

Live Supervision

by Odila Weigand

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Live supervision has been an instrument for training therapists in Bioenergetic Analysis, whereby the training evaluation is carried out by doing therapy with the supervisor physically present in the room. Although other body therapy training courses, such as Biosynthesis, utilize live supervision in the more advanced stages as well as use it as an evaluation criteria, I do not know of any article previously written on live supervision in body psychotherapy literature. I hope this paper will arouse in my colleagues the impulse to write and share their experiences, not only as supemsees but as supervisors as well. As the supervisor's responsibility is great, we must create space for the exchange of knowledge and experience.

Even though it might seem innovating to have a supervisor observing a student, it is an old procedure. When therapists in the 19 century commonly used hypnosis, they were trained by someone who observed" (Haley, 1979). In family therapists' training programs with a systemic approach, live supervision is common, and usually happens through an unidirectional mirror. Such a mirror preserves the therapeutic setting and the therapist's image in the eyes of the clients.

Family therapy training, according to Haley, may follow two distinct approaches: "One acknowledges that a therapist learns through understanding his own self and the supervision, therefore, consists of a conversation about his behaviors and feelings in relation to the case. The other, acknowledges that the student's problems should appear in the form of action in the presence of the supervisor" (Haley, 1997). Haley's two approaches as well as personal therapy are important for training in Bioenergetic Analysis. Also individual and group supervision are learning instruments of prime Importance in live supervision.

I believe that the evaluation process through live sessions in Bioenergetic training evolved out of the workshop setting. The creators of Bioenergetics and the international trainers see themselves, due to the very teaching structure, involved in situations similar to live supervision. At the beginning of training, learning often occurs through observing the usainer do individual sessions before the group and afterward explain the process. In such a manner, trainers are the first to expose themselves to being supervised by students.

Trainees learn to work in the group with their peers. Toward the end of training, sessions before the supervisor and trainees with clients who are not group members are encouraged. The final evaluation consists of two

sessions with unknown clients. In a group setting, the therapist demonstrates an ability to do a body reading, to understand the character structure, to ask questions about the client's life history, to identify the main character issue, to empathetically and intuitively connect with the client, to propose and conduct work which involves

body and energy in a way that structures the session in a coherent and comprehensible manner and leads to the clients growth.

Furthermore, when the session is over, the therapist is asked to organize his perceptions and ideas, and to describe his inner process; what he saw, what he felt, his counter-transference and his choices among the possible work alternatives. In our Society, to become a Certified Bioenergetic Therapist, a therapist has completed the five year training course, has attended the required amount of therapy and supervision hours, has handed in a monograph describing a clinical case, and has passed the practical examination which consists of two live supervision sessions in the presence of a group and an international trainer.

In 1986, when I was certified, I started a weekly study group for Bioenergetic trainees, wishing to further our knowledge of theory and techniques and to explore the subtleties of therapeutic interventions. We sought to complement the Bioenergetic literature with texts by Boadella, Keleman and others. We tried to clear up doubts about body work by consulting anatomy books with the intent to localize the body structures and to understand the anatomic functioning of areas where the main blocks could be observed. We met once a week for sessions that lasted between one and a half to two hours. For a warm up we did 30 to 40 minutes of Bioenergetic exercises, focusing on a theme to be explored within the hour. For instance, we would focus on the neck and shoulders area in preparation to study the energetic split between head and body, occurring in narcissistic structure.

Trainees worked with one another as their training progressed providing opportunity for learning and exploring new therapeutic approaches. By their fifth year they felt the need to work with unknown patients in the supervision group sessions. In this new format one session was dedicated to working with a client. The next session would comprise 30 minutes of group exercises, and in the remaining time, we discussed the previous week's session. That one week break gave the therapist enough time to be in touch with his internal process before listening to what supervisors had to say about the case.

Of my experiences being supervised, those I consider as a springboard for my growth were the sessions I did with an unknown client in front of a group of colleagues and in the presence of a supervisor.

