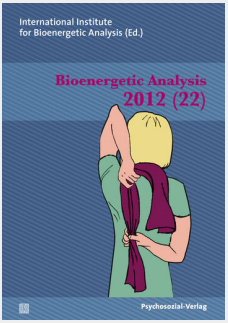
Garry Cockburn

An Object Relations Perspective on Bioenergetics and Pre-Oedipal Transferences



Bioenergetic Analysis
22. Volume, No. 1, 2012, Page 29–55
Psychosozial-Verlag
DOI: 10.30820/0743-4804-2012-22-29

Psychosozial-Verlag

Submissions for consideration for the next volume of *Bioenergetic Analysis* must be sent to the editor (vincentiaschroeter@gmail.com) between June and September, 2012.

Bibliographic information of Die Deutsche Nationalbibliothek (The German Library)
The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available at http://dnb.d-nb.de.

2012 Psychosozial-Verlag GmbH & Co. KG, Gießen, Germany
info@psychosozial-verlag.de
www.psychosozial-verlag.de

Cover image: Drawing of the Bioenergetic technique *towel pull sketch* by Vincentia Schroeter
Cover design & layout based on drafts by Hanspeter Ludwig, Wetzlar

https://doi.org/10.30820/0743-4804-2012-22
ISBN (PDF-E-Book) 978-3-8379-6680-0
ISBN (Print) 978-3-8379-2159-5
ISSN (Online) 2747-8882 · ISSN (Print) 0743-4804

An Object Relations Perspective on Bioenergetics and Pre-Oedipal Transferences

Garry Cockburn

Abstracts

English

Alexander Lowen's views on oedipal transference were formed within the intellectual framework of Freudian and Reichian drive theory and ego psychology. Lowen did not favor analytic work with transference and believed that countertransference indicated that the therapy was "faulted". This article critically examines his classical approach and offers a re-examination of pre-oedipal transference phenomena in a way that both honors Lowen's unique insights into the transformative power of Bioenergetic Analysis, and at the same time offers a Kleinian/Bionian object relations understanding of pre-oedipal transference that can be incorporated into modern Bioenergetic Analysis. An extended case example illustrates the effective integration of object relations theory and bioenergetic practice. The concluding discussion provides a rationale for introducing an object relations approach into Bioenergetic Analysis.

Key words: transference, countertransference, projective identification, paranoid-schizoid and depressive positions

Eine Objekt-Beziehungstheoretische Perspektive zur Bioenergetischen Analyse und zu prä-ödipalen Übertragungen (German)

Alexander Lowens Sichtweise von ödipaler Übertragung entwickelte sich im intellektuellen Rahmen der Freudschen und Reichianischen Triebtheorie und Ich-Psychologie. Lowen legte wenig Wert auf analytische Arbeit an Übertragung und sah Gegenübertragung als eine Indikation für "fehlerhafte" Therapie an. Der vorliegende Artikel setzt sich mit diesem klassischen Ansatz kritisch auseinander und bietet eine Re-Examinierung des Phänomens der praeödipalen Übertragung an. Unter Berücksichtigung von Lowens Einsichten in die transformative Kraft der Bioenergetischen Anayse wird ein Verständnis von präödipaler Übertragung aus Objekt-Beziehungstheoretischer Sicht vorgestellt, das in moderne Bioenergetische Analyse integriert werden kann. Die effektive Nutzung von Objekt-Beziehungstheorie und bioenergetischer Praxis wird in einem ausführlichen Fallbeispiel demonstriert.

Schlüsselwörter: Übertragung, Gegenübertragung, Projektive Identifikation, Paranoid-Schizoide und depressive Positionen

Une perspective des relations d'objet sur la bioenergie et les transferts pre-oedipiens (French)

Les pensées (opinions) d'Alexandre Lowen sur les transferts oedipiens se sont formées à l'intérieur du cadre intellectuel de la théorie de la pulsion et de la psychologie du moi de Freud et Reich. Lowen n'approuvait pas le travail analytique avec le transfert et il croyait que les contre-transferts indiquaient que la thérapie était "défectueuse". Cet article examine d'un point de vue critique son approche classique et offre une nouvelle étude du phénomène de transfert pré-oedipien qui, à la fois, honore la perspicacité exceptionnelle de Lowen dans le pouvoir de transformation de l'Analyse Bioénergétique et, en même temps, offre une compréhension en termes de relations d'objet des transferts pré-oedipiens qui peut être incorporée dans la bioénergie moderne. L'exemple d'un cas de grande ampleur illustre l'utilisation efficace de la théorie des relations d'objet et de la pratique bioénergétique.

Mots Clés: Transfert, Contre-transfert, Identification Projective, Positions Schizoïde-Paranoïde et Position Dépressive

Una perspectiva de las relaciones de objeto en el análisis bioenergético y las transferencias pre-edípicas (Spanish)

Las opiniones de Alexander Lowen con relación a la transferencia edípica se formaron en el marco intelectual de la Teoría de los Impulsos y la Psicología del Ego de Freud y Reich. Lowen no apoyó el trabajo analítico con las transferencias y creía que las contra transferencias indicaban que la terapia era "defectuosa". Este artículo examina críticamente su enfoque clásico y ofrece un re-examen del fenómeno de la transferencia pre-edípica de un modo que a la vez honra la comprensión única de Lowen acerca del poder transformador del análisis bioenergético, y al mismo tiempo ofrece una comprensión de las relaciones de objeto en las transferencias pre-edípicas que puede ser incorporada al análisis bioenergético moderno. El ejemplo de un caso ilustra el uso efectivo de la teoría de las relaciones de objeto y la práctica bioenergética.

Conceptos clave: Transferencia, Contra transferencia, Identificación proyectiva, Posiciones paranoide, esquizoide y depresiva

Una prospettiva sulla bioenergetica e i transfert pre-edipici basata sulle relazioni oggettuali (Italian)

Il punto di vista di A. Lowen sul transfert edipico si era formata all'interno della cornice della teoria degli istinti e della psicologia dell'Io freudiana e reichiana. Lowen non era a favore di un lavoro analitico con il transfert e credeva che il controtransfert indicasse che ci fossero problemi nella terapia. Questo articolo esamina criticamente il suo approccio classico e offre un riesame dei fenomeni del transfert pre-edipico per onorare la grande intuizione di Lowen sul potere trasformativo dell'analisi bioenergetica, e al tempo stesso offrire una comprensione legata alle relazioni oggettuali del transfert pre-edipico che può essere integrata nella bioenergetica moderna. Un caso clinico illustra la possibilità effettiva di utilizzare la teoria delle relazioni oggettuali e l'analisi bioenergetica.

Parole chiave: transfert, controtransfert, identificazione proiettiva, posizioni schizo-paranoide e depressiva

Uma perspectiva de relações objetais em Bioenergética e transferência pré-edípica (Portuguese)

A visão de Alexander Lowen da transferência edípica tinha como referência a teoria do drive e a psicologia do ego de Freud e Reich. Lowen não adotava o trabalho analítico com transferência e acreditava que a contra-transferência indicava uma "falha" na terapia. Este artigo examina criticamente sua abordagem clássica e oferece uma reavaliação dos fenômenos de transferência pré-edípica, de modo tanto a honrar os "insights" únicos de Lowen referentes ao poder transformador da Análise Bioenergética, como a oferecer uma compreensão das relações de objeto da transferência pré-edípica que podem ser incorporados à moderna Bioenergética. Um estudo de caso ilustra o uso eficaz da teoria de relações de objeto e da prática bioenergética.

