



The mother and child
reunion is only a motion
away

A Bioenergetic Case Study
Anne Holleron CBT

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Abstract

Working with very early infant distress in adult clients poses numerous challenges for Bioenergetic therapists. In the following clinical study Gee Tonella's 'ESMER Model' and Robert Lewis' 'Cephalic Shock' are considered alongside Lawrence Hedge's 'Organizing Experience' and Wilfred Bion's 'beta and alpha elements' in the Bioenergetic therapy of a Schizoid client.

Summary

This case study presents the Bioenergetic Analytic work undertaken over three-and-a-half years with a 42-year-old man. Carlos presented with a lifetime of difficulty self-regulating and functioning both in relationship and in the world generally. His specific problems were his ambivalence around leaving a marriage and starting a new relationship as well as his struggle to build a life that included being employed and following his talents as an artist.

A substantial part of the therapy involved building a safe and consistent therapeutic relationship in which the client could experience containment of their highly distressing pre-verbal experiences of overwhelm (originally via moments of maternal contact). The relational-architectural structure that was established within the therapeutic relationship was in time replicated by creation of meaningful work, study, art and loving relationships outside therapy.

Initial presentation of client

Carlos was referred to me as a private client by a colleague. We established initial contact via email. He was a fine-featured youngish looking man with a roughly styled short beard, wearing a leather jacket and black jeans. Carlos' eyes stood out to me immediately, they were simultaneously sensitive and sharp and they reminded me of a poetry lecturer who had supervised me at university. Carlos seemed energetically flat (apart from his eyes), I experienced him as being very much in his head and I felt that his thoughts were given much more attention and nurturing than his body was.

Carlos described his life struggle and presenting issues as being around "emotional dis-regulation", ambivalence and difficulties maintaining intimate relationships. He spoke of major problems being able to maintain himself emotionally, psychologically and sometimes physically while alone, a burden which was increased when he found himself in relationship with a partner.

He was concerned that he might have Borderline Personality Disorder and was seeking an assessment through the local Community Mental Health Team. His current clinical diagnosis was Clinical Depression and Anxiety Not Otherwise Specified. Carlos' Doctor had referred him to the team at his request. All of these distresses Carlos wished to have some relief from through therapy.

Client history

Carlos was born in Australia and moved to New Zealand at age three-and-a-half. There was trouble post-birth as the placenta did not come away as it should have. He had a brother who was four years younger than him, whom Carlos described as being "an alcoholic" along with their Mother and both their maternal grandparents, whom both boys spent a lot of time with during their childhood. Carlos' Mother was an anxious person who had a bad temper and who hit Carlos beyond the point of discipline when he was very young. She worked very hard and became a public figure in later life.

His Father of Dutch-Italian descent was also a very hard worker and was often absent from home as he worked in hospitality. Carlos describes his Father as “a quiet man who smoked and didn’t drink,” but otherwise did not seem to have many memories of him.

Carlos’ maternal Grandfather was born out of wedlock and spent his childhood in foster homes where he was regularly raped. Both Carlos and his Mother were afraid of him and Carlos described him as a “monster and a bully”. Carlos had memories of being locked in his Grandfather’s study and of his Grandfather yelling at him. Carlos’ Maternal Aunt was schizophrenic and committed suicide in her 30s. Carlos had very little contact with his Paternal Grandparents but he received his first Spiderman comic from him at seven and this began his life-long fascination with comics and super-heroes that can be seen in some of the art in his solo exhibition completed during therapy. (see Appendix).

Carlos spoke of a lifetime of feeling “fragmented, terrified and confused” and described experiences of inhabiting “cold, dark, abandoned spaces” inside himself and within the world. He stated in an early session “my life has been a terror ride”, this spoke to me of very early infant distress. Carlos elaborated on this by saying that he felt “unimaginable, unspeakable terror” when he started school at the age of six (he had memories of being a slow reader and of his Mother delaying his starting school because of his slowness with ‘everything’). He described “burying my real self” at this age and replacing it with a “false self”.

Fear, physical pain, anxiety, lack of security and confusion pervade his life story. Spirituality offered him a safe haven at times; school, study and work, the opposite. The way he described his responses to other people as well as time, pressure and expectation sounded like trauma responses.

As a teenager Carlos found some comfort in food, drugs and alcohol and took himself to hospital for treatment. As a young man he used drugs and later yoga, meditation and a comprehensive spiritual exploration to try to find himself/his ground and to manage his lack of boundaries as well as attempting to regulate his body experiences, thoughts and feelings. Carlos did not hold down a job until his role as an art tutor, two years into his Bioenergetic therapy. Most of his adult life was spent in relationship with Ruth, a woman thirty years older whom he eventually married and with whom Carlos was able to find something which resembled a containing, nurturing, safe-ish relational space.

