in addition to being therapists, we must also develop teaching abilities in order to help our students not only learn about concepts, but also integrate a value system, a set of beliefs and develop attitudes that are the hallmark of a good bioenergetic therapist.

In this handout, I want to reflect with you on the challenges of teaching on the theme of sexuality. I also want to talk about the importance of including some teaching on the homosexual orientation and identity whenever we teach on sexuality. Finally, I wish to share some aspects of my own personal voyage regarding this theme.

## **Bioenergetic concepts on sexuality**

Teaching on the theme of sexuality means teaching about a core concept in bioenergetic analysis. Both, Reich and Lowen have considered sexuality as the cornerstone of personality. Indeed, as we well know by experience, addressing sexual issues is often an important component of our clients healing process.

Both, Reich and Lowen were insightful in their understanding of human sexuality. They were particularly brilliant in the way in which they approached sexuality (as well as other life's issues) taking into consideration both, the somatic and psychic components of the person, and working from the basic principle of *functional identity* between these two aspects, a principle formulated by Reich.

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<sup>1</sup> IIBA Professional Development Workshop in Connecticut, August 13-18, 2004.

Reich, in the introduction of *The function of orgasm*, spells out what was originally called the “theory of sex-economy”. In the following citation, we can fully appreciate that, for Reich, sexuality was not limited to the mere somatic component of genital discharge, but was something much more encompassing, intimately related to the capacity to love:

“The theory of sex-economy and its investigations of living phenomena can be stated in a few sentences.

Psychic health depends upon orgasmic potency, i.e., upon the degree to which one can surrender to and experience the climax of excitation in the natural sexual act. It is founded upon the healthy character attitude of the individual’s capacity for love. Psychic illnesses are the result of a disturbance of the natural ability to love. In the case of orgasmic impotence, from which the overwhelming majority of people suffer, damming-up of biological energy occurs and become the source of irrational actions. The essential requirement to cure psychic disturbances is the re-establishment of the natural capacity for love. It is dependent upon social as well as psychic conditions” (Reich, *The function of orgasm*, p.4).

Then, in a few sentences, Reich spells out what he believes to be the major cause of neuroses:

“Let us recall the point of departure of the orgasm theory. Neuroses and functional psychoses are sustained by surplus, inadequately discharged sexual energy” (p.20).

“The neurosis is nothing other than the sum total of all chronically automatic inhibitions of natural sexual excitation” (p.232).

Lowen, for his part, totally shares Reich’s beliefs and concepts regarding the connection between a person’s sexual response and the vitality of his/her body:

“From the physical point of view, there are a number of factors that determine the sexual response of a person. The most obvious of these is the vitality of the individual. Sexuality is a biological process that depends upon the availability of excess energy for its proper functions. Conditions of fatigue or state of exhaustion greatly diminish an individual’s sexual feeling; by contrast, the healthier, more energetic person will naturally have a stronger sexual response” (Lowen, *Love and Orgasm*, p.24).

He too, like Reich, believes that one needs to learn to surrender to a fuller sexual experience if one wants to regain one’s aliveness and the right to exist as a sexual person.

I basically share Reich's and Lowen's beliefs and concepts regarding the connection between vitality, sexuality and a sense of self. Actually, rereading *Love and Orgasm*, I realized how well Lowen understood the relationship between love and sexuality, and how ahead of his times he was regarding women's right to their own sexuality.

However, I have a hard time agreeing with his views regarding homosexuality which he develops in *Love and Orgasm*. I may be biased, being a lesbian myself, but I must admit that I feel deeply misunderstood, even dismissed, whenever I read his material regarding homosexuality. In my clinical practice, I have observed that my homosexual clients generally don't experience their sexual orientation as problematic *per se*. Much more problematic to them is the issue of existing as a person and re-establishing a sense of self, as well as regaining self-esteem, since most of them had to grow up in a world in which homosexuality was still viewed as a pathology and as something shameful that had to be cured.

That is not to say that Lowen's views on homosexuality are altogether completely irrelevant. I do believe that a homosexual orientation may constitute, in some cases, a defense against traumatic experiences or faulty parenting during childhood. But that is equally true of any heterosexual practice in which we can observe defensive mechanisms at work.

In *Love and Orgasm*, there is an effort on Lowen's part to try and understand better what homosexuality is.

In the clinical vignettes he presents, one can sense that he has compassion for his homosexual clients. Nevertheless, in my opinion, his own heterosexual bias can be perceived in the dogmatic tone he uses and in the generalizations he makes when he presents his concepts in the three chapters he devotes to this topic:

"Despite the protestations of some confirmed homosexuals that homosexuality is a 'normal' way of life, the average invert is aware that his propensity amounts to an emotional illness (...) This is the homosexual problem: genital excitation in a body that is devoid of pleasurable feeling." (Lowen, *Love and Orgasm*, p.74 and 76).

"Everyone knows that heterosexual love is better and can be more satisfying. What the homosexual doesn't know is that even masturbation is better than the homosexual experience – if he can do it for himself!" (p.10).

"Homosexuality in all forms manifests relationships of dominance and submission. (...) My contention is that homosexuality is not the union of equals. Equality belongs to heterosexuality, for only in that relationship can one partner fully respect the other" (p.114).

But we have to consider that *Love and Orgasm* was written in 1965, and to Lowen's credit, I must say that in the context of an individual session he could also be open and respectful of a person's process.

In a session I had with him, a few years ago, I told him right from the beginning that I was a lesbian and that I knew he did not believe my type of sexual orientation had any kind of 'validity'. He told me that it was not so much a question of whether or not my sexual orientation had any 'validity', but rather that if I really worked on my sexuality, I would eventually connect with my heterosexual longings. I told him I did not share his views. I said I wanted to remain open to whatever outcome this work on my sexuality may lead to:

I felt open to the possibility that it might open me up to heterosexual longings, but I believed it might as well, on the contrary, only deepen my attraction toward same sex partners. He then said: "It's okay, you don't need to have the same beliefs that I have. It's important that you stay true to yourself. The only thing I want you to do is to breathe."

And he proceeded to work with me in a very sensitive and compassionate way. I remember I felt understood and respected by him as a person who had a right to her choices throughout the whole piece of work. I am sure he still believed that it would be better for me to evolve towards a much more 'satisfying' heterosexual sex life, as he was working with me, but I sensed that he could set this belief system aside to some extent, and relate to me in the moment in a genuine, loving and supportive way. His capacity to relate to me is basically what helped me open up and surrender to pleasurable sensations in my pelvis, on that occasion.

Looking back on my years of training in Bioenergetics and beyond, I realize that I have suffered from the invisibility of my way of living my love life and my sexual life. Throughout the many Bioenergetic conferences and workshops I attended since I have entered training in 1976, several of those have been held on the theme of sexuality. Yet, apart from a presentation made by Paul Sussman, Mac Eaton and Vincentia Schroeter at the Southern California Bioenergetic Conference, in February 2001, seldom have I heard a presentation refer to homosexuality as a sexual orientation that could be conducive to a healthy and happy sex life the same way heterosexuality can. Yet, there are several homosexual individuals leading happy and fulfilling sex lives, within our bioenergetic community as well as out there in the world.

Because of the silence and invisibility that have surrounded the homosexual reality in Bioenergetics – except in Lowen's writings – I now find important to talk about this reality whenever I teach on the topic of sexuality. Consequently, in my workshops, I always present alternate views regarding homosexuality, along with Lowen's views. However, in order to do this, I had to look outside the standard bioenergetic literature.

### **Additional contribution from other authors regarding the theme of homosexuality.**

Several authors have helped me look at homosexuality from a fresh perspective. Bell and Weinberg (1978), for example, who demonstrate in their widely known study of adult homosexuals that we gain a deeper understanding of both men and women's sexuality when we consider them not solely on the basis of their sexual activity, but as whole human beings. Their study, moreover, demonstrates that monogamous homosexual couples are much like heterosexual couples and, in certain cases, even seem better adjusted. This is perhaps due to the fact that they may have had to do more work on themselves than their heterosexual counterparts in their journey towards reclaiming the right to be who they are. Finally, the authors insist on the fact that we cannot refer to homosexuality as something that is one-dimensional. Rather we have to take into account the fact that there is a diversity of "homosexualities".

Then, there is Maria Castaneda (1999) who, having reviewed some of the research and some of the literature on the subject, concludes there is not simple explanation to the development of a homosexual orientation in an individual:

"We haven't found any 'homosexual' genetic trait, yet that would be shared by lesbians and homosexuals coming from the same family.

Not a single theory regarding homosexuality that has been formulated until now – be it psychoanalytical or hormonal – is sufficient to explain why certain persons are homosexual and others not. All of this suggests that there is not one explanation but several that act jointly: biological, social, cultural, related to family and personal" (Maria Castaneda, *Comprendre l'homosexualité*, p.22).

There is also an interesting article written by Vivienne C. Cass (1979), who is clinical tutor at the Department of Psychology at the University of Western Australia, in which she attempts to define a model homosexual identity formation in six stages of development that all (homosexual) individuals need to move through in order to acquire an identity of "homosexual" that is fully integrated within the individual's overall concept of self (p.220). She explains that:

"At each stage in the developmental process *identity foreclosure* is possible. The individual may choose to not develop any further. The model therefore, assigns a person (P) an *active* role in the acquisition of a homosexual identity (p.220). Cass uses both interpersonal and intrapersonal variables in her model and argues that "Growth occurs when P (the person) attempts to resolve the inconsistency between perception of self and others" (p.220).



She describes in detail the following homosexual identity formation stages she has identified, based on "... several years of clinical work with homosexuals: Stage 1: Identity Confusion; Stage 2. Identity Comparison;

Stage 3. Identity Tolerance; Stage 4. Identity Acceptance; Stage 5. Identity Pride and Stage 6: Identity Synthesis."

The interesting aspect in her model is the understanding she has of the multiple challenges the homosexual person faces in this process of sexual identity formation, especially in a world where the heterosexual model is the predominant one. She explains how these challenges complicate the homosexual person's task, given that homosexuality is still looked upon by a majority of people as a deviation, if not a sin.

Last but not least, Joyce McDougall (1995) in her book *The Many Faces of Eros*, analyzes the strong libidinal forces at play in the resolution of the oedipal conflict. Basing her affirmations on Freud's writings, she emphasizes the fact that children, during the oedipal developmental phase, are not merely attracted to the opposite sex parent, but rather, experience an intensive desire to possess both parents.

"Although undecided about the role of genetic factors in bisexuality, Freud gave considerable importance to the concept as a *psychological* structure and contended that bisexual wishes were universally present in childhood (Freud, 1905, 1919, 1930). Since most infants have two parents, it is to be expected that children will feel libidinally attracted to both parents, living rise to the wish to obtain exclusive love of each parent for themselves. In point of fact, every child wants to possess the mysterious sexual organs and fantasized power of both father and mother, man and woman. The obligation to come to terms with one's monosexual destiny constitutes one of childhood's most severe narcissistic wounds" (Joyce McDougall, *The Many Faces of Eros*, p.XI).

In all her writings, Joyce McDougall approaches homosexuality (as well as other sexual practices that have been labelled "deviant") with an open mind. She does not limit her understanding of homosexuality to a mere arrest in the psychosexual development of an individual. She too, believes in the complexity of the process by which a person develops an homosexual identity and a same-sex object choice:

"Eventually, all children must accept the fact that they will never possess both genders and will forever be only half of the sexual constellation. This scandalous affront to the infantile megalomania is further complicated by the need to come to terms with the oedipal crisis in both homosexual and heterosexual dimensions, and with the impossibility of sexually possessing either parent.

A study of the manifold processes by which little children achieve these monumental psychological tasks could further our understanding of the manifest homosexualities as well as the unconscious homosexual strivings of the heterosexuals. It should also be emphasized that homosexual orientation in adult life cannot be adequately apprehended as a mere fixation to the universal bisexual wishes of infancy. Innumerable elements contribute to the complex development on both homosexual and heterosexual identity and object choice” (Ibid. p.XV).

Because of that, she questions the type of therapeutic attitude that tends to inevitably judge all homosexualities as symptomatic:

“(In western societies) Even though homosexuality is not punishable by law, as already mentioned, a number of analysts take the stance that all homosexualities are symptomatic. These analysts harbour a secret desire to transform their homosexual patients into heterosexual ones and, indeed, some proclaim that this is their avowed treatment aim. Positions of this kind raise inevitable questions regarding the analyst’s countertransference to homosexual analysands. Such a desire in the analyst would be comprehensible and appropriate, if the wish to lead a fully heterosexual life were consciously sought and were a specially state goal of the analysand. Equally understandable would be circumstances in which homosexual relationships constitute a defensive structure against the fantasized dangers of heterosexual attraction, however, this is not the case with the majority of homosexual men and women. Richard Isay (1985, 1989) has published relevant papers on the countertransference experience, which he equates with homophobia” (p.229).

Since there are many individuals seeking therapy who have a homosexual orientation, and since it is also the case for some our students (in my experience there are often one or two trainees in a training group who eventually disclose their homosexual orientation in the course of training), I believe we cannot NOT talk about this issue. Consequently, we have to learn to do so in a way that is insightful and respectful for both our homosexual students and for the homosexual clients the majority of our students will eventually see.