My own formal training began in Brazil in 1982, when a group of people connected to the Reichian movement gathered together for a workshop with Ernesto Liss, an international trainer. This was the embryo group which developed to what is today the SOBAB (Sociedade Brasileira de Analise Bioenergetica), in which I participated as local trainer until 1993. Before that I had been connected to the group that originated the Wilhelm Reich Association of Brazil. The first studies of Reichian theory developed by the Wilhelm Reich Association group focused on Reich's texts still unpublished in Brazil at that time such as Cancer Biopathy and Ether God and Devil, and articles from the Journal of Orgonomy whose publisher was Elsworth

Baker. So this is how my personal search led me through the study of Reich and Orgonomy until I found Bioenergetics.

For the first training group, as for any pioneering group, it was rather difficult to obtain the necessary supervision and therapy credits in order to get the certificate (CBT). Residing far away from the IIBA and being visited by an international trainer only twice a year, sometimes only once a year, we missed the support of therapists and supervisors. The certificate seemed so distant, that to avoid building up anxiety, I used to think of the training process only as a way to learn and grow. And I considered the certificate as something that lay “in the distant future”.

I took care of my therapy needs by attending Dr. Lowen's and Dr. Frank Hladky's six day workshops in Pawling, N.Y. for five consecutive years. At the same time I did analytical therapy in Sao Paulo. In the meantime Frank Hladky had become our trainer. He brought stability to the group with his special way to be a trainer and therapist, his authenticity, his art. My trips to Pawling were to me a way to carry on learning with Frank Hladky as well as assimilate the principles of Bioenergetics by observing Dr. Lowen's work. As I passed through New York, I used to do individual therapy sessions with Dr. Lowen at his Connecticut home.

After finishing my third year's training, the question of the CBT arose in my mind. Should I go for it? And what would it take me to get the certificate? This was reason for high anxiety, and I kept saying to myself that the certificate was not so important, that the experience and the learning in training were enough. I kept thinking that I was growing professionally and as a person, and so that should be enough. This mechanism helped me control my anxiety but at the same time it led me to reach the other extremity of this polarity: my longing for the CBT. The opportunity presented itself in 1984, when I came across a brochure of a Leadership Supervision workshop in Europe, which said third year students were accepted with their trainer's letter of recommendation. They did not mention South America. It seemed to be for Europeans only.

Well why not try? I did. I mailed a brief resume, and Ed Svasta, director of the IIBA, replied confirming that I could participate. The workshop would take place in Italy, at a hotel that sits on the edge of a beautiful lake close to the Pope's residence of Castlegadolpho, near Rome, I was scared! My husband and I had spent two weeks vacationing in Canada before our heading over to Europe. At Charles De Gaulle Airport, when I walked down the concourse towards Rome and he went the other way, I felt on my own, all alone! I could not speak Italian and was surely bound to get lost on the way. I had to get on a train in Rome, afterwards a taxi ... it seemed overwhelming at the time. I arrived safe and sound.

At the leadership supervision I was assigned to David Campbell's group, a piece of good fortune. David, besides being a Bioenergetic therapist and international trainer, has a background as a Kleinian analyst. He believes in developmental approaches. I felt as at home as I had working with Frank Hladky in Sao Paulo. There I had my first contact with live supervision, which felt so constructive that I returned

to the leadership supervision workshops several times. David Campbell's initial influence as a supervisor was to me like an imprinting that became a pattern I think I follow until today. David defined supervision as “a supporting hand on the therapists' back to help him become a better therapist”.

This apparently simple and obvious statement, has profound implications. The supervisor will make sure, in his interventions, to say that which the therapist can grasp, to help him grow. And nothing else. That is an extremely important part. Within this “nothing else” is included the narcissistic demands of the supervisor and of the peer group who also participate contributing with their insight about the session. We mustn't pour over the therapist's head all our knowledge. One should not as group peer speak out with the intent to outsmart the other or make observations that convey “I would have done better, if I had been in your place”. Or show off knowledge to impress the trainer.

