

RESEARCH PROJECT: The Contemporary Grounding in Compulsive and Impulsive Patients

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Abstract

One of the bases of Bioenergetic Analysis is the concept of grounding. Sometimes wrongly understood as an exercise, in the present study it is reviewed and re-conceptualized as a process. Moreover, the process of grounding is, here, viewed through the lens of liquid modernity (Bauman, 2000), in which the body – a dense substance – is embedded in a more-than-unstable reality that surrounds the subject, and the grounding process as the most important element which can sustain one's sense of inner security (Lowen, 1990). The present study intends to establish some possible interfaces between clinical evidence and psychosocial approach. Twelve patients, divided into two groups, undertaking bioenergetic analysis will be tested (anamneses) before treatment and after it. Those patients, with initial diagnosis indicating compulsive and – or – impulsive character (Reich, 1933), will be the subjects of the research and their grounding process will be described in details as case studies. Eventual changes in psychodynamic of the patients will be identified. Clinical analysis will intend to disclose the psychodynamics in which the superego remains isolated in impulsive patients, as predicted by Reich (1974). The sample will include both compulsive and impulsive patients, including drug addicted people, who are supposedly slaves of their primary impulses, with little or no control of their instincts, but also patients with others compulsive behaviors as well, individuals with binge eating, sex, gambling, shopping compulsions. We hypothesize the existence of a more preserved structure of personality will be found. Hedonism and sense of immediatism will be investigated, in both types of pathologies. We expect results to be important tools both for therapists who work with impulsive / compulsive patients and for all of those who seek to better understand grounding process in contemporary world.

Introduction

The field of diagnostic in psychodynamics is a matter of constant change. Various authors dedicated many books about that subject, which is always open to questions and revisions, as the new editions of the DSM can show. In recent years, a group of therapists in Bioenergetics (*), some specialized in different kinds of compulsions, like bulimia, anorexia, drug addiction, etc., decided to work together.

Their initial purpose was to figure out how they could approach the study of several compulsive behaviors using bioenergetics.

Alexander Lowen, in his book "The Voice of the Body" (*), stated that spontaneity is a function of self-expression that can show how a lot about the degree of health of our patients. He said "emotional illness is characterized either by a loss of spontaneity or a deficiency of ego control, or both. Broadly speaking, the emotionally disturbed person moves compulsively or impulsively ... The impulsive person is hyperactive ... his inadequate ego is constantly overwhelmed by his feelings. The compulsive person is afraid to let go of his rigid control"(*).

The rigidity of the compulsive character is present on both psychic and physical levels. Their bodies are tense, predominantly at their backs and longitudinal muscles.

The impulsive character is also tense at the muscular level, and their armour, as we went deeper into theory, we discovered many useful concepts in Reich's work about the impulsive character (Reich, 1974)).

In our work with various kinds of compulsive behavior, we found that the concept of isolated superego, as stated by Wilhelm Reich in his early book "the Impulsive Character", was useful to understand similarities between impulsive and compulsive individuals.

The struggle between ego and superego almost always fails, and the compulsive person has many experiences of guilt and repent because they "could not control" themselves. We are aware that this apparent lack of control in fact means that the control is the "aim", the goal, and not the satisfaction through some object.

The presence of some compulsive behavior also, is not a lead to a TOC diagnostic, and otherwise, patients that could be diagnosed as "addicts", sometimes show very impulsive traits.

Otto Kernberg (2008), important contributor to personality development theory, poses that there are two main groups of pathologies. They differ accordingly to the extent of structural damage: the "neurotic personality organization ", and the "borderline personality organization ".

Our compulsive/impulsive patients are included in one or other of this categories depending on the extent of their symptoms.

Alexander Lowen's approach to Narcisism, relied in the comprehension of Kernberg , who said that the developing self facing an intolerable reality can protect itself fusing the **real self** to its **ideal self**. Freud said that the ideal self will originate our superego, and Reich would say that the impulsive personality that is not been able to tolerate their own demands, is going to create an isolated superego, the main problem of impulsive behavior. We differentiate our compulsive patients, and have to treat them differently because of their special ego strengths. The impulsive character is not completely identified with his ego as the obsessive-compulsive character is.

Because the ego will not submit to the repressive superego as happens to the common neurotic, the impulsive person will fail to feel him(her)self as a whole.

This will manifest in ambivalence and fragmentation feelings, and the metaphor we use to understand them is the idea of the thorn envelope, using Tonnela's concept of tonic envelope. Many problems of identity, self-image, drug, food, or body abuses, and some other modern pathologies may be better understood if we treat them as responses to a social environment that stimulates consumption and achievement instead of being oneself.