Unfortunately none of these strategies were ‘good enough’ and Carlos found himself at the age of 42 having left his wife of many years and the home they shared, living in another city with the beginning of an online romance, often dissociated, overwhelmed and distressed. The sexual online relationship was with a woman younger than him named Bel who was a high functioning schizophrenic who lived in America.

His relationships with the two women were defined by intense ambivalence as he struggled to decide between them and professed a deep love for them both. With Ruth he spoke of a solid spiritual love which was grounding but also sometimes suffocating for him and with Bel he experienced an exciting sexual “teenage” romance in which he felt embodied but which led at times to significant states of overwhelm which Carlos experienced as a threat to his very sense of self. It was at this point that we began working together in therapy.

Dynamic formulation

When Carlos came to therapy I saw an intensity in his eyes which seemed to hold a 'black wild madness' and this left me wondering whether or not I should refer Carlos to a male therapist due to the sense of fear that was evoked within me by the desperate feel of his gaze. His own inner terror and destabilisation might evoke my own. Would I be able to hold and contain his distress as well as mine? I felt a sense of overwhelm too when Carlos spoke of the internal chaos he had lived with over the last 40 years but I also felt a strong respect for the strategies he had employed to survive and a deep compassion regarding his struggle to live through such intense pain.

Despite his huge capacity to talk, being with Carlos felt like being with a baby. I felt as if major parts of him had not grown up yet. I felt as if his Mother had gone away somewhere and left him alone and terrified. I felt that he felt that she may not return and that if by chance she did return, she would be angry with him for being lost (and may hurt him or threaten to). I felt like Carlo was afraid to be in his body, in relationship and in the world.

Carlos' eyes were sensitive and powerfully deep, they seemed to hold back much feeling which did not appear to enliven the rest of his body. He looked quite paranoid and terrified at moments as well - shocked perhaps? Carlos' main somatic split appeared to be between his head and his body and also perhaps a top/bottom split. Later a left/right split became obvious.

My working hypothesis is that Carlos' developmental trauma was experienced at a very early age where his primary experiences of the world were sensation-based only and consisted of corporeal experiences which preceded language and before his abstraction abilities were available to him. It may be that the distress occurred at a time when Carlos was starting to learn to imagine scenarios and their consequences and or at the early stages of learning language and that this developmental stage was sabotaged by particular events which activated a shutting down and a 'shocking' of his organic developmental trajectory.

As a result of this he struggled to make decisions based on current external reality, real relationships and thinking through consequences and instead relied on dreams and 'Truth' which he interpreted by the presence of particular physical and spiritual sensations and symbols.

Based on the understanding that the distress Carlos experienced was developmentally very early and therefore may not be able to be approached verbally (at least initially) my offer to work Bioenergetically with him seemed highly appropriate and he agreed. I explained to him what Bioenergetic therapy would entail suggesting he take away a copy of Lowen's "Bioenergetics" to read, and he signed the consent form.

I expect that I will experience strong maternal counter-transference throughout our therapy in both idealised and devaluing ways. The intensity of Carlos' unprocessed terror will challenge me and will be experienced simultaneously alongside the strongly loving emotions of protection and nurture. In terms of character structure Carlos presents as strongly Schizoid, his body appears to disappear beneath him in a fog and my own Masochist structure may overwhelm him if I am not careful.

It will be important to be constantly mindful of this as well as recognising that the warmth and solidity of my own structure may also offer safe ground for him.

My challenge will be to invite Carlos into a grounded, embodied connection and to maintain safety while not being side tracked by the spiritual and philosophical or by the elaborate dream narratives which he offers in abundance at each session. The challenge Carlos faces is whether he can trust me enough to open into the terror he feels at connecting fully with me. The risk for him is that this will also mean experiencing his pain and facing the fear of losing himself. The gain for him will be growing his ability to relate consistently with others in the world in ways that will support the infrastructure of a life worth living.

Diagnostic formulation

PDM – Psychodynamic Diagnostic Manual

Personality Patterns

Carlos describes having felt regularly overwhelmed by the world and often experiences being overstimulated by internal and external sensations. He struggles to recognise and regulate his feelings yet is highly sensitive and perceptive. While he is most at home on his own, Carlos describes feeling strong feelings of love and sexual desire for partners. He has a rich creative and spiritual inner world. I consider Carlos to have most likely been one the ‘quiet borderlines’(PDM 2006 p 24) in his twenties and thirties and I now believe he is closer to the neurotic-level than borderline range in terms of his schizoid functioning.

