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# Somatopsychic Unconscious Processes and Their Involvement in Chronic Relational Trauma



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# **Somatopsychic Unconscious Processes and Their Involvement in Chronic Relational Trauma**

## **Somatic transference and its Manifestation in Relational, Family, and Power Dynamics**

*Elaine Tuccillo*

### **Abstracts**

#### **English**

In this paper the author introduces the concept of chronic relational trauma as a pervasive relational source of personal suffering intrinsic to pathological development in children and in family dysfunctional dynamics. Unconscious processes such as various forms of transference are the vehicle by which distortions, prejudices and abuses of power in dependency relationships are perpetrated and perpetuated. This paper details unconscious mechanisms such as projective identification, the somatopsychic dynamics of these mechanisms, and provides clinical examples of these dynamics at work. Dr. Tuccillo opens the analysis of transference to reveal it as a source of a legacy of transgenerational abuse; projective identification, a complex form of transference, is understood as a relational power mechanism that can distort and obstruct healthy growth of self-esteem, self-authenticity and self-value. Bioenergetic therapists can learn to recognize the operation of the distorting, pathological effects on the person, and his or her unconscious ability to continue a legacy of abuse of self and others through both analysis of transference dynamics somatically as well as psychologically. The author adds the passion born of more than thirty years of practice as a Bioenergetic therapist in appealing for a general raising of consciousness about chronic relational trauma and its effects. Awareness of these unconscious mechanisms experienced somatically and intrapsychically in the client and the therapist is key in working with and ameliorating core destructive issues in the personality, and in all spheres of human relating.

*Key Words:* projective identification, chronic relational trauma, somatic transference, relational power dynamics, transgenerational trauma

## German

In diesem Beitrag führt die Autorin das Konzept des chronischen Beziehungs-traumas ein – eine weit verbreitete Quelle für persönliches Leid in Beziehungen, die pathologischen Entwicklungen von Kindern und dysfunktionalen Familiendynamiken zugrunde liegt. Unbewusste Prozesse, wie verschiedene Formen der Übertragung, sind das Vehikel, mit dem Wahrnehmungsverzerrungen, Vorurteile und Machtmissbrauch in Abhängigkeitsbeziehungen entstehen, verübt und endlos wiederholt werden. Im vorliegenden Beitrag werden unbewusste Mechanismen wie die “projektive Identifikation” und die somatopsychische Dynamik dieser Mechanismen im Detail dargestellt, und es werden klinische Beispiele für die Funktionsweise dieser Dynamiken gegeben. Dr. Tuccillo analysiert das Übertragungsgeschehen und zeigt auf, dass hier die Altlasten von transgeneracionalem Missbrauch ihre Wurzeln haben; die projektive Identifikation, eine komplexe Variante von Übertragung, wird als Machtmechanismus innerhalb von Beziehungen verstanden, der ein gesundes Wachstum von Selbstbewusstsein, Authentizität und Selbstwertempfinden verzerren und behindern kann. Bioenergetik-TherapeutInnen können durch körperliche, wie auch psychische Analyse von Übertragungsdynamiken lernen, die verzerrenden, pathologischen Auswirkungen auf eine Person zu erkennen und deren unbewusste Fähigkeit, ein Erbe von Selbst- und Fremdmissbrauch weiterzugeben. Die Autorin unterstreicht ihren Appell zu einer allgemeinen Bewusstseinsweiterung bezüglich chronischer Beziehungstraumata und ihrer Auswirkungen mit einer Leidenschaft, die ihrer über dreißigjährigen praktischen Arbeit als bioenergetische Therapeutin entspringt. Ein Bewusstsein von diesen unbewussten Mechanismen, das somatisch und intrapsychisch, sowohl von der Patientin als auch von der Therapeutin erfahren werden kann, ist entscheidend für die heilsame Arbeit mit destruktiven Kernthemen der Persönlichkeit wie auch in allen Bereichen zwischenmenschlicher Beziehungen.

## French

Dans cet article l’auteur présente le concept de traumatisme chronique relationnel comme une source relationnelle omniprésente de souffrance personnelle intrinsèque

au développement pathologique chez les enfants et dans les familles aux dynamiques ayant des troubles relationnels. Les processus inconscients tels des formes variées de transfert sont le véhicule par lequel distorsions, préjugés et abus de pouvoir dans les relations de dépendance sont commises et perpétuées. Cet article détaille les mécanismes inconscients tel l'identification projective, les dynamiques somato-psychiques de ces mécanismes, et donne des exemples cliniques du fonctionnement de ces dynamiques. Dr Tuccillo ouvre l'analyse de transfert pour le montrer comme une source d'un legs d'abus transgénérationnel; l'identification projective, une forme complexe de transfert, est comprise comme un mécanisme relationnel puissant qui peut déformer et obstruer la croissance saine de l'estime de soi, du sens de l'authenticité et de celui de sa propre valeur. Les thérapeutes bioénergéticiens peuvent apprendre à reconnaître la mise en place de la déformation, des effets pathologiques sur la personne, et la capacité inconsciente de celle-ci à entretenir le legs de l'abus de soi et des autres au travers à la fois de l'analyse et des dynamiques de transfert somatiques et psychologiques. L'auteur y ajoute la passion née de plus de trente années de pratique comme thérapeute bioénergéticien en faisant appel à une hausse générale de conscience du traumatisme chronique et de ses effets.

## Spanish

En este artículo, la autora presenta el concepto de trauma crónico relacional como el omnipresente origen relacional de un sufrimiento personal intrínseco al desarrollo patológico en niños y en familias con dinámicas disfuncionales. Los procesos inconscientes tales como los distintos modos de transferencia son el vehículo por el cual las distorsiones, los prejuicios y los abusos de poder en relaciones de dependencia son actuados y perpetuados. Este artículo detalla los mecanismos inconscientes tales como la identificación proyectiva, la dinámica somato psíquica de tales mecanismos y ofrece ejemplos clínicos de como funcionan estas dinámicas. La doctora Tuccillo abre el análisis de la transferencia para revelarlo como el origen de un legado de abuso transgeneracionala identificación proyectiva, una forma compleja de transferencia, es entendida como un mecanismo de poder a nivel relacional que puede distorsionar y obstruir un crecimiento saludable de la propia estima, la propia autenticidad y el valor de sí. Los terapeutas Bioenergéticos pueden aprender a reconocer el mecanismo de los efectos distorsionadores y patológicos en la persona y su habilidad inconsciente para continuar un legado de abuso de sí mismo/a y de otros a través del análisis de la dinámica transferencial, a nivel somático y psicológico. La autora añade la pasión originada en más de treinta años de práctica como terapeuta bioenergé-

tica y apela a que se incremente la conciencia acerca del trauma relacional crónico y sus efectos. Tomar conciencia de estos mecanismos inconscientes experimentados a nivel somático e intrapsíquico en el cliente y en el terapeuta es crucial para trabajar y mejorar con los temas destructivos centrales en la personalidad, y en todos los ámbitos de relacionalidad humana.