We have all in the past suffered with comparisons, competition and other people's expectations that we be something that is not really us. In reply to that, we hide our narcissistic wound and go about doing all kinds of things with our false self or else get paralyzed, depending on our character. There is a limit beyond which our false self should not function, though. Therapy is that place. The client often arrives under a false self cover, but hopes his real self will be seen, welcomed and helped to emerge to the surface. In his real self the therapist stands a good chance of helping the client. However, if he is acting from his false self, a feeling remains that something didn't work out, that it lacked authenticity,

For valid, formative learning to take place, the supervision environment must offer, above all, safety, respect and appreciation for the person of the therapist, regardless of doing right or wrong, Such conditions invite the real

self to reveal, to trust, and to expose itself. While I had supervision with David Campbell as well as the other supervisors at the leadership training in Europe, and during Frank Hladky's training in Brazil, I felt a favorable atmosphere in which to develop trust in my new identity as a therapist that was taking form and acquiring structure. It became natural for me to accept my intuition, to make contact, to be present during the session, and when it was time to explain the work, to associate theoretical knowledge to what had been done in the session intuitively.

In my experience in the supervision workshops in Europe, the peer group took time at the beginning to work through any issues that might impact the matching of client and therapist. These good efforts contributed to lower the level of anxiety and help build up a feeling of basic trust. I believe this is the fertile soil in which the most important learning may germinate: learning to be your own self.

WHY LIVE SUPERVISION?

When we “bring” a case to traditional supervision, we may be helped in our psychic and energetic processes, but what we hear are the supervisor's inferences and

perceptions which are based on what we have chosen to tell or about material we consciously have access to. During a live session everything is right there to be seen: energetic movement, flow, understanding of the case, quality of contact, transference and countertransference, body reading and body diagnosis, how to ask question about personal history, which themes the therapist selects and which themes he avoids, and why, choices of techniques for body work, etc.

From that year I participated in the European supervision, I brought along an essential feedback I received from a Dutch therapist: whenever I wanted to center myself I would over-ground, that is, become nailed to the ground, with my energy slowed down. She suggested that I move, “jump out of the system”. This rather insightful observation has changed my work ever since. I compensated for my particular way of dealing with my energy through showing a deeper empathy in some moments and closer contact in others. I have a certain tendency to overuse these abilities and, if I had not been warned by someone about what I'd been doing, I don't know how I would have changed this pattern.

When the therapist is aware of his defensive patterns and is able to change the quality of the energy, he is less determined by characterological performances. Understanding and contact become different and are not being used to compensate but become effective therapeutical instruments. Then, the threat Of collusion is warded off. In collusion, client and therapist may be quite happy with one another, yet there is no progress in the therapy.

I believe live supervision in the presence of a group of colleagues and with a coordinating supervisor, is among the elements that contribute to one's much needed self confidence in order to take on the practical exams of the CBT. In the group I supervised at my office until 1993, the client who came for sessions was a colleague's client or, another therapist's client, who was also invited to observe the session as well as the supervision. The session and maybe some feedback happen one day and the following week supervision is taken up again exploring the different moments, the many possibilities, the choices, transference feelings and possible counter-transference issues that might occur during and after the session.

Client and regular therapist benefit in the long run because, as we watch our client being treated by somebody else and hear the different readings, a light comes on, as if a new field of vision opened up to give continuity to the regular individual therapy. Our narcissism may be challenged when we propose to our client to take part in a group supervision. The two-some intimacy atmosphere of the individual therapy is temporarily broken off. Of course it may not always be useful or appropriate for a client at a particular time to disrupt the protections of an individual therapy. A borderline client, for instance, needing a long held consistent bond of trust, might not be appropriate, and other clients in the initial stages of therapy can be at risk.

Sooner or later, many therapies however, may be benefited by such interdiction, even to the extent of raising the correlated character defenses. Oral contents which had been hidden, for instance, might surface explicitly or, take the

form of resistances, or in an opposite form act as negation, superficiality, aggressive or sexual acting out.

Another practiced alternative for live supervision in training programs is introducing the supervision into the individual therapy hour. I believe the introduction of the supervisor here is even more problematic, because the third party is introduced into a setting which before was an exclusive, protected diad. The setting intimacy is disrupted. It seems far less disturbing for the client to have a session with another therapist, because the original setting is preserved. Perhaps that is why we encounter so much resistance from the therapists in training to take the supervisor into the individual hour. We need to reassess this process in our training. Audio or video recording of the session is far less intrusive.