That means we have to approach work on sexuality with homosexual individuals the same way we do for individuals with a heterosexual orientation. That is to say: pointing out the defensive aspects of certain sexual patterns as well as acknowledging the adaptive creative force that lies behind the “best possible solution” the organism has elaborated to deal with the “monumental psychological tasks” (in McDougall words) facing the child as he/she develops his/her sexual identity. Fortunately, even though not much has been written yet on the subject in Bioenergetic Analysis, it seems that in practice, many

bioenergetic therapists and trainers tend to approach their work with homosexual individuals with a respectful and open attitude.

### **The challenges and joys of working on the theme of sexuality**

Teaching on sexuality is demanding because it confronts us, as supervisors and trainers, to our own sexuality: how we experience it, how we live it, how we relate to it, the importance we give it in our life. And because our ideal model of attaining “full orgasmic potency” as Reich and Lowen define it is something not everybody has access to, we are left to face our own limitations and our still unresolved conflicts regarding our own sexuality, in the view of this idealistic model.

Working on this theme in the course of the training can easily give rise to narcissistic wounding, most of all for students, but also for supervisors and trainers. This is so because working on sexuality during training workshops means giving access “in public” (in the training group or in a supervision group) to something that is very intimate.

It also means working with a strong life force, one that may be frightening, for our students as well as for ourselves. Indeed, working on this topic is both delicate and complex, even more so because our teaching modality is experiential and presupposes much personal exposure. But it can also be a joyful and positive experience, as I experienced myself as a student, while I was in Bioenergetic training.

### **A personal voyage**

Back in 1978 or 1979, I remember with much emotion a piece of work with Denis Royer, who was our trainer at the time, did with me during one of our intensive training workshops. I believe the theme of the workshop might have been on sexuality, but I am not entirely sure of this. Anyway, the focus of the work he was doing with me at the time had to do with my masochistic character structure and with my pelvic block. I remember the joyful feeling that filled me up as I gave into an involuntary orgasmic movement at one point in the work. But in addition to the pleasure I could experience in my pelvis and in my whole body, what impacted me the most was Denis’ capacity to see me as a woman, and commenting on how womanly I looked to his eyes, in that very moment. I was about 30 years old at the time and that piece of work was a turning point in my therapeutic journey to reclaim my sense of myself as a woman.

Until that particular experience in the training workshop with Denis, I do not believe I had fully experienced myself as a woman. I had been a tomboy during all of my childhood, and well into my early adult life I had developed a somewhat

androgynous identity, wishing at times I was a boy in order to seduce the women I was attracted to.

It is clear to me that Denis' capacity to see me as a woman represented my father's gaze on me, acknowledging me as a woman. It was something I had unconsciously longed for but could not allow to happen. Actually, although I admired my father (for he had bravely fought in Italy during World War II, and was a man of principle who respected living beings and valued honesty), a part of me rejected him because he had a drinking problem that lasted throughout all my childhood, until he finally gave up drinking for good when I was 14.

The second major turning point happened some twelve years after that crucial piece of work I had done with Denis, two weeks before my father died. It was not until that moment, when my father was very ill with emphysema (and possibly less threatening to me), that I could allow myself to experience an intimate, heart to heart encounter with him. On this very special occasion, I was blessed enough to receive from him an "energetic heritage", literally speaking.

Upon my arrival at the hospital to visit him, that day, he had started by asking me how I was doing with my life. This was something very unusual for him to do. Like most men of his generation, it was very hard for him to talk about his feelings. As our verbal exchange deepened, he told me suddenly in a tone of wonderment: "I sense that something is coming out from me and going out to you." Then he added, obviously amazed at what was happening: "It seems to me like some kind of energy is flowing from me to you. It is so palpable! I can almost touch it with my hands! This is so unexpected! I don't know that I have anything similar to give to your mother or to your brother. But I now realize that this gift of energy was entrusted to me, so that I could pass it on to you. It is the piece that was missing for you so that you could go on with your life." I replied, by then crying profusely: "I am so deeply touched that you are giving me something so very precious to help me continue with my life..." He interrupted me and told me with a sense of urgency in his voice: "You don't understand, this is not just SOMETHING precious that I am giving you, it is THE MISSING PIECE you have been needing in order to go on with your life. I feel overjoyed and blessed that I can pass it on to you while I am still here, still living."

This missing piece, as I understand it to this day was, for a part, his fatherly energy, his recognition of me as his very special daughter and as an adult woman, to whom he was giving his full support so she could have her identity and take her place in the world. For 42 years of my life, I had felt fatherless. During this exceptional encounter with him, I could feel my heart open up to him as never before. I could finally experience my deep longing for his love and receive his most precious gift in return: himself as a loving father I could count on for the rest of my life. It was, paradoxically, when he was at his most vulnerable that I could feel: "At last, I have a father I can lean on whenever I need to." And, true enough, since that moment, I have always felt his internalized presence with me as a "good father" I can always count on.

For another part, I believe that something sacred and transpersonal also happened during the encounter, for I could strongly feel then our communication was not only from heart to heart, but also from soul to soul. This part I have not yet fully understood, but being a believer in reincarnation. I am still wondering about a particular connection he and I may have, on a spiritual level.

To this day, whenever I recall this wonderful encounter that took place more than fifteen years ago, I am still moved to tears with love and gratitude.

I can't say that my sexual orientation has changed because of those healing experiences that took place, first with Denis and then with my father. But it certainly helped deepen my own sense of identity as a woman, and has enabled me to claim my place in the world as a woman, too. A few months after my father died, I entered in a new love relationship with a woman, in which I could experience much more openness and pleasure, sexually. Unfortunately, this relationship ended after five years, but this person remained in my life as a significant other, whose loving presence I continue to value to this day.

I have always remained open, at least on a conscious level, to the possibility of a heterosexual relationship. The fact is I experienced several positive sexual encounters with men earlier in my life, before acknowledging my homosexual orientation. However, up to this day, I have to admit that I always felt a deeper attraction to women.

I should humbly say that I haven't resolved everything in my life regarding sexuality. I know that there are still issues I need to work through in order to be able to surrender more fully to sexual pleasure. But I can say that I feel more at peace with who I am as well as with the rhythm of my own growth process, both sexually and globally as a person.

### **What kind of heritage should we pass on to our students as we teach on sexuality?**

As we teach on sexuality, be it in the context of supervision or training groups, we have to ask ourselves what is it that we find important to pass on to our students? What is it we want them to learn besides concepts and techniques?

The learning process is, for a large part, a multidimensional one, particularly an emotional one. Indeed, what stays with us usually has an "emotional flavour", so to speak. Even when we are reading about concepts and clinical material, which may appear to be something of an intellectual nature, we can be moved by the clinical vignettes as well as by the tone with which the material is being presented. The bottom line is: whenever we encounter sensitivity, genuineness and open heartedness, we are apt to be moved, that is, we can be "put into motion", activated in our healing process or in our learning process. So are our students.

The way we teach in Bioenergetics replicates pretty much the master/apprentice model. More than in any other modality of teaching, it is not only what we say or what we do that has an impact on our students. It is, above all, who we are. We only have to remember our own training. Chances are that what affected us most in our learning process was the trainer's quality of being and his/her capacity to relate to us during a piece of work he/she did with us or with one of our fellow students. Or it may have been a particular way in which a feedback was given to us by a trainer or a supervisor, often times the tone and the intention being more important than the content itself.

So, what are the values, beliefs, attitudes and skills we want to pass on to our students, regarding sexuality?

## **Values and beliefs**

In term of values, we certainly convey to our students that sexuality is a central aspect of the human experience and that as such it should be given proper attention whenever we work therapeutically with someone. However we need to ask ourselves: do we subtly impose on our students our own value system as well as our beliefs regarding sexuality? Do we tend to teach that there exists one type of sexuality that is more fulfilling and healthier than the “other sexualities”, particularly when it comes to sexual orientation?

What about the types of sexualities that are being called “deviant” which constitute various kinds of adaptations to early childhood trauma? For instance, the types of sexualities that Joyce McDougall calls “neosexualities” (deviant types of sexualities, like cross-dressing, fetishism, sado-masochism, etc., in which mutually consenting adults engage). Indeed some sexual practices, especially when they become compulsive do limit the range and depth of sexual pleasure since they are being used predominantly to allay anxiety or to respond to various pregenital needs instead of fulfilling authentic genital needs. In that sense, they are part of a defensive strategy more than being expressions of the self. However, they have to be approached and understood in their creative aspect instead of merely being judged.

Unfortunately, as therapists, our own beliefs and our own value system regarding sexuality may influence us to become judgemental towards people who do not share them. In this respect, Joyce McDougall's reflection, in her book *The Many Faces of Eros*, is both substantial and inspiring. The following citation is somewhat lengthy, but it is worth reading through. Although McDougall raises questions related to various therapeutic goals defined in the psychoanalytic community, these questions can certainly be raised as well regarding the therapeutic goals and values we promote in our Bioenergetic community:

“Since Freud’s time”, many other analysts, influenced by the theories of the period and the charismatic quality of certain theoreticians, have attempted to formulate additional analytic goals with their attendant value judgements. These include “the attainment of genitality”, “adaptation to reality”, “the acquisition of autonomous ego functioning”, “the capacity for stable object relations”, “the desire to become a parent” (especially for girls), “the enjoyment of healthy narcissism”, and so on. While there is no reason to take exception to the “attainment of genitality” as a possible aim in psychoanalysis, there is a need to know according to which model this genital sexuality is to be judged. The normative approach of Freud (1905), as defined in the Three Essays? “Confrontation with reality” has an equally acceptable ring to it, but as a goal it presupposes a concept of what constitutes “reality”. Reality, as recognized by any given individual’s ego, is a construct, slowly created by the discourse of parents and society from childhood onward; it is not an immutable given. Therefore, whose definition of reality, and whose subsequent reality sense, is to serve as our standard? The same criticism might apply to standards of narcissistic health. As for the goal of achieving “stable relationships” or the wish for parenthood, while an individual analyst may personally value these, is not for psychoanalysts to wish for, or implicitly impose upon, their analysands, either partners or offspring.

If we unwittingly promulgate these normative standards as part of our analytic aim, are we not more than a little perverse? Are we not behaving in a self-idealizing and omnipotent manner? (...) Bion proposes that the psyche has the capacity to recognize truth, since it is the impact of emotion that gives the ring of truth. (...) Bion also develops the idea that the psyche is capable of attacking and deforming true thoughts and, consequently, may generate lies, which are then used in the service of destructive and death-dealing impulses. In spite in my profound interest in Bion’s conceptions, I still find it necessary to look beyond the pursuit of “truth” and “reality”, even if these achieve validity by being qualified as “psychic.” To the extent that these goals are basically normative, they do not qualify as essential components of a psychoanalytic attitude. On the contrary, they may pervert it. To hold such aims as fundamental psychoanalytic values leaves us vulnerable to the danger of imposing values of a moral, religious, aesthetic, or political nature. Such impositions would hinder our functioning as analysts and put pressure on our patients to conform to our system of values, instead of discovering their own systems and assuming or modifying their values in consequence.

(...) We do not seek to judge our patients – either to commend or condemn them. Our only avowed aim is to understand their psychic experience and to communicate that understanding, with the hope that they, in consequence, will assume full responsibility for their choices and their acts. (Joyce McDougall, *The Many Faces of Eros*, pp. 224-226)

## Attitudes

More or less the same can be said of attitudes, which are directly related to our values and belief system. It seems to me that respect for the client's unique "inner ecology" and personal process should be high on the list of attitudes a therapist needs to develop in order to become a good therapist.

This is even more so for us, bioenergetic therapists, since our type of approach demands that we take some leadership in the conduct of a client's psychotherapy, through actively confronting character structure, proposing various exercises and using body work strategies that can evoke intense somatic and emotional experiences.

I am always struck by the fact that the word "therapist", ironically, as pointed out by Mary Daly in *Gyn/Ecology* (1978), can also be written the following way: "The rapist". And it is true that in our position of power, we can unconsciously emotionally "rape" our clients in our sincere desire to help them.

Clients always come to us in a state of narcissistic deficit: they have tried their best to resolve their issues on their own, and when they come to us it is because they realize they cannot do it alone. So they come to us seeking help and explicitly or implicitly casting us in the role of the expert who will help them resolve their problems. Many come in a state of desperation, ready to try ANYTHING in order to feel better: including "selling their soul" by abdicating their own sensations and feelings in order to coincide with what they believe is expected of them.

Even when clients actively resist our help through their own characterological manoeuvres, they are at the same time sorely hoping for it. In any case, they are always in a vulnerable position even though it might be on the unconscious level.

This is why we constantly have to pay attention to our own countertransference as it manifests itself in our attitude. This is not to say that we have to be perfectly devoid of any bias or conflict.

That is humanly impossible. But we have to be aware of those biases and even sometimes own them in front of the client. This is obviously also true when we teach.

I believe everybody will agree that we have to be as honest as possible with our students regarding our particular biases with respect to sexuality, as well as with any other kind of issue. But this is indeed easier said than done and it requires much authenticity and much humility on the part of a supervisor or a trainer to be able to do this.

Another kind of countertransference challenge that may arise in the course of our work as supervisor or teacher is when we feel sexually attracted to one of our students. This, of course will be an issue not only when we teach on sexuality, but whenever we have to interact with this particular student we feel attracted to, in the training or supervision group or on a one to one basis.

