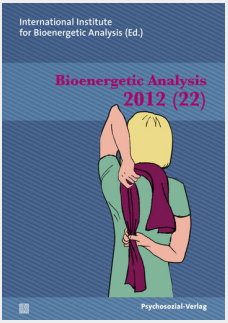
Nicoletta Cinotti

The Expression of an Age-Old Need for Company



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The Expression of an Age-Old Need for Company

Infant Research and Bioenergetic Analysis

Nicoletta Cinotti

Abstracts

English

This article aims to explore the subject of the dialogue between bioenergetic analysis and infant research. The *still-face* paradigm will be introduced, allowing the processes of self-regulation and interactive regulation to be explored, as well as the bodily root of emotion regulation, and showing a way to use the results of scientific research to enrich our clinical and training resources. Theoretical exposition will be followed by the presentation of a short clinical study, which illustrates the possibility of intervention using this paradigm.

Key words: self-regulation, still-face, interactive regulation, dyadic state of consciousness

Säuglingsforschung und Bioenergetische Analyse: Ausdruck eines uralten Bedürfnisses nach Gemeinsamkeit (German)

Dieser Artikel hat das Ziel, die Verbindungen zwischen Bioenergetischer Analyse und Säuglingsforschung herauszuarbeiten. Dazu wird das Still-Face-Experiment vorgestellt. Mit ihm können die Wechselwirkungen zwischen Selbstregulation und Interaktiver Regulierung sowie gleichzeitig auch die körperlichen Grundlagen der Emotionsregulation untersucht werden.

Die Autorin zeigt anhand des Still-Face-Paradigmas, wie die Ergebnisse dieser wissenschaftlichen Untersuchungen ihre klinische Arbeitsweise und die Unterrichtsmöglichkeiten innerhalb der Bioenergetischen Analyse bereichert haben. Die theoretische Darstellung wird dann durch einen kurzen klinischen Fall ergänzt. Er veranschaulicht die Interventionsmöglichkeiten, welche die Anwendung der Still-Face-Paradigmas bietet.

Schlüsselwörter: Selbstregulation, Still-Face, Interaktive Regulation, Dyadische Bewusstseinszustände

Le tres ancien besoin de compagnie: Recherche l'enfant et l'analyse bioenergetique (French)

Cet article a pour but d'explorer le sujet du dialogue entre l'analyse bioénergétique et la recherche sur le jeune enfant. Le paradigme "still face" sera amené, ce qui permettra l'exploration des processus d'auto-régulation et de régulation interactive ainsi que celle de la racine corporelle de la régulation de l'émotion, il montrera une façon d'utiliser les résultats de la recherche scientifique pour enrichir nos ressource clinique et d'enseignement. La présentation théorique sera suivie par celle d'un bref cas clinique qui illustre la possibilité d'une intervention utilisant ce paradigme.

Mots clés: auto-régulation, still face, régulation interactive, état de conscience dyadique

La expresión de una antigua necesidad de acompañamiento: La investigación infantil y el análisis bioenergético (Spanish)

Este artículo explora el tema del diálogo entre el análisis bioenergético y la investigación infantil. Se introducirá el paradigma de la cara inmóvil, permitiendo explorar los procesos de auto-regulación y de regulación interactiva, así como la raíz corporal de la regulación emocional, y mostrando un modo para utilizar los resultados de la investigación científica a fin de enriquecer nuestros recursos clínicos y de formación. A la exposición teórica le seguirá la presentación de un breve caso clínico que ilustra la posibilidad de intervención utilizando este paradigma.

Conceptos clave: auto-regulación, cara immóvil, regulación interactiva, estado de conciencia diádica

L'espressione di un antico bisogno di compagnia: Infant research e analisi bioenergetica (Italian)

Il presente articolo intende affrontare il tema del dialogo tra l'analisi bioenergetica e l'infant research. Nel farlo verrà presentato il paradigma della "still face" che permette di esplorare i processi di autoregolazione, di regolazione interattiva, e la radice corporea della regolazione emotiva mostrando come l'autrice ha usufruito dei risultati della ricerca scientifica per arricchire il suo patrimonio formativo e clinico bioenergetico. Un esempio di integrazione che può essere seguito poiché ne vengono illustrati gli aspetti teorici e pratici. Verrà anche presentato un breve caso clinico che esemplifica una possibilità di intervento utilizzando questo paradigma.