Both the transference and the counter-transference may be volatile issues in supervisions in which the supervisor is brought into the setting of the individual therapy. Why has the therapist chosen to be supervised with this client? Does this client guarantee success or is it because he is having difficulty and needs help? Here the therapist and client's intimacy unveils to the supervisor's eyes. It may seem that the therapist's power position is transferred to the supervisor (if not to the therapist's eyes, to the patient's

eyes), which will present the possibility to work on the de-mystification and the de-idealization of the therapist's image. But is the timing right for the de-idealizing of the therapist and is the process too abrupt?

After the introduction of this third party, how will the relationship change? Perhaps nothing blatant may result, but will the therapist feel less at ease during the course of the following weeks? Will she feel as if she were being observed in her own office room, or even feel restraint on her initiative and spontaneity? Or will she tend to be submissive or rebellious concerning the material that was supervised? (submissive). Will she integrate or reject the feedback given by the supervisor?

These are themes for the therapist to deal with in personal therapy and in discussing transference issues with her supervisor, since they will mobilize the therapist's narcissistic wound and her defenses against it. Primitive feelings of rivalry and castration should be looked into, especially if the therapist and supervisor are of the same sex. If these reactions remain unconscious, the therapist is likely not to assimilate what the supervisor has told her. At least some of these issues may cause problems in live supervision as well. Part of our training calls for negotiating successfully through these therapeutic hazards.

A safe setting is the best place for clients and supervisees. If the supervisor sets up some procedures and has every participant agree on a contract at the beginning, I believe everybody feels more at ease to risk, err and learn. Errors are opportunities for improvement, or perhaps a chance to do something new, in a different way. If the supervisor assumes the role of preventing unnecessary risks to the patients, because the therapist is anxious or inexperienced, the whole setting becomes more relaxed. It is not always easy to find the best range of stress. Although working under pressure

may be good to bring to surface the trainees character traits, it does not favor experimentation, creativity and spontaneity.

There is with live supervision an ethical responsibility. When the session is progressing in a way which may be harmful to the patient, I believe it is the supervisor's responsibility to intercede and bring the session to a closure so as to help the client to leave, at least organized, grounded and in touch with reality. When interceding one should be careful not to disqualify the therapist, in his own view and before the client. The supervisor's position is very delicate, and one should use oneself and one's energy in a rather delicate but firm way. One should intercede if:

1. The therapist has not been able to handle the problem and the client loses control;
2. The therapist has raised more content or has mobilized more energy than the client can handle, and the therapist has not perceived it;

16

3. The client shows signs of disorganization, loses contact with the therapist and her own body, and the therapist proceeds with an approach that increases the problem, that is, powerful body techniques without realizing the state in which the client is. On the other hand, if a session is not successful because the client remains in the defense and the therapist did not confront the defenses, that doesn't represent danger for the patient.

PARTICIPANTS' REPORTS

I have included in this study participants' reports of live supervision. The first, second and fourth reports were recorded and the most meaningful parts were transcribed. The third one was written by the therapist of the client being helped. She, herself is a member of the supervision group.

REPORT 1:

O: What does it mean to you to have participated in the live supervision group, parallel to the bioenergetic training?

M: This was a very rich experience. I acquired solidity and grounding in order to become a therapist. When I started with this group, I was coming out of a period I wanted to quit the training. I didn't have the courage to practice in the training workshops. Fear! I was really afraid of criticism. Not that it was destructive criticism, but I was scared due to my family history of being excessively criticized. I remember being very anxious when I saw my first client here. On the second one I was already more relaxed. I don't know how many sessions I did here, but I remember that in the last one, I said to that client who was resisting all my propositions, I said to her she could keep her problem and I stopped making an effort, I just quit, I really owned what I did. It was really good for me, made me feel calm. Not having to depend on what you would think about it, I mean, do a nice session or not. Of course there is that desire to do it nicely. It was, however, very important to have respected myself in that moment. I showed what I had to show. I think that was the great turning point. I

became confident, I felt J could move through my fears, with your holding and the group's support I felt this was a more preserved space, safer, the smaller the group was warmer for me to work, for me to get stronger to go on to that jungle out there, during that time I used to see my training group as the jungle, I was dead scared. I can't seem to put into words how important it was, because of what I learned, how I was helped, for your being ever present, having accepted me with my fears, just the way I was.