## **Italian**

In questo articolo l'autrice introduce il concetto di trauma relazionale cronico come fonte relazionale pervasiva di sofferenza personale intrinseca allo sviluppo patologico nei bambini e nelle dinamiche disfunzionali delle famiglie. I processi inconsci, così come varie forme di transfert sono il veicolo attraverso cui vengono perpetrate e perpetuate distorsioni, pregiudizi ed abusi di potere nelle relazioni di dipendenza. Questo lavoro dettaglia i meccanismi inconsci come l'identificazione proiettiva, le dinamiche psicorporee di questi meccanismi e fornisce esempi clinici del funzionamento di queste dinamiche. La Dott.ssa Tuccillo inizia un'analisi del transfert per mostrarlo come fonte dell'eredità di abuso transgenerazionale; l'identificazione proiettiva, una complessa forma di transfert, è compresa come meccanismo relazionale di potere che può distorcere e opporsi ad una sana crescita dell'autostima, dell'autenticità e del valore di sé. I terapeuti bioenergetici possono imparare a riconoscere, attraverso l'analisi delle dinamiche transferali sia a livello corporeo che psicologico, l'opera degli effetti patologici distorsivi presenti nella persona e la sua capacità inconscia di perpretare un'eredità di abuso di sé e degli altri. L'autrice aggiunge la passione nata da più di trent'anni di pratica come terapeuta bioenergetica nel far appello per un generale aumento della consapevolezza circa il trauma relazionale cronico e i suoi effetti. La consapevolezza di questi meccanismi inconsci esperiti a livello corporeo e intrapsichico nel paziente e nel terapeuta costituisce la chiave per lavorare e migliorare i temi distruttivi centrali nella personalità e in tutte le sfere delle relazioni umane.

## **Portuguese**

Neste artigo, o autor introduz o conceito de trauma relacional crónico como uma fonte relacional penetrante de sofrimento pessoal, intrínseco ao desenvolvimento patológico em crianças e em dinâmicas familiares disfuncionais. Processos inconscientes, tais como diversas formas de transferência, são o veículo pelo qual distor-

ções, preconceitos e abusos de poder em relações de dependência são perpetrados e perpetuados. Este artigo detalha mecanismos inconscientes como a identificação projetiva e suas dinâmicas somatopsíquicas, e traz exemplos clínicos dessas dinâmicas. Dra. Tuccillo descortina a análise da transferência para revelá-la como a fonte de um legado de abuso transgeracional; a identificação projetiva – uma complexa forma de transferência, é considerada como um mecanismo de poder relacional que pode distorcer e obstruir o crescimento saudável da auto-estima, da auto-autenticidade e da auto-valorização. Através da análise da dinâmica da transferência – somática e psicológica, terapeutas bioenergéticos podem aprender a reconhecer a operação de distorção, seus efeitos patológicos na pessoa e a tendência inconsciente desta para dar continuidade ao legado de abuso – em relação a si mesma e a outros, A autora manifesta sua paixão, decorrente de mais de trinta anos de prática como analista bioenergética, por uma tomada de consciência sobre traumas relacionais crônicos e seus efeitos. A conscientização desses mecanismos inconscientes, vividos pelo cliente e pelo terapeuta nas esferas somática e intrapsíquica são a chave no trabalho para ajudar nas questões destrutivas essenciais da personalidade e em todas as esferas do relacionamento humano.

Over the years of my development as a clinician my consciousness was raised about the dynamics of power and oppression. Feminist psychotherapy has at its core the premise that a person's emotional suffering is caused by the pathological power dynamics of the culture in which the person develops including, of course, the family. The suffering person is infused with the oppression the culture (by way of individual and group relationships) brings to bear by virtue of the person's gender. This consciousness has helped me to understand that prejudice and toxic relational dynamics are pervasive and affect everyone.

I moved from the feminist focus on power dynamics based on gender, to the broader psychotherapeutic focus on power dynamics in all relationships, and in particular, to the early parent-child-family relationships that form people. While the focus on gender is important, as it is, also, on race and class, I have learned that oppressive power dynamics based on irrational and delusional prejudices pervasively influence men, women, children, couples, families and human groups. These processes are at the core of prejudices of all kinds, of invalid attribution or irrational paranoia; at the core of unconscious motivation for oppression in all spheres of human interaction. These processes are at the core of chronic relational trauma, and are played out in human relationships everywhere. Power and force over another can be used for ill or for good. Motivation to do harm through exploitation or domination comes from many sources, social, psychological, and emotional. Often these motivational forces

are unconscious; some can even start off with benign or good intentions, but become damaging over time, like a ship 1 degree off course missing land by miles. What my work as a psychotherapist has helped me to focus on is how this oppressive power over others is carried through somatopsychic, unconscious processes, particularly the action of transference dynamics.

## **Somatopsychic Unconscious Processes and Their Involvement in Chronic Relational Trauma**

Chronic relational trauma comes into being from chronic relational abuse. This type of abuse happens in human relationships; chronically – meaning every day, or most days, all or most of the time. It happens from the moment of birth, or after significant events like marriage, or puberty, but it can also happen due to the juxtaposition of dependency, one human being dependent on another for just about any reason what so ever.

Here is an everyday example: A middle-aged woman described an interaction with her boss to me. Her boss came to her desk, said nothing, shoved some papers, work for her to do, in front of her, just before the end of the workday. Her boss didn't say a word, but looked at her with a penetrating, hateful, intimidating stare, then walked away. This interaction froze my patient; she felt nauseous, frightened and began shivering. In her session she began to associate this to similar, almost daily experiences, with her mother who was quite sadistic. She began to recognize what her mother's silent, penetrating, hateful look meant to her; how it shaped her, how it transferred to her reaction to her boss; how she used it at times on her son and daughter; the fear it generated, the self-hatred and insecurity, the sick, dizzy, nauseous feeling in her body. These parallel experiences almost 40 years apart; contacting what this meant for her, was a breakthrough moment. She could feel the rage behind her fear; the grief at the loss of her positive feeling about herself. She said to me, quite insightfully: "Violence is terrible, but there are other ways just as awful to hurt somebody without ever touching them physically."