P Axis: P101 Schizoid Personality Disorder

Profile of Mental Functioning

Carlos has difficulty modulating external sensorial stimulus and feels safer in quiet, calm, contained spaces. He has a strong visual sense seen in his work as an artist. He has a refined intellect but struggles with memory and attention when under stress. His ability to attune to the needs of others is limited. Carlos has found learning a challenge since starting school despite being incredibly well-read in a variety of subjects and highly articulate. He has been unable to complete numerous academic qualifications due to pressures related to time, inability to maintain focus and the challenge of processing internal and external stressors.

Carlos shows a capacity for intimacy and caring in his primary relationships as well as within the therapeutic relationship. However he can show a limited level of empathy with others. Carlos has a major struggle with managing consistency in primary relationships in terms of social norms. “Intimacy, caring, and empathy are present but disrupted by strong emotions and wishes such as anger or separation anxiety (e.g., person withdraws or acts out).” (PDM 2006 P 77) Carlos does not lack confidence or self-esteem but his internal experience of well-being and vitality can become overwhelmed at particular times leaving him distressed and depleted.

Affective experience, expression and communication are major areas of constriction for Carlos, he struggles to identify, experience and express his emotions although he is very aware of sensorial information within his body and often uses this to gage/‘guess’ the state he is currently experiencing. He is limited in his ability to recognise the emotional states of others and recognises his confusion around emotion stating that anger is likely his most clearly recognised affect within himself and others.

Carlos “makes extensive use of defences that distort experience and or limit the experience of relationships in order to deal with internal and external stressors and to keep feelings and thoughts out of awareness.” (PDM p 79) He also uses projective identification, denial, splitting, avoidance, magical thinking (idealisation) and intellectualisation.

Carlos does not easily identify nor name his feelings but will attempt to when an inquiry is made. His response to such enquiry usually involves referencing somatic awareness such “my stomach feels numb” rather than “I feel sad”. He describes sublimating his feelings into impulsive actions such as throwing a chair across the room instead of verbally expressing his rage to his partner. The ability to use “internal representations to inhibit impulses” (PDM 2006 p 79) is something which Carlos has been steadily growing his capacity for in therapy.

Carlos’s capacity for differentiation and integration of his experience is limited to his employment and study relationships. Primary relationships can evoke temporary levels of great distress and fragmentation. He struggles with fantasy and confuses this with reality in certain parts of his thinking. Increased stress levels can lead to temporary fragmentation and overwhelm.

Carlos is able to reflect on his own experiences as well as those of others and recognises patterns of behaviour but he struggles to identify and resonate with his own feeling states and those of others. He exhibits strong dissociative tendencies when overwhelmed with sensory overload and/or increased external pressure.

Carlos’s internal standards and sense of morality appear ambiguous, he is very rigid morally in some instances and in other situations unusually amoral. There is an arbitrariness to his behaviour in this respect.

Summary of Profile of Mental Functioning

Carlos has major constrictions and alterations in mental functioning.

PDM Code: M206-207

Symptom Patterns

S302.1 Psychic Trauma and Post-Traumatic Stress Disorders

Suitability for psychotherapy

Although Carlos presents with a complexity of issues I believe he is an ideal candidate for therapy. He is able to recognize some physical sensations and thoughts and has spent many years exploring spiritual, creative and philosophical aspects of himself and the world. The core of his therapeutic work lies in exploring the sensorial, emotional and representational layers of self and integrating these with his highly sensitive energetic and spiritual aspects. Carlos has kept a dream diary for many years and is highly adept at working with symbols and images which can be seen in the dreams and the art work he brings to our sessions. He is building his awareness of body sensations and can hypothesise about what and how they might have meaning emotionally and cognitively. Carlos is also keenly aware of regressive and dissociative states that he experiences both during and outside therapy and has a developing observing ego.

Therapeutic goals

Carlos' goals at the beginning of therapy were to resolve what he described as his "constant, lifelong struggle with ambivalence" related to reality and relationships. He explained that this struggle has left him sometimes confused and frustrated and at other times anxious, overwhelmed, terrified and paralysed.

The area of his life which was most troubling Carlos when he presented for therapy initially was his struggle to reach a decision about the marriage which he had recently left and about which he felt grief, guilt and longing and the recent online love affair he had begun with a woman he felt strongly sexually attracted to who lived overseas. Carlos spent much of his time in therapy trying to understand and manage his feelings and indecision about both women and the role that 'love', 'need' and 'reality' played in these relationships.