Thus we want to propose bioenergetics for our patients, regarding their differences and creating a safe group environment, where we will develop good connections and proper exercises to help enhance feelings of unity, completeness and integrity.

Research hypothesis

The main hypothesis is that there is a difference in the psychodynamics, and the form of grounding is organized, in compulsive and impulsive characters and that this important differential diagnosis that impacts clinical setting, transference and counter-transference issues.

Methodology

Clinical anamneses will be performed before and after 10 sessions of bioenergetic analysis. The analysis, itself, will be done by local and international trainer analysts. The study will adopt a qualitative approach, and neither statistical treatment of data is expected, nor generalization for larger population.

We will seek candidates on the waiting list of IABSP social clinical who have some compulsive or impulsive complaint. After interview of the patient fulfills criterion for this research, he/she will be invited to enter the clinical trial process that includes initial psychological evaluation, 10 sessions of psychotherapy and final psychological evaluation.

The initial evaluation includes anamneses, psychological instruments like Human Figure (drawing projective test), Pfister and Personality Factorial (Big five personality traits) and a survey of clinical and sociodemographic data.

Sample

Twelve patients with initial diagnosis indicated compulsive and – or – impulsive character will be analyzed through bioenergetic therapeutic setting. Two groups will be formed and same approach will be used by the couple of therapists who will conduct each of them.

Tools

In order to enhance the grounding process in psychotherapeutic setting and to be able to monitor its development, the premises and techniques proposed by Guy Tonella (2008) will be adopted, in three stages, all of them related to what he call “continent tonic envelope”.

The first one includes exercises to sensibilization and recognition of physic space. Tact and all physic sensations related to the skin will be stimulated in order to create a passive and receptive envelope. Other exercises involving contact with therapist (or group colleagues), will progress from visual to touching. During this first phase, it will be possible to observe the presence of defensive mechanisms and / or erotization of the contact.

The second stage aims to promote experiences through which the patient can explore intensities and extremes. The therapist will be able to observe and help him (her) develop the body frontiers, by means of contention or expansion and fusion of contraries. It include exercises such as foot contact with patients lying on the floor, and one patient being carried out by others, leaning on their backs. Considering that those exercises can propitiate different kinds of sensation (sensual, aggressive, etc.), they can favor the development of intermediate states in-between hyper or hypo tonicity, as frequently observed in impulsive patients.

The third stage aims to activate the tonic envelope through muscular tonus mobilization. Techniques of contraction / relaxation (Jakobson), as well as pushing the body towards mattress and feeling its resistance (also exploring the force – or weakness - of each part of the body), will be used in the sessions. Tennis balls and other gadgets will help patients feel their paravertebral muscles, and lumbar, thorax and cervical zones. Other twosome exercises will include opposing movements to other’s gesture, and resisting with arms and feet to the cushion or pillows, being held by other member of the group. The integration of a fragmented body is the main objective of this stage, possibly leading to the postural grounding.

The fourth and last stage is related to the completion of the tonic envelope, which is obtained through the sensation of strengthening of legs and feet, allowing patients to experience postural grounding in its plenitude.

Calendar

ACTIVITY / MONTH	1	2	3	4	5	6	7	8	9
Interviews and Anamneses	X	X							
Clinical Trial	X	X	X	X	X				
Data Analysis					X	X	X	X	
Article and Publishing Results								X	X

Results to be expected

Better comprehension of differential diagnosis between impulsive and compulsive characters;

Identification of mixed characters (impulsive – compulsive) and / or compensation processes involving both of them;

Impacts of bioenergetic analysis in improving grounding process of the patients.

References

BAUMAN, Z. **Liquid Modernity**. Polity Press, 2000.

KERNBERG, O. **Borderline Conditions and Pathological Narcissism**. New York, Jason Aronson, 1975.

LOWEN, A. **Bioenergetics: The Revolutionary Therapy That Uses the Language of the Body to Heal the Problems of the Mind**. Penguin Group, 1994.

REICH, W. **The impulsive character in Early Readings**. NY: Farrar, Strauss & Giroux Books Publishers, 1974.

TONELLA, G. **Memória Corporal e Identificações Primárias**, in Encontro Paranaense e Congresso Brasileiro de Psicoterapias Corporais, XIV, IX, 2008, Anais, Curitiba. Disponível em www.centroreichiano.com.br/artigos. Acesso em 12/02/2017.