17

O: How about the supervision's weekly frequency, how did that help in relation to the training workshops that took place once a month?

M: Yes. It is really important. I don't know if I would have made such good contact, and if it would have been as fruitful as it was, if the sessions had been farther apart. I think once a week is ideal. And the groups shouldn't be too big, either.

O: I think six to eight people is a good group, because it offers a combination of diversity and enough space for all.

REPORT 2:

Complementing M's statement, who acted as therapist in the supervision, let us see what S has to say:

S. was not a member of the supervision group, but was willing to bring a client to be seen in the group by M. S. was invited to observe the session and to stay for the subsequent comments.

O: Why did you choose this patient to come here?

S: She has just started therapy. She is a psychology student and was interested in getting to know the process. It's interesting how she connected with me in our regular therapy, through complicity, and she found here an older person, with whom she made a negative transference.

O: Was it negative for her?

S: No. While working in here she remained negative, but overall, she did pretty well. The transference in here was totally different than what it was with me. She presented here a different side to the one she used to show at our regular therapy sessions. Perhaps, because she was exposed to a group and due to the therapist's image, her defense became very clear: Her smiling, hiding behind too many words, no emotional connection.

My patient's way to defend herself annoyed M. the therapist; it was interesting to see, as an outsider, the reaction a patient provokes in the other person. The therapist talked about a theme the patient had brought, despite sensing it was not connected to any feelings. Later M. proposed some body work, and during that something else began to come up. The client became more helpless in the position over the stool. She refused to go on. She got up. M. proposed other ways to go on working with the body but she just wouldn't accept any. She began to close up and said that she only wanted to talk. At the same time, unconsciously her hand pointed at the stool. There was something else that would come out through body work. Feelings!

O: Was it important for you to observe this duality, that she talked about something and showed something else?

18

S: It was very enriching to observe how she managed to involve M. With what she was saying, which was strong content, but which was not emotionally present for her, how she managed to detour that way. In the continuation of my work with her, that was very important: Not to take what she apparently brought in but what she showed with her body.

O: So she could be using the same mechanism with you in your therapy?

S: She did. But it wasn't so clear, because she had more complicity with me. Apparently she would do the body work, but "didn't really" do it. She dissociated it from meaning.

O: With the "struggle" here against the therapist M., with the negative transference, it became more evident.

S: The greatest value was to realize what I should not do, how careful I should be with that. I saw she managed to annoy M. with the dissociated messages she sent, speaking without contact with her emotions, and showing something different with body language.

M: Respected herself in that moment, recognized she didn't want to go on and said to the client "It is all right, let's finish the session". About 25 minutes has gone by since the beginning of the session. It became all very evident and I felt pleasure in the discussion afterwards, because it was all very clear. There was a transference, a countertransference. In the discussion we had afterwards, M. said: "She doesn't want to do it, won't do it, and I don't want to tire myself".

POST-SUPERVISION COMMENTS:

In this session therapist M. worked on her character attitude. She dropped her usual "good mother" posture and, this had a liberating effect as we saw in M's statement. In previous supervisions the therapist had had to incarnate the "good mother". It served as defense for her insecurity and fear of making mistakes. This session with negative feelings from both sides was productive because it was authentic. Having happened in the presence of S., it helped further the individual therapy, to the patient's benefit.

What happened in the session has a relation with the client's behavior in life. She placed herself as a little girl, arms behind her back, slightly swinging her body around. S: was afraid the patient would not come back to the individual therapy after this. The opposite happened. She returned feeling very angry, but little by little she came into contact with the sense of what had happened in the supervision: how her ambiguous attitude would lead the other to react in such a way that her desires would not be satisfied. Her body showed one way, her words

19

spoke something else, leading the other to get annoyed, to quit, abandon her.