This kind of situation demands a strong capacity for containment and for setting clear boundaries without contracting. This not small challenge. Moreover,



the questions of disclosing or not this attraction to the person that is concerned, or to the group, is a question that requires that we make use of our better judgement. There are no simple answers to the complexities of these issues regarding sexual desire. Because sexual desire is, by definition, something very anarchic that can manifest itself in a very unpredictable way and that is not always so simple to contain.

Again, our body is often what will give us the first clue to what is going on with this sexual energy, especially when we work on it in the context of training. It will equally give us a clue to the various defensive reactions that we may be mustering against our own sexual feelings (or against anything else we may experience as threatening for that matter). Those body clues include: particular tension in the stomach, restricted breathing tightening up of shoulders, of the jaw, tightening up the pelvic floor and buttocks, energy that goes up to the head and results in "heady" attempts to justify our position.

The only way out of that difficult situation is, time and again: grounding, grounding, grounding, breathing, breathing, breathing, and... opening up one's heart and accepting to look at what may be our own issue while maintaining proper boundaries.

As mentioned before, that demands a certain measure of humility, especially when we are in the teacher's position. But again, it is courage and the honesty with which we tackle these difficult situations that constitute a model from which our students will be able to learn.

In my mind, this even includes situations in which we haven't disclosed anything of the workings of our own inner process to our students. Yet it sometimes appears that the work we have done on ourselves may impact others in a subtle way. Time and again, in my clinical experience. I have noticed that there seems to be such a thing as "unconscious to unconscious" communication at work beyond the words. Again, who we are seems to speak much louder than what we say or what we do.

## **Skills**

What kind of skills do we want to pass on to our students, not only when we teach on sexuality, but when we teach on any subject? Certainly all the skills that make a good bioenergetic therapist: aptitude for body reading and analyzing the character structure, capacity to grasp a person's deeper issues, capacity for empathy at a person's existential struggle, skillful use of a large range of body work strategies and so forth.

But I want to make a stand for a particular skill that is often time mentioned by trainers and supervisors as they give feedback on a piece of work: it is the capacity to "dance" with the client, emotionally, energetically and, I would add, intellectually and spiritually as well. To develop this talent, we must cultivate

various skills: subtle perception of the client's somatic response to our interventions (or to his/her own inner process as well); a keen appreciation of when it is appropriate to lead, to confront, and when it is better to give way to the client's process as it unfolds (which supposes we are able to distinguish between defensive reactions and genuine self-expression); a capacity to set aside our own narcissistic needs so as to give center stage to the client's process; and last but not least: a capacity to see the value of silence and interiority as opposed to action and expression.

Regarding this last ability (the capacity to tolerate moments of silence and interiority on the part of the client), I have been very stimulated by a talk given by Will Davis, a neo-reichian therapist, during a European Bioenergetic Conference in Sitges, Spain, in the Fall of 1999. Davis, who practices in France, had been giving a talk on a concept he had developed that he called the "Instroke".

In his talk, he explained that the inward movement we sometimes observe in the course of a session with the client should not automatically be understood in terms of contraction.

He argued that there exists a natural, spontaneous, relaxed movement during which an individual gathers himself inside, following an outward movement of expression or interaction with the environment.

This inward movement may be at times a movement of contraction, but not necessarily always. It can also be a quiet movement, pregnant with possibilities for deepening one's relationship to his/her own true self, and to one's own sexuality for that matter. Conversely, the outward movement is not always a movement of relaxed expansion. It can be contracted as well, like in the case of an outburst of anger.

This led me to reflect upon how we can sometimes overvalue movement and expression in bioenergetics. True, movement and expression are to be considered as something positive, but the value we put on it can also prompt us to miss out on the other important phase of the organic process: the inward movement that allows a client to experience moments of quiet intimacy with himself/herself. Actually, the more we are able to allow these inward movements to happen, the more it allows a genuine movement of expansion, once the person is "ripe" to open up again. This I call respect for the emotional and somatic process of a client. In fact, this is also known as "attunement", in Daniel Stern's terms.

It is the most primitive and profound type of communication that can exist: that of a mothering person with a tiny infant. It is also the most intimate level at which we can enter the "dance" with our client.

In my clinical experience, I have learned how important it is to respect this inward movement not only when it is an organic, relaxed movement, but also when it stems out of a defensive movement (contraction). When this is the case, we have to walk a fine line because we are often faced with a client who is trapped in his/her defensive mode and may be "crying for help" in various ways while his/her tolerance threshold for intimate contact is very low.

I remember a particular session with a client, where she suddenly shouted at me: "WILL YOU SHUT UP, AT LAST!" Yet, I was timidly trying to reach out to her with some words, in a moment of regressive mute silence and painful breathing. During that particular session, even though I had hardly said anything, the mere sound of my voice, even the sound of my breathing was experienced by her as extremely invasive. So I just sat there, keenly aware of her, yet just being there with her, in that silence, until she could at last emerge and start to talk again.

Many other times, as I was watching an apparently "quiet" moment following an expressive exercise, just when it seemed to me that not much was happening, I have been surprised to notice that if this moment of quietness was not interfered with, a deeper and pleasurable vibration would start to happen, especially in the client's legs and pelvic area. This would often lead to the discovery of new sexual sensations.

Yet another skill that proves to be crucial when we are helping clients heal their wounds and change their defensive patterns, is the capacity to mirror the positive aspect of the clients' defensive system, as well as the positive steps they are taking to change it into more constructive coping patterns.

It seems to me that in Bioenergetic analysis, we often have the tendency to highlight the defensive aspect of the character structure and to point out what still needs to change (the "pathology"). This, as our students tell us from time to time when we teach on character structure, can be depressing. It also replicates the attitude of the narcissistic parent for whom the child is never quite good enough.

I would say that it is particularly important to highlight positive aspects when we work on the theme of sexuality, because sexual identity and one's way of living his/her sexuality is such a sensitive issue and can bring a person to fall prey so easily to feelings of shame, inadequacy, and self-hate.

Fortunately, in the latest version of the Bioenergetic Curriculum that was approved last May 2004 by the IIBA Board of Trustees after a lengthy consultation process, the IIBA is trying to put more emphasis on the relational aspect of the work we do as well as on the positive aspects of the character structure. In addition to that, there is a desire to present the material in the perspective of what heals instead of a perspective that highlights pathology and defenses.

## **Conclusion**

Learning to live with who we are is part of the human condition. We cannot escape that. And embracing who we are as sexual beings is part of our journey as we are progressing towards more aliveness in our body and in our spirit.

This journey is not always an easy one. On the one hand, we are struggling with sexual models and expectations coming from our family and from our culture, that have defined when and how we should express our sexuality. On the

other hand, we are facing the urge of that powerful and sometimes scary life force. Finding one own center and learning to express our sexuality in a loving, heartfelt way is a major developmental task for anybody and must be approached with respect, sensitivity and openness as well as with a sense of wonder.

If we are to help our students develop that attitude so that, in turn, they can help their clients heal and attain a satisfactory sex life, we have to cultivate this way of being ourselves, each and everyday.

## References

- Bell A. P. & Weinberg M.S. (1978). *Homosexualities: A Study of Diversity Among Men and Women*. New York: Simon & Schuster.
- Cass V. C. (1979). Hosexual Identity Formation. *Journal of Homosexuality* 4(3) Spring 1979.
- Castaneda M. (1999). *Comprendre l'homosexualité*. Paris: Robert Laffont.
- Daly M. (1978). *Gyn/ecology the metaethics of radical feminism*. Boston: Beacon Press.
- Freud S. (1905, 1919, 1930). *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. London: Hogarth Press 1953-1974.
- Isay R. (1985, 1989) in McDougall J (1995). *The Many Faces of Eros*. New York: Norton & Company
- Lowen A. (1965). *Love and Orgasm*. New York: Macmillan.
- McDougall J (1995). *The Many Faces of Eros*. New York: Norton & Company
- Reich W. (1942). *The function of orgasm*. New York: Farrar, Straus and Giroux, 1968.



## *A core energetics approach to negativity*<sup>1,2</sup>

Odila Weigand

"There is a creative and unifying principle, towards which move all living creatures. Many honor it as God. I honor it as the God which every human being is in its Essence."  
(John Pierrakos, *Core Energetics*, ch. 19, p. 216)

Body therapy, I believe, needs no longer to be known as an alternative therapy, it must occupy the proper place it conquered by its potential in helping people and by its capacity of dealing with past events through body experiences in a much more effective way than using only symbolic processes.

Core Energetics is a process for life and healing that utilizes body approaches and goes beyond the scope of many therapy methods. Core Energetics is a powerful evolutionary therapeutic approach that seeks the integration of all aspects of our humanity: emotional, physical, intellectual and spiritual. It is a very useful tool for growth and for understanding interpersonal relationships, revealing the emotional and energetic processes at the root of our feelings, thoughts and behaviors.

I have been a Reichian therapist for 18 years. I began to study Reich with a group that originated the Wilhelm Reich Association of Sao Paulo. Afterwards I completed my training in bioenergetics, and in 1986 I became a local trainer of bioenergetic groups. I have learned basic bioenergetics as a way for personal growth and to help others with Dr. Lowen and presently I am studying and deepening my understanding with Dr. John Pierrakos.

For the first 10 years after I began to study Reich and Lowen's character structures and character resistances, whenever I tried to apply this theory in sessions with clients, I felt blocked. I could not believe that pointing out their problems to them would help them change. What I mean is I could know the theory but I felt something was missing in terms of body work to really be able to help people change through an approach that would combine understanding, dissolving the character attitude and promoting new behaviors. I could even teach about characters. But when I tried to use the theory in therapeutic sessions, I felt blocked and what I found myself doing instead was to increase the flow of energy and try to dissolve the energy blocks through breathing, movement, expressions of feelings. To a certain extent, this produced good results.

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<sup>1</sup> First published in *Energy & Character*, vol. 31, no. 2, 2001, pp. 71-81.

<sup>2</sup> Published on *Bioenergetic Analysis*, 2014 – 24.

In 1989 I attended a workshop with Bennett Shapiro, a Bioenergetic Analysis trainer from Vancouver. He had developed a deep comprehension of negativity published under the title "Giving the Devil his Due". Finally came an instrument to work bodily with character traits. He also introduced the concept of mask, and behind it, actually the opposite of the mask, could be found what he called the devil. For me, this workshop was very important since for the first time in many years of therapy I was introduced to negative parts of myself with an accepting attitude, not a critical one. The proposition of the body work was to recognize, honor and energize my negative traits. This I could do, feeling valued and recognizing myself.

In 1994, John Pierrakos began the first training group in Brazil. I began my Core Energetics training, concluded in 1998. I felt comfortable re-learning character structures in the training. I felt I could work with myself in depth, deepening those areas that were new to me in the body psychotherapeutic universe but which I felt resonated as profound truths within myself.

- Energy and Consciousness as the base for life and feelings. No more "stay out of your mind to be with your feelings".
- The will to love as the base for inner peace and contentment as well as for lasting love relationships, not pleasure in and for itself.
- The explanation of our soul's choice of the family we are born into, according to the difficulties we need to overcome in this life span, viewing our soul's evolution as the primary motivation to resolve our conflicts. (Pathwork Lecture 34 - Preparation for Reincarnation). Seen in this light, the limitations imposed by our character structures can be seen as opportunities for growth, no more as an unfair joke played on people at random, either by fate or god.
- The model of "mask", "lower self" and "higher self". Learning to differentiate between mask feelings and lower self feelings meant a big insight for myself and my work. Learning that mask feelings and attitudes are a part "stolen" from the higher self, which is over utilized to cover our well hidden negative feelings (Lecture 43 - Three Basic Personality Types: Reason, Will, Emotion). Learning to recognize when I am in my mask by the perception of a quality of "deadness" in the contact, a lack of vitality, no matter how nice or sound the words or ideas. This perception leads to an awareness of other people's masky interactions.
- How to enliven the mask and bring out lower self feelings, attitudes, covert behaviors, by energizing them.
- To make contact with my own and other people's higher self, in the first place, sets the ground for a safe exploration of our lower selves. The higher self is the starting point as well as the final objective. We depart from a loving place, travel through anger, hate, pain, fear, horror, shame, knowing that we can always return to that safe place where connectedness can be restored through our heart's yearning to love and be loved.
- Learning about the life task gave meaning to an almost ever-present disquiet

within me. The life task, as I see it, presents itself as a sequence of tasks to be accomplished and overcome. This disquiet is what pushes me to reach out from a comfortable accommodation within familiar patterns, toward new more innovative ways of promoting growth. It was the motor that pushed me into seeking Core Energetics training.

John Pierrakos had been formerly Alexander Lowen's partner in the creation of Bioenergetics. When they parted, John developed his work in the direction of integrating spirituality in therapy, researching into the relationship of energy and consciousness, energetic fields, positive and negative energies and the meaning of evil.

John Pierrakos, on his search of spirituality, found St. George and the Dragon whose figures became the symbols of the study of positive and negative powers. Both are inseparable, the Saint on his white horse and the Dragon. In order to reach spirituality we need to integrate our Dragon instead of killing it.

I consider this concept of utter importance. I felt it was useless simply to attack character traits. The resistance became impregnable, I used to lose contact with the client, who then tried to understand intellectually the process in order to cooperate, which again resulted in resistance. Or he made endless efforts in order to change himself.