Chronic relational abuse is when one person is dominated, or defined, or manipulated or demeaned, or seduced or in some other way misused or abused by another in an ongoing relationship so that these destructive dynamics – power dynamics – happen regularly, chronically. Often these are ordinary observable dynamics happening regularly in families, between parent and child, husband and wife, between siblings, or in the mother/father/child triangle. These can be destructive, mostly unconscious dynamics that have formative power to influence a person's emotional development



and identity. In my view, a person is formed through an immersion in a relational matrix – usually this matrix is the family. I am curious about and want to investigate the power dynamics of that matrix. When we analyze character structure we are looking, at least in part, at how interpersonal power dynamics shape personality. Dynamics are energetic forces that have power, and impact to shape us. All feelings have power. Who we love, admire, envy or hate ... shapes us. And who loves, admires, envies or hates us also shapes us.

We are made up of introjects and identifications; these are powerful attachment blocks (somatopsychic homunculi) that accumulate and combine to build who we are. The cornerstone of our somatopsychic formation are these early relationship attachments with our parents and caregivers. What happens here, in these early and everyday relationships, dynamically, interpersonally, is crucial. The interpersonal dynamics, the relational, energetic, attitudinal, behavioral patterns, in the mother-child/father-child/mother-father-child relationship are like geological formations that make up the layered foundation of the unique inner workings of each individual.

In our adult relationships we live out the dynamics of loving, hating, longing, the thrills of idealization, the urge to dominate, or to compete on tracks laid down in these early relationships. Although these interweaving attachment patterns may take an outwardly similar shape, they are, actually, each uniquely laid down by individual life relational experience; by individual bonds of love, respect, admiration and support, or of neglect, contempt, humiliation, competition or deprivation. The combinations and permutations of these dynamics and interpersonal affects interact with our endogenous constitutional makeup to make a unique, individual mix.

My interest is in how the unconscious plays a part in this, the archeological substrata that is at the foundation of personality and individuality. In particular, how unconscious transference plays a part in this, and more specifically, how projective identification – a particular and powerful kind of transference dynamic, plays a part in all this. And finally – how all this has become, for me, essential in understanding and working within the therapeutic process.

At the core of psychotherapeutic process is sensitivity to and knowledge of the reality and dynamics of chronic relational trauma. Chronic relational trauma plays out in human relationships everywhere. We cannot underestimate the importance of the unconscious and in particular the unconscious processes of transference, and how these processes make the origins of chronic relational trauma so hard to recognize. Because these processes are hidden from conscious awareness, they must be investigated and brought into the foreground; we need to – as psychotherapists, as parents, teachers, partners – make them stand out in our awareness if we have any chance of disrupting their damaging effect or blocking a legacy of hidden unconscious abuse.

## What Is Transference and Why Is It Important to us?

I want to acknowledge the information gleaned from the emerging world of neurobiology and the older world of the psychological study of cognition and perception. From both these vantage points, researchers have found that learning takes place through pattern recognition and repetition. (Dan Siegel 2003, David Hawkins 2002, Piaget 1954). As organisms we are neurologically and cognitively structured to take in information when the information is organized in patterns; it is much harder to learn when information is displayed in chaotic or disorganized form. So we are hard-wired to take in and to recognize patterns, familiar patterns, associations and correlations. This process helps us in understanding information by seeing that what we are seeing and experiencing is not all new, but rather that the new is often related to the old, already learned ideas – regularities, that make taking in information more organized and less jarringly unfamiliar. This works for truth and for falsity. We can see something as familiar and similar to something we have learned to love, or to hate; or even more complex, that we have learned to love *and* to hate. Relationships are often built at least in part on these congruities of perception; we recognize in this little baby, his eyes, his chin, or his spirit a familiar loved one; or a person who dominated and abused us, or a person we devoted ourselves to, only to have lost our autonomy in this surrender. Here, in the beginning and continuous perception of the new person, we impose what is familiar to help us in taking in the new information. This process can lead to better understanding or it can lead to errors of perception and attribution. This is transference.

Transference brings our emotional history into the present. It is through transference that we can perceive and feel something or someone as familiar. Transference provides the illusion that one has already been there before. We unconsciously through the transference relate to another person, familiar or unfamiliar, in ways that are somatopsychically ingrained in our being and character. We have the illusion that we already know this person, or her motivations or attitudes, even though we are just now experiencing it in the present. Transference is at the foundation of the energetic, somatopsychic patterns of bonding in all human relationships, and it is derived from the primary formative bond between mother or other primary caregiver and child. It is locked into our visceral, neuromuscular apparatus.

Transference is with us all the time. It flashes in and out of our experience. And it's unconscious!

The discovery of transference was of truly genius proportions. It's like discovering a virtual reality that comes and goes without our conscious awareness, but impacts us powerfully and unremittingly. Freud (1910) first discovered transference in his patients'

distorted (usually inflated and amorous, sometimes negative) views of him. He began a focused investigation of the complex origins of these distorted views and feelings about him. Harry Stack Sullivan (1953) saw the pervasive nature of transference. He coined the term for everyday transference “parataxic distortions”. R. D. Laing (1971) in his investigations of family politics would ask family members repeatedly concerning the identified patient, “Who does he or she take after?” to grasp the underlying pathological pressure of the transference which he believed was a deep source of the relational insanity in families. What he was investigating was the transference burden placed on the child that acted to deform the development of his personality. Laing would say that if he could find out whom the family members think the patient takes after, then he could better understand how this patient became doomed to his particular role in the family drama. Laing was uncovering the mechanisms through which the child comes to embody historical figures who are embedded in the parents somatopsyches.

Stanley Keleman (1986) spoke to the compelling and somatic nature of the transference bond that is created in the parent-child relationship. This is an important kind of bonding process which is somatic and communicated through movement and through the senses of touch, smell, sight and so on. Keleman says: “... patterns of muscular-emotional behavior are the substrata of bonding for the mother and child.” (p. 6) According to him these patterns of bonding are unconsciously transferred to the relationship with the therapist. The client can do nothing else; she must bond in the ways she knows how, dictated by how she is formed, which is based on the neuromuscular and emotional history of the primary relationship in infancy and early childhood. So this means the transference is compelling and compulsive, and must undeniably and profoundly impact the therapeutic relationship. The way we bond to others repeats the way we bonded in childhood. We play out in our present day relationships these transference dynamics, these relational patterns, in our behavior, in our bodies, in our perceptions and communications. Understanding transference in this way corresponds to our evolving understanding of the neurophysiology of human somatopsychic functioning which informs us that this formative process likely affects the development and structuring of the perceptual-information processing systems of people in durable life-long ways, beginning in childhood.