This example shows that a live supervision session which is not perfect, teaches a great deal and may represent a necessary step in the development and growth of a therapist. I chose to comment on this session in particular, from a supervised therapist's and the individual therapist's points of view, because it shows a feared situation that led to a satisfactory ending.

There was no need to intercede on the part of the supervisor because the client was quite articulate in her defenses and didn't let go of them at any moment. M. Therapist, after this step felt freer to work in the presence of groups. Her following live supervision experience was the CBT exam, in which she was approved. She had overcome her fear of doing a session that did not seem nice. The experience helped her, later, to be in her own true self even when she was being observed.

REPORT 3:

Another participant decided to report in writing her experience with live supervision:

I am writing about a very enriching experience I participated in, during approximately ten meetings. There was a very special singularity with regard to the respect for each professional's individual differences, supervisor included, where the space was open for distinct self expressions and visions, for lines of different thinkers, several ways of doing therapy, until one gets a comprehensive and participative closing for each theme-question. The absence of demands accentuated the freedom of flow for my thoughts. There was the possibility of understanding and questioning.

Live supervision helped expand my concepts as a psychotherapist as well as a person, it also helped me to face the fear of exposing myself in a more conscious way, because I effectively felt that the intention was to occupy the space for growth without attack.. No testing or inquisition, but with a sense of limit; the group had an objective direction, centered on clarity and expansion of knowledge. One criticism remains: not having joined in earlier!

My first contact with the group was prior to my joining in, more precisely when I brought in a client to have a session with one of the therapists in live supervision. My client accepted because he was willing to face new challenges in his process, he actually took it on promptly. He is not a psychologist.

My intuition told me that his exposing himself in the presence of a group of women would mobilize him quite a lot, but it went beyond

what I had imagined. Transferential material for almost 3 month's work was raised in that session. Observing a client of mine being treated by another professional helped me to see my blind spots and countertransferential issues, and also to verify that his body defenses changed radically before the unknown, very different from what happened in my private office. It is much clearer today why I chose this client to go

into this group. There was a crucial matter in his relationship to women. Being a man, and after facing so many women in that room, in the exposed position of patient, his horror and mistrust for the female figure might emerge. In the supervised session the therapist helped him make contact with his own power through grounding work, focus with the eyes, contact with his axis and his expression of rage. This work was followed along the same lines in his individual therapy for a few months more. During the ensuing therapeutical process, the patient managed to own his masculine power and started feeling sufficiently integrated to establish a stable male-female relationship. He was happy with the results and so we interrupted the therapy.

REPORT 4:

This last report is from therapist L. Who worked with the client mentioned in the previous report, in a group session. After a week, the session was discussed in detail in the next group meeting. As usual, first the therapist talked about her internal process: How she felt and thought before, during and after the session, then the group peers expressed their comments and impressions about the work, and then the supervisor made her considerations.

L: Before talking about the case more specifically, let me tell you what my expectation was, when I sought supervision with you. In the bioenergetic training, I felt the supervisor used to tell me which way I should have gone in terms of body work and energy wise. I had the sensation inside that I couldn't understand why I had to do what I was told me. The criticism addressed to me was "let go of your head and allow your feelings to lead the way". I got really confused. Either I tried to use my head and got paralyzed in my action, or I followed the intuition, but didn't have an understanding about what I was doing. I came here to this group to find that integration. You really helped me a great deal, when after the sessions, we discussed, and in the discussions you would ask me: "why didn't you go this way, or why did you go that way"? Well, if you went that way and it didn't work out, how could you find your way again? What could you do to repair a momentary mistake? I had this feeling that wrong moves could be repaired. It wasn't because you made a mistake in the beginning, that there was no

way out. "Why were you afraid of going this way?" You would ask me. This type of reasoning was really good for me, and today think it is one of my strongest points, it was like that in my exam. Whether I do it right or not, I am thinking about it all the time. If something doesn't work out, I can think about that and find another way.