Today we have in our hands a technique to work with the body in character analysis. The question is how to make the MASK (the un-energetic outer layer) conscious and to express the TRUTH of the second layer (the lower self) where the energy is stored. This energy is tied to negative feelings, and we need to reach them without increasing defenses. We need to ally ourselves with the client. In releasing the energy held in the mask, we expand ourselves, it is a pleasurable experience. We need to ally ourselves with these denied aspects of the self, which the mask strives to hide, to include, not to exclude them. "Evil, actually, derives not from negative feelings but from the denial of feelings, both positive and negative. Every block, every disease, every feeling that is non authentic is a denial." (J. Pierrakos, 1987, p. 214)

From the point of view of psychotherapy, evil or the character are derived from the relationship with parents, either in uterine life or after birth. The spiritual view however is that our character or our negativity is the heritage we are born with in order to work and to transform it during our lifetime. Let's remember that Psychology means 'the study of the soul'.

Character structure is a paradoxical formation in its nature. Why? Character structure has the function to preserve life, but in doing precisely this, it creates blocks to the flow of vital energy in the organism. It is a paradoxical entity, the final result of our painful or frightening childhood experiences, in the beginning was created to save us, but later became a killer of our life energy. Now it becomes a big NO expressed in our muscular contractions as well as in our belief system.

This apparently contradictory dynamic, leads us into a serious search for our inner truth. "Deadly orgone energy generates negative beliefs. Lively, moving,



vibrant energy in the body generates life-promoting beliefs. Reich taught us this relationship. In Core Energetics we learn that the reverse is also true: negative beliefs sustain energy stagnation and maintenance of blocks. This means that moving energy from its encrustations in body blocks is not enough for change. Therapy needs to clarify and explore the negative beliefs underneath body blocks." (J. Pierrakos, 1987, p. 158)

Years ago, when I began working with Reichian therapy, the prevalent idea among many body psychotherapists was that stagnant energy was something, as Reich taught, that created and maintained rigidity, blocks and character traits. We should make every effort to dismantle these traits and at the same time do body work in order to break down the armor and in so doing discharge negative energy. From the ruins, a pure and loving being should appear - the genital character - as idealized by Reich.

Long years of clinical experience have shown a different reality. Under the rigidity of character there are unexpected frailties. Instead the pure being, capable of giving and receiving love - the genital character - appeared from the ruins of our scars, our incomplete or undeveloped parts, failures, a vacuum, where development has been arrested.

A client of mine, a beautiful woman, had a cold and distant father, who had never looked at her with love. She never knew what it feels like, when you are 3 or 4, to be seen as a very precious person, as a most beloved daughter. Her father never looked at her at all. As a teenager, when she became an attractive young woman, her father never glanced at her. Her mother, when they had a quarrel, would stop talking to her for as long as 5 months. She froze. In therapy, when she worked with "reaching out", saying aloud, "I want", "I need", the energy flowed but she needed the warmth and containment of the therapeutic relationship, in order to thaw the ice. Being touched, being seen, receiving support were experiences that did not exist in her early life. They were new experiences. For her, freezing meant life, while seeking for affection took the meaning of death. If she kept open, seeking her father's affection, this would be her death. This perception was quite true in this family. Her sister had less luck, she became psychotic.

We take a significant step in the advancement of therapy when we understand that the energy which sustains and feeds the character is something positive. The objective of therapy is to put this energy in movement and transform it and no more simply discharge it either cathartically or otherwise. Before this understanding, when therapy succeeded in dismantling the character structure, this was when big problems arose. We used to believe in dismantling, in cathartic processes, in discharging the energy that gave support to the character trait. In the process of therapy, this meant lots of suffering, depression, long periods of confusion, inability to work, dilution of the limits of the ego and of the identity, sensations of death, and even illness in some cases. Panic, so frequent these days, is the result, I think, of sudden collapse of the energy, which sustains rigid

structures of defense, revealing undeveloped parts of ourselves. To rescue the energy invested in negative attitudes is an ecological approach.

### **What is this thing called negativity?**

Imagine a child with very authoritarian parents, a child for whom any sign of rebellion provokes bursts of anger. This child learns that the best way to survive is submission to parental will. At the same time it creates a barrier against the invasion of the parents in its internal world. This barrier built with repressed fear and anger will become a big NO to the flow of life, because its structure is a chronic contraction. It will hinder communications. In the future the person will not complain in therapy of his internal NO, but instead of timidity, of fear of rejection, he will complain of not being understood, of people saying he is aggressive even when he does not mean to be aggressive. happens because we are in contact with the inner side of our mask. Others can see the outer side, where our anger filters through the tone of voice, rude gestures, or a cold look. If you ask a service from this person, he will hear you with attention and will probably be willing to do whatever is asked, without even checking with himself if he wants to do it or not. Inner contact with himself and with his own needs has been distorted. Fear of rejection stops him from saying NO and so his YES does not come with full involvement. He will make great effort but at the end will find a way off ailing to do the service, or at least to do it incompletely. Or, in sexual intercourse just before orgasm the woman may ask her partner: "Are you sure you turned off the kitchen lights?"

The point I want to explore in this paper is the understanding of how LIFE - flow, expansion, contact - took the meaning of DEATH, and how DEATH - block, freeze, withdraw - took the meaning of LIFE.

Wilhelm Reich perceived that Evil in our culture tends to be segregated and associated with sexual and destructive impulses.

At this time of our evolution as a species, an important task is to redeem this segregated energy and reintegrate it in our lives. Reich understood this process of Evil and of Emotional Plague, but collided with the Plague in his own life. Today we know that dissolving resistances is more effective than fighting them. In my understanding this process follows some steps:

1. Perceive the paradox: the same pattern that in early life meant survival, today suffocates.
2. Recognize the effort developed in order to preserve life.
3. Value the negative forces which have been sustaining the effort up to now.
4. Re-energize this system instead of trying to eliminate it.
5. Integrate this energy and direct it to a constructive objective. Create new constructive beliefs associated with new objectives.

Evil is the result of a distortion of vital energy that turned against itself. Evil came to be associated with the devil, with lower parts, with the dark. Excluded from the consciousness, it created a territory of its own. Where? Could it be that to exclude something from consciousness is to expel it from ourselves? Unfortunately not, we did not get rid of Evil. We could only put it far away from conscious perception. Where? In our body. This territory of Evil became the blocked and segregated region below the diaphragm - in the abdomen, in the pelvis and also on the back. Lowen says we are living our truth when we are in contact with sexual energy whose seat is in the pelvis. The Easterners teach that the center HARA is the seat of body vitality and governs sexual health.

So, if the pelvis is the seat of evil, there resides also the source of life and pleasure. This "evil" needs to be freed, we must rescue this energy and reinvest it with its original meaning - lust for life.

It sounds good in theory, but to explore this territory is the last thing we want to do, because we fear the darkness, where projected shadows took the form of monsters in childhood imagination. These monsters haunt us, but they are the guardians of our more vulnerable and less developed parts.

## **The dragon in our unconscious**

Joseph Campbell in "Power of Myth" says that we use to think that the Ego is in the center. It is a mistake. The image of evil, the snake which tempted Adam and Eve, the Dragon, are associated with the darkness and sexuality in judeo-christian civilization.

Saint George killing the Dragon is a constant action in our life. It never ends. It represents the conflict between consciousness and unconsciousness. Says Joseph Campbell: "Psychologically the Dragon represents the attachment of oneself to one's own little ego. We are prisoners in our own dragon cave. The goal of therapy is to set free the forces of our center." (Campbell, 1990, p. 150)

The Chinese Dragon is different: it represents the vitality of the swamps and emerges thumping its belly and roaring menacingly, says Campbell. The Chinese Dragon has an adorable quality, it liberates the generosity from the waters.

But the Dragon, for us, differently from the Eastern culture, inhabits a stagnant swamp, a region associated with energies and material from the abdomen (the masochistic swamp, stagnation). Sometimes the Dragon hides himself in a cave from where it roars menacing those who approach. Have you ever seen people with these attitudes? When the feeling of vulnerability is about to emerge, the person transfigures himself and becomes menacing? He shows the Dragon in order not to show the hidden softness of the heart, though the heart, like the princess imprisoned in the cave, craves for freedom.

"Therapy Is About Love. Love Is What Cures" says John Pierrakos. The Prince fights the Dragon to free the princess. In old histories the Dragon should

be killed. In modern versions, the Dragon would withdraw and must not die anymore. It could be made the guardian of freedom, a helper of the princess, who represents the heart.

### **Negative becomes positive when energized!**

This is simple but it changes a great deal the way of understanding and doing psychotherapy.

When we are born, we are all love. That is why babies, and even new-born animals, so often awaken love feelings, they open our hearts. We remember the time before we closed our hearts. In time, we begin to create a protective layer - we needed it as children, but presently this protective layer has become our very identity. This layer is created by our frustrations which turned into anger, fears transformed into inhibition and shyness, abandonment turned into sadness. There we store jealousy, arrogance, disdain, irony, bitterness, greed, destructive competition, exhibitionism and hate, which is but frozen anger.

But if I showed myself openly with all these traits, no one would like me and, more important, I would find myself very ugly. So we build up a socially acceptable facade - amiable, helpful, the image of sweetness. Or else the mask of the tough guy who can not cry, or the serious person who works all the time.

The essence of each human being is always beautiful. It has vibrating force, pulsates in a very rapid rhythm. This quality is love. John Pierrakos, in studies with Kirlian photos showing human energetic fields, discovered that the second strongest emotion is hate. As you can imagine, the first is love.

### **When we want to deal with our negative parts, first of all we must recognize and affirm the beauty we all possess: the beauty of the soul**

We carry in our unconscious a primal fear that hate can surpass love and destroy everything, as said Melanie Klein. We need to build faith in basic goodness, the perception of the loving being within us, before activating the forces of negativity.

We have two interesting questions related to therapy:

How these two protective layers operate (the social layer or the mask and the second layer, the negativity layer)? And what is their function?

First - How? By creating chronic contractions, which stop the undesirable manifestations and by giving a different, more acceptable direction to our feelings. For instance, a person says with complaining voice how "everything goes wrong, nobody recognizes me", and so on. Underneath this socially acceptable victim role, anger, bitterness, destructivity as well as a profound fear

of loving feelings exist in hidden form. This person is cruel with himself and with others because he does not permit pleasure for himself and robs the pleasure energy of others.

The second question follows - What is the function of the protective layer? The contractions hinder the flow of energy, and diminish the intensity of the impulse. This same person, when excited, could manifest virulently his hate. He can be explosive or destructive, through mordacity, for instance. As soon as he has discharged the hate, he comes back to his victim role. From this position he expects to gain sympathy, to feel himself cared for while he hooks others into trying to solve his problems. They will never succeed, but the victim at the end will be triumphant and all the others will feel drained. We are tempted to attack this behavior, maybe even become irritated with the person and try to make him change. Fearing abandonment the person will make efforts to comply, inhibiting the complaints. But keeping quiet, the person gets depressed, because his way out is now blocked, he gets stuck. His throat gets constricted in order not to speak, the breath gets shorter in order to restore the energetic balance, since now the path of discharge through complaining is blocked.

The person can even blow up, act in inadequate ways and feeling guilty as a consequence. Or else explode in a symptom, a more primitive way of discharge than the complaining. All this happened frequently when, using Character Analysis, we had only the resource of interpreting or showing the person what he was doing.

Now, what can we do? We can energize these two parts - the external one, the social part, in general submissive and "good", as well as the internal part, which is secret, powerful, triumphant, that part which savors its triumph in secret, which secretly gloats and thinks "nobody will catch me", "you are not going to win over me", "you are not going to be successful by helping me".

Reich taught us the initial comprehension of the paradox which forms the character structure, but it was at first with Ben Shapiro in Bioenergetics and with John Pierrakos, creator of Core Energetics, that I could find at the end a satisfactory answer, a technique to deal with this question. This is done without hurting nor humiliating the client, without arousing resistance - which many times emerged as somatic symptoms, because the characterological way out was blocked by the interpretation.

This is a consciousness work, the client's conscious participation is essential.

The energy of negativity is the very thrust of life. Whenever blocked, frozen, and distorted, it turns against itself taking some devilish form.

"No matter how actually ugly some of these manifestations may be - such as cruelty, spite, arrogance, contempt, selfishness, indifference, greed, cheating, and many more, you can bring yourself to realize that every one of these traits is an energy current that is originally good and beautiful and life-affirming. By searching in that direction, you will come to understand and experience

how this is true specifically; how this or that hostile impulse is originally a good force. ... You have to fully acknowledge that the way the power manifests is undesirable, but the energy current that produces this manifestation is desirable in itself. For it is made of the life stuff itself. It contains consciousness and creative energy. It contains every possibility to manifest and express life, to create new life manifestations. It contains the best of life." (Pathwork Lecture 184 In Thesenga, S., 1994, p. 250)

Let us illustrate with the story of Laura. She is about 30 years old, in a group session. She had had considerable therapeutic work before, she has grown as a person, has a good job, good income, and a loving boyfriend who wants to marry her. But Laura gives herself no credit for what she has achieved and lives her life anxiously, willing to flee from all that is happening in her present life.

In a group session, Laura asks to work with her difficulty in accepting the changes in her life, including the perspective of marrying her boyfriend, who already has a comfortable economic situation.

Therapist: What phrase expresses this problem?

Laura (first phrase): "If I feel pleasure in life, I die" (erroneous childhood belief).