Robert Lewis (1986) makes a similar point in his understanding of early developmental processes in personality organization. The way the mother holds the infant has a profound and lasting effect on the infant’s body, on the development of body structure, and becomes part of character organization, becomes part of self and other representations, and ultimately shows up in the transference to the therapist. In an early and profound paper (1976) in which he introduces his concept of cephalic shock, Lewis talks about the blurred consciousness of the mother organized as a borderline

personality, her inability to see her child as a separate human being and the infusion of transference delusions about who the child is. He writes that he “wondered what it would be like to be held in the arms of a parent whose eyes did not see you with clarity, because those eyes were clouded with their own blurred reflections from the past.” (p. 2) He further elaborates how the mother can become insecure ground for the infant (pp. 3–5):

“This early self-regulation will be interfered with by a mother who, for instance, unconsciously sees her own parents when she looks at the infant: driven by its immature central nervous system and limited homeostatic capacity, the infant’s visual gaze will wander away repeatedly from the mother. The Borderline mother may perceive this as a personal rejection, and withdraw in a rage, avert her gaze when the infant wanders back, or, in a multitude of ways, interfere with a rhythmic, dyadic exchange in which the infant uses its eyes freely to take in the world. ... The child’s entire psychosexual and ego development must be understood from the above perspective if people with Borderline conditions are to be helped more effectively. ... Dissonance, lack of resonance, disharmony is laid down in the cells, autonomic nervous system, and energy center of the infant.

... When that infant first looks out and focuses on the parent’s eyes, it sees eyes that do not see it with constancy: its mother’s eyes, its frame of reference, are unconsciously and intermittently seeing images of her own mother, the infant’s grandmother. This is bizarre, as is all the contact when the parent’s boundaries are blurred with the infant. The mother’s body may even be quite warm and relaxed as she holds the baby, and is enveloped in a phantasy of symbiotic reunion with her own mother. But she may ‘forget’ that she is the adult and that, rather than her mother holding her, her infant is in her arms. If the infant cries, squirms or does anything dictated by its own biology, it will disturb this mother’s distorted attempt to get the peaceful security she also missed out on. This mother will feel pain, rage, etc. and handle the child accordingly, being quite unconscious of what is going on. Bear in mind that this is only one example, and that there are infinite variations of the theme.”

Helen Resneck-Sannes’ (2011) poignant and personal illustration of this transference dynamic which elaborates the possibility of a much more benevolent outcome is in her description of her impulse to dance joyfully with her newborn child, only later with some persistent investigation, learning that her nanny of her infancy, who she couldn’t remember since she left the family’s employ when Helen was four, used to dance with her. Stimulated by the experience with her own infant, Helen began to remember her nanny’s smell, the softness of her body, and the joyful embrace of the dance which she unconsciously, automatically, spontaneously initiated with her own newborn.

Early in my education as a psychotherapist we learned about the many forms of transference: positive, negative, mother, father, idealizing, hostile dependent, clinging,

sexual/erotic. There are as many transferences as there are human relational dynamics. Some are positive, constructively supporting the self, and some are negative, destructive to the self. All of them carry a unique and identifiable emotional-somatopsychic charge.

The reality of how transference works in everyday ways was brought home more emphatically in my experience as a mother. My son, Jon was such an energetic child, and so smart; but his energy sometimes reminded me of my brother who had behavior and temper problems as a child. Jon's distractibility, so common in young children, reminded me of my father's blank stares across the dinner table. The love and thrill I had in caring for Jon was like my relationship with my father as I experienced it as an infant – a safe, loving, grounded nurturance that I can still remember on a body level. Here I'm describing the influence of my transference, a complex, felt, somatopsychic experience that included both positive and negative aspects, in my present experience with a brand new individual, just emerging into the world.

With my daughter, Mica, it was even more complex. She was more withdrawn into herself as an infant; didn't hungrily nurse like her brother. Was I being rejected? The influence of my relationship with my mother had unconscious impact. My mother was painfully shy. She had difficulty surrendering her body to a hug, or giving one, and she had a heart condition developed in childhood after a bout of scarlet fever. It was hard not to transfer my empathic concern and my longing for contact with my mother to my infant daughter who seemed smaller and more fragile than her brother. Here again my early and long relationship with my mother, who was more contained and ambivalent than my father in her expressions of love and connection, had an impact on my emotional connection with my daughter. These transference emotions in me were heightened by my stress as a new parent, my work as a mother and professional woman and my relationship with their father. How could it not be?

The unconscious and conscious are in constant interplay. Learning what we can about that interplay, the power of these dynamics to influence all our relationships, for good and for bad, is what I am talking about in this paper. With respect to my children I have worked ceaselessly to experience them for who they are as authentic, unique people. This is not such an easy or simple task. To give them the emotional safe space to grow into their own being without the imposition of unconscious transference pigeonholing has been my aim, but I could achieve this only as I became more and more aware of these dynamics in my own therapy as a patient. In essence, I needed to raise my awareness of my unconscious transference in order to get out of the way of my children's independent emotional growth. This didn't need to be perfect, but it did need to be mindful of their unique emerging individuality.

Transference isn't linear. It is multi-dimensional/holographic and *it is somatic*. The experience of transference is made up of projections of introjects – internalizations

of others; and it is co-created. These representations of significant others are inside us and become part of us, part of how we experience ourselves. Transference projects these internal parts, states, feelings and thoughts onto others. *We attribute what is inside us, to what is outside us.* By using the mechanism of transference we experience ourselves, our history and our past relationships in the present experiential moment.

The way Ogden (1989) talks about transference, it is a necessary, evolutionary, adaptive, healthy organizing process. Primary in the structuring of this organizing system are the processes of empathic experience of the other, identification with and introjection of the other and the formation of internal representations of the other. It is a moving, living, pulsing, changing set of thoughts, feelings, images, and sensations that are constantly interacting, creating a relationship (a multiplicity of relationship patterns) for both people and influenced by the communication between them.

As therapists we regularly deal with unhealthy manifestations of transference. In these, perceptions and feelings are rigidified; applied automatically, reflexively to new relationships and experiences, and cause historical enactments of chronic relational trauma. To the person doing the transferring it is not obvious or evident that she or he is performing some distorting operation on reality. This means the transference process is an entire configuration, and so is experienced as “reality,” reinforced with an entire and usually coherent set of emotional, cognitive and interpersonal elements. It appears to the person to hang together. It is therefore very difficult to modify or if needed, to dislodge. It seems “right”.