Parole chiave: autoregolazione, paradigma della Still-Face, regolazione interattiva, stato diadico di coscienza

A expressão da necessidade tardia de companhia: pesquisa infantil e Análise Bioenergética (Portuguese)

Este artigo visa examinar o diálogo entre análise bioenergética e pesquisa infantil. O paradigma *still-face* é introduzido, permitindo a exploração de processos de auto-regulação e regulação interativa, bem como a origem corporal da regulação emocional. Ao examinar o paradigma *still-face*, a autora mostra como usou os resultados de pesquisas científicas para enriquecer seus recursos clínicos e didáticos no campo da Bioenergética. Este exemplo de integração é ilustrado pela apresentação de aspectos práticos e teóricos do assunto. Um pequeno estudo de caso também é apresentado, para ilustrar as possibilidades de intervenção utilizando esse paradigma.

Palavras-chave: auto-regulação, *still-face*, regulação interativa, estado diádico de consciência

The still-face paradigm

The still-face paradigm is a procedure for observing interactive behavior in infants aged between a few months and two and a half years, both in terms of normal development and in terms of evolutionary risk (Tronick, 2002; Montirosso et al., 2008). The validity of this procedure has been widely supported in numerous scientific studies (Mesman et al., 2009) and its main aim is to evaluate the infant's socio-emotional behavior and capacity for emotion regulation, as well as the mother's sensitiveness and responsiveness. It was developed over thirty years ago by Ed Tronick and his colleagues and is structured in three episodes of face-to-face interaction lasting two minutes each (Tronick et al., 1978). In the first episode, known as "Play", the mother is asked to interact with her child as she would usually do. In the second, known as "Still", she is asked to maintain a neutral, immobile facial expression and to refrain from interacting with the child. Finally, in the third episode, known as "Reunion", she has to go back to interacting normally with the child.

The three phases are filmed in order to have simultaneous paired images of the mother's and infant's faces, and these are subsequently analyzed frame by frame. Generally, in the Still phase, what is known as the *still-face effect* can be observed: the infant shows discomfort, which is expressed through negative emotions, motor agitation or, less frequently, stillness similar to that of the mother. In addition to these behaviors, other significant bodily signs are recorded, including a decrease in glances toward the mother and an increase in visual scanning and in the number of requests to be picked up (Adamson et al., 2003; Toda et al., 1993; Weinberg et al., 1999). Faced with his mother's continued unavailability for interaction, the infant feels forced to employ strategies aimed at self-regulating his negative emotional state resulting from a situation which, in some respects, could be seen as similar to the depressive response of self-absorption that some mothers may manifest (Tronick et al., 1978; Carter et al., 1990). In this sense, the still-face paradigm is an opportunity to evaluate the type of behavior the infant employs in order to regulate his own emotional state and/or how he tries to re-establish the normal interactive pattern by involving the adult as the external regulator of his emotions. We can often observe, on the part of the infant, self-comforting and self-stimulating gestures such as sucking and manipulating parts of his own body, or even freezing behaviors such as the immobilization of body language and gestures.

The interruption of communication with the mother is a particular condition that demonstrates how much young infants "expect" to interact with another human being and how the desire for company is one of the primary motivations for movement, with signals of calling out – such as crying – or more-active behaviors such as visual scanning and rotation of the head. If this searching is unsuccessful – if this reaching out toward the world doesn't meet with a response – infants find themselves in a situation of destruction and impoverishment in terms of their relationship, which is reminiscent of the image described by Alexander Lowen regarding the development of the schizoid or oral character types. The discomfort resulting from the stillness of the mother's face is so significant that three-month-old babies manifest greater stress and gaze avoidance during the phase of maternal inexpressiveness than during short periods of separation from their parent (Field, 1994).

Even though this paradigm is artificial, it nevertheless enables us to have a very real idea of what happens during maternal unavailability and during the early organization of methods of self-regulation and interactive regulation. It shows the central role of the processes of repair when faced with the fact that the mother's attention, previously mainly oriented towards evaluating the capacity for attunement, is now detached from involvement in real interaction.

This paradigm, as well as the repetition, in a clinical bioenergetic context, of the same relational experience through experimental work with dyads – as we shall see in the subsequent case study – enables the process of interaction, breakdown and repair to take place.