My goals for therapy with Carlos were to support his goals and to support the growth of his ego strength by encouraging the integration of his mind and spirit with his heart and body. My intention was to provide a container in the form of the embodied therapeutic relationship. My hope being that this would enable Carlos to find ways to identify, experience and express feelings of grief, rage and fear in relationship with a 'good enough' other. My role was to stay in benign connection with him and not explode and or disappear in fury causing him to dissociate from the fear of annihilation as he had been doing most of this life.

Note: Each phase of therapy is described in alchemical terminology to reflect the client's Jungian and alchemical perspective of his autobiographical self

Initial phase of therapy

'NEGREDO'- Blackness, Chaos, 'Massa Confusa', 'Spiritual Death'

I will be drawing on the work of Lawrence E Hedges 'the organizing experience' (Hedges 1994c) to map what I believe is Carlos' developmental trauma and to chart our therapeutic journey together. Hedges 'organizing experience' relates to the psychological organising experiences in the womb up until four months old when the baby reaches out to the Mother and is met with responses so disturbing that he has an acute sense to 'never go there again'. Hedges describes 'the organising experience' as occurring when;

"...the infant fails significantly to organize fully and meaningfully around the ideally attuned presence of its mother and organizes instead in a reflex-like manner around aspects of itself (in terms of its sensorimotor schemata), inanimate objects, and so on. Thus, the infant becomes significantly aversive to the presence of, or contact with, the primary nurturing object, who herself had been subjectively experienced as having been critically unable to adequately attune to and affirm her infant's budding personhood and affective/ physiological needs". (Hedges 1994a p xvii-xviii)

Even before we met for our first therapy session Carlos began to send me long detailed emails about his life and diary entries which traced in detail his daily somatic and psychological experiences. While this rich and abundant material enabled me to learn much about Carlos' life it also felt like it was his way of keeping therapy centred on 'content' as opposed to 'relationship' which may reflect his fear of connecting to me emotionally. His philosophical, psychological and spiritual reflections were challenging and mesmerising and I had to work hard to not become overwhelmed by the abundance of the mentally sophisticated content he provided and to instead be with the 'child/ man' who was struggling to be with me emotionally in the room.

Bioenergetic therapist Robert Lewis has written extensively on the concept of 'Cephalic Shock' which I believe can be usefully considered alongside Hedges 'organizing experience' as illuminating the 'shock' which Carlos experienced in relation to his 'pre-verbal baby self'. Lewis offers rich direction in ways of working with the head which involves the literal 'holding' of the head/ occipital ridge and these exercises are at the heart of my Bioenergetic body work with Carlos.

Very early on in our work it became obvious that therapeutic 'holding' and the conscious yet organic development of our therapeutic alliance was going to be a crucial aspect of our work together. The aim being that Carlos might experience 'taking in' some of the nurturing other (Anne as positive parental introject) in order to learn how to use me as the ground from which he might cultivate his own grounded nurturing self. Safety, trust, calmness, very careful pacing and attention to attunement have been essential from the beginning of our work together in order that Carlos might experience the 'good enough' meeting of needs to facilitate building the ego strength necessary for adulthood. Supervision at this time was about working with 'true relationality' and simply being with what was in the therapy room.

Carlos clarified his need for slow, gentle pacing in our sessions. He stated that he did not like too much noise, light or activity and when I asked him what his ideal environment was he said "a natural space with running water and trees". Carlos arrived at therapy with an awareness that technological overload, hunger, being too cold or tired and having too much social stimulation or exposure to the city caused him to become highly distressed leading to experiences of "dissembling and fragmenting into a cold, dark inner space inside". (personal communication with Carlos) Various theorists have named this space, Balint calls it the "basic fault", Tustin, "the black hole", Bion "the infantile catastrophe", Winnicott "the failure to go on being", Mahler "annihilation anxiety" and Grotstein "precocious closure". (Cockburn 2015)

During an early session, Carlos showed me photographs of his artwork depicting a house in various states of fragmentation (see Appendix). Maps and photos of his Father building a concrete wall in the garden along with various landscapes were collaged together. Carlos told me that the series began with the image of a landscape scattered with debris from an exploded house and moved to a contained ball of debris in the second image and that the final image was the foundations of a house.

Carlos and I discussed the idea of the house as representing himself. He said that "my whole life has been lived in the basement where it was warm and safe, contained and dark where the wind did not howl". His introduction to the Baha'i faith he explained as taking him up to the first floor and out onto the roof. This very womb-like image suggests that the womb may have been a place of safety for Carlos.