Palavras-chave: transferência, contra-transferência, identificação projetiva, posições esquizo-paranóide e depressiva

Introduction

In this paper[1] I would like to present some ideas on introducing object relations theory into Bioenergetic Analysis, with a particular focus on pre-oedipal transference and countertransference. Alexander Lowen's ideas on oedipal transference were developed within the intellectual framework of classical psychoanalytic and Reichian drive theory and ego psychology. He did not have readily available to him all of the developed intellectual resources we have today, e.g. object relations theory, self psychology, attachment theory, neuropsychology and affect regulation, etc. He chose, for a variety of reasons, the most powerful paradigm available to him in

1 A draft of this paper was presented at the Professional Development Workshop (PDW), Mt. Madonna, California, in October 2010. I would like to thank Elaine Tuccillo Ph.D. for her encouragement to develop the paper for publication and for her editorial assistance.

the 1950's and 1960's, namely Freudian ego psychology and drive theory, to elucidate his understanding of the transference and countertransference phenomena.

For the past several years I have been trying to understand the transference phenomena that I meet in the therapy room, both from a bioenergetic perspective and from an intersubjective psychoanalytic perspective using the Kleinian/Bionian line of object relations theory.

This paper will give a brief overview of Lowen's approach to transference. It will present a number of vignettes of the transference phenomena and provide an understanding of these phenomena, which both honors Lowen's deepest insights, and attempts to integrate one particular theoretical view of object relations into bioenergetics. This integration is illustrated with a case example, which is then followed by a discussion of a rationale for introducing an object relations perspective to Bioenergetic Analysis when considering pre-oedipal transferences.

Alexander Lowen and Transference

Lowen, in the first chapter of the *Language of the Body* (1971, p. 6f.) refers to the importance that Freud gave to the facts of transference and resistance in the therapeutic process. Lowen believed that neurotic (oedipal) transference and resistance were based on Freudian drive theory and that the suppression of sexual desires and fears are responsible for the transference projection onto the therapist (Lowen, 1971, pp. 8, 133).

Further to this, Lowen's intuitive focus on Ferenczi's "active method" lead him to value the approach he, Lowen, called "analysis from below". His elaboration of "analysis from below", showed how to go beneath the Freudian ego defences, (and hence, below neurotic transferences) and even beneath Reichian character analysis, and how to release the "*great wells of feeling which lie at the core of human beings*", by working on energy processes at the somatic level. (1971, p. 13).

Guy Tonella (2008, p. 34; 2011, p. 65), in his ESMER[2] model, has shown how it was Lowen who established the link between the energetic and sen-

2 "ESMER" stands for **E**nergy, **S**ensory, **M**otor, **E**motional and **R**epresentation. These are the sequential developmental functions of the Self. Tonella has shown how Lowen, Piaget, Reich and Freud were the theorists who delineated the connections between each of these functional layers.

sory functions in the early development of the Self. Tonella's insights and ability to place Lowen within a broad paradigm of the development of the Self are most helpful in developing a newer bioenergetic understanding of pre-oedipal transference and countertransference.

Lowen outlined the potential of bioenergetic techniques to give rise to positive and negative transference and countertransference phenomena, even more powerfully than psychoanalytic techniques could do (1971, pp. xiii, 133). Lowen himself did "not favor verbal analysis", preferring to work directly with the energy of the body (2004, p. 243). And while he believed that transference issues could be worked through in therapy, he believed that countertransferential issues indicated that the therapist and the therapy were "faulted" (1995, p. 3). The therapist's countertransference *"reflects his involvement with his own ego image and his denial of the truth of the body … it will constitute an obstacle to the patient's recovery"* (1967, p. 251). This view of Lowen's was fully in accord with the many writers in the ego psychology tradition[3] who believed that countertransferential issues needed to be dealt with in one's own self-analysis (Brown, 2011, p. 33).

Lowen viewed the client's transference towards the therapist as the best way to delineate the patient's character structure (1971, p. 133f.). He did not, however, see countertransference as part of an intersubjective reality that could be used to understand the patient's inner world and enhance the therapy. He himself seemed easily able to handle transferential issues at the level of neurotic transference in his work with patients with oedipal character structures. But at the pre-oedipal level, where transference reflects early developmental and attachment issues, and more primitive relational dynamics and defenses, Lowen did not seem available for the type of intersubjective transference that Grotstein (2009, Vol.1, p. 225) calls *"projective (trans-)identification as a means of communication between infant/analysand and the mother/analyst"*. We know this from the writings of Robert Hilton (2008, p. 9) and Robert Lewis (2007, p. 146), both of whom had pre-oedipal issues arising in their personal therapy with Lowen. He saw their bodies,

3 For an historical overview of the negative and positive views of countertransference within Psycho-analysis, read Slakter (1987, pp. 7–39). Annie Reich (1951), in a classic statement, viewed countertransference as *"the interference of the analyst's own unconscious needs and conflicts on his understandings or technique"*. It was Paula Heimann (1950) who positively linked transference and countertransference, which is partially *"the patient's creation"* in the therapist.

but he failed to see "them". Interestingly, Lowen himself had written how Reich failed see him at this level and how he felt "doomed" (1975, p. 21). I have written elsewhere about the impact of this on the development of bioenergetics:

> "By rising above the *helplessness* of the baby, Lowen took a profound strategic stance that affects us today … it also moved bioenergetics away from the earliest experiences of body and self in relationship, and away from the primary ground where 'oneself also includes the other'" (2008a, p. 18).

Vignettes

I would like to present several vignettes of transference and countertransference phenomena from my own practice, and for which I have found little guidance in Lowen's writings to understand them. I will then discuss my theoretical understanding of what might be happening.

1. A patient told me that my face was melting like plastic and changing into a face she did not recognize. We both entered into a trance-like fixed, staring gaze in which time and space appeared to stop still into a present moment that could have gone on forever, until I shook myself out of it and asked her what she was experiencing.
2. I started to feel very sleepy with a male patient, and could hardly stay awake over a period of 20 minutes, despite biting the inside of my cheek, pushing my thumb-nail into my hand till it hurt, and moving around in my chair. My tiredness did not seem to be related to the content matter the patient was talking about. Finally I said to him, "No doubt you aware I am feeling sleepy. Would you mind saying to me, Wake-up!" A shocked look came over his face, and he later reported that at that moment he had a visual hallucination of me changing into his father. The patient's mother was schizophrenic and the father had "never woken up" to the fact that she was a danger to the children from the moment they were born.
3. A male patient, whom a previous counsellor would only see if she had a security guard in the room with her, went into a kind of trance, rolled his eyes back into his head, clutched his heart, saying, "oh the pain, the pain!" and then was subject to violent shaking. He later reported that he had left his body and had run the gauntlet of evil entities who

were trying to pluck his heart from his body. One day he reported that there were two archangels in the room, one with a flaming sword and one with a book, to help reclaim his heart from the evil entities. As he clung onto me in terror and reached into the maw of hell to retrieve his heart, there was a very unusual tornado-type wind just outside my window. Later my wife asked me if I had felt the strange wind that hit the building. I had frequently felt on the edge of terror that I could be destroyed by incarnate evil when working with this man, but also had a conviction that I would be safe.