Specifically in the case of the man I worked with here, I remember I did too many things. It was a good session, but I had expectations about the exam and got a little into the performance. I worked on the theme of anguish in the center of his chest and a big burden on the back of his shoulders. With grounding and contact at first, then with rhythmical kicking to discharge and to feel his self-assurance. But I

remember he was still digesting at the end, integrating that sensation of internal energy flow, connecting chest and pelvis, and too soon I asked him to open his eyes and make contact with me. It was that need of mine to do everything at once. I reached a very good result in this session. By my suggesting to him the words to speak during the kicking exercise, he managed to do the exercises with such energy that his therapist commented afterwards she had never seen this client do aggressive movements with so much feeling. I believe it is one of our difficulties to try and “do everything” in just one session. It's not like in individual therapy, where you take one step and you have the dimension that you will take another step the following week. In here you want do everything you might be able to do for that person.

O: In this text I say that a role model which was very important to me was Frank Hladky. He used to say that in a session a therapist helps the client to take ONE step in his development process. The therapist may visualize the next steps, and will talk about it in the supervision, but she will manage to contain her impetus because she might scatter the potency of the work either by doing too many things or by rushing the client's timing. Being in sympathy with the client's timing helps very much.

L: This experience was very important for me to realize what is a meaningful step for the client, and what is my need, which appears impulsively in a session. You acted during the supervision in a developmental sense, perceiving at which point each of us therapists was, and how to take steps towards our own personal development. And the same for the client.

A note about how I understand the developmental approach in bioenergetic analysis:

The therapist seeks to adapt to the client in the sense described by Winnicott. He perceives based on the history, but more particularly by

the quality of pulsation that is established once energy is mobilized, which developmental stage the client is experiencing. We've all had our full development arrested in several phases of our lives. By thinking this way we can ask ourselves “How old is this person who speaks this way, takes such a posture and has this expression on the face?” This question helps us form a hypothesis upon which to work and to adapt our own pulsation, tone of voice, rhythm, and exercises to be proposed. When the organism feels understood at this level, there are bigger chances of softening the defenses and trusting this therapist, regardless of being a stranger. Once this basic trust is established, we can observe defensive disassociations and deal with them. For example, the history content does not go with the tone of the voice, or with the feet's fragility, mask on the face, energetic cuts on the body, breaks on the body axis etc.

Arrested development can be compared to a film that has stopped in time. If we get into resonance with the client, this film can be put into movement again, and the paralyzing trauma will dissolve gradually. We observe this effect when the energy

that was paralyzed, flows freely, runs down the legs, overflows the face with light, and the eyes become clear and focused. Not always does a session need to be noisy or produce a great catharsis to attain this effect.

If the development was arrested in a pre-genital phase, by working with this stage, when the energy is released downwards, it will run down into the pelvis, activating genitality. At this point the therapist must be attentive not to infantilize the client. The therapist will again adapt to the genital level with his own pulsation, energetic state, ideal distance, tone of voice and posture, without, in doing so, rejecting the contact. It would be useful to consult the excellent article by Virginia Wink Hilton, which was published in the Journal of Bioenergetic Analysis of the IIBA, vol.3 ml, 1987, about sexual transference and counter transference.

The therapist who, on the other hand, makes an effort to work with oedipal themes when the energy has been held in blocks of earlier stages, will get is cooperation from the client's false self that will try to produce the movements and feelings wished by therapist. Or in structures with more fragile borders, we'll see signs of personality unstructuring: disorientation, energetic collapse, going off in the eyes, disconnecting etc. These are indications that genital energy has been mobilized in excessive quantity without earlier blocks having been worked through. The system becomes overwhelmed. In this state there sometimes occur a dramatic catharsis, but, for a person's harmonious growth, I think this catharsis has doubtful value.

To finalize, I remember that Frank Hladky used to tell us that a good session is the one that helps clients to take one step in their growth process.

Far from intending to exhaust the subject, just as I approach some topics, I realize its extent and depth. I realize there are more questions than answers and I hope they will stimulate new contributions and opinions.

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