Simultaneously though 'his house'/ self was also constantly managing the threat of explosion or annihilation which may relate to the inconsistency inherent in his experience of being mothered. Hedges states that common feelings of clients managing the 'organizing experience' include "I feel like I am falling apart or dying and I am overwhelmed by what seems easy for you". (Hedges 1994a page xiii)

At this early stage I introduced Carlos to Bioenergetic therapist Gee Tonella's ESMER model which he related to immediately. Carlos recognised the ideal integration between our energetic, sensorial, motility, emotional and representational functionality as lacking in his own experiences of selfhood. I referred to Tonella's model regularly throughout our work together to name and explain the integrative connective tissue which we were building and consolidating therapeutically in the hope that he would strengthen the connections between his sensations and emotions which he struggled to recognise, name and express.

Being with Carlos caused me to feel waves of Dissociation regularly throughout our sessions in the first months of our work together. It felt as if Carlos was all in his head and that he could fly off at any moment taking us both with him. Sometimes I noticed the presence of paranoia in his eyes which would move strangely then there would be a calmness and a clear gaze in my direction for a few moments like a wee baby trying to focus perhaps. Hedges tells us that common thoughts from clients managing 'organizing experiences' include "I feel very crazy", "I feel I won't be able to find you when I need you" and "Please don't agree to hold me if you intend to drop me". (Hedges 1994a p xiii)

Due to his awareness of his needs and my own sense of him as having a Schizoid character structure I introduced Bioenergetic exercises into our sessions tentatively. Inviting Carlos to draw attention to his breath caused him in the first instance to experience panic and so I suggested that we look to his legs and feet for the opportunity to ground which he found much easier and more enjoyable. Alexander Lowen elaborates extensively on working with the Schizoid character structure in 'Betrayal of the Body'(2005) and highlights the panic that can come with attention to deepening breathing for this group of individuals. Supervision from this early period included a reminder that "quiet and simple will be best" and encouragement from my supervisor to "go gently".

While watching video recordings of our sessions in supervision, we discussed one of the most striking aspects of Carlos' presentation which was the energy in his eyes and the terror that was evident there. My supervisor noted that the "eye segment is often connected to deep gut experience" (notes from supervision) which I was able to relate to Carlos' life long struggle with Irritable Bowel Syndrome and with the 'numbing' but uncomfortable tension sensations he described in his stomach at the beginning of therapy. Over time the tightness he felt in his stomach lessened as his core became more relaxed and less contracted and he was able to feel more in his belly and name these as emotions.

Ogden (1990 p 228) states that "Interpersonally, projective identification is the negative of playing; it is a coercive enlistment of another person to perform a role in the projector's externalised unconscious fantasy. Ogden goes on to say that "When a patient is incapable of generating the state of mind necessary for playing to occur, he or she will be isolated from others except by means of the direct kind of linkage possible in projective communication. "Only in playing is communication possible, except direct communication (projective identification) which belongs to psychopathology or to an extreme of immaturity". (Winnicott, 1971d, p.54) (Ogden 1990 p 231).

The initial presence of projective identification occurred the first time I met Carlos with my counter-transferential experience of fear and overwhelm evoked by looking at him in our first session. I believe that he was communicating to me the visceral distress he was experiencing in the moment with the possibility of intimate therapeutic connection with me. We can see this experience as being akin to Hedges reminder that clients in these moments are thinking “Please don’t kill the baby”.

Within months of working together we experienced a positive and heart-warming repeated transference/ counter-transference. As I looked over at Carlos, he had been transformed into a cute, chubby-faced bright-eyed baby with a big head and little body and my heart and body felt very open to him. During a similar session I named this experience and he said to me in response “I feel like I’m looking up at you as my Mum who loves me”. This moment felt very significant for us both and we grinned gleefully at one another. I was left wondering however when the Mum-who-hates-me or the Mum-whom-I-hate might appear in the transference?

Middle phase of therapy

ALBEDO- Whiteness, Purification, ‘Ablutio- the washing away of impurities’

Carlos has shown ambivalence and resistance in attending counselling – over the first year or so he was struggling with an outside welfare provider to pay for his sessions and payment was only finally sorted at the end of the first year of therapy. Carlos’ struggle with time was evident from the start of our work together. He was consistently late for our sessions over the first year, this begun to change in the second year of therapy to five minutes late as opposed to 15/ 20. At the end of our third year of working together Carlos arrived consistently on time and continues to do so.