4. A woman priest, who had done 15 years psychoanalytic and Jungian therapy, and had come to me for bioenergetics, explained to me that she felt like she was trapped inside the Garden of Eden and that an angel with the flaming sword was preventing her from leaving. I felt an unbearable grief in the bottom of my soul, even though she did not look or sound sad. Three months later, she told me she felt like the words in Psalm 22, "They have *numbered* all my bones. *And* they have *looked and stared upon me. … with wonder on one so wretched, so crushed, so* broken."

Towards a Bioenergetic Object Relations Understanding of Pre-Oedipal Transference

How do we explain these phenomena? I believe it is possible to view the transferences/countertransferences in the above vignettes either:

a) through the lens of classical psychoanalysis and Lowenian bioenergetics, and see them as oedipal transferences that have been pushed regressively back into infancy, e.g. into the oral stage; or

b) see them as pre-oedipal transferences belonging to the earliest energetic and sensory levels of infancy, and reflecting relational experiences between the infant and their parent.

Bioenergetic therapists are trained to attune and resonate with the deepest core energetic and somatic elements. I think that what is needed to adequately do this is an intersubjective theoretical model, which is an advance on Lowenian drive theory, and which can help us understand transference phenomena at the pre-oedipal level. Robert Hilton (2008) has done this using the resources of the British Independents, Winnicott and Guntrip,

to elaborate his "Relational Somatic Therapy"; Robert Lewis has done this using the resources of Attachment Theory and Neuroscience, and in his original concept of "cephalic shock" as a somatic link to Winnicott's "False Self" (2008; 2011); and Guy Tonella (2008; 2011) has done this using the resources of both Attachment Theory and Stern's developmental psychology of the Self in his ESMER model to incorporate these primitive energetic and sensory elements into a new paradigm for Bioenergetic therapy.

I have been exploring the Kleinian/Bionian/Grotstein/Ogden object relations line of development to try to find a theoretical base which dynamically explains the kinds of transference phenomena described above, and which can also incorporate Lowen's elaborations of the energetic and sensory levels of psychic and somatic functioning.

Object relations theory stands alongside ego psychology, interpersonal psychoanalysis, self psychology, and attachment theory as one of the key historical lines of psychoanalytic thought. Ogden (1996, p. 194) has pointed out how each line has its own epistemology and its own methodology. Each has arisen historically as their key theoreticians, e.g. Freud, Hartmann, Sullivan, Kohut, Bowlby, Klein etc., have considered different kinds of human experiences filtered through their own efforts to understand their patients (and themselves).

Object relations theory[4] can be traced back to Ferenczi's idea of "introjection"[5], but it was Fairbairn who first reformulated drive theory to show that libido was not pleasure-seeking but object-seeking[6] (Mitchell, 1995, p. 115). Fairbairn also replaced Freud's structural model[7] of the mind with a model of an unconscious inner world composed of a

4 For an in-depth theoretical study of object relations theory, read Ogden (2004, esp. Ch. 6).

5 Freud had first used the word "projection" and it was Ferenczi who first used the concept of "introjection" to describe how the "neurotic helps himself by *taking into the ego* … a part of the world". (Brown, 2011, p. 22).

6 The word "object", first used by Freud, can be confusing. Its meaning is clearer if you substitute the word "person" in relation to "external objects". Grotstein (2009, p. 160) suggests the words "demon", "phantom", "presences", or "other subjects" in relation to "internal objects".

7 Lowen used Freud's structural model (id, ego, superego) in his explication of Bioenergetic Analysis. One could argue that object relations theory draws more on Freud's topographical model (unconscious, pre-conscious, conscious) than on the structural model. Read Brown (2011, p. 27f.) for how these different models affected approaches to countertransference in the history of Psychoanalysis.

central self (ego) with split-off and repressed parts of the self (ego sub-organizations), that enter into object relationships with each other, e.g. the "internal saboteur" attacking the "loving (libidinal) self" (Ogden, 2010, p. 101).

Melanie Klein[8], true to Freud's notions of the libidinal and death instincts, saw the drives, not as pleasure-seeking, but as a way of experiencing oneself as "good" or "bad". The instinct to love (libido) has embedded within it, a pre-conception of a loving object, just as the impulse to destroy (death instinct) has a pre-conception of an aggressive, hateful object. And so, the infant's first internal representations (objects), resulting from pleasant and unpleasant sensory and affective experiences that activate these pre-conceptions, are of a "good breast" that lovingly feeds him and makes him feel good, and of a "bad breast" that hatefully feeds him bad milk, giving him a belly-ache and making him feel persecuted. The repeated subjective experience of good and bad objects are continuously being *introjected* from and *projected* into the body of the mother. Not only the objects, but also the infant's ego ("I-ness"), have to be omnipotently split apart to protect the "good" from the persecutory "bad" through a process of unconscious phantasy[9]. This gives rise to the *paranoid-schizoid* position. As the infant develops the capacity to tolerate both his goodness and his badness (love and hate) he emerges from the *paranoid-schizoid* position into the *depressive* position. If the infant has "good enough" mothering he comes to realize his mother is not just a breast (a "part-object", not separate from himself, that he has magically, or omnipotently controlled), but also a person (a "whole-object", separate from himself), and in his *guilt* he tries to make *reparation* to her. This position is called *depressive* because the infant not only feels guilt, mourning, and the need to make reparation, but he experiences the *ambivalence* of whole-person relating, having to contain and deal with contradictory psyche/somatic impulses and perceptions in the real world, where things are not "all good" or "all bad".

The ways these phantasised split-objects and split-ego relate with each

8 It is not difficult to dismiss Klein's contribution because of some of her wilder speculations and her personality. Winnicott called her a "Eureka Shrieker", as she was always proclaiming something new. However, the works of Bion, Grotstein, the Barangers, Ferro, Ogden and others have shown the profound usefulness of many of her basic insights and formulations.

9 In psychoanalytic terms, "phantasy" is a production of the unconscious. It differs from "fantasy", which is a production of the imagination. Some authors use the word "fantasy" for both productions.

other ("object relations") are seen, in the Kleinian world, as the primary way people structure their minds. The infant's unconscious phantasised internal relationships between the split-objects and split-ego are primary and more powerful than even the parental environment, which is only of secondary importance. These "object relations" endure into adulthood acting as templates for experiences and relationships in the external world. The internal objects and the internal object relations are what are projected in transference situations.

Klein's views were challenged by Fairbairn, Winnicott, Guntrip, the British Independents, and by Bowlby. These writers gave much more importance to the actual, not phantasised, parent/child relationship, discounted the death instinct[10], and provided theoretically coherent concepts of internal object relations involving subdivisions of the self (e.g. Fairbairn's "ego sub-organizations" and Winnicott's "True Self and False Self").

While there is still a strong post-Kleinian tradition in London, which draws on the original object relations insights of Melanie Klein and is refining her basic ideas (Grotstein, 2009, p. xiii), a significant development occurred in 1968 when Wilfred Bion, a Kleinian, emigrated from London to Los Angeles. Bion developed Klein's ideas in a unique way that has given rise to exciting psychoanalytic developments in South America, Italy and California.