The therapist asks Laura to ground in order to energize the legs and the pelvis and to repeat the phrase with an expression of force, making use of the tennis racket to mobilize the aggressive energy blocked in her back.

Then the therapist suggests a second phrase: "I won't have pleasure" (to own unconscious negativity). Where did the therapist find the phrase? In the first phrase, but now the patient must put herself as an agent, taking possession of her own existence.

The patient must keep grounding and repeat the phrase "I won't have pleasure", mobilizing the aggressive energy in the back with the racket. (For this woman who needed to strengthen the back, the tennis racket was used, but for other clients we might suggest other therapeutic acts like wringing a towel or the falling exercise or kicking).

Now the therapist suggests that she bend over to ground and to integrate the meaning of the negative phrases into the lower body and consciousness.

While bending over, the energy goes down and flows through all the body. The negative energy has been mobilized. We can now go to the phase in which we energize the desired path, redirecting the energy constructively.

Therapist suggests (third phrase): "I open myself to pleasure". Laura tells what comes to her mind: "I jump into the abyss of pleasure". Laura's phrase expresses her sensation of dying if she defies that part which said: "If I feel pleasure, I die".

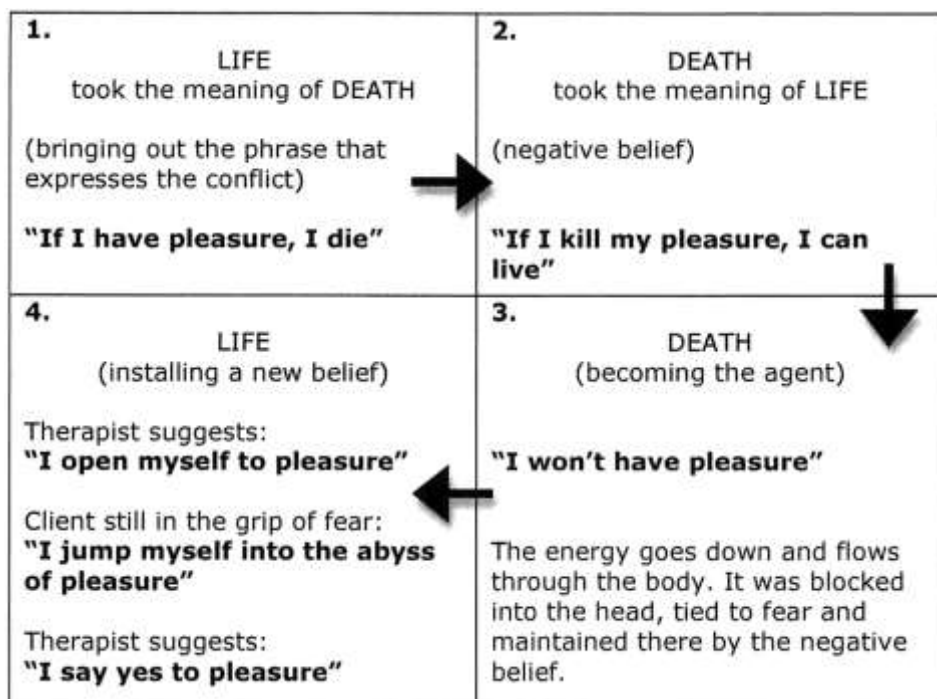
Reich showed how death anxiety appears together with pleasure anxiety. The therapist asks Laura to energize the negative phrase, repeating with strong voice and using at the same time the racket. She must keep grounding and keep repeating: "I jump into the abyss of pleasure", as she beats with the racket.

The therapist suggests a fourth phrase: "I say yes to pleasure". After taking possession of negativity and expressing fear, this new phrase can be energized with the tennis racket. The energy has been channeled through the conscious ego and not surpassing the ego. The movement is now fluid, beautiful and gracious, the body opens itself and shines.

To end the exercise, ground bending over in order to integrate this energy, now associated to a new meaning.

The pleasurable expanding movement seen in Laura's body is now connected to the vitality of the organism. As a child she had learned that expressive movement meant death because she felt threatened if it expressed pleasure. So in the child's mind a change happened: what was life turned to be death. The child learned that she could survive if she could avoid pleasure.

How does the thrust for life turn into fear and destructiveness? The child, when frustrated, in a first movement rebels and tries to express anger. Feeling scared, she has to inhibit this outward movement. She does it by contracting her muscles, holding her breath and "keeping inside" the aggressive movement of reaching out.



The change occurred: energy spent in life preserving aggressive movement (reaching out and protesting) is frozen, turned into contention, in order to preserve life. It used to be desire for life, aggressive movement outwards, the base for our movements to conquer what we need. Aggression is progression, is energy

moving upwards in our back, moving outwards through the eyes, mouth, arms and legs. That is what moves us forward in life.

In this child, what used to be life, took the meaning of death (to express myself, to be who I am). What used to be death took the meaning of life, of survival (hold in, keep inside, submit). At the same time there occurs a change of meaning that accompanies the change from expressive movement into a chronic contraction. Movement is de-energized, the energy is spent in maintaining the block. The thought, "if I express myself, I will be abandoned and I die" keeps this dynamic and the primitive, childish fear, maintains this dynamic repeating itself throughout life. This is called by Freud repetition compulsion, we used to call it character resistance. It is the compulsion to recreate the childhood wound.

We need to understand and reveal these unconscious dynamics. We must energize these negative and silent thoughts and feelings, give them voice, energize their expression, putting the energy in movement. It is of no use to pray to God to free us from temptation; that is the same as trying to exorcise, to exclude. We must energize and include.

If we energize these negative parts, the energy thaws and is transformed into life flow again. Then we can direct this flow to energize new images, thoughts and feelings that are more adequate, favorable to life.

Thoughts and feelings are conditioned by energetic factors - charge, discharge, pulsation, intensity, grounding, centering. If the energy is held and transformed, it generates thoughts, feelings and acts literally distorted. Somehow this distortion is also visible in the body. For instance the pectoral muscles, that take part in breathing, also have the function of reaching out for what I want and keeping away from me what I do not want (to give limits). This muscle takes part in the torsion of the arm too. When chronically held, shoulders and arms will be restricted, as well as breathing.

## **Bibliography**

- Campbell, Joseph. *The Power of Myth*, Sao Paulo, Palas Athena, 1990.  
Pierrakos, John. *Core Energetics*. Sao Paulo, Pensamento, 1987.  
Reich, Wilhelm. *Character Analysis*. Sao Paulo. Summus, 1995.  
Shapiro, Bennett. *Giving the Devil his Due*. Manual of the Pacific Northwest Bioenergetic Conference, Whistler, Canada, 1989.  
Thesenga, Susan. *The Undefended Self*. Pathwork Press, 1994.

*This paper was written after the conclusion of the five years training in Core Energetics with John Pierrakos, finished in October 1998, in the city of Brasilia, Brazil.*





# ***Bioenergetic analysis and community therapy expanding the paradigm<sup>1</sup>***

Mariano Pedroza

## **Introduction**

According to the United Nations Organization, since 2008, for the first time in history, the world's urban population has exceeded its rural population. Due to the serious economic, political, social and ecological problems affecting the globalized world today, many people are forced to leave their homeland in search for opportunities for a better life in the outskirts of large cities.

The accelerated growth of suburbs and *favelas*<sup>2</sup> - that are turned into rather precarious housing areas for an endless number of families arriving from several different parts of the country - can be witnessed in the surroundings of all metropolises. Unemployment, inappropriate infrastructure and often degrading living conditions have weakened the families and have been the cause of feelings of powerlessness and low self-esteem, thus perpetuating the misery cycle.

As a resident of a large city and a therapist, I often felt insecure and powerless. My own clinical practice was very rewarding, but seemed limited and insufficient when I had to face the reality surrounding my own city. A question kept echoing in my mind: "How can I get closer, instead of feeling more and more threatened? How can I act inside these communities?" These questions were the consequence of an inner restlessness, of a need for feeling more complete and fulfilled and more deeply inserted in the social context around me.

That longing led me, in 1998, to accept the challenge of working with a group of people in communities of "*sem-terra*"<sup>3</sup> in Maranhão. That first attempt was rather difficult and frustrating, but taught me very precious lessons, which in 2001 allowed me to discover Community Therapy (CT) and to acquire the additional knowledge that finally provided for my insertion and action in favelas and vulnerable communities in general.

During the past nine years I accumulated considerable experience acting as a community therapist in different contexts. I was a founding member of

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<sup>1</sup> Published on *Bioenergetic Analysis*, 2010 – 20.

<sup>2</sup> Favela: slum, in Brazilian Portuguese.

<sup>3</sup> Sem-terra: landless, idem.

MISMEC-DF (Integrated Movement for Mental and Community Health) and of a community therapy training center in Brasília, where I have been working as a trainer. I have also been leading and training facilitators for many development groups for community therapists, called "Caring for the Care-taker".

In all these contexts I have always been able to feel the influence of Bioenergetic Analysis in my way of working and to confirm the precious contribution this knowledge offers to the practice with diverse social groups. I never gave up seeing individual clients in my office, as well as Bioenergetics and Core Energetics groups, contexts in which I sometimes also feel the valuable influence of CT in my way of conducting groups and sessions.

The objective of the present paper is to present the new paradigm approach of Integrative Systemic Community Therapy for working with communities and, thus, contribute to the application of Bioenergetic Analysis in social environments. I will start by telling the story of a frustrating experience I had with a group of rural workers and discussing the need - and some implications - for a paradigmatic expansion in the community work. After a summarized description of the theoretical pillars that support the approach developed by Barreto (2005), the creator of the Community Therapy method, I will highlight some aspects that distinguish CT as a feasible therapy for wider systems. In closing, I will identify some relationships between Bioenergetic Analysis and Community Therapy.

## **Report of an experience**

### **A fish out of water**

#### ***A frustrating Bioenergetic Analysis experience in a low income rural group***

I now intend to report a rather challenging experience with two very different groups of people that has taught me very tough lessons I shall never forget. I believe this report will illustrate and be useful for other therapists willing to work in similar contexts in the future.

In 1998, my wife and I were invited to join a land reform project in the state of Maranhão. Our task was to promote the integration of the technical team - made up by a group of graduate professionals - and a group of representatives of landless families, coming from several parts of the state - rural people, most of them illiterate or with a very low educational level. We were first introduced to the group of technical advisors, whose task was to help families assimilate new technologies, organize themselves into cooperatives and make their land commercially productive. The group was made up of agronomic engineers, biologists, social workers, teachers and other professionals.

We met on a daily basis for two hours, during five days. During this period we were able to carry out several group integration activities, including revitalization exercises using bioenergetics techniques and concepts that were easily assimilated and applied. Resistance arose when the exercises challenged certain limits in the participants' "comfort zones", as expected, which was integrated as an additional aspect in the process towards a deeper self-perception, a common challenge in the work with Bioenergetic Analysis. On the last day, the group made an excellent evaluation and there was consensus that the process had been very useful and efficient with regard to its goal of integrating the work team.

Three months later, a three-day meeting was held with the leaders of landless families. Once again, our task was to help people to grow closer to each other in order to achieve greater unity in the group. This time we were asked to work with the group of rural leaders. At the end of each work day we had one hour for meeting and working on promoting greater integration.

Since the very beginning, when I introduced myself to the group and started talking about the nature of the work we would be carrying out together, I noticed the awkward expressions and the silence hanging over the room, indicating that my words did not seem to mean what I was trying to say. I immediately felt displaced, as if I were speaking a foreign language. I tried to communicate using the most simple words I could, but it was not a matter of the complexity of the Portuguese language I was using, but rather the lack of familiarity with the proposal itself and the way it was being presented.

The reality we faced during those days quickly brought to light the limitations of our concepts and techniques for dealing with that context. Due to our naivete regarding the possibilities of application of Bioenergetic Analysis resources - at least in the way we had learned - and our absolute lack of experience with that type of audience, had caused us to accept a mission for which - at the time - we were not qualified. The group did its best and tried, as much as possible, to follow our instructions. We, on the other hand, tried to feel and perceive the reactions of people, trying to position ourselves and to somehow adapt the exercises and group dynamics we were proposing. Thanks to the goodwill available on both sides, our work was not a complete failure, but we left the first meeting with the clear feeling that we were facing a challenge greater than we could handle.

We spent long hours in anguish, trying to be creative and to conceive ways of adapting our work to that peculiar setting. I will not describe the dynamics we used in detail, but today, after a few years of experience working in social exclusion contexts, I can say that the concepts and techniques of Bioenergetic Analysis are valid and can be properly applied, as long as there is a "cultural translation" of such concepts. That requires an understanding of the culture as a code of communication and symbolic references and a certain degree of experience by the therapist as a "translator of codes". It also requires humbleness and an open mind for learning with the community, on equal terms.

## The need for paradigm expansion

"Without the individual, there is no community and without community, even the free and self-secured individual cannot in the long run prosper."  
(Jung)

### *From unitary to COMM-unitary*

Two basic pillars of Reich's theory and of Bioenergetics are: the concept of *functional unit*, which allows us to perceive the biological and psychological dimensions as aspects of the same energetic phenomenon, and the concept of *character*, which provides the basis for our understanding of the formation and functioning of personality as a synthesis of the shock between the natural biological impulses and the process of adaptation to culture and its rules for social living. As Lowen (1985:11) said: "Bioenergetics is a way of understanding personality through the body and its energetic processes (...) the amount of energy a person has and how she uses it determines how she responds to life's situations."