Hedges describes what he calls “common subjective concerns and empathic considerations” to be mindful of when working with clients around the “organizing experience”. Many of these involve time and rhythm such as “I need not to be pressured or rushed”, “There must be time and space for my spontaneous gestures to be met” and “I must be allowed to establish a continuity of being and rhythm of safety” as well as “I need you to relate to my sense of time and space”. (Hedges 1994a p xiii) These were all regular aspects of my work with Carlos.

We began spending part of our sessions in physical contact, I would sit alongside Carlos with one hand on his upper back and one on the top of his arm- we tried this on both sides of the body to see if he experienced any difference between the sides. Carlos noticed that when I was in contact with his left side he recognised a “lack” on that side and stated that my touch felt like “a filling up of water or the sun feeding a plant”.

Carlos described his right side as not having a lack and feeling “full enough”. Given that the left side of the body is often associated with the feminine it seems fitting that this was the site of absence or need regards the maternal and that my touch in this place was experienced by him as sustaining and nurturing. I also think that is significant that Carlos himself had consented to the experience and that he felt safe with me and was ultimately in control of how long the contact lasted for.

For the most part my strongest counter-transference has been to want to hold my client as I would a baby, to stroke his face and sing or talk gently to him, telling him that everything is alright and will stay alright.

Carlos told me that his partner often rubs his tummy which soothes him and helps him feel grounded, this feels like something you would do to a baby to sooth their digestive distress. Carlos has also stated that the rubbing of his stomach can feel suffocating and too much at different times but that his partner likes to do this. This may relate to the mis-attunement he experienced being mothered when he was touched/ soothed when he did not wish to be and the feeling of suffocation or invasion that these moments evoked within him. A re-enactment may be occurring in his relationship with his partner as her wish to touch him overrules his desire to limit this touch.

There was something about the experience of having his head held gently but firmly which for Carlos felt calming and containing and which he told me soothed him at a deep level. We did not talk during these moments except when I checked in with him. I would often anticipate the moment of tolerance and would break contact, sometimes he wished for more contact and sometimes less. We would process these moments verbally afterwards.

Usually Carlos would prefer to finish the session shortly after these exercises without too much analysis saying variations of “this is so early, there are no words, it is just body”.

During discussion of the ‘head holding’ exercise in Supervision, my supervisor told me of Winnicott’s work with patients who were experiencing psychotic regression and for whom it appears he made an exception to his no physical contact policy.

“D W Winnicott had physical contact with many, if not most, of his analysands. One senior training analyst told me that for her this was the most important part of their work. She would enter the room, he would be seated in a solid chair with a cup often on a side table, and without saying anything she would sit on the floor, her back supported by his legs, and enter into a therapeutic regression.

This took place over months. He would also reach over from his chair and hold a patient’s head in his hands, not like Freud did in the early days (i.e., “concentrate”) but because he felt the mind needed a physical holding environment and contact was made in this way”. (Personal communication, 2011) (Cornell 2015 p 90

My own response to Carlos’s retelling of his experiences of being in close relationships is that he is limited in his ability to hold reality and its consequences, as if he has his own fantasy of reality and that this is his only safe truth. I feel deeply for him in these states (noticing at times a huge internal frustration as well) not to mention recognising the crazy making places it must leave his lovers who may be left frustrated, confused, abandoned and hurt- the state he must of felt as a baby in relationship with his mother.

During the third year of our work together Carlos states out of the blue that he does not want me to touch his tummy like his partner does and I reply that I will not touch him in any way that he is not comfortable with. My sense in this moment was that Carlos experienced me as the invading, intrusive Mother and yet he was able to hold a boundary and name that while staying in relationship.

I suggest instead some contact with his eczema covered hands as we have been working a lot with his feet. He states that he is afraid but that we can try it- I enquire further about his fear and he says that he thinks he is having a transference experience where he feels like “You (therapist) are my Mother who is going to take something away from me”.

I believe this is a highly significant admission by Carlos and the moment in therapy where he is able to name overtly his fear of the ‘psychotic mother’ whose encounter creates the ‘organizing experience’. The fear of “having something taken away from me” I believe is the experience of his Mother failing to provide the essential ‘containment’ and ‘the alpha’ function which has so effected Carlos’ life and relationships.