This paper draws heavily on the writings of James Grotstein and Thomas Ogden, both of whom live in California. Grotstein, who was in analysis with Bion in Los Angeles for six years, is perhaps today's clearest exponent of Bion's ideas. He has advanced many of Bion's ideas in a way that shows the complex dynamic relationship between the unconscious and the conscious mind, first discovered by Freud. Ogden[11], drawing on a range of views, has shown how Klein *"introduced a new perspective from which to organize clinical and metapsychological thinking"* (2004, p. 137). While Ogden integrates Klein's basic perspective into his own revisionary reading of Freud, he has also highlighted the theoretical fallacies in several of her formulations. More importantly, he has integrated the contributions of Bion, Fairbairn and Winnicott and created a modern object relations theory.

10 For a detailed critique of the Kleinian "death instinct" read Guntrip (1968, pp. 413–417) and Grotstein (2009, Vol 1, p. 194f. & p. 308).

11 Ogden has developed his own unique form of object relations theory, using a dialectical framework. A study of Ogden's writings is richly rewarding. It is worth noting that Reich (1929), as a Marxist, was the first person to systematically use dialectical thinking in psychoanalysis and this "antithetical" thinking is also present in Lowen's writings.

A close reading of Ogden also reveals the inclusion of his own somatic awareness in his clinical practice.

Wilfred Bion is of great interest to me because he developed some of Melanie Klein's views in ways that I believe resonate with Reich's "primary energetic functioning" (Davis, 2008, p. 15) and with Lowen's insights into the *"great wells of feeling which lie at the core of human beings"*. Bion, as a psychoanalyst, unlike Reich and Lowen, is perhaps on the "mind"[12] side of the Cartesian mind/body split, although many of his metaphors have a strong energetic, somatic, sensory and motoric feel to them that make them accessible and relevant to bioenergetic theory and practice.

My belief is that Reich's notion of "orgone energy" and Lowen's compelling energetic and somatic perceptions into the depths of the human core may be analogous to Bion's insights into the raw, inherent, unknowable Absolute Truth (which he termed "O"), and to his concept of "beta (β) elements". These latter are raw, concrete, unprocessed sensory and emotional imprints of "O", that are "muscularly", or "forcefully" processed by expelling them (through projective identification) into another. Reich, Lowen and Bion all believed that the primary energy underpinning our human existence is unknowable and only becomes manifest at the level of sensation and emotion in the psyche/soma.

Like Lowen (1971, pp. 41–69), Bion was profoundly influenced by Freud's writings on the *pleasure principle* and the *reality principle* (Brown, 2011, p. 84). Freud had explained how the psychic apparatus unburdens itself from the "accretions of stimuli" (id forces) into the external world. The body (id forces) "makes demands" on the mind (Ogden, 2004, p. 18). The mind has to work, or "to think" (adapt to reality) to find expression for the "id" tensions that fill the body and demand gratification (pleasure). Bion elaborated these ideas of Freud to show how the raw, concrete somatic/sensory experiences (beta (β) elements) can be transformed into meaningful affective experiences allowing us to think, to dream, to feel, and to symbolize reality. Bion called this transformative process the "alpha (α) function", allowing us to verbally encode and symbolically process sensory impressions and also traumatic experiences.

Lowen follows Reich in describing the same processes that Freud and Bion are describing. For Reich, "the *first* impulse of *every* creature must be a

12 Bion, like Reich and Lowen, saw the patient in a unitary manner: *"I have talked about the body and mind as if they are two entirely different things. I don't believe it. …the patient is one, a whole, a complete person."* (2005, p. 38).

desire to establish contact with the outer world". This arises from the biopsychic unity of the person, and the discharge of energy (id force) is impossible without contact with the world (Reich, 1972, p. 271). Reich in his work with schizophrenics showed how emotions are bio-energetic, plasmatic functions that come before mental functions, before meaningfulness, speech and other higher functions of the organism, and Lowen took the same position (Reich, 1972, p. 445; Lowen, 1971, p. 363). Their position is fully in accord with Bion's, who also gained his insights from his work with psychotic patients, into how the higher functions of the mind, such as thinking, symbolizing and narrative develop from concrete sensory experiences (beta (β) elements)[13].

Bion also introduces an intersubjective dimension to this process of transforming sensory/emotional concrete experience into symbolically encoded thoughts (Brown, 2011, p. 119). Bion (1962), using the Kleinian framework of introjection and projection, understood the mother to be a container for the unprocessed sensory experiences (the contained) of the infant, and that the task of the mother is to experience the full effect (Mitrani, 2001, p. 165) of these projected dysregulated psyche-somatic energetic experiences of both ecstasy and rage/panic (Tustin, 1992, p. 170). The mother, or perhaps the "mothering" parent, is then able to transform these projections, which she has introjected from the baby, and gradually return them to the infant, decontaminated of their dysregulated intensities through her "alpha (α) function". And it is this basic human process that we can call normal "transference and countertransference" communication, or what Grotstein (2009, Vol.1, p. 225) has called "projective (trans-)identification[14] as a means of communication between infant/analysand and the mother/analyst".

Grotstein (2009, Vol.1, p. 225) has also identified many types of transference and countertransference, which he ultimately sees, and perhaps energetically describes, as "the exorcism of demons" – a description, which fits well with one of my vignettes. I would like to outline three of the key transferences.

13 This epigenetic development parallels Tonella's ESMER paradigm. Interestingly, Balestriere (2007), a French psychoanalyst working with psychotic patients, writes about the centrality of "sensoriality" in the formation of representations and pictograms.

14 The "(trans)" insertion between the words "projective" and "identification" signifies that the communication is external, between two people, rather than between the internal representations (objects) of the patient.

Neurotic Transference

I think we are all familiar with the general idea of transference, where a feeling state from the past is ambiguously projected into the therapeutic relationship, "distorting" the patient's view of the therapist (Ogden, 1991, p. 2). It is "ambiguous" because the patient is both relating to the therapist as a person, and yet the therapist is reminding them of some aspect of a past relationship that they are attempting to preserve in the therapeutic relationship (Ogden, 1990, p. 90). Neurotic transferences, arising from the oedipal stage of development, usually have characteristic feelings of anxiety, jealousy, rivalry and guilt arising from ambivalent triangular relationships (Ogden, 1990, p. 119). Lowen's elucidation of neurotic transferences within the various character structures remains a valuable resource for our deeper understanding of transference at the oedipal level.

Projective Identification As a Means of Communication

"Projective identification" is a stronger form of transference than neurotic transference. As well as "distortion", the patient exerts unconscious "pressure", or "coercion" (Ogden, 1991, p. 2; 1990, p. 151) on the therapist to experience himself as if he were one of the patient's internal or external objects. For instance, in the vignette of my going to sleep, I unconsciously experienced the pressure to become, and did become, the patient's father (one of his internal objects) and did not wake up to the deep reality in the therapy room. I was "possessed" or taken over by the patient's unconscious phantasy, and experienced *"the pressure to think, feel and behave in a manner congruent with the projection"* (Ogden, 1991, p. 12).