Our work is built on this way of perceiving the individual, based on his energetic functioning. In our clinical practice we use the knowledge we have of the body's energetic processes and our understanding of how such processes echo in our relationships and in life as a whole. That is a very useful perspective: when we include the body's involuntary processes in our work, we are able to access, to understand and to intervene in the unconscious functioning of our client at a very deep level.

Nevertheless, since this approach is very much centered on the *individual*, it is insufficient for facing the complexity of the contexts provided by vulnerable *communities*. Issues such as unemployment, social violence, migration, ethnical, cultural and religious differences and others that characterize today's communities lead to a loss of grounding by individuals and families. Such issues are systemic in nature and cannot be addressed in an isolated manner - they call for collective and self-sustainable solutions.

We need a perspective or paradigm that may provide a more encompassing understanding of such multidimensional issues and that may lead to an intervention model capable of responding to such challenges. Such a new perspective implies in, without losing sight of the *individual* and his particular web of relationships, perceiving the *community* as the "client" to be served. Only such essential change in our approach - from the individual to the collective, from the "unitary" to the "communitary" - will enable us to conceive ways of responding to the challenges faced by low income populations.

That was the change in approach that I lacked when, in my naivety, I did my best to work with that group of people coming from communities of landless workers in Maranhão. I recognized that my own resources were not sufficient for

dealing with that challenge, but at that time I could not assess precisely what was missing. Three years later, when I met professor Adalberto Barreto and the trans-disciplinary model of CT, I finally was able to integrate the "failure" I had experienced and acquire the understanding and the technical tools required for acting as a therapist in contexts of social exclusion.

## **A trans-disciplinary perspective**

A few implications of this change from the unitary to the communitary approach must be considered. When we acknowledge the community as "the client", we must go way beyond a purely bio-psychological concept of human issues and include social and cultural dimensions. Therefore, we must open ourselves to the contributions provided by other fields of knowledge.

It is worth remembering that Reich, in his search to expand the clinical work in order to allow for greater social coverage, started a greater personal involvement with the social movements of his time. He had to reach beyond the psychoanalytical theory and include sociological, pedagogical and anthropological theories. Through his involvement with "proletarian" communities, Reich also acknowledged the need for a trans-disciplinary paradigm.

This paper does not intend to discuss the theory of Community Therapy (CT) in depth. Nevertheless, in order to allow readers to better understand the topic, I will briefly introduce its theoretical pillars: systemic thinking, cultural anthropology, the theory of communication, resilience and the pedagogy of Paulo Freire.

Systemic thinking says that "crises and problems only can be understood and solved if we perceive them as integrating parts of a complex network filled with ramifications that provide for connections and relationships among people within a whole that involves the biological dimension (the body), the psychological dimension (mind and emotions) and society. Everything is connected, every part depends on the other parts. We are a whole, in which each part influences and interferes with the other parts" (BARRETO 2005: XX).

Cultural anthropology says that, "culture can be understood as a reference to be used by each group member for assessing and distinguishing values, for thinking and making choices in life. Culture is a code, an essential element of reference for our personal and our group identity" (BARRETO 2005: XXII).

Theory of communication says that communication between people is the bond that holds individuals, families and societies together. Every behavior - either verbal or not, individual or by a group - is a communication. Ambiguous communication is harmful to relationships. Therefore, it is extremely important that we search for clarity and sincerity in communication, since that can be a real tool for transformation and growth.

The concept of resilience allows us to understand that the process of facing difficulties and overcoming adversities leads to the acquisition of experience-based knowledge. Namely, where there is suffering, there's a possibility for human growth. Focusing only on the shortcomings, on what "does not work", may lead to a feeling of powerlessness and reduced self-esteem. According to Barreto (2005: XXV), "The essential goal of Community Therapy is identifying and awakening the strengths and skills of individuals, families and communities so that they may, through these resources, find their own solutions and overcome the difficulties imposed by their environment and by society."

Paulo Freire's pedagogy shows us that willingness for dialog with people, sharing and exchanging experiences is a pre-condition for working with communities. To teach is an exercise of dialog, exchange, reciprocity. Freire (1983: 95) says:

"Self-sufficiency does not go with dialog. Men that lack humbleness or have lost it cannot get close to the people. They cannot be their companions in pronouncing the world. Someone incapable of feeling and knowing himself as much a man as the other still has a long way to go before he reaches the place where he can meet them. At this meeting place, no one is absolutely ignorant or absolutely wise: there are only men seeking to know more in communion."

### **A coherent structure in unforeseeable contexts**

CT is characterized by being a very simple model, applicable to an endless number of contexts and physical conditions, and applicable to different populations and age groups. When the context is marked by the unexpected, by uncertainty and frequent and disconcerting emergency situations, establishing an inflexible service model is impossible. The reality of such contexts always requires "presence of mind", flexibility and creativity for dealing with the unexpected. On the other hand, if we do not have a very clear axis for conducting our work, we are at risk of losing the course during the session, opening the way for confusing or even chaotic situations.

Therefore, a CT session is structured into clearly defined stages - welcome/theme selection/contextualization/problemization/aggregation rituals/evaluation - establishing a "backbone" for a coherent conduction, with a beginning, a middle and an end. Simple and clear rules - remaining silent in order to listen to the one who is talking/talking about one's own experience in the first person/no advice giving or lecturing or preaching/ singing known songs, telling jokes, stories or quoting sayings associated to the topic being discussed - determine that each person shall talk only about his or her own experience and

avoids that others may position themselves as if they knew best with regard to the other person's life, judging, counseling or lecturing.

Thus, the CT structure allows to simultaneously serve a large number of people in a multiplicity of contexts. In my practice as therapist, I had the opportunity to participate in sessions with groups of 6 up to 200 people in places as different as health care stations in the periphery; public hospital corridors; doing "itinerant therapy" in the homes of community residents; in the shed used for community gathering; the public square; the patio of a prison and others.

I believe it is worth mentioning that CT circles usually are open to the public and anyone can show up without prior notice and without committing him or herself to continue a process. There also are no restrictions whatsoever with regard to age, sex, ethnicity, religion or relationship among participants. Such openness allows for multiple group configurations, which come up spontaneously, without excluding anyone. It also allows people that are interested in just getting familiar with the proposal to participate without any obligation to speak. The combination of a simultaneously well-structured and flexible session allows the therapist to deal with the unforeseeable nature of the context, without losing the "thread", and offers the community the freedom to self-regulate its own process. As highlighted by Grandesso (2004), in her article "*Terapia Comunitaria - Um contexto de fortalecimento de indivíduos, famílias e redes*":

"Additionally, Community Therapy does not depend on the same people giving continuity to the therapeutic process, session after session, thus expanding its reach and feasibility even further. It is a special therapy model in which each session has the character of a therapeutic act<sup>4</sup>, with a beginning, a middle and an end for those people attending the session on that day. On the other hand, if we consider that a major part of the group may attend the therapy sessions on a more or less regular basis, we also can consider that, for the community, the Community Therapy ends up becoming a therapeutic process carried out along time."

### ***A structure with an "orgastic curve"***

The structure of a CT session leads to Reich's concept of an orgastic curve. The welcome phase starts the group integration process, establishing the "rules of the game" and allowing people to relax by using playful body dynamics. The selection of a theme raises the tension and provides for space for people to expose the issues they wish to address, identifying the focus of the group energy and choosing the topic to be worked with in depth. Next, during the contextualization

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<sup>4</sup> This expression was a contribution of psychologist and therapist Sônia Fonseca, a trainee at the NUFAC-PUC-SP-2003 Community Therapy course, based on her experience as a psychodramatist.



stage, one person reports his or her story and the group asks questions, leading to a progressive increase of the tension and of the session's emotional load. When the climax is reached, when the people have identified themselves to a high degree and have gotten involved in the topic, the "motto" - a key question that will allow for the group's reflection during the therapy - is put on the table, starting the problematization stage. The accumulated energy can then be discharged. People that identified themselves with the topic may now let out, sharing their own experiences associated to the topic. After a satisfactory discharge, the group stands up and forms a very tight circle for the aggregation ritual stage. The therapist thanks the group for its trust and gives feedback to the participants that exposed themselves, giving a positive connotation to the stories told. People feel touched, relieved and can relax in the group's solidarity embrace. After the good-byes, the team of therapists internally reflects about each stage of the session during the evaluation stage.

<b>Motto</b>	
<b>Contextualisation</b>	<b>Problematization</b>
<b>Topic selection</b>	<b>Aggregation rituals</b>
<b>Welcome</b>	<b>Evaluation</b>

### **In search of an integration**

Along the years, through my work as a Bioenergetic Analyst and Community Therapist, a few aspects of both approaches - Bioenergetic Analysis and Community Therapy - have been the object of much deeper thinking. I will briefly analyze these aspects that provide the basis for my practice and that illustrate the way how the two approaches integrate and complement each other.

#### ***The body, a transcultural basis***

"The body is the beach of the ocean of being."  
Sufi (anonymous)

An important aspect regarding the contribution that body psychotherapies can give to group work in several different cultures must be highlighted: working with a biological basis is a universal fact. Ekman (1999) defines "basic emotions" as the emotions that can be identified in the corporal expression and, most of all, by the facial expression of people, transculturally. Every human being, irrespective of race or culture, has a body, breathes, moves and gets emotional. As we all know, at the basis of our bio-psychological functioning, there are deep

energetic processes - charge/discharge, flow/blocking, tension/ relaxation, etc. - governed to a great extent by physiological mechanisms associated to the primitive, instinctive parts of our brain and nervous system that are not under our conscious control. That becomes very obvious when we face traumatic situations that threaten our lives and that activate our survival instinct. According to Levine (1999, 19): "Even though our intellect often supersedes our natural instincts, it does not command the traumatic reaction. We are more similar to our four-legged friends than we like to think."

The fact that Bioenergetic Analysis offers a deep understanding of the expressive resources, of the involuntary movements - in short, of the energetic functioning of the organism - allows for the development of psychocorporal work that is extremely beneficial for people in any culture. David Bercei, for example, developed a simple sequence of exercises, capable of producing waves of involuntary movements (neurogenic tremors) that help dissolve chronic tensions from specific muscle groups associated to the freezing state produced by traumatic experiences. His exercises have helped many traumatized people and have been successfully applied to populations from very different cultures.

I am convinced today that other sequences can be developed with different purposes and that, as Bioenergetics therapists, we are in a position to contribute enormously to the work carried out with communities in several different cultural contexts.

### ***Culture: poison and remedy***

Reich and Freud held meetings for debating the relationship between civilization and neurosis, particularly with regard to whether sexual repression and the frustration of the instinct were necessary for our cultural formation (Boadella, 1985). Such discussions were especially relevant with regard to the search for a broader social intervention. I think that this debate remains valid and up to date, since ecology or man's relationship with nature is an issue that remains far from a solution, calling for effective answers on which our very survival as a species may depend upon.

The ecological imbalance produced by man's action on the planet reflects the imbalanced relationship that man has with his own nature. Culture imposes a conditioning that usually gets into conflict with the vital impulses of the child, forcing it to develop an "adaptation strategy" - the formation of character. Such strategy implies - at least partially in the building up of an armor by the body and, to a greater or lesser extent, in a personality splitting that - at best - leads to neurosis. In this sense, culture can be viewed as a "poison" that castrates and distorts the nature of the child.

On the other hand, culture is an important organizing reference for social relationships and is the cornerstone of the constitution of identity, a heritage that

links us to the knowledge of our ancestors. The loss of such reference would imply - at least partially - in losing ourselves. This is recognized today by the United Nations Organization. According to the Universal Declaration on Cultural Diversity (article 1):

"Culture takes diverse forms across time and space. This diversity is embodied in the uniqueness and plurality of the identities of the groups and societies making up humankind. As a source of exchange, innovation and creativity, cultural diversity is as necessary for humankind as biodiversity is for nature. In this sense, it is the common heritage of humanity and should be recognized and affirmed for the benefit of present and future generations."

Especially in working with communities, there is no doubt that the rescue of values, references and cultural expressions is a "remedy" that helps people that have been upset by the loss of their origins to reestablish a feeling of belonging and self-esteem.

### ***Translating "cultural codes"***

As mentioned before, with its knowledge on the energetic functioning of the body and its technical possibilities, Bioenergetic Analysis can contribute with practical and potentially universal tools to the work with diverse populations. On the other hand, it also became clear that for humans, culture may be just as determining as biology and must be taken into account. As reported in my first experience with rural workers in Maranhão, I experienced serious difficulties in applying bioenergetics concepts and techniques to that group. The concepts and techniques were not inadequate for those people. What produced an "awkward feeling" was my inability to understand and use the appropriate "cultural codes". Culture is a multidimensional communication code that, in addition to the verbal code - the language - includes gesture codes, musical codes, scent codes, etc.

When I joined the first training group for community therapists in Brasília, in 2001, the modules - a happy surprise - already included breathing exercises, movement and emotional expression. Since then, I have learned very, very much from watching how Barreto culturally adapts the dynamics, translating concepts and work objectives into images, sayings, tales and metaphors taken from popular knowledge. In his words: "culture is a code and the therapist must be a translator of codes."