Bion’s concepts of ‘Beta and Alpha elements’ and the ‘Alpha function’ further illuminate the essence of my Bioenergetic therapy with Carlos. Bion conceived of ‘Beta elements’ as signifying all of the baby’s unprocessed bodily sensations, experiences and affects. Through activating the Alpha function, Bion considered that the ‘good enough’ Mother would be able to metabolise her baby’s experiences into ‘Alpha elements’ which having been processed and identified could be safely digested and ultimately understood by the baby. (Grotstein 2009 pg 14-15)

The main idea is that the Mother/ therapist is able to provide a safe enough ‘container’ in order to ‘contain’ what the baby experiences as ‘uncontainable’- this process enables the baby to learn how to regulate their own corporeal, emotional and cognitive experiences. (Grotstein 2009 p 26)

Late middle phase of therapy

‘CITRINITAS’- Yellowness, Awakening, ‘Dawning of the Solar Light’

The first time Carlos and I were able to connect hand to hand was a major moment in our therapeutic journey together. After Carlos had spoken of feeling afraid that I would “take something from him” if we held hands I began to think about ways that Carlos could feel safer in such an encounter. I suggested to Carlos that I make my hands available to him to touch or hold or pick up without initiating any contact myself and he said that he felt better about that and less fearful.

With Carlos sitting opposite me, I placed my hands on the arm of the couch between us both. Tentatively Carlos placed his fingers on my fingers very gently and then picked up one hand and then the other. We did not speak but Carlos seemed to become calmer as he took his time thoughtfully exploring and occasionally looking (it felt as if he was looking up at me though we were on the same level) at me as a child would. Afterwards Carlos said that he felt no fear once he had touched my hand and that it was a significant session for him. He was able to risk the fear of contact with me and find that he was safe and free. It was a very moving session for me, I felt strong feelings of love and of my heart opening as I allowed my hands to be touched and explored in the service of Carlos’ ego.

Over the last almost four years Carlos has been building and strengthening the connections Tonella outlines in his ESMER model of selfhood. Carlos is now able to experience his own reality through the dialogue between the various aspects of selfhood- these are his energetic, sensorial, movement and emotions and their representation/ symbolisation both to himself and to others.

Discussion

I have struggled willingly and emotionally in writing this case study due to the abundance of material that Carlos has provided within and outside sessions, coupled with the complexity of his presentation and the many psychological possibilities inherent in his experiences. I have been challenged with finding ways of working safely and usefully bioenergetically with Carlos because of his emotional, psychological and physiological fragility and his limited ability to cope with too much external stimulation and internal activation.

In order to stabilize and build safe space we spent the first year and a half of our work together focused on grounding in the legs, breathing and noticing and naming body sensations. Alongside this work I supported Carlos to begin to notice and keep track of when he was overwhelmed and beginning to dissociate and/ or withdraw completely from other people and the world. Building his awareness of what felt soothing, containing and nurturing for him was essential to this process as well. His triggers included tiredness, too long spent with people, a lack of food and or alone time and the presence of too much expectation and or pressure as well as any stimulants such as alcohol etc.

Carlos has always been aware of his overwhelm, distress and his dire need for affect regulation and homeostatic balance and has tried many different ways of trying to achieve this for himself during his past 45 years. Growing this capacity I believe is Carlos's core therapeutic work. Much as a baby needs it's Mother to regulate his body system from the beginning of life, I believe that Carlos turned to Bioenergetic therapy with an awareness of his need to grow this regulatory capacity in order to move from overwhelm and ambivalence to the capacity to relate from a place of individuation.

Looking Forward -Towards 'RUBEDO'- Redness, 'Magnus Opus', 'Alchemical Success'

Our therapeutic journey continues and because the 'organizing experience' occurred at such an early stage of development we may continue working together therapeutically for many years to come. Alchemical success for Carlos will be when he experiences himself as a 'whole self' and discovers his 'true nature' through the capacity to connect with and recognise his own sensations and emotions and be able to communicate these to intimate others whose emotional states he can also attune to and with.

The overall aim of our work has been that Carlos may experience individuation through the 'good enough' repetition of "the mother and child reunion which is only a motion away" as singer Paul Simon says in his song. I chose this particular song as the lyrics capture the healing repetition of the physical connection required for "my little darling" in the mother and child reunion. It sounds like a tune a parent may sing to a baby and in this sense the singsong, folksy quality is apt for our work together.

The song speaks of "false hope on this strange and mournful day" and of the state of "being laid so low in such a mysterious way and the course of a lifetime runs over and over again". These words resonate for me around the experience of the adult who has lived through the 'organizing experience' as an infant who "can't for the life of me, Remember a sadder day, I know they say let it be, But it just don't work out that way, And the course of a lifetime runs, Over and over again."

The endless distress that the original organizing experiences cause a baby are played out as the adult makes often disaster-like attempts to be in relationships and in the world until they find a 'good enough' way of experiencing a satisfactory connected experience which will also need to be repeated 'over and over again' to become solid and grounded in reality. In our case it was the Bioenergetic therapeutic relationship which enabled Carlos to move from a state of unreality "I just can't believe it's so" to connection and reality "Oh the mother and child reunion is only a motion away, Oh the mother and child reunion is only a moment away".