In projective identification, then, the unprocessed, or dysregulated sensory and affective elements that make up the patient's object world are unconsciously projected by the patient and unconsciously introjected by the therapist, both persons using energetic, somatic, sensory, and visceral non-verbal cues to communicate (Schore, 2003, p. 280). The therapist can then act like the "good enough parent" and partially metabolize or digest these elements, and return them to the patient in a form that can be digested and incorporated, rather like a sea-bird regurgitating semi-digested fish for its young.

As noted above, it was Bion who broadened Klein's (1946) original concept of "projective identification" from being an internal "schizoid

mechanism" into being the most important mechanism by which a patient communicates his inner world to the therapist. For Bion, projective identification is not just an intrapersonal phantasy, it is an interpersonal interaction (Ogden, 1991, p. 26). It is also the process that describes the normal communication between an infant and mother, allowing the infant's sensory/emotional experiences (beta (β) elements) to be transformed by the mother's alpha (α) function (Grotstein, 2009, Vol.1, p. 273). Bion pointed out the pathological consequences if neither the infant nor the mother allows this process to occur, resulting in the destruction of the links that allow learning from experience to occur.

Ogden (1991, pp. 1–9) points out that projective identification is not a metapsychological concept; it is a clinical-level conceptualization that can be phenomenologically verified and observed, e.g. through the therapist's countertransferential experiences (as in my vignettes).

Projective Identification in the Paranoid-Schizoid Position

It was Melanie Klein who first made the distinction between the "paranoid-schizoid" and the "depressive" positions[15]. Klein, who was an incapable mother of infants herself (Grosskurth 1986, p. 49f.), and rather a depressive and domineering person, was also a genius at understanding the psychological dynamics of young children and interpreting their play using classical adult psychoanalytic interpretations. Many writers credit her with being the first to open up the psychic life of infants to an in-depth psychoanalytic understanding.

Paranoid-schizoid refers to the earliest mental activity of the infant before there is the capacity of the child to be aware of itself or its parent as a person, or before there is the capacity for psychological functioning. It is paranoid because one is endangered by the omnipotent and omniscient forces arising from a dysregulated or even malevolent environment (for Kleinians, it is the "death instinct", rather than the environment, that generates destructive

15 Ogden (1989, p. 30f.; 1996, p. 33f.) has proposed an earlier position, the "contiguous-autistic" position that gives rise to primitive experiences of having (or not) a sensory boundary or "sensory floor". Tustin's amazing work (1992) with autistic children reveals the experience of raw terror of a voided sensory boundary. The three positions give rise to different types of experience, each having its own type of anxiety, defences, object relatedness, forms of symbolization, quality of subjectivity and subjective experience of the body.

and persecutory infantile phantasies); it is schizoid because there is a splitting of the endangered from the endangering, or the distancing of goodness and badness, e.g. in the vignette about the Garden of Eden, the patient is eternally trapped in "goodness", having omnipotently split herself off from the possibility of knowing "badness", and thus from the possibility of becoming fully human; and it is called projective identification because one is able to project the split-off elements into another person and experience them safely at a distance (Ogden, 1990, p. 65), e.g. as in the vignette of my going to sleep. The depressive position refers to the emergence from that state into human time and space, and it is "depressive" as there is now awareness of the ambiguity of whole-person-to-person relationships and of the ability to both hurt and be hurt and to make reparation.

Ogden (1990, p. 118) has pointed out that Freud eloquently said, "*Wo Es war, soll Ich werden*" – "Where It was, there (an) I shall be". This succinctly makes the distinction between Melanie Klein's "paranoid-schizoid" and "depressive" positions. There is no "I-ness", only "It-ness", in the paranoid-schizoid position, and no real person-to-person relationships are possible.

I believe that bioenergetic therapists need to be aware of transferences, or projective identifications, arising from the paranoid-schizoid position, as these transferences can have very strong energetic and sensory/somatic resonances (Bion's beta (β) elements), and as we know, Lowen focused much of his theory and clinical practice on developing therapists' capacity to work with these energetic and somatic forces and feelings "which lie at the core of human beings".

Transference in the paranoid-schizoid position is based on the complete separation of love and hate, or good and bad, which generates experiences that are not of this ordinary world. It is like being in a fog on a strange planet and being paranoid and fearful of omnipotently destructive forces or entities, as in the vignette of evil entities and archangels. Alternatively, with split-off love, there can be ecstatic experiences of omnipotent love. I have written about having to hold onto my chair to stop myself being magnetically sucked into a spiritual and sexual merger with a patient (2008, p. 20).

With a paranoid-schizoid transference there can be a strange sort of energy (beta (β) elements) present that stops a person from being able to think; there is an air of being captured in a way that is not quite nameable and that cannot be fully described psychologically. By definition, there is no interpreting self available, and no meanings can be assigned to percep-

tions; they just are. Previously shared experiences count for nothing, and everything has "to start all over again". History is being rewritten all the time to keep the loving and hating aspects split off. Phenomenological time and history does not exist. Nothing happens in real time. For the patient and the therapist, there can be a sense of discontinuity or amnesia for what happened previously. As a therapist, you may feel numb, dumb and useless (Ogden, 2009, p. 98) and find it difficult to centre yourself in your own somatic reality. This may happen in the course of one session, or it may be a subtle pattern over time, having much less intense features than what I have described. The therapist has to both let herself experience the numb, unable to think, state of being, and also be able "shake (herself) out of this numbing feeling of reality" (Bion, quoted in Ogden, 2009, p. 98) and transform herself into a new way of being able to think for and with the patient. This primitive merger state is evident in several of my vignettes.

Mitrani (2001, p. 165) has pointed out how the therapist/mother does this for the patient. *"This assumes a mother/analyst who has her own boundaries, internal space, a capacity to bear pain, to contemplate, to think and reflect back."* The effect on the patient is an increased *"capacity to make meaning, increased mental space, and the development of a mind that can think for itself"*. We need to add, "and fully possess a body that they can live in".

It is important to view these powerful transference phenomena constructively as core wounding is at stake. These transference phenomena are the means by which the patient projects his/her split-off hatred or love into a therapist who can metabolize and help transform these dark or ecstatic forces (beta (β) elements) into something more "human", ordinary and bearable, just as the "good enough mother" does for her baby (the alpha (α) function).

I think it is essential in somatic therapy that we are aware of the distinctions between these levels of transference. To work at this depth not only requires good supervision, where the supervisor can support the therapist to "bear these states", it sometimes also requires the therapist to undertake therapy to loosen the grip of their own schizoid and oral issues triggered by immersion in these powerful force fields.

Case Presentation

I would like to present a case of my work with a young man who was stuck in a paranoid-schizoid world. He also had areas of health that helped

him form a strong therapeutic positive transference with me, and together we worked to successfully help him emerge into a more ordinary and satisfying existence, or into the "depressive position"[16].

I worked with Russell[17], aged 32, for four years. He was a young businessman. Classically he presented as a narcissistic personality with very strong intellectual defences. His parents separated when he was 14 years. He abhorred his father and three siblings for deserting his mother. He felt very protective of his mother, but persecuted by her, as she was extremely paranoid, believing that he was sending emails to strangers each day telling them her business. She bombarded him with emails about his father's family, repeating the same old historical complaints week after week, year in, year out. He repeatedly told her that he would not respond to this type of email, but to no avail, nothing ever changed.