A very useful element for adapting our techniques to the community context is the use of rituals. By conducting CT groups, I learned to properly integrate technical tools from Bioenergetic Analysis that were very useful in helping to dissolve blockages imposed by the armor by using "rituals". As an illustration, I will report a situation in which an elderly woman, whom I will call *Dona Tereza*,

tried to speak out and lost her voice. I told her she didn't have to hurry, asked her to breathe and to start talking when she was ready. In her second attempt, she started a sentence and then got stuck again. I noticed the strong throat block that kept her from expressing herself. After her third attempt, she wanted to give up speaking. I then asked her and the whole group to stand up. Told them we would do an exercise for getting rid of the blockages and burdens that suffocated and strangled us:

"Let's remember all the times we had to swallow a frog<sup>5</sup>, swallow our tears, to lower our heads and shut up."

With the feet firmly on the floor, breathing in deeply, we raised our hands up high as if we were grasping a heavy burden and, screaming out loud, we threw this imaginary weight on the floor in the middle of the circle. The group, strongly identified with Dona Tereza, performed the movement and yelled out vehemently, and Dona Tereza, no longer feeling the focus of all attention, gave in to the exercise. After a few collective screams, we set down again and Dona Tereza spoke out.

Had I tried to unblock Dona Tereza's throat individually in front of the group, I probably would have failed and she would have felt exposed. By "ritualizing" the exercise and transforming it into a collective dynamic, Dona Tereza felt protected and supported, instead of feeling exposed, and the group as a whole benefitted from the expressive body work.

### ***Bioenergetics in a "favela"***

In the beginning of this paper I described my first attempt to use bioenergetics with a group of landless rural workers and the difficulties I had in dealing with the challenges I was faced with. Since then, the years of practice with CT have given me the means to insert myself in "favelas", bond and build trust, creating conditions to also introduce Bioenergetics in a manner that makes it accessible to a broader range of people. There are basically three different contexts in which I use Bioenergetics associated with community work:

- 1) In the training groups for Community Therapists - in this case, body oriented psychotherapeutic work is an integral part of the training. Although there are usually some participants who live in "favelas", the group is usually mixed with highly educated people. This setting is therefore closer to other training groups;

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<sup>5</sup> "To swallow a frog" is an idiomatic expression that means the person in a given situation had to swallow her words and her feelings.

- 2) During CT sessions - either as a warm up before the session (similar to an exercise class) or, as in the example with Dona Tereza, as an element of the session to help someone or the group overcome a specific difficulty;
- 3) In groups organized in the community for "Stress Management and rescue of Self-Esteem" - We usually organize such groups when we already have built a relationship of trust with a good number of community members. In this setting, intense bioenergetic work can be appropriately used with populations at risk<sup>6</sup>.

In order to give the reader a clearer idea of how Bioenergetics knowledge and techniques can be successfully applied in contexts of vulnerable communities, I will now present a session that I was invited to lead in Pirambu, one of the biggest "favelas" of Fortaleza, in Ceará, birthplace of Community Therapy. I will also stress some specific elements in the way the work was conducted that made the difference in terms of how the group grasped the concepts and surrendered to the experience.

It is important to mention that because the project has existed in that community for many years, a bond of trust already existed. The group was large, about 80 participants of different ages and although many people were there for the first time, there were also many participants who were already familiar with this kind of work. This allowed me to risk going into an intense work.

Introduction: To begin with, I explained that the exercises we were going to do were "good for our health", that they were meant to help us "get rid of tensions and stress that accumulate in our bodies and make us suffer, provoking insomnia, depression, illnesses etc". I also said that the techniques we would use were safe, they have helped thousands of people, of all different kinds of background and religions, in many different cities and countries. *It is important to notice that this kind of language can be instantaneously understood because it refers directly to the reality of the great majority of the group, it speaks directly to their experience and suffering.*

**Building a safe environment:** Next, I used a process that I learned from Barreto to create a safe setting. In pairs, in a circle, one person (A) stands with the eyes closed and knees slightly bent. The second person (B) - the "guardian angel" or "care-taker" - stands behind (A) placing the hands on his/her shoulders. With soft music on the background, the "guardian angels", while doing a "massage" on the shoulders of the "protected ones", were asked to repeat about three times, in a low voice, the following sentences: "Who are you?"; "What is your pain or your suffering?"; "What have you been learning from it?"; "What have you been doing for yourself?"; "Know that you are not alone, you can count on me!" While each sentence is slowly and repeatedly pronounced by the "guardian angel" (A), (B) remains silent, only feeling, breathing and listening to the inner resonance, inner

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<sup>6</sup> "populations at risk" is commonly used by the United Nations to refer to populations living in very precarious conditions where there is lack of access to basic infrastructure and services such as education, health care etc.

answers. For some people this experience already touched deep emotions, the room was filled with a calm, dense atmosphere. Some people, as they later shared, had never had a reference of a safe, protecting presence in their lives. After changing roles, we were ready to begin the body work.

*Notice that the sentences used suggest that we can grow from our pain/suffering (resilience). There is also an emphasis on bringing about the support that exists in the group, and to create a sense of belonging as opposed to being alone. The "collective or social dimension" is often underlined in the work.*

Grounding and building charge: More dispersed in the room, I told the group to close their eyes as I told them a short tale: "One day a man was sad, disappointed with life, depressed, thinking of ending his life. As he walked towards a cliff, he met a big tree, so filled with life, with such bright colors and sweet fruits. He was so surprised with that tree that he stopped in front of it in admiration. In silence, he asked the tree - Please, tell me your secret, if life is so sad, painful, so rotten, how can you be so colorful and give such sweet fruits? In its silence, the tree answered - In my deepest roots, I have learned to take all the garbage, all rotten things, and transform them into nutrients, this is what helps me to grow strong and colorful and give good fruits." I explained that, like the tree, we need deep roots in order to grow strong and give "good fruits". The body work that followed was all the time associated to the image of the tree. So, during the day, the trees will look for the sunlight, spread their branches to "find a place under the sun" (hands up reaching towards the sky, movements with the arms etc - *limits/individuality*) and at the same time they need to cooperate in order to create a forest (*inter-dependence, collectivity*). At night the trees move all their sap (juice of the plant) to their roots (relax the arms, neck, bend forward, move toes, feet etc). Using such images, we alternated between stress positions, stretches, the "wind blowing" would help to open the breathing etc.

Expression and discharge: I said that in the forest, there is a tribe of warriors preparing to fight. Many enemies - depression; fear; despair; stress; worries; insomnia etc - were trying to destroy this tribe. To stimulate sound and go into more expressive work, I used a very simple game that children play very spontaneously in many different cultures: I asked everyone to simply imitate me, my gestures and my sounds. I then began, in a "playful" way, to move and open my voice. As the group responded, I used rhythm as a way to establish a common pace and strengthen the "collective field" or "container". Many variations were used, moving sideways in the circle stamping our feet and voicing different vowels, inverting the direction, placing two fingers below eyes and looking into the eyes of other group members etc. Sometimes we would go into more aggressive expressions, somewhat similar to warriors in a ritual preparing for war. As the group responded, we went more and more into strong expressive gestures and sounds, including key words like "no" or "get away" etc.

At a certain peak moment, we moved into a tight circle with our arms around each other forming a firm group embrace. I told the group that nowadays we see

a lot of violence and crime, the level of fear is very high, and when we are afraid our bodies shrink and get tight and tense. I said we would get the fear out of our bodies. Remaining in the tight embrace, with our knees bent, and lifting our heels off the ground, many people started vibrating. Then, with the feet firm on the ground, eyes wide open, I said that we would let the fear out using a high pitched scream. The group responded strongly, and a few people went hysterical, screaming and stamping their feet - *had they not been held tight in the group embrace they would have been running the risk to hurt themselves*. At this point we started making a strong low pitched sound and started stamping our heels on the floor to bring the energy down. We then moved gradually into softer sounds and movements that helped to ground the group (stamping our feet rhythmically, bending and stretching the knees etc). When it felt safer, we let go of the tight embrace but kept in contact holding our arms, later moving on to holding hands until we could finally let go of our hands and be silent for a moment. Three "old timers" started spreading mattresses around the room.

One important element that, in my perspective, makes this kind of work safe with such a big group is the permanent use of elements that strengthen the "container", the "collective field". You can notice that I didn't stop leading the group to deal with the people who were flooding. On the contrary, I focused on grounding the group as a whole. The field created by such a big group is extremely powerful. If a strong "current" is created - by the use of rhythm for example - the individuals who are momentarily flooded can be "pulled back" by the "current". In the example above, it is important to also notice that the "group embrace" created a very safe holding, making it possible to have some hysteria without risk of anyone getting hurt. Had I stopped to deal with the floodings individually, the "current" would have been fragmented and the group would have been at risk.

Integration and sharing: Everyone laid down on their backs with their eyes closed. With soft music on the background, they were asked to breathe in through the nose and breathe out through their mouth ... breathing in new life ... and breathing out all their worries into a balloon ... then watching the balloon move up to the sky until it disappeared. Then they were asked to imagine they were laying on wet earth or clay ... and to allow the earth to pull the toxins, poisons etc out of their bodies ... and then to draw with their inner vision the shape of their bodies on the floor ... then they imagined a waterfall with clear water near them and they cleaned themselves in the pure water ... and dried themselves in the sun and the breeze. Then, still with their eyes closed, they were asked to reach and find the hands of the people next to them ... and feel that there are other people who are looking for a healthy, peaceful life, other people who are "walking the same path" ... to conclude, they placed one hand on the heart and the other on the belly ... "feel that you can also count on yourself".

They were then asked to sit down. I explained that after this kind of work, we always give people the opportunity to share their experience or ask questions.

First of all because we learn a lot from each other's experiences and second because some people might have felt or experienced things that they didn't understand and it is important to have the space to talk about it. As we do during a Community Therapy session, people were allowed to interrupt at any moment with songs, poems etc, related to the theme that was being shared. The sharing allowed more time for people to integrate the experience. As usual in these sharings, people expressed pieces of their experience that were either more intense, or more meaningful to them. Some people made direct connections with their life history, others needed some help, through questions, to make some connections. When deep feelings were touched again, the songs would serve as a soothing element, allowing time for the person to be with the feeling and at the same time helping the energy to flow in the group. After about thirty minutes of sharing, we stood up and gave "at least ten hugs" before leaving the room.

As I have mentioned before, the bioenergetic principles, concepts and exercises can give an important contribution for the work with populations at risk, and there are many different ways in which sessions can be structured in order to be appropriately used in such contexts. In my experience, a few simple aspects make the difference in terms of how the group assimilates the directions of the facilitator and responds to the work: 1) Introducing the work in very simple terms, making direct reference to the real issues that make people suffer in their daily lives (stress; depression; fear; insomnia etc); 2) Using a diversity of codes (verbal, images, music, movement etc.) - *some people will be resistant to the verbal code but will respond easily to rhythm and movement for example*; 3) Using elements that will stress and strengthen the collective field, the group cohesion, the social dimension, the sense of belonging, of trust in the group, group support etc. When these elements are creatively included in the structure of the session, a safe setting is created and the group responds.

### ***The "community body"***

According to Lowen (1985, 11), "Bioenergetics is a form of therapy that combines work with the body and the mind to help people resolve their emotional problems and realize more of their potential for pleasure and joy in living". The body is central in Bioenergetics clinical work, as it reveals so much about who the person is. In the body we can identify the wounds, the distortions and compensations caused by the history of life. The body also reveals the vital force and the creative resources that are available to the person. Bioenergetic Analysis considers that the body has its own wisdom and a great potential for resilience, that is, a great capacity to overcome traumatic situations and, in the process of overcoming, to transform suffering into learning and growth. The work we do while helping the client to "re-connect" himself to his body, aims to create favorable conditions for the body to rescue its vitality and its own path towards



recovery. In other words, we trust the body and we try to encourage its natural capacity to overcome its own limitations.

The same principles can be applied when working with a community. We can conceive a "community body". The community, as well as the individual, presents symptoms that derive from painful events that generated fear, violence, disaggregation, fragmentation. The "community body" also develops "defenses" and "blocks" that hinder the integration and the natural and creative flow of vital energy. To a certain extent, we can apply our Bioenergetics paradigm to the "community body". We can trust the living organism - the community - and search for ways of promoting clear and sincere communication, bringing people closer to each other, strengthening the ties and reducing the level of fragmentation of the "social tissue" That allows the creativity of the community itself to manifest, opening the way for resources and solutions for existing problems, both individual and collective ones.

In Bioenergetics clinical work, body reading provides information that is very precious for the therapeutic process. Among other things, it helps to diagnose the person's degree of fragmentation, as well as to identify where her strength and possibilities are. We can also "read" the "community body", but the main tool for diagnosing the degree of fragmentation and for identifying where and how energy either flows or is blocked is assessing the *quantity and quality of ties* between community members.

Therefore, it is essential for the work to lead to the strengthening of relationships between people, because individuals will find support and strength for overcoming challenges and fighting for their dreams in their "network of ties". The deeper the emotional ties, the greater the union and cohesion of the "community body", allowing it to find its own creative exits for its deadlocks.

### ***Grounding and community therapy***

"In a much broader sense, grounding represents an individual's contact with  
the basic realities of his existence"  
(Lowen: 1985, 23).