Transference is a body experience. It isn't only cognitive and perceptual. It's also a feeling state; a set of feelings structured in the body. The transference experience brings with it a whole set of familiar visceral and muscular patterns that go together with the thoughts and emotions that define it. One of the ways to recognize the transference is to investigate if the pattern of sensations is familiar, similar to those in the past with another significant relational figure; that feeling in your throat, the fogginess in your mind, the tears in your eyes combined with the fear, or rage in your belly; your need to lay down or vomit.

Here's an everyday kind of example: my reaction to my physics teacher when he shook his head just so, reminded me of a characteristic shake my father would make at me. My reaction was instantly defensive, anxious, annoyed, similar to my reaction to my father's critical headshake; I had the impulse in my body to leave the room. My father could be dismissive, abandoning, disinterested or critical and his headshake accompanied these emotional states in him. The feeling message that accompanied his head shaking to me was “well if you are going to do it like that, I'll just go somewhere else more interesting.” When my father treated me this way, it always made me mad, anxious and defensively defiant. When my physics professor shook his head, our

relationship was transferenceally sealed! Those familiar feelings I had experienced repeatedly with my father were evoked in me. You see, transference allows you to believe you can read another's mind and emotions. I'd been here before; I was certain that I knew what was going on in this relationship! Transference makes the strange or unknown, familiar and predictable. But my professor wasn't shaking his head with abandoning disinterest or dismissive contempt. He was shaking his head because I'd made a mistake and he was interested and committed to helping me to understand and correct it. My expectation that he would dismiss me as hopeless was transference in action, not reality. (How did I miss the gentleness in his voice, or the concern in his eyes, or the openness of his gestures?) Yet how painful to continually experience my father's disinterest, abandonment and criticality with many other authorities for years and years after I was grown and my father was no longer even alive. Transference kept him alive in my re-enactment of my emotional relationship to him and others. Transference is a body experience. It was in my stomach, in my anxious, angry feeling, in my heartbreak, in my foggy sullen collapse and in my thought that "I'm not worth it;" or at least the belief that he thinks and feels that I'm not worth it.

I picked an example like this because it is so everyday, so common. In it we can see the layered intensity of the old painful sensations and feelings, in combination with the ambiguous present stimulus of the professor's actual behavior. Transference is not just something we think, most of the time it comes to us in the gut, or in the solar plexus or in the throat. We feel the fear, the grief, the dizziness, the terror, or the rage before we even have an idea as to what is happening or why. These feelings fuel our internal conviction so that we often act with certainty. Psychotherapy is in large measure the process of calling those reactions, emotional, cognitive and somatic, into question.

When a person is in the midst of a transference reaction or state, old familiar feelings, thoughts and body sensations are present. Most often the person experiencing the reaction is unaware, unconscious that the feelings are historical and related to someone else at some other point in time and place. Recognizing the signs that there may be an intense transference process in the present relational moment is a skill that therapists must be equipped with in order to parse out the historical dynamics and feelings that play a considerable part in forming the client's unconscious, his personality and his present behavior in relationships.

As therapists we must work to make the unconscious conscious. We must appreciate that many of the emotional-somatopsychic experiences that are being co-created in the therapeutic relationship are based on historical emotional patterns of thinking and feeling. Uncovering these patterns can reveal the pathological nature of the relationships the client has lived with and may continue to suffer with, or *to perpetrate on others including the therapist*. Often we see and experience within the

therapist-client relationship the destructive relational patterns that the client experienced historically. The therapist through the transference and countertransference analysis, particularly through the understanding of projective identification (which involves the embodiment of the projected feeling or attitude) can become aware of the emotionally destructive patterns of relating that the client experienced as a child. Also the therapist may experience the evocative pressure to respond and relate to the client as the parent or other significant person did, creating an historical enactment of the early (parent-child) relationship.

## **How Family-Relational Dynamics Get Built into the Transference: The Transference Can Bring the Whole Family into the Psychotherapy Room**

Our clients come to us with acute and chronic relational pain. They are at the center of a vortex of dynamics, internal and external, historical and in present time. Object Relations theory and the more current concepts of Intersubjectivity have encouraged us, psychotherapists, to formulate the dynamic determinants, the causal relational threads, that have brought the client to this point of pain, confusion, anxiety, or anguish. Most clients come to us quite disregulated, disrupted and distressed. Yet, rarely are they in touch with the dynamic causes involved, let alone how they participate in perpetuating them. I believe we are missing the mark, when we theorize about psychic pain and anxiety, that its source is some biochemical, bio-physiological, neuropsychological defect in us that originates in our cells or cortical synapses and needs to be medicated, surgically removed, assessed and corrected according to some formulary of behavioral techniques. While some of these ideas and interventions have some usefulness, I don't believe this way of conceiving of human suffering gets to the heart, or the core, of the matter. I believe that the deepest and most primary source of human agony is based in human interaction. People hurt people. And unconscious forces and processes fuel the psychic engine of human interpersonal destructiveness.

In the formation of personality we accumulate a family of introjects within our somatopsyché. We create our personality and character, in part, by taking into ourselves whole patterns of behavior and feeling that we experience in significant relationships (both loving and safe, or abusive and traumatizing). We copy, empathically, these patterns and creatively fuse them together, as part of the construction of who we are; and then we bring our creation (ourselves) into relationship with others. These introjected patterns are dynamic/energetic clusters that come about through the process



of identification with significant others (caregivers, teachers, etc.). These introjects are comprised of whole energetic processes, integrated neuromuscular, behavioral and thought patterns taken from the child's significant relationships. These clusters of feeling, thinking, behaving can be acted-out at times as if the personality is channeling a person in his past or is possessed by that person. Often this is characterized as a kind of defensive process called splitting. However, I believe that these identificatory constellations are actually more intrinsic to the foundation of personality development and character structure.

“In the 1950's Harry Stack Sullivan, on the American side, and Ronald Fairbairn, on the Scottish shores, separately created bodies of thought and practice – Interpersonal Psychoanalysis and Object Relations theory, respectively – with a similar premise: because the relationship between people is key to personality development, the individual mind is structured by and made up of personifications, or representations, of the earliest relationships one has known.” (Dimen 2003, p. 8–9)

We are a complex bundle of identifications, introjects, and genetic dispositions. From the moment of birth, or even before birth, in the womb, we form bonds of attachment that are defined by our body's connection to the bodies of others, our family, our caretakers. We feel, smell, touch, are fed, caressed, supported, injured, left alone, and deprived in the context of our connection to these family members. The dynamic nature of these bonds is the paradigm of transference.