When I first met him, his forehead, which he described as "his atomic bomb shelter", was large, prominent and hot, and his eyes were like tiny lights at the back of a cave. His face looked like a baby's face. When he got stressed, he was aware of a force like a steel helmet descending over his forehead from the back of his head. His chest was very broad and as flat as a board, but sometimes completely concave from shoulder to shoulder. His upper back was quite hunched with pooled rage. He had a slim waist and strong legs. He had a black belt in martial arts. He described his torso as layered: in front is a layer of asphalt road, then a layer of grief, then a void, and his back is made of steel with large metal rods protruding outwards and inwards. When he accessed strong feelings, his whole body quaked, and bubbles of air jerkily spasmed out of him. He then became bent over double with the pain of a locked diaphragm and needed to be in the corner by himself, impervious to any help from me. His physical and psychic agony was sometimes hardly bearable for himself or for me.

He was not able to maintain a relationship with a woman for more than a few months, and after a short while, he would suffer sexual im-

16 It is beyond the scope of this paper to expand on the dialectical relationship between the paranoid-schizoid and the depressive positions, and the temporal/atemporal (diachronic/synchronic) relationship between them. Read Ogden (1996, pp. 33–39). In short, the "subject" is to be found in the dialectically tensive space between them. This dialectical process is operative between the conscious and unconscious systems, just as it is in Reich and Lowen's "antithetical" relationship between psyche and soma.

17 "Russell" is a pseudonym. The patient has given permission for this material to be published.

potency. When he hugged people, he would hold them away with his arms, and be nearly side-on to the person he was making contact with. His ideal relationship with a woman was one where he could predict what would be happening precisely for the next 30 years, but it was also on the condition that if he found his true love, he would have to present her to his mother, and if she disapproved, he would have to give up his dream partner.

Therapy was difficult as he had the image of his life-force being like a tiny ember under a pile of cold ashes. Any attempt to blow on the ember with bodywork was met with strong somatic and intellectual resistance. He had a dream of being alone in a violent Saharan sandstorm, with no way forward, only the possibility of crawling back to an old landmark hill that contained a cave in which his mother sat. There was no possibility of his being found.

In my early work with him, I did not understand the concept of the paranoid-schizoid position. I tape-recorded a therapy session in the first year of work with him in which he clearly identified his experiences in this state of being, and it is fascinating listening to this session now with the benefit of a theoretical understanding of the paranoid-schizoid position.

On the tape-recording of the session he discusses:

- how every day has to begin anew – "starting all over again". Yesterday has gone. There is no sense of continuity of experience – history is static and has to begin again;
- his fear and paranoia, and the parallels between his and his mother's life – neither of them are able to sustain a relationship, and both have "to start all over again";
- yet somehow he knows "we are going to make it" (as in the song, "Starting All Over Again"). He has enough health and has a trusting connection with me, so he is sure we are going to make it;
- he has "inherited" (he had no choice) his mother's pattern of anger, paranoia, and pushing people away;
- in the session he actually moves into the paranoid-schizoid state and he becomes very distressed. He is aware all his life situations have become "merged". He feels he has to "buy into" his mother's state of being. One can feel the lost little boy in an "It-world", in his struggling words and in his efforts to find his breath against the suffocating internal somatic and psychic pressure;
- he is aware his mother is lost, sinking away, going down into an "It-world" where she is not available for relationship, and he joins her,

with the strange logic, "that if two are lost, they are less lost, and I'll be with her"[18];

- he then gets a memory flash of when he was 11 years old, and his mother was actually going "down" to the railway station. He has an intense feeling she is endangered, he's freaking out, and he goes "down" to join her. He finds her safe, but there is no relationship available in which he can say, person to person, "I was worried about you". She is in her own "It-world", one that he can resonate with, but he cannot communicate with her;
- but at least he is aware that he is available for relationship, and that they are "walking back up" from the "It-world", back from the danger of the railway station to home.

Progress was made, after about three more years of somatic and analytic work. He was finally able to let go control and "kick the shit" out of cushions and pummel them as if they were his mother, and perhaps succeeding, for the very first time, in forging a somatopsychic boundary between himself and his mother. He then had a session where he was aware of an immense "psychic column of grief" just out in front of him, and that he had been carrying this burden of grief that existed in his mother's family for nearly 100 years[19]. This burden concerned a baby girl who was pivotal in the family history of migration from England to New Zealand. The baby had been abandoned in order for the family "to start all over again" in a new country. I felt fully absorbed in this extended dramatic history, as though I were in a movie.

For the first three years or so, despite the strong positive transference and countertransference, there seemed to be a strong resistance on his part, and on mine, to being aware of any negative transference and countertransference in the room (Mitrani, 2001, p. 6). However, following the sessions where he expressed his rage and grief in relation to his mother, I was able to work more directly with the negative transference. I became aware he was very angry with me, and encouraged him to express his feelings about me.

18 A good example of "altruistic identification" a form of forceful projective identification (Bion) associated with Faimberg's "telescoping of generations" (Brown, 2011, p. 227).

19 For an example of the "telescoping of generations" (Faimberg) read footnote 18. I am indebted to Odila Weigand (personal communication, February 2011) for drawing attention to Hellinger's "Systemic Constellations" for an alternative view of this phenomenon.

There were several sessions where his body would nearly leap out of his chair in unconscious impulses to attack me. Finally he was able to close his eyes and tell me that he was going to kill me, and it would happen so fast I wouldn't even know he'd done it. As he was a martial arts expert, physically he could have done this. He was able to visualize doing it, his muscles rippling with energy and his body jerking, with spasms of breath coming from the depths of his belly. I was both able to hang onto present reality so that I was physically safe, and also to be present with him in a timeless sort of space in which there was danger in the electrified air. When he opened his eyes, he beheld a miracle – I was still there, he hadn't destroyed me. He just couldn't believe it. He was absolutely amazed. We were both alive and there was a sense of deep connection and ordinariness between us.

That session was pivotal, and he often referred back to that moment in the following months. He had emerged from an "It-world" nightmare into an "I-world". He had emerged from the "paranoid-schizoid" position into the "depressive" position. He was able to be in relationship. The difference between the two states was palpable, and it started being evident in his work and social relationships over the next several months. His visage changed into a more mature look, with his forehead not so prominent, eyes more out in his face, and he soon met a lovely woman who seemed like a partner "made in heaven" for him. They are still happily together.

For myself as therapist, I also felt released from the pressure of strong countertransferential unconscious energies, e.g. release from the dread that perhaps "we were not going to make it" after several years of hopelessly "starting all over again"; release from my split-off negativity towards him arising from the failure of my best bioenergetic interventions; release from my impotent rage in his refusal to work with his rage at his "bad" father; and release from my secret narcissism at his enduring positive projection onto me as a "good" father. Overall, I felt released from the unconscious countertransferential pressure to keep "goodness" and "badness" completely split apart, and then the great relief to once again feel "ordinary".

Discussion

A key question for me has been whether one can introduce a different line of psychoanalytic thought, other than ego psychology, into Bioenergetic Analysis without compromising the latter's integrity. Does introducing

object relations theory damage the inheritance we have received from Alexander Lowen?