Conclusion

My primary learning during this journey has been about the significance of subtlety within the therapeutic relationship and how different character structures which origin in various developmental stages process emotions, thoughts and body states. Carlos' Schizoid structure required a slowing down, a tuning in, a sitting gently and quietly with, which was a challenge for my Masochistic self! Listening, allowing enough space for Carlos and staying with him as he slowly struggled to build him-self- and to become aware of and unafraid of reality and of relationship- these have been my major challenges and learnings as a Bioenergetic therapist in our work together.

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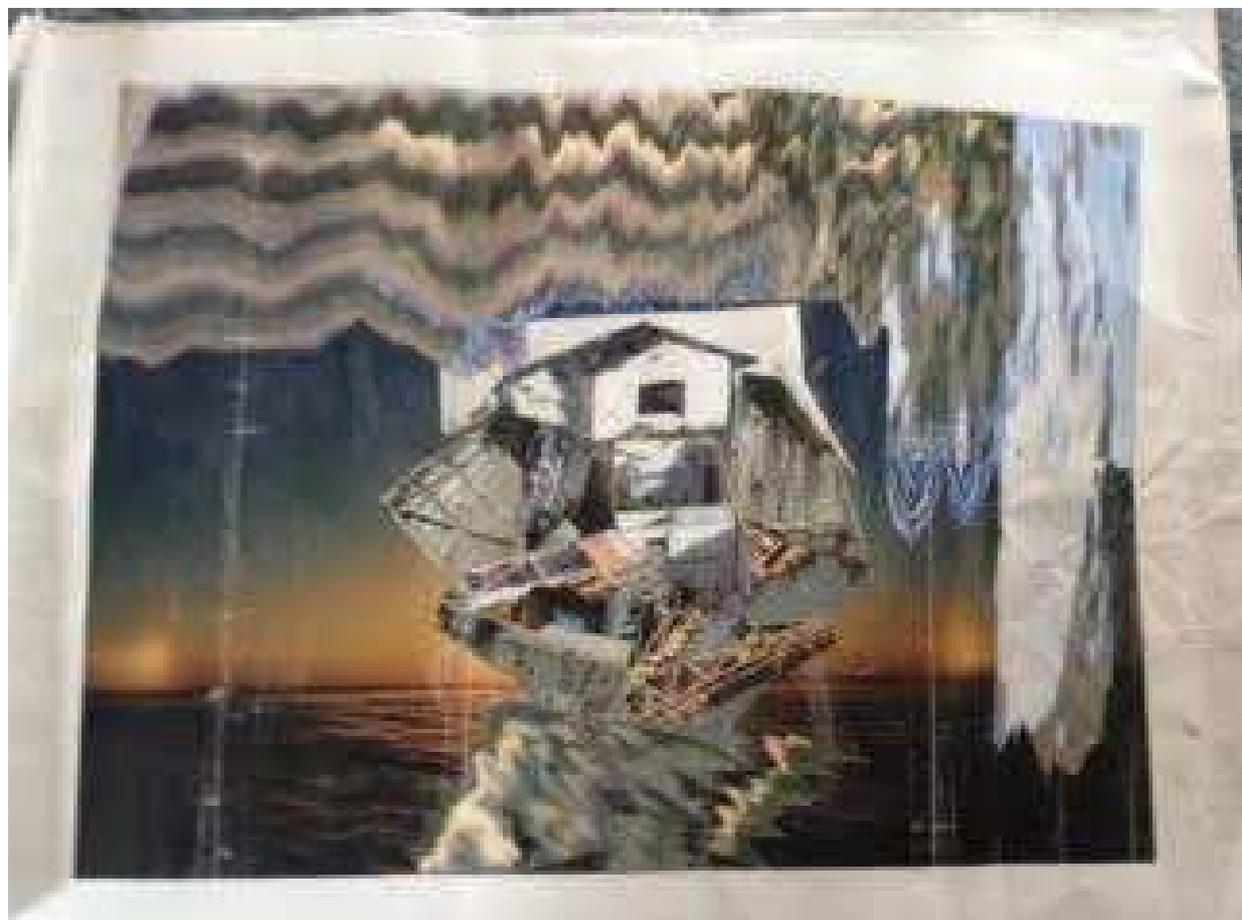
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Appendix

Art created by Carlos and referenced in the body of the case study









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8 JULY
2013

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8 JULY 2013
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