The concept of Grounding is key in Bioenergetic Analysis theory and practice and may be understood as a "rooting in the earth", i. e., the person's capacity to enter into contact with herself and with the outside world. In *Grounding e Autonomia*, Weigand (2006) presents the historical evolution of the concept of Grounding, including valuable contributions from other psycho-corporal, analytical and systemic approaches that helped to expand our understanding and our interventions. The author differentiates between several types of grounding, including: postural grounding, internal grounding, grounding thru the eyes, grounding in the family, in the culture and others. Such expansion of the

Grounding concept is essential for working with communities, since it offers new possible directions for promoting the strengthening of the "rooting in the earth", especially when dealing with poor populations, with limited resources. Next I will share a few considerations on the elements that, in my perspective, promote grounding during a CT session and develop the grounding of the community along time.

As mentioned earlier, the established structure and rules provide a "basis", a "ground" and - why not - a grounding for the therapist to conduct the process. But there are also other aspects of CT that promote the grounding of individuals, of the group and of the community that deserve being highlighted: the narrative process as a means for building *internal grounding*; the use of the collective energy field as a *continent*; the horizontal pulsation of energy as *relationship grounding*; grounding in the family, in the community and in the culture.

"Having a substantiated understanding corresponds to having one's *feet firmly planted on the ground*. Such ground *needs* to be both material and *symbolic*" (Weigand: 2006, 45). One of the ways by which such "symbolic ground" is strengthened in CT is through the practice of the narrative. Trauma studies have shown that a traumatized person tends to narrate events in a fragmented and confused manner. The narrative is jeopardized, hampering the integration of the experience. We may say that the person "lost her ground" and tends to build limited and imprisoning narratives. During the session, the group - while preparing questions in an attempt to obtain a clearer understanding of the story being told - exercises its capacity to focus, to listen and to understand. While answering the questions, the individual exercises his capacity to set his experience into words, expressing himself with clarity and, at the same time, processing the feelings that come up, since reports usually are highly loaded with emotion. Thus, by reporting a painful or an even traumatic experience, the person is helped in the reconstruction of her narrative, which equals an internal reorganization of the experience, both emotionally and cognitively and, as a consequence, a strengthening of her *internal grounding*.

Stories told by individuals during a session can be considered as the *content* and the group's collective energy field is the *continent* that receives, provides support and helps to process it. I remember how John Pierrakos, when working with someone, would sometimes turn to the group and say: "Come on! Breathe!" He always kept an eye on the individual and another on the group. He was aware of the fact that, whenever the group holds the flow of energy, working with the individual will be more difficult. In CT, the session's grounding is supported to a great extent by the cohesion of the group's energy field. Creative interventions can be used - such as jokes, poems, sayings and especially songs - and they often are offered by the group itself, transferring the focus of attention from the individual to the collective, thus helping the energy to circulate. That strengthens the *continent* (the circle), which on its turn favors working with the *content* (the emotional narratives of individuals). This resource is especially important when

the emotional load is too intense or when the content of the discourse is too heavy: once the energy flows around in the circle, it can alleviate the person, adding lightness and fluidity to the process.

Another extremely important dimension of grounding during CT sessions is benefitting from the horizontal pulsation of energy. According to Weigand (2006, 47), "Horizontal pulsation corresponds to the grounding created through relationships. Such pulsation flows from the genitals, from the heart, from the solar plexus, from the throat and from the eyes. It is responsible for communicating with others and with external objects." By creating an environment that welcomes feelings, CT promotes a sincere communication between people and grounding through horizontal pulsation. The group's careful and respectful listening produces a fertile environment for resonance and mirroring that strengthen the feelings of union, supporting the process as a whole.

CT being a systemic approach, we always try to strengthen family grounding. When contextualizing the issue presented by someone, it is important to include the family system - both the nuclear and the extended family - in the vision field. Simple and direct questions regarding the family structure helps us see how the person is inserted in the context of the family system's relational dynamics. Such contextualization usually produces new awareness movements, bringing into light aspects of the narrator's history that had been there only as a backdrop. On one hand, "invoking" the family system facilitates the processing of "pending issues", such as incomplete mourning, ancient griefs, foul relational dynamics, etc. On the other hand, it helps the person to recognize and rescue existing resources from its family basis, such as figures that represent emotional, material or even symbolic support - such as a heroic ancestor, for example - strengthening the grounding in the family.

*Grounding in the community* is another key dimension of grounding according to the CT model. The symbol adopted by Barreto for CT is the spider web. He adopted this symbol based on a ritual of the Tremembé Indians that dance to represent lessons learned from several animals. In order to live, the spider depends on the web she builds by herself. We may conceive the web as an important form of grounding that assures survival. Community Therapy is a model for the construction of "webs of ties" in the community. In addition to promoting the construction of solidarity relationships among participants during the sessions, habits such as trying to understand instead of judging, listening carefully and respecting differences, tend to be assimilated by the more regular attendants and spontaneously disseminated through their everyday relationships within the community. In Barreto's words (2005, 53): "(...) the group that listens ends up echoing what it heard. Those who have identified themselves may, at last, talk about what used to dwell inside them in silence. Listening arouses the desire for solidarity, awakens compassion, outlining the first steps towards the construction of a solidary community."

Cultural roots are always strengthened by CT sessions. Cultural anthropology states that identity is closely associated to culture. Who "I am" includes the clothes I wear, the food I eat, the songs and dances I know, the feasts, rituals, traditions and values of my ancestors. The loss of such references jeopardizes the self-esteem of migrants and produces a feeling of inadequacy and frailty. By opening room for cultural expressions - popular songs, sayings, stories and others - CT promotes the legitimization of the cultural framework of each individual and of the community's cultural diversity. That is a very deep way of rescuing the roots, i. e., of "rooting in" or *grounding in culture*. Besides, it also teaches us to understand that differences are assets that expand the group's possibilities.

### ***Generating autonomy***

In 1992, Lowen, (in Weigand 2006: 36) stated that, "for him the objective of bioenergetics psychotherapy was self-perception, self-expression and self-possession, that is, knowing oneself, expressing one's own truth and being our own boss".

Bioenergetic Analysis tries to deepen the person's awareness about her corporal and emotional reality and considers that being identified with the reality of one's own body is essential for the individual's health. BA also tries to rescue the expressive resources, especially the voice and the gestures, that were hampered along life, so that the person may be capable, not only of perceiving, but also of expressing what she feels in her relationships, in a true and appropriate manner. Lastly, Bioenergetics aims to encourage the autonomy of people. Working with limits, the expression of the "no", different forms of grounding and, during the process, strengthening the clients' confidence in their own feelings, their own perceptions and their own capacity to deal with life improves. Ideally speaking, we may consider that the client should be discharged from therapy when - being in contact with the truth of his feelings and aware of both, his limitations and his resources and potential - he takes responsibility for his process and takes his life into his own hands.

CT, as mentioned before, promotes the integration of the "community body", facilitating the processing of suffering and the establishment of bonds and developing *social network of solidarities*. By reaching beyond the unitary towards the communitary, CT does not intend to solve problems, but rather to highlight the community's own capacity to search for collective solutions for its impasses. By rescuing the knowledge and the competence deriving from the resilient process of overcoming adversities and by acknowledging such knowledge within the community itself, CT looks beyond the shortages in order to highlight the competences, thus encouraging the feeling of self-confidence and self-responsibility. By leaving behind verticality in order to promote horizontal relationships, CT welcomes, acknowledges and supports those who are

experiencing situations of suffering. The diversity of cultural experiences, know-how and roots that are present in groups and communities adds value and is then understood as wealth. Collective learning generates a dynamic of inclusion and empowerment in the community.

In their work with low income populations, *assistentialistic* models of intervention tend to position themselves as "saviors", trying to bring pseudosolutions from the outside to the inside, nurturing the idea and the feeling that the community is incapable of solving its own problems. We must overcome dependence-generating models that always require the presence of an expert, the "one who owns the knowledge", that brings ready-made solutions to the population. Barreto (2005, 59) says:

"CT is a tool that allows us to build social networks of solidarity that promote life, and to mobilize the resources and competences of individuals, families and communities. We try to bring out the therapeutic dimension of the group itself, acknowledging the cultural heritage of our Indigenous, African, Oriental and European ancestors, as well as the knowledge produced by the experience of life itself."

Another aspect that deserves to be highlighted with regard to the development of community autonomy is the training of *multipliers*. CT is not a model for indiscriminate use and requires capacity building and supervision. But it is a model that allows the capacity building of a very broad universe of people, including community leaders, even if they do not hold any degree. Communities in situation of risk are increasing at a high speed and we will never be capable of responding to such widespread and increasing demand in an efficient manner if we do not develop models that can be multiplied.

I already mentioned David Berceli's work with traumatized populations. While dealing with the reality of communities that have been devastated by disaster (civil war, earthquake, tsunami and others), he recognized that it was impossible to offer specialized treatment according to standard clinical models. He then prepared a sequence of well-structured and substantiated exercises that can be conducted by people from the community itself, without any academic training, who are selected and trained by him. Later on, he meets with these "multipliers" from time to time for supervision, clearing doubts that arise during their direct experience in applying the exercises with the groups they are conducting.

Levine (1999) also reports his experience with mothers and babies of neighboring groups that have been historically marked by wars and traumatizing confrontations. By drawing upon the children's natural openness and curiosity and on child songs from the cultures involved, he created a rather simple and bond-generating dynamics, capable of being quickly assimilated by women in their own communities. According to Levine, "The beauty of this approach is its

simplicity and efficacy. An external facilitator starts the process, leading the first group. Afterwards, some participating mothers can be trained as facilitators for the other groups. (...) Once they are trained, the mothers become the ambassadors of peace in their own communities" (Levine: 1999, 198).

Developing *solidarity support networks* and training *multipliers* are two essential factors for developing the autonomy of communities. If the intervention model being used only can be practiced by specialists with long years of training, it will be just another "colonizing" model, generating dependence, and reinforcing the inability of people to address their own problems.

## Final remarks

"Caminante, no hay camino, se hace camino al andar."  
("Walker, there is no path, the path is made by walking.")  
Antonio Machado (Spanish poet)

At the beginning of this paper I reported the difficulties I faced during an attempt to apply Bioenergetic Analysis resources to a group of rural workers. Through my encounter with the Community Therapy model and the experience acquired along nine years working in peripheries and other exclusion contexts, I was able to assimilate concepts and forms of intervention that, from my point of view, can contribute to making Bioenergetic Analysis feasible as a model with a very broad social outreach.

In closing this paper I also want to encourage a growing number of therapists to find ways of acting in the context of diverse communities. The reality created by the accelerated growth of people in the peripheries of our cities, needs to be integrated into our professional practice. As we all know, acknowledging and dealing with reality is the only way to keep ourselves lucid instead of alienated, the essence of what we call grounding. Freud, Reich, Lowen and Pierrakos always started from practice and then developed their theories. We received such a valuable heritage! It is up to us to follow their examples, to continue expanding such knowledge, through direct experience of the reality provided by our own historic moment.

The Bioenergetic Analysis model has been contributing more and more to interventions in specific social groups. As a body-psychotherapy, it has potential for contributing in a trans-cultural way. Nevertheless, because it is centered mainly on the individual, its paradigm must be expanded in order for it to be applied in a much broader way. The Community Therapy model, with its trans-disciplinary perspective, helps us to devise new directions, both theoretically and technically, expanding our possibilities for working with wider systems.

Again, I wish to highlight the need to include the social and cultural dimensions into the conception of our interventions. As a consequence, we must

always act in a way so as to promote the establishment and strengthening of bonds between people; as demonstrated, the web of emotional ties is the main vehicle for the integration of the "community body".

Both Bioenergetic Analysis and Community Therapy promote the strengthening of people's self-confidence and autonomy. I wish to reinforce that, with regard to working with communities, three elements are essential: the construction of *solidarity social networks* that create the means for individuals to find support in their own communities; the development of the resilience that opens the way for the group's own therapeutic potential;

and the design of models that may be multiplied and conducted by members of that same community.

I'll conclude with the question that is often used for closing CT sessions: "What do I take with me today?" From where I stand now, I can say that working with communities has been extremely transforming for my personal and professional identity. I take with me the feeling of being more grounded in the world I live in, feeling more complete and fulfilled.

## References

- Barreto, Adalberto de Paula (2005): *Terapia comunitária Passo a passo*. Fortaleza, Gráfica LCR.
- Lowen, Alexander (1985): *Exercícios de Bioenergética - o caminho para uma saúde vibrante*. São Paulo, Agora.
- Weigand, Odila (2006): *Grounding e autonomia - a terapia corporal bioenergética revisitada*. São Paulo, Person.
- Boadella, David (1985): *Nos caminhos de Reich*. São Paulo, Summus.
- Grandesso, Marilene (2004): "Terapia Comunitária - um contexto de fortalecimento de indivíduos, famílias e redes". Artigo, mimeo.
- Berceli, David (1998): *Trauma Releasing Exercises*, mimeo
- Levine, Peter (1999): *O Despertar do Tigre*. São Paulo, Summus.
- Ekman, Paul. (1999): Basic Emotions. In T. Dalgleish and T. Power (Eds.) *The Handbook of Cognition and Emotion*. Pp. 45-60. Sussex, U. K.: John Wiley & Sons, Ltd
- Organização Das Nações Unidas - Unesco (2001). *Declaração Universal Pela Diversidade Cultural*.

Interesting links for anyone wanting to learn more about Community Therapy:  
[www.abratecom.org.br](http://www.abratecom.org.br)  
[www.4varas.com.br](http://www.4varas.com.br)  
[www.mismecdf.org](http://www.mismecdf.org)





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