The role of repair as a metaphor for the therapeutic relationship

The still-face paradigm underlines the importance of relational capacity in repairing inevitable errors. It is the experience of the effectiveness of repair after the Still phase that structures the infant's trust in himself and in the relationship. Research carried out by Tronick and his colleagues (2008) shows that, in real interaction, the mother and infant spend 70 to 80 percent of the time in a state of non-harmony without this being an indicator of dysfunction in the relationship itself. The health of the relationship is measured not so much by the time spent in harmony, but rather by the dyad's capacity for good repair in an appropriate amount of time.

What's more, from a clinical point of view we know that excessive attunement can, in fact, lie at the root of the development of narcissistic discomfort (Sander 2007). It becomes evident that the fundamental point is for the dyad to manage to repair the error. In this sense it is a method for exploring in a realistic way the relational breakdowns that take place every day in the mother-infant relationship – and in every other relationship, including therapeutic ones. It is the dynamics of this process (of interaction, breakdown and repair in terms of communication and relationships) that enable us to introject a representation of the Self with the capacity to transform negative emotional states into positive states. When this happens, what we experience – whatever our age – is a sensation of being in control of ourselves, that wonderful sensation of self-possession which, for Lowen, is one of the three pillars in the development of the embodied Self (Lowen, 1994).

Next to this trust in himself and through successful situations of repair, the infant develops that relational trust, which he can channel towards a calm and solid bond of attachment. The experience of repair underlies the construction of such a bond in adult relationships, too. In this case the breakdown is the moment when we express our discomfort and the repair is the moment when we feel that the other person has understood our experience and both parties come out of the situation enriched and strengthened.

On the other hand, experiencing repeated breakdowns in communication with partial and/or inappropriate repair makes an infant build a negative emotional nucleus characterized by anger and sadness and by a process of withdrawing from dealings with the world. To put it in bioenergetic terms, he becomes involved in building methods of withdrawal or avoidance with tensions or areas of breakdown – that include the eye area, the arms and the general level of activation – which lead to situations of hyperactivation or states of disassociation. This withdrawal, which is accompanied by denied or hidden feelings, is often expressed by a relatively significant lack of awareness. On countless occasions, our patients tell stories of their relationship failures but remain unaware of their own contribution to the failure, which lies in the reactivation of old interactive methods. Such an understanding cannot happen without a person becoming open to the reciprocal processes of emotion regulation.

The movement of opening and reaching out toward the world and the movement of withdrawal are central aspects in bioenergetics regarding the organization of character, or, if we prefer, the organization of personality.

These movements are reminiscent of the amoebae studied by Wilhelm Reich, which exhibit movements of expansion in the presence of a favorable environment and of withdrawal in the presence of adverse conditions. When an infant is forced to resort to forms of self-regulation for a prolonged period of time, or when his reaching out encounters unfavorable environmental conditions, his nascent relational capacity can be compromised (Tronick, 1989; Tronick et al., 1986).

Processes of self-regulation, since they are not expressions of withdrawal, need to be integrated with processes of interactive regulation. Reaching out and withdrawing should be fluid and vibrant movements, as, indeed, all movements should be. Offering adult patients in a clinic the possibility to experiment with, and not simply talk about, the experience of breakdown and repair enables us to understand, through the body, our relational method, thus making bioenergetic work a real somatic-relational process (Seick, 2007). In this work, as Louis Sander states, "We are not looking for the past, but for the logic of the strategies for regulating a patient's internal states" (in Schwaber, 1990, p. 228).

In general we continue to have recourse to interactive regulation, both for the pleasure of and the need for company and in the search for external help when the task we face is greater than our capacities. This is exactly what infants do. Moreover, in addition to this, co-regulation allows an infant to increase the capacity of his system, which is still immature.

We are driven toward therapeutic relationships by the need for interactive regulation, the expression of that age-old desire for company and the need to repair an *unresolved error*, which is an instance of *interactive regulation* that did not work properly and has left a mark on the pattern of self-regulation. The result of the repair will provide the meaning of the experience as a whole: interaction, lack of harmony, breakdown and repair. The experience of lack of harmony, which is so realistic in life, does not have a negative meaning in itself: it enables the infant to deal with new, expanding developmental tasks, just as it enables the patient to find new meanings for his own existence.