I have been helped to resolve this by re-reading the Preface and 1st Chapter of *Language of the Body.* There, Lowen (1971, p. xii) has outlined the three key elements that distinguishes bioenergetics from psychoanalysis, namely:

1. the unitary study of the patient's psychological problem as manifested in body structure and movement;
2. the systematic release of chronic muscular tension;
3. the relationship between therapist and patient involves verbal and physical techniques, which add a depth, not found in psychoanalysis, bringing transferential and countertransferential issues more sharply into focus.

There is nothing in these three essential elements that ties them exclusively to drive theory and oedipal dynamics, i.e. ego psychology. I believe that each of them can be understood from an object relations perspective without diminishing the nature or effectiveness of Bioenergetic Analysis.

In fact, there are signs of Lowen's three key elements (minus the physical techniques, of course) in the work of Ogden, who allows the patient's deep somatic/sensory reality "to possess" his own somatic reality, even to the point where he reports experiencing himself as dreadfully ill or dying. He does this as part of his "reverie" experience in helping the patient transform somatic/sensory states into embodied symbolic experiences. Ogden's (2001, p. 155) elegant statement that *"the experience of being bodied and the experience of being minded are inseparable qualities of the unitary experience of being alive",* captures his appreciation of the need to "re-mind the body" and "embody the mind". He knows that sensations stemming from the body can not only overwhelm a person's sanity but their very being. Mental activity, split off from the body, becomes "hypertrophied"[20], omnipotently controlling *"everything that happens in the experience of the body, as well as in relationships to external and internal objects"* (2001, p. 156). This resonates with our common experience of ourselves and our patients – the split between mind and body. It is what makes bioenergetics such a central therapeutic modality in the restoration of *"the unitary*

20 Hypertrophy n. Enlargement (*of* organ etc.) due to excessive nutrition. (Concise Oxford Dictionary. This term was first used by Bion (1962).

experience of being alive" and the discovery that *"you are your body"*. This is a key area where Bioenergetic Analysis can make a real contribution to modern psychoanalysis. This is also illustrated in the case study.

The three essential elements of bioenergetics necessarily require, as Hilton (1988, p. 60) first pointed out, an embodied intersubjective dimension (involving transferential and countertransferential phenomena) when working with the pre-oedipal issues of schizoid, oral and borderline personality organisations. These chronic somatic contractions and the resultant psychological defences were formed within a dysregulated, and even toxic or malevolent parent/child relationship, and can only be effectively healed within a "Relational Somatic Psychotherapy" (Hilton, 2008), where the intersubjective relationship can bear the kind of states I have alluded to in discussing Bion's "beta (β) elements". Again, the case study shows the metabolizing of early overwhelming affective states at the core of object relations theory can also be effective in understanding and guiding the systematic release of chronic muscular tensions using verbal and physical techniques to restore the psyche/somatic unity of the person.

We know that Lowen's view on the "faulted" nature of countertransference reflected his belief that working directly with the body demands a "greater ability" (1971, p. xiii) on the part of a bioenergetic therapist than it does of a psychoanalyst. But does that really mean that ALL countertransference is "faulted", i. e. that it is only the therapist's unresolved issues, and that there is no place for it in the healing process? Lowen's rejection of countertransference came, not only from his insights into the power of Bioenergetic Analysis, but from his elaboration of ego psychology, which he had inherited from Reich. Ego psychology was the dominant psychoanalytic framework in the USA from the 1940's until the 1970's (Makari, 2008, p. 482), so it is probably not surprising that Lowen, as a therapist in the 1950/60's, needing to communicate the power, depth and relevance of Bioenergetic Analysis, chose ego psychology as the most appropriate intellectual framework for this task.

Is Bioenergetic Analysis irrevocably tied to ego psychology? Many of our writers in Europe, the United States and South America, such as Clauer (2007), Finlay (1999), Hilton (2008), Klopstech (2008; 2009), Koemeda-Lutz (2011), Lewis (2007; 2008; 2011), Resneck-Sannes (2005), Schroeter (2009), Tonella (2008; 2011), Tuccillo (2006), Weigand (2001), Zaccagnini (2011), and many others, have already answered that by the incorporation of other intellectual frameworks into Bioenergetic Analysis.

In this article I have attempted to do something similar by the use of object relations theory in critiquing those elements of Lowen's bioenergetics that I believe are no longer theoretically able to fully explain pre-oedipal transference and countertransference phenomena. I have tried to recover the essence of Lowen's insights into the energetic/sensory power of "analysis from below", by showing how Bion's ideas of "beta (β) elements" and "container/contained" can bring an intersubjective dimension to in-depth bioenergetic therapy; and I have shown in the case study how Lowen's three definitional elements can be operationalized by the use of object relations theory within Bioenergetic Analysis.

Conclusion

The French psychoanalyst, André Green has said, *"I can see no advantage to be gained from constructing a psychoanalytic theory totally freed from knowledge of the soma"* (2005, p. 276). And I am suggesting that our knowledge of soma cannot be totally freed from the knowledge of the object representations of the mind. Our approach is called Bioenergetic Analysis. We will not lose our connection with the body and with Lowen's rich inheritance through learning from current psychoanalytic reflections in our pursuit of *"the truth of the body"*. And, at the same time, we can make a valuable contribution to psychoanalytic thought by demonstrating the embodiment of the mind in Bioenergetic Analysis.

This paper has shown how one particular theoretical line of object relations theory can be used to more fully inform Bioenergetic Analysis as to the nature of pre-oedipal transference and countertransference, for the benefit of our patients.

Dedication

I would like to dedicate this article to my supervisor, Diane Zwimpfer MA(APP), Dip Psychotherapy, MNZAP(APC), MANZAP, to whom I am indebted for my understanding of the paranoid-schizoid and depressive positions, and whose unconditional support has enabled me to work bioenergetically and psychodynamically with powerful transference and countertransference phenomena.