Scott Baum (1997) writes,

“A child's ground is the matrix created by the bodies and souls of those around her or him. Long before children stand or walk, they are held to the bodies of others. Their feet rest on hips, hands, bellies, and chests. The hands and bodies that hold them convey vast amounts of information about reality ... The energetic container embodied by the therapist is a field in which the flux and flow of the client's inner process can be experienced, lived out, and interacted with ...” (p. 85)

There is a transference palette made up of family members and other significant attachments. Transference is a projection out and a somatic-emotional experience internally, happening simultaneously. The force of this compels belief. The person is swept up in the reaction; the conviction is viscerally reinforced that what the person is feeling, perceiving, knowing is an accurate representation of reality. It attempts to organize experiential reality but is intrinsically flawed due to its origins in the 'there and then,' without being tempered and informed by the 'here and now.'

Transference can be fixed (i. e., the projection is the same and continuous), but

often it can slip from one cluster of dynamics to another. For example: I have a young client in my practice who projects her controlling, competitive, “know it all” father onto me. This transference can become intense. It is often provoked by some internal gut-wrenching insecurity and rage stimulated by an experience of rejection or loss. My client is a musician trying to make it in the Big Apple. The ups and downs of her professional life are experienced intensely; she brings in feelings about being rejected, examined, envied, put down or put off, criticized, competed with, as well as praised, applauded and adored. She unconsciously and fluidly transfers onto me her feelings that she is being criticized or controlled, or jealously undermined. These are experiences she has had chronically in the dynamics with her competitive, anxious and narcissistically demanding parents who also have pitted her and her sister against each other. When Lola, as I will call her here, comes in I never know how intense the transference will get, or whether I will fall into the soup and she will evoke in me some irritated or competitive feeling or remark. The intensity of feeling and the fluidity of movement can be mind-blowing – ungrounding. Within one session I can be (she can perceive me as) the competitive, anxious, narcissistic father, the abandoning alcoholic mother, or the rageful, jealous, sabotaging sister. And if I’m not one of these people, then Lola is. She can switch (in her behavior and emotion) mid-sentence from one of these introjects to another. Helping her and myself to follow her process, somatically, emotionally and thoughtfully is like trying to distill one ingredient after another from a vegetable soup that’s been pureed by a Cuisinart.

So it can go like this:

**L:** Now I feel insecure (anxious) because you said that he (boyfriend) just wants sex and doesn’t really love me.

**E:** No- actually I don’t think I said that, but do you believe that might be true?

**L:** I need you to tell me what to do. (Father transference)

**E:** How about we work on a decision that you feel is right for you.

**L:** I’m feeling that you don’t care about me. That you’re angry with me. (Mother transference)

**E:** (getting dizzy) I’m not angry but feel put on the spot to fix your inside feeling right away. (projective identification/countertransference)

**L:** Well you said something that made me feel all insecure and frightened that he doesn’t really love me (Father transference-critical; sister transference-jealously competitive). That I can’t trust him (Father transference to me and to the boyfriend)

**E:** I don’t know that that’s true, but I think you feel it.

**L:** You aren’t giving me what I need (mother transference). You are withholding from

me (Father transference) and it's pressing all my abandonment buttons (M, F transference).

**E:** I feel pushed around, demanded of, criticized and accused. Are these familiar experiences to you?

All the transference projections in the scenario above (which is a synopsis) reveal this person's relational experience with family members. They reveal the chronic relational traumatic abuse that she sustained, continues to experience and that reverberates inside her. She is vulnerable to feeling insecure with and mistrustful of others. She feels the victim of critical, controlling and abandoning parents, and she can act in these ways to evoke those insecure and mistrustful feelings in me. This is the transference-countertransference-projective identification soup that carries within it somatic-muscular-visceral-emotional elements that can ricochet internally and between the client and therapist. Family dynamics are intrinsic to the system; old historical feelings are part of the emotional palette that gets played, intertwining with the present ongoing relationship between the client and therapist. Holding the ground, yet allowing the drama to unfold, so the feelings can inform and tell the internal tale about conflict, insecurity, love and loss, or abandonment and terror- is the work of experiencing and processing the transference. It is important and necessary to strive for a balance, maintain equilibrium, especially when the projections and distortions threaten the working therapeutic relationship; it is often a difficult but necessary task to hold onto the working relationship as we swim through the emotional currents of the historical dynamics losing ourselves under the breaking waves, bobbing up, floating, swimming for shore and solid ground.

As Freud said, "The patient remembers the repressed" within the transference and repeats it endlessly within the psychotherapeutic relationship and "works it through over and over again." (Dimen 2003, p. 6) The process has direction and form, but it is more like a growing organism, than a straight line. Mitchell (1999) states that a client in psychotherapy is driven by transference to create an interpersonal scene; to evoke a countertransference reaction that is in sync with and accommodates his need to recreate historical relational elements.

Transference within the therapeutic relationship is co-created. The therapist is not a blank screen on to which material is projected, but rather an interactive partner, participating in the creation of a relationship. The therapist has a particular role in that relationship which both constrains and frees her. She cannot be 'just herself' but she can bring up things normally not permitted in social relationships. She can open a dialogue about these transference elements to talk about the pain, anxiety, terror, longing they may engender presently and historically, and she can speak from

her own somatopsychic experience of the projected transference onto her. By 'being there' in the intersubjective space she has the opportunity to be the metabolic conduit, the empathic vehicle of unconscious, experiential relational trauma. The transference consists of familiar somatic sensations and relationship feelings and thoughts about the therapist and about the self in relationship to the therapist. It is unconscious and part of the work of therapy is to bring it to conscious awareness and to experience within the therapy relationship some of these familiar, historical sensations, feelings, thoughts and dynamics. It is imperative to work to create a safe enough relational space to do this. This helps tremendously in the effort to imagine, experience and understand the significant relationship dynamics and their associated somatic, energetic impact on the client as a child and throughout her development. It can give us an understanding of some of the important psychological forces that worked to form her character structure, to build her personality or deform it. The transference, then, brings these feelings, sensations, and dynamics into the present to give us a drama in the present from which we can learn (by experiencing it as we are in the transference soup) about the past.

The transference allows the client to bring all the significant attachments of the past into the present relationship with the therapist for reparative, constructive and healing purposes. In group therapy this potential can be magnified. By bringing these significant, historical bonding relationships into the present and enacting them in the therapy relationship, re-experiencing them and bringing them to awareness, the therapy transference relationship provides the opportunity for healthy awareness, new possibilities for different and healthier bonding and experimenting with new relational patterns for change. In the therapeutic relationship the bond begins with old patterns that the work of therapy brings to somatic and psychic awareness. These old patterns are experienced, understood and through intersubjective collaboration and experiment, are changed. With this complex experiential knowledge, the therapist and patient can use this information from the transference to work toward the goal of new, healthier patterns of relationship – toward separation/individuation, toward autonomy and responsible aware choice in the present.

This transformative process that is midwifed by the work within and through the transference in the therapeutic relationship also is the foundation for change intrapsychically. Shifting patterns of present relational dynamics, and understanding and awareness of historical toxic patterns, help to change the inner being. The work of the transference helps the client to see the distorted and deforming dynamics that were not determined by his essential beingness, but by inaccurate and harming transference attributions, and polarizing and competitive dynamics within the parental dyad. This understanding, and the working through and cathartic expression of the grief, anger

and other suppressed feelings, allows for a different relationship of the client to his inner being. A different emotional relationship to the self can emerge; a possibility for creativity and for complex repair of the patterns that make up self-image, self-esteem, self-understanding and self-compassion can be supported. It frees up a lot of energy to experiment with new, healthier patterns of choice and desire. Unsurprisingly to us Bioenergetic therapists, these changes are wrought in the body, in the nervous system, in neuromuscular patterns, as well as perceptual and relational patterns.

Transference is a vehicle of relational family power dynamics. In its most unhealthy form, it is the mechanism by which human beings objectify, label, and oppress each other. Transference is at the foundation of prejudice. It is a psychic mechanism by which delusional attributions are carried out and by which we are frozen, stuck in an unchanging perceptual and experiential world. It is by definition, a distortion of perception of who we are and it is a fundamental vehicle through which oppression, abuse of power, and chronic relational trauma are perpetrated.

Projective identification, a complex mechanism of the transference process is a primary vehicle for the enactment of abuse and oppression. I ask the reader to hold the question as we study these issues, as to whether Bioenergetics as a theory and system of psychotherapy and healing has integrated fully the feminist ideas and concepts around the abuse of power. I have worked for this. I feel we all have. My hope is that this examination will encourage and further our exploration in this area. At the time I write this (the Arab Spring, the Occupy Movement, the repeal of Don't Ask, Don't Tell, the growing acceptance of same-sex marriage, the melt down of the global climate and economy) when once again power dynamics are revealed dramatically, and there is terrible deprivation, abuse and active revolt, it behooves us as students of the human condition and healers to look at and attempt to understand and work to remedy how power dynamics, and specifically how the abuses of power, affect each individual's body, soul and psyche.

## **Power Dynamics in Relationships, Families and in the Therapy Dyad**

I believe that we as therapists do not learn enough about and do not investigate enough the use and abuses of power in ordinary everyday relationships, especially the subtle, but chronic uses of power to move relational dynamics in one direction or another. Who decides what and where, or how the family meal is done; who decides whether or not to go for ice cream and where, and when to sleep? How do conversations play out? Who takes up the space –physically, emotionally, or verbally?

Who decides or attributes badness or goodness to a particular behavior or motivation? Who leads, or who gives direction? Who judges what is said or refuses to participate? Who dictates what is real, and what are silly imaginings? And with what attitudes, intentions – benign or malevolent – are these power maneuvers carried out? I think of power as energy in the relational system; each individual or group or paired-alliance, has influence over the system. Also elements like historical abuse, cultural rules and sanctions, or transference and unconscious motivation have energetic power over the relational system as well.

In looking at power dynamics, I am focusing on energetic forces like unconscious and conscious motivations, hungers, prejudices, needs for attention, wishes, dreams, forces and impulses determined by neglect, abandonment and deprivation; forces guided by the pragmatics of survival, longings for ecstatic merging, sexual pleasure, companionship and friendship; seductive forces involving praise and priority, and forces of punishment and intimidation. These are all in play in the family, in relationships; their interplay is the ground for chronic relational abuse. We are looking at them, assessing them continuously as we sit with a client in a clinical interview, asking the beginning inquiry, “Why have you come? What are you seeking to heal in therapy? What are you needing and hoping for?” Power dynamics are a profound and fundamental part of the energetic forces that form the whole organism, the personality, and the character structure. Lowen (1958, 1983) has been explicit about this. Yet more investigation, understanding and elucidation are necessary.

An ordinary example that I like to use is of a toddler who is told by her mom to please stay away from the electrical outlets, or the boiling water, or the matches. Many families child proof the home, but only recently have there been plugs to keep the child from sticking things into the electrical sockets. Imagine a mother who tells her toddler that she is not to touch the electrical outlet or to put her toy radio antennae or a walkie-talkie into the socket. But the child, intrigued, impishly defies her mom, and takes her toy and goes near the socket or even plugs something into it. And looks to see what reaction mom will have. Mom can react powerfully, “OMG! You’re going to hurt yourself.” Or “OMG! You’re a bad girl.” Or “OMG! You’re not listening to me.” Or “Shame on you!” or “How dare you!” The child may feel chastised, but may also pay attention to the energy in her mother; what she, the child, is evoking in her mother. She may also feel or somatically register her own power to move her mom emotionally or physically, get her attention, make her frantic or defeat her, or evoke in her mother feelings of despair or collapse. The mother’s reaction can make the child feel guilt, shame, fear, empathy, resistance, defiance, or victory. The mother can feel powerful or powerless in this moment and so can the child. Children learn about the uses of power in their family relationships. If mother moves to discipline either mod-

erately with a time out or with more intense physical force, the child understands this somatically as a use of power, and then may mimic this power dynamic with friends or siblings, or later in adulthood when parenting her own children. But she may also find in herself a need to turn the tables by spitting out her peas, or vomiting on the new rug, or holding her bowel movement – all powerful moves. Siblings learn from each other about the power dynamics of competition, manipulation, humiliation and abandonment, as well as the power of camaraderie, supportiveness and friendship. These are just ordinary, prosaic examples of the dynamics of relational power.

In Tronick's (1988) research study where the mother's gaze is either directed away from the infant or frozen, unresponsive and immovable, the power to distress the infant is obvious and disturbing. Turning the gaze away is a powerful move that often distresses the infant or at times stimulates the infant to dissociate. We understand the power a parent has to evoke the feeling of being abandoned, unwanted, unloved. These evocations are toxic uses of power in parent-child relationships. The moment when mom turns her head away is a subtle moment that has far reaching effects. If it is repeated over time it influences the mother-child bond dramatically and the child's development of a self for life.

In the scenario where it is the child who turns her head away, averts her eyes from her mother's face for a moment because she is overwhelmed or just turning inward to her own sensations, or even affected by the mother's emotional intensity or energy, even her loving gaze, this too is a powerful move by the child. It is sometimes not motivated by anything but a need to pause, or focus momentarily on an inner sensation. But its effect can be transforming. Let's look more carefully at the psyche and soma of the mother who experiences her child turning away from her, twisting away, wriggling away, pushing the breast away. Some mothers will tolerate and accept this as the ups and downs of a child reacting to its own needs. Other mothers will see and experience this transferentially – the mother's traumatic history repeating itself in the child's rejection of the mother's body; rejection of the mother's being; the infant in the transference can represent the mother's own rejecting or critical or abandoning mother. In her anxiety and unconscious rage at her own mother, the mother in this scene can act and react badly, evoking more, continued and cyclic rejection from her infant. And so we see the relational power of the transference. The mother's transferential attribution onto the child (that she is rejecting her like her mother chronically did) can become chronically embedded in the mother-child interpersonal dynamic and influence very destructively the development of the healthy, attuned, loving and safe bond between mother and child.

An example of this mother-child transferential dynamic (which recapitulates the original chronic relational trauma) was related to me by a client who became enraged

each time her child breast-fed. She said to me: "I know this is supposed to be a blissful moment, but I become furious and feel the impulse to throw her body away from mine." Investigation over time led to an understanding of the intense incorporative and dominating narcissistic relationship this woman has had all her life with her mother. My client transferred her feelings about her own mother, that she was "eating her up alive," to her newborn infant. What a tragic imposition of her unconscious on her ability to love and nurture, to be present for her child. Here we can see how the "child itself becomes the *trigger* for reactivating the parental trauma." (Coates 2012) Coates explains that the child can activate the unresolved traumatic relational memories in the present.

Ogden (1989, p. 209) writes about a mother who "allows her infant to cry for hours on end because she 'knows' that the infant has such tyrannical strivings (the mother's own projected feelings about herself) that, 'it is essential that she not be bullied by this baby Hitler.'" In the rapprochement subphase of development when the child is practicing the developmental task of separation-individuation, making autonomous moves toward and away, mother can again be at risk to have a dramatic transference reaction, where she may experience familiar somatic feelings and psychic thoughts relating to her history of abandonment or controlling behavior by her own parent. What happens next matters so much. The negative somatic reaction in the mother (clenched jaw, penetrating or bulging eyes, fierce grimace, clenched diaphragm, tightened stomach, stiff legs – a state of arousal associated with anger, rage, or hostility) is unconscious and automatic. How the mother responds is crucial. She can rage at the child, show him her panic or depressive loss of self-esteem; she can communicate that the child is overpowering her. This is a power struggle – because the child begins in this dynamic to be empowered to act out the destructive historical dynamic between his grandparent and his parent; he is learning to embody the role of the abandoning, or sadistic or critical, rejecting grandparent. The mother, expressing her upset is also powerfully, unconsciously manipulating the child to both stop rejecting her, and to continue to reject her by attributing transference her own mother's power of abandonment onto the child.

What happens when this child, as an adult, comes to therapy: Is he a victim or a perpetrator? In his relationships with family members, with his own children, with you the therapist, when he neglects, disrespects, feels entitled; which role is he playing? This person has suffered chronic emotional abuses; we know that. How do we handle the acting out of the transference power dynamic, the projective identifications, and the interpersonal drama of ambivalence and suffering? After all, messages from his mother that she abandoned him because he rejected her are palpable in the transference and in the client's perception of himself. Where and how do we, therapists, intervene?



How do we respond, how do we reveal the toxic dynamics? These are the moments that get enacted and reenacted repeatedly in the small behaviors within the therapy dyad. We must understand them as power dynamic issues that are pervasive in the life of the client; they are unconscious and they are part of the relational soup; the intersubjective ricochet that is psychotherapy.

Healing in this context is about disrupting and disassembling the legacy of relational abuse, and becoming aware enough to make conscious choices in the present. It is about bringing to conscious awareness the toxic relational patterns, and our tolerance, collusion and participation in them. We must be astute and vigilant about how we project and carry out unfinished business from our emotional history in our present intimate relationships with our partners, children and friends and colleagues. *The attuned therapist asks the question: What are the destructive relational patterns that have formed this individual? She follows empathically the relational-emotional-intersubjective process to glean information about how the client, the person, has become and remains imprisoned, and colludes to continue and perpetuate his or her imprisonment in a pathological, abusive relational matrix.* Certainly we encounter at least a profound ambivalence in our clients and in ourselves about uncovering the relational source of suffering. I can't tell you how many times I have heard a terrorizing, or horrendous account of abuse in the childhood of a client, and then heard the rationalizing refrain, "But I was such a difficult, or hateful, or troublesome, or misbehaving child." As if that explains it all. It is very difficult (especially for a child), often excruciatingly so, to harbor, in the body and psyche, unconscious hatred, envy and rage, for someone the child desperately loves, desires and profoundly depends on. Yet this is a common, familiar, developmental experience. And I haven't begun to talk about the Oedipal struggle, the entrance of a third party (the father) or a fourth or fifth (siblings, grandparent, teachers) that make the power struggles extremely more complex, but nevertheless quite chronically destructive.

## **Power Dynamics and the Oedipal Complex**

Freud (1953) was the first to illuminate the layered relational conflicts of what he called the Oedipus Complex. Lowen (1976) further discussed the extremely toxic elements and consequences of these dynamics in his monograph on psychopathy. This is a profound and complicated topic, but important to mention here because the power dynamics of intimidation, competition, seduction and possession, which are central to the Oedipal constellation, are important to recognize as they are experienced and enacted within the family and through transference mechanisms in

all relationships. Freud described the triangle of father, mother, and child as a conflictual one, where the child encounters in his competition with the same sex parent for the attention, approval and love of the opposite sex parent, an intimidating and anxiety provoking dilemma. Freud believed that the personality structure of the child is formed in large part in the crucible of this triangular conflict, resolving in a surrender by the child of his competitive longing in order to win the favor of the opposite sex parent; this surrender entailed the abdication to and identification with the same sex parent, and the progressive sublimation of sexual and competitive impulses. Freud called the motive for this surrender, castration anxiety. In calling it that he calls our attention to the fundamental reality of the presence of chronic relational trauma in the formation of personality.

A closer look reveals that this is the proverbial tip of the iceberg. Power struggles employing emotional techniques like intimidation, seduction, possession, guilt evocation, defeating or humiliating competition, manipulation, reward and punishment abound, and go on in the triangular relational matrix in all directions. Freud spoke to the culturally normative conflict. He described the little boy fearing his father's vengeance for capturing his mother's undivided attention, relinquishing the infantile sexual/attachment longing for his mother, surrendering to the father's unconscious demands. Many analysts since have elucidated that this competitive struggle is multifaceted and much less formulaic. I have, in a previous paper (Tuccillo 2006), written about the healthy development of the child emotionally and sexually and how it is based on a safe, loving, and respectful relational family matrix. With regard