In this case, attention shifts from the trauma – the absence of communication in the *still* phase – to the relational process as a whole and the capacity of the dyad to repair the failure by expanding its own world of meanings in this way and allowing the growth and development of new and more complex methods of living in the world. Through these processes many of the subjective meanings, which settle in the personal memory and the

emotional and physical biography of each individual, are built. Lowen anticipated this sensitivity and used it in his clinical work with adult patients: "The individual, who as a child or infant had never consciously experienced certain sensations, cannot acquire them through analysis. Where a person has suffered from a lack of feelings of security in early life, what is needed in therapy is not only analysis but the opportunity and the means to acquire that security in the present" (Lowen, 1975, p. 287).

The role of the interlocutor, caregiver or psychotherapist in the somatic-relational therapeutic process is to offer, first of all, validation to the experience that is taking place. The psychotherapist thus becomes an "empathetic co-discoverer," as David Finlay (1999) succinctly states. This validation, which is substantiated by empathetic resonance, is the sharing of a state and is not confined solely to the emotions, but also includes the state of awareness. Partaking in the understanding, which leads to repair, is a validating experience that restores self-awareness, just as the absence of self-awareness can be invalidating. At the moment in which we feel known or recognized by another, an experience of reflexive awareness begins. When the mother-infant relationship is harmonious and the caregiver understands the infant's needs and formulates a response, the experience that the infant undergoes within himself is one of increased embodied awareness, self-control and *self-agency* (Cinotti, Zaccagnini, 2009). In this sense the therapeutic process is also measured with the change, the continuity and the progressive expansion of the coherence and complexity of one's own self, a typical feature both of developmental processes and of the clinical relationship.

Methods of early regulation are also a valid indicator of how the infant will organize his own emotional experience before it becomes a stable bond of attachment (Schore 2003a, Schore 2003b). In the first six or seven months of an infant's life, we can observe an intensification of privileged contact with the mother, who is, nevertheless, not yet identified as the exclusive reference figure (Bowlby, 1969; Ainsworth et al., 1978). It is only from the second half of an infant's first year that the bond clearly emerges, fostering the development of the attachment. The quantity and quality of the interactions, breakdowns and repairs that the mother and infant undergo in the first six months represent a fundamental experience in the process of constructing the bond because they form the framework within which the type of attachment will be defined. Similarly, the first few months of psychotherapy are often the most delicate because it is during this time

that an effective working partnership and a solid therapeutic relationship are being established.

Ways of being together

In fact, emotion regulation in the first few months of an infant's life follows the paths that, to a certain extent, enable us to perceive subsequent ways of "being together." Diener and his colleagues (2002) have traced some of these likely paths. The first possibility is where the infant's self-regulatory capacity and his use of interactive regulation coexist in a balanced way. The infant experiences a sense of self-efficacy or self-possession in terms of his capacity for regulating his emotions in an autonomous way and, where necessary, is flexible enough to be able to turn to an adult figure. He is able to express his own emotions – the self-expression, which forms the second pillar of the embodied Self (Lowen, 1994) – whether these are positive or negative, and the caregiver is perceived as emotionally available. The repetition of experiences of breakdown and repair and the presence of a sufficiently affectionate mother allow a fullness of self-awareness to develop, which integrates self-expression and self-possession. It is highly likely that this will be the basis for the establishment of a secure attachment.

I like to quote my colleague Silja Wendelstadt, who has spent almost thirty years studying the early mother-infant relationship through Eva Reich's gentle bioenergetic massage. In the paper she presented at a conference in Camogli, Italy, in 2009 – which was dedicated especially to "The regulation of emotions" – she discusses emotion regulation as a form of "bioenergetic contact"[1] "'Bioenergetic contact' between two human beings is a rhythmic, pulsating process, a process of tension-charge and relaxation-discharge, as Wilhelm Reich described it. All emotions have this rhythm: breastfeeding, love, joy, anger, crying and so on."

And we mustn't forget Reich himself, who states in "Children of the

1 My collaboration with Rosario Montirosso, an Italian researcher who works very closely with Ed Tronick, has produced two educational events: a conference entitled "La regolazione emotiva" ("Emotion regulation") in Camogli in 2009 and two seminars for advanced-level study: "Gli affetti come organizzatori dell'esperienza" ("Emotions as organisers of experience"), in Genoa in 2010, led by Rosario Montirosso, and "La regolazione delle emozioni nella relazione precoce madre-bambino" ("The regulation of emotions in the early mother-infant relationship"), led by myself and Rosario Montirosso.

Future": "The bioenergetic sense of contact, a function of the energy field of both the mother and the child, is unknown to specialists. Bioenergetic contact is the most essential experiential and emotional element in the interrelationship between mother and child, particularly prenatally and during the first days and weeks of life. On it, basically, the future fate of the child depends. It seems to be the core of the emotional development of the newborn infant. We know very little about it" (Reich, 1942).

It seems that both of them are speaking, using different words, about that process of mutual reciprocal regulation that concerns us[2] (Tronick, 2008).

If emotion regulation is focused solely on self-directed methods – in other words on self-consolation, self-stimulation and the exploration of one's environment in order to limit the need to turn to an adult – we will also find linked to this a reduced expression of negative emotions and the mitigation of positive ones. That's because the adult reference figure is identified right away as not available to provide relief from negative emotions. Such a condition can easily develop into an avoidant attachment bond. The capacity for protesting through frustration is inhibited or excessively mitigated.

Tronick (2008) repeatedly underlines how incapacity for coherent protest is transformed into restrained and inhibited behavior. From a bioenergetic point of view, it is inevitable there be a reference to the important role taken on by actions that "organize" protest, such as kicking and hitting, accompanied by the word "No," the manifestation of a breakdown that could not be expressed either through anger or through sadness. Helping the patient to reorganize this "aborted" behavior can restore that sense of self-control, which he has probably lost.

2 The Mutual Recognition Model (MRM) (Tronick, 1989) aims to define the socio-emotional processes of communication microregulation that produce the unique and specific characteristics of the relationship in question. The simultaneous communication of the affective evaluation of what is happening in the interaction between mother and infant creates, or rather co-creates, relational movements which go from phases of forward movement (moving along) through "now moments" to "moments of meeting" (Stern, 1998). The attention to co-creation underlines the dynamic and unpredictable aspects present in the mother-infant relationship, just as in any other relationship. Ed Tronick prefers the term "co-create" to "co-construct", which is more typical of Stern, to underline that there is no definite final state to be reached (for example secure attachment), rather a continuous becoming of affective movements. An important consequence of co-creativity is that interactive "defects", instead of indicating something that is not working in the interaction, form the material for co-creating new ways of being together. For further exploration of the subject, see Tronick, 2008.

A third outcome, finally, is that the infant resorts exclusively to regulation by another. In such a case, when experiencing discomfort, he will search excessively for relational support and will display a tendency for hyperactivity. In this case the infant emphasizes the expression of negative emotions to attract the attention of the caregiver, who often adopts intrusive relational methods with a low degree of predictability or, conversely, with a constant tendency towards emotional unavailability, often developing an ambivalent-resistant attachment (Fedeli et al., 2010). These infants grow into patients who remain passive, waiting for therapy to provide a solution to the problem. They need to find their own roots and their own ground in order to grasp the sense of their own personal and relational movement. These patients need to learn to experience their own company, instead of always relying on "the other", whose presence as emotional regulator is all-powerful in their lives.

Regulation of emotions is not only concerned with short-term emotional states, but also with ones that are more prolonged and those that play a part in the structure of the infant's mood. Tronick (2002) suggests this takes shape like an emotional process that plays an anticipatory role with regard to future experiences. On a related note, Daniel Stern talks about the *vitality profile*, meaning the rhythm, timing, form and intensity of the communicative exchange within the dyad, and the expression of the temperament of both infant and mother[3].

A good example of the structuring of infant mood with regard to early relational exchanges can be observed in the case of maternal depression. Depressed mothers are less able to understand their children and, as a result, to respond in an appropriate way. They are often less empathetic and expressive, they withdraw their gaze more frequently and are more susceptible to failure during repair. As a result the infant will tend to establish a negative emotional state, thus becoming more resistant to the subsequent social stimuli he may receive. The infant, sharing his mother's sadness, will end up assimilating this and reintroducing it in his subsequent interactions with the adult (Tronick, 2005).

It is no coincidence that infants with depressed mothers tend not to look

3 In clinical bioenergetics, Guy Tonella has explored this aspect, making a distinction between emotions, understood as emotive events, and vitality profiles (Sander 2007; Stern 1985, Tronick 2008): if emotions are, by their very nature, transitory, vitality profiles constitute stable methods of activation which people experience and tolerate, the expression of their energetic profile, to use a phrase that was very dear to Lowen.

at their own mother, to display prolonged negative feelings and generally to come across as more angry. Once it has been established, the infant's negative mood models the affective methods of "being with," compromising the quality of the socio-relational experience. The interactive methods adopted early on by the mother tend to become established over time and have an effect on the quality of the infant's behavioral, cognitive and socio-relational development (Murray and Cooper, 1997). The children of depressed mothers display more negative interaction with unfamiliar adults, are less competent on a social level and interact less (Field, 1998). These are infants who have a significant effect on people from outside the family. Even when these outsiders are unfamiliar with the infant's story, they tend to smile less, have less physical contact with the infant and keep a greater interpersonal distance. This is exactly what happens with depressed patients, who tend to withdraw their gaze and have a lower motor activity level, and who risk receiving less suitable treatment.

The methods of interaction used by depressed mothers do not all form a homogeneous whole. At least two types of interactive pattern have been identified. On the one hand, there are mothers who employ more-intrusive relational methods and on the other, by contrast, there are mothers with a marked tendency towards detachment and withdrawal. The children of hostile and intrusive mothers are faced with a different emotional climate from the children of detached and withdrawn mothers. In the first case, the mothers tend to interrupt the infant's activities and even prevent interactions being repaired. Faced with an obstacle to his activities, the infant experiences a state of anger, which, if repeated, will become internalized. By contrast, in the case of detached or withdrawn mothers, infants display regulation characterized by self-comfort, and the repetition of relational failure will foster the development of a mood characterized by sadness.

Supervision in the light of emotion regulation

An analysis of the intrinsic developmental processes in the mother-infant relationship allows us easily to grasp some of the dynamics between patient and therapist, thus helping us to understand what brings about therapeutic change. It is precisely because of its predominantly non-verbal aspects that mother-infant interaction presents itself as a powerful model for investigating that "extra something" that "happens" in every relation-

ship characterized by strong emotional involvement, like the therapeutic relationship.

In the three years of supervision in the light of emotion regulation, which I have run with a group of bioenergetic colleagues, analysis of the therapeutic *error* was preceded by analysis of the repair of the error, which the therapist carried out, often unconsciously and on a bodily and non-verbal level, immediately after producing the breakdown. Concentrating on this has given us a better understanding both of the colleague's style of repair and of those elements of bodily resonance that led him to tune in to the most-suitable kind of repair for that particular moment. Attention to self-regulatory processes of repairing breakdown also allow us to evaluate how much the therapeutic relationship is moving toward new ways of responding with regard to attachment figures and how much past experiences continue to be repeated.

This perspective is interesting because it overturns the subject previously being explored in supervision and allows us to minimize the aspects of shame and guilt linked to the error and place greater value on aspects of resourcefulness, which are so important to the therapeutic relationship.

Supervision in the light of emotion regulation is a two-person process. Patient and therapist are involved in a reciprocal system of development, which is mediated by perception, exploration and awareness of emotions. Like the mother-infant dyad, they use subtle bodily indicators, and supervision increases awareness of these. In this sense, the patient and therapist are involved in a system of mutual reciprocal regulation that Tronick discusses with regard to the mother-infant relationship. In this process of supervision, self-regulation becomes a tool for understanding the bodily organization of defenses, while interactive regulation enables us to grasp how the patient-psychotherapist dyad moves, opening a new, interesting chapter concerning *relational movements*.

Therapeutic change: relational movements

We cannot forget that underlying vegetotherapy and bioenergetic analysis is the understanding that movement is the language of the body as it expresses an emotion, or the way in which we organize ourselves in order to hold back an emotion (Reich, 1933; Lowen, 1958). We cannot, however, confine ourselves solely to reading the body if we really want to lay claim

to the somatic-relational nature of current bioenergetic analysis. Therefore, in the light of emotion regulation, the patient-therapist dyad is also involved in a relational movement of reciprocal microregulation, which we discussed a short time ago, and in a proper relational movement of more macroscopic dimensions.

With regard to this, Stern (1971, 1985, 1998, Stern et. al. 1985) talks about three relational movements: *moving along*, which represents the phase of forward movement, and *now moment* and *moment of meeting*, which are the expression of the space-time in which the transforming meeting takes place. This space-time is always the present (Stern, 2004). The present is when the corrective emotional experience comes about, and is linked to experiencing something new. This new experience redefines the relational model and allows the phase of forward movement, of integration of the traumatic experience and of newness to come about, transforming the experience that is taking place.

In this case, the reading of relational movements in the supervision process also strengthens the aspects of bodily resonance that are very closely linked to bioenergetic practice and provides a perspective less oriented towards failure and more oriented towards the therapeutic process. It's a process where the patient and therapist experiment with new relational movements or update old methods of response, which are also an expression of their methods of self-regulation.

Beatrice Beebe and Frank Lachmann (2002) have emphasized the role of bi-directional coordination as an essential element for understanding the processes of co-construction of meaning, which are typical in each human relationship. Although every individual can be conceived of as a self-regulating unit, it is similarly evident that processes of regulation by another do not only organize behavior but also design the sense of relational experience and first-person lived experience. The dyad – whether it is parent and infant or therapist and patient – moves within an interactive matrix, which provides the frame of meaning for lived experience.

It is no coincidence that Tronick talks about "dyadic expansion of consciousness." If there is adequate emotion regulation in the mother-infant system, it becomes possible to tackle, resolve and incorporate increasingly complex tasks. Through these acquisitions the infant expands his own state of consciousness of the world, becoming more complex and coherent. The same thing happens in the therapeutic relationship, which provides the patient – through the experience of a different, interactive regulation – the

opportunity to acquire a more-effective self-regulation that is better adapted to the situation. The emergence of a dyadic state of consciousness allows us to move forward in terms of mental organization since it creatively provides new "scenarios" of being together.

A short clinical case

Maria is a patient whom I have been treating for four years. When she began treatment, she had a serious phobic disturbance that caused her to have paranoid thoughts toward strangers, whom she perceived as criminals. It also made her develop a severe eating disorder based on the idea that certain foods were polluted or contaminated. Within six months she had lost more than ten kilos (twenty pounds). Her fear prevented her from having any pharmacological treatments, including those involving psychopharmacological drugs, which would have been very useful when she began treatment. Despite the severity of her symptoms, she appeared normal and successfully hid her phobia of contact by using ingenious tricks. Her situation had deteriorated considerably and was serious enough to force her to ask for help because of a problem at work. She feared she was becoming insane and, even worse, was afraid that other people would notice that she was dominated by her fear.

Her fear of becoming insane immediately seemed to me to be the best point of contact with reality. Maria did not believe in the reality of her thoughts, but she had to behave as if they were real. Her recognition of the distance between reality and her fears was a central point in our therapeutic partnership. We began treatment with a weekly session. After a year of individual therapy, the sessions were supplemented with a weekly bioenergetic exercise class and a monthly group session.

I am going to describe a session that took place during group work in her third year of therapy. It is an example of how I use exercises of reaching out and withdrawal as preparation for still-face work.

The initial part of the session within the group therapy works on the bow and the bend-over as tools for regulating – and self-regulating – the opening and closing of relationships. After this, I introduce dynamic grounding work to provide the opportunity of experiencing opening and withdrawal while remaining in an upright position. I use the first part as an equivalent to the interaction phase in the still-face paradigm. In fact, I prefer the person to come

into contact with his own perception of himself in the opening and closing, seeing it as an expression of past relational experiences, a remembered present that allows responses to previous interactions to be brought up to date.

Then I introduce pair work where one person reaches out towards an interlocutor chosen from among the participants. The pair takes turns to have one person reaching out while the other remains immobile and non-responsive, as happens during the Still phase of the paradigm.

After this phase, I introduce work involving two movements. The first one is refusal, pushing away, using the words "away" or "enough." The second movement is reaching the arms upward and saying, "come." This gives the person the opportunity to explore – within his own bodily first-person experience – a desire for reunion as well as protest.

The third phase, that of repair, takes place in the reflective verbal working through of the experience at the end of the bodywork session. By this point Maria had acquired good embodied awareness and her fears were greatly reduced. During the discussion following the bodywork session, she related her experience very clearly: "My mother was oppressive and intrusive when she wanted to be and absent when I wanted her. When I said 'enough,' I felt like I used to feel when she came and upset me. When I said 'come,' I felt sadness for all the times when I called for her in vain."

This simple and effective description enabled Maria to formulate a better understanding of her fear: she accepted the intrusion because she was afraid of being abandoned. At the same time this intrusion was the source of "poisoning." And, parallel to this, she herself could be persecutory within her social relationships or completely unreachable, distant from contact and from the relationship.

This insight is a very small part of the therapeutic journey, but I am describing it because it clarifies very succinctly the relationship that can be structured between the body (in this case the arms), the regulation of an emotion (fear and anger) and the interactive regulation experienced with the mother. From the point of view of relational movement, my listening and understanding enabled the client to expand her awareness of her own bodily-emotional-cognitive experience. This facilitated a relational forward movement (moving along) both in the therapeutic relationship and in her confidence in her ability to distinguish what was poisoning her and how it was happening. It was an experience in which self-awareness, self-expression and self-possession helped her to integrate the past and present in a richer and fuller sense of herself and of her lived experience. Our being together

and giving our shared attention to the same object, seen from two different points of view, helped her experience an intimacy far removed from the pattern of alternating intrusion and absence that she knew so well.

Sometime later, she brought me a poem, which she felt expressed very well the sense of that insight and of the still-ongoing project of working through her lived experience. The version she brought me was an Italian translation, but this is the original.

Love After Love
Derek Walcott

The time will come
when, with elation
you will greet yourself arriving
at your own door, in your own mirror
and each will smile at the other's welcome,

and say, sit here. Eat.
You will love again the stranger who was yourself.
Give wine. Give bread. Give back your heart
to itself, to the stranger who has loved you

all your life, whom you ignored
for another, who knows you by heart.
Take down the love letters from the bookshelf,

the photographs, the desperate notes,
peel your own image from the mirror.
Sit. Feast on your life.

Little by little Maria started eating again and, meal by meal, she returned to her normal weight.

Short concluding notes

As Lowen succinctly states, in words that seem as if they are dedicated to Maria: "The catalytic point of this transformation is personal experience.

The information that corresponds with our experience becomes knowledge; the rest is not assimilated, it passes through the mind and is soon forgotten" (Lowen, 1970, p. 139).

Dialogic reflection on bioenergetic analysis and infant research fits into this mold. As Tronick says: "Downing (2001) has invited the research world to reflect on the possibility that the infant develops implicit motor procedures that go along with moods. These bodily processes would be stable ways of being in a mood and expressing it. They would be ways in which we, as well as others, come to know our moods" (Tronick, 2008, p. 273). And when speaking about future advances in research, he suggests an interpretation of the infant's dynamic internal conflicts: "In this case, this would not be (that is in the case of dynamic internal conflicts) a conflict of unconscious adult-like representational processes (which once again the infant does not yet have) but a conflict of implicit affective representational processes. It is interesting to think, following Downing (2001), that the conflict may be felt most keenly in the body" (Tronick, 2008, p. 275).

Tronick, quoting an author specialized in bioenergetic analysis training, George Downing, shows he has a clear concept of the role of bodily processes and of the fixed methods of bodily response in the processes of development.

The role of bodily resonance in bioenergetic analysis is not, however, something that is only experienced in clinical exchanges, but is what has already begun in the formative process. We can even say that it is a basic and fundamental part of the formative process. How, in fact, could we enter into resonance with our patients if our body wasn't resonant and vibrant in itself? How could we feel, in our body, the process taking place in the patient if we weren't used to being in harmony with our own bodily process? And so the body is the primary formative experience that the experience of clinical theory must follow. It is not simply an empathetic process, but it begins as a proper formative somatic-relational process. This capacity for constructing bodywork experiences in order to explore lived experience continues to be the specific, distinctive feature in an epistemological sense as well of bioenergetic analysis, and allows it to venture into other areas of clinical psychodynamics while remaining firmly anchored to its own roots.

Indeed, understanding other approaches is not tantamount to integrating a whole theoretical corpus, but means something closer to living a whole body of experience. The still-face paradigm becomes an experience that is explored after it has been employed in the expansion of embodied,

emotional and cognitive awareness and in the integration of the elements that emerge. It enables us to understand the specific meaning that it has come to have in the particular story of that person and his own perceptive universe. This allows us to give solid foundations to clinical exploration, to the reconstruction of one's personal story, but also, most importantly, to the vision of the world on which the perceived present is based, integrating the clinical examination of unconscious processes with the clinical examination of conscious processes.

The foundation on which the formative process of bioenergetic analysis is based is, once again, the distinction proposed by Lowen between understanding and knowing. Formative processes are often journeys based exclusively on knowledge, on learning through study, and the key thoughts of authors concerning their own reference approach.

In bioenergetic analysis this is also the case, but there is more to it. The foundation of the formative process is in fact the understanding that comes from first-person experience, from having had a process rooted in one's own body. In this way, teacher and pupil democratically become co-constructors and co-creators of the analytic-bioenergetic culture, a creative process that is closely linked to the experience of bodywork.

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