References

Balestriere, L. (2007): The work of the psychoanalyst in the field of psychosis. International Journal of Psycho-Analysis 88, 407–421.
Bion, W. (1962): Learning from Experience. Heinemann, London.
Bion, W. (1977): Seven Servants: Four Works. Jason Aronson, New York.
Bion, W. (2005): The Italian Seminars. Karnac, London.
Brown, L. (2011): Intersubjective Processes and the Unconscious: An Integration of Freudian, Kleinian and Bionian Perspectives. Routledge, New York.
Clauer, J. (2007): Embodied Comprehension: Treatment of Psychosomatic Disorders in Bioenergetic Analysis. The Clinical Journal for Bioenergetic Analysis 17, 105–133.
Cockburn, G. (2008a): Standing on Both Legs. The Clinical Journal for Bioenergetic Analysis 18, 11–26.
Cockburn, G. (2008b): Survival and Transformation in the Oral/Oedipal Vortex. The European Journal of Bioenergetic Analysis and Psychotherapy 4, 1, 6–31.
Davis, W. (2008): On Working Energetically, Part 1. www.functionalanalysis.de. (Accessed 8 April 2011).
Finlay, D. (1999): A Relational Approach to Bioenergetics. The Clinical Journal for Bioenergetic Analysis 10, 2, 35–52.
Freud, S. (1910): The future prospects of psycho-analytic therapy. Standard Edition 11. The Hogarth Press, London.
Freud, S. (1912): Papers on Technique. Standard Edition 12. The Hogarth Press, London.
Green, A. (2005): Key Ideas for a Contemporary Psychoanalysis. Routledge, London.
Grosskurth, P. (1986): Melanie Klein, Her World and Her Work. Knopf, New York.
Grotstein, J. (2007): A Beam of Intense Darkness: Wilfred Bion's Legacy to Psychoanalysis. Karnac, London.
Grotstein, J. (2009): … But At the Same Time and On Another Level. 2 Vols. Karnac, London.
Guntrip, H. (1968): Schizoid Phenomena, Object-Relations and the Self. Hogarth Press, London.
Heimann, P (1950): On counter-transference. International Journal of Psycho-Analysis 31:81–84.
Hilton, R. (1988): Narcissism and the Therapist's Resistance. The Clinical Journal for Bioenergetic Analysis 3, 2, 45–75.
Hilton, R. (2008): Relational Somatic Psychotherapy: Collected Essays of Robert Hilton, Ph. D. Sieck, M. (ed). Santa Barbara Graduate Institute.
Klein, M. (1946): Notes on Some Schizoid Mechanisms. In: Envy and Gratitude and Other Works 1946–1963. (1975). Free Press, New York.
Klein, M. (1975): The Psycho-Analysis of Children. Free Press, New York.
Klein, M. (1975): Love, Guilt and Reparation and Other Works 1921–1945. Free Press, New York.
Klopstech, A. (2008): Bioenergetic Analysis and Contemporary Psychotherapy: Further Considerations. The Clinical Journal for Bioenergetic Analysis 18, 114–136.
Klopstech, A. (2009): So Which Body Is It? The Clinical Journal for Bioenergetic Analysis 19, 11–30.
Koemeda-Lutz, M. (2011): The Relative Contribution of Cognition, Affect and Motor Behavior in Psychotherapeutic Processes: Empathy and Interaction as Healing Factors. In: Heinrich-Clauer, V. (ed): Handbook Bioenergetic Analysis. Psychosozial-Verlag, Gießen. 469–490.

Lewis, R. (2007): Bioenergetics in Search of a Secure Self. The Clinical Journal for Bioenergetic Analysis 17, 135–164.
Lewis, R. (2008): The clinical theory of Lowen, his mentor Reich, and possibly all of us in the field, as seen from a personal perspective. The USA Body Psychotherapy Journal 7, 1, 35–59.
Lewis, R. (2011): Cephalic Shock as a Somatic Link to the False Self Personality. In: Heinrich-Clauer, V. (ed): Handbook Bioenergetic Analysis. Psychosozial-Verlag, Gießen. 113–128.
Lowen, A. (1969): The Betrayal of the Body. Macmillan Publishing Co., New York.
Lowen, A. (1971): The Language of the Body. Macmillan Publishing Co., New York.
Lowen, A. (1975): Bioenergetics. Penguin Books, New York.
Lowen, A. (1995): The Process of Bioenergetics. The Clinical Journal for Bioenergetic Analysis 6, 1, 1–8.
Lowen, A. (1996): Keynote Address. The Clinical Journal for Bioenergetic Analysis 7, 1, 1–15.
Lowen, A. (2004): Honoring the Body. Bioenergetics Press, Alachua.
Makari, G. (2008): Revolution in Mind. Harper Collins Publishers, New York.
Mitchell, S., & Black, M. (1995): Freud and Beyond: A History of Psychoanalytic Thought. Basic Books, New York.
Mitrani, J. (2001): Ordinary People and Extra-Ordinary Protections. Routledge, New York.
Ogden, T. (1989): The Primitive Edge of Experience. Jason Aronson, New York.
Ogden, T. (1990): The Matrix of the Mind. Jason Aronson, New York.
Ogden, T. (1991): Projective Identification & Psychotherapeutic Technique. Jason Aronson, New York.
Ogden, T. (1994): The analytic third-working with intersubjective clinical facts. International Journal of Psycho-Analysis 75, 3–20.
Ogden, T. (1996): The Subjects of Analysis. Jason Aronson, New York.
Ogden, T. (2001): Reminding the Body. In: Conversations at the Frontier of Dreaming. Jason Aronson, New York.
Ogden, T. (2004): The Matrix of the Mind. Jason Aronson, New York.
Ogden, T. (2009): Rediscovering Psychoanalysis. Routledge, New York.
Ogden, T. (2010): Why Read Fairbairn? International Journal of Psycho-Analysis 91, 101–118.
Reich, A. (1951): On counter-transference. International Journal of Psycho-Analysis 32, 25–31.
Reich, W. (1929): Dialectical Materialism and Psychoanalysis. In: Baxandall, L. (1972). (ed): Sex-Pol Essays, 1929–34. Vintage Books, New York.
Reich, W. (1991): Character Analysis. The Noonday Press, New York.
Resneck-Sannes, H. (2005): Bioenergetics: Past, Present and Future. The Clinical Journal for Bioenergetic Analysis 15, 33–54.
Schore, A. (2003): Affect Regulation and the Repair of the Self. W. W. Norton & Co., New York.
Schroeter, V. (2009): Borderline Character Structure Revisited. The Clinical Journal for Bioenergetic Analysis 19, 31–52.
Slakter, E. (1987): Countertransference. Jason Aronson, New York.
Tonella, G. (2008): Paradigms for Bioenergetic Analysis at the Dawn of the 21st Century. The Clinical Journal for Bioenergetic Analysis 18, 27–60.
Tonella, G. (2011): The Self: Its Functions, its Attachments and its Interactions. In: Heinrich-Clauer, V. (ed): Handbook Bioenergetic Analysis. Psychosozial-Verlag, Gießen. 57–112.
Tuccillo, E. (2006): A Somatopsychic Relational Model for Growing an Emotionally Healthy, Sexually Open Body from the Ground Up. The Clinical Journal for Bioenergetic Analysis 16. 63–86.

Tustin, F. (1992): Autistic States in Children. Routledge, New York.
Weigand, O. (2001): Current Trends on Bioenergetic Therapy, Brazil. The Clinical Journal for Bioenergetic Analysis 12, 1, 87–100.
Zaccagnini, G. (2011): Affective Relationships and Bodily Process. In: Heinrich-Clauer, V. (ed): Handbook Bioenergetic Analysis. Psychosozial-Verlag, Gießen. 149–158.

About the Author

Garry Cockburn BSW(Hons), CBT, MNZAP(APC), was born in New Zealand, trained as a Catholic priest in Sydney, Australia in the 1960s, and undertook post-graduate studies in theology in Rome. After leaving the priesthood, he qualified as a social worker and worked in the New Zealand Government child abuse agency for nearly 30 years. He finished his bioenergetic training in 1995 and has worked in private practice as a bioenergetic therapist since 2002. He has published in the Bioenergetic Journal, and in the European J. for Bioenergetics and Psychotherapy. He was a keynote speaker at the Seville IIBA conference. He is a Local Trainer for the New Zealand Society and joined the Board of Trustees of the IIBA in 2011. E-mail: garry.cockburn@paradise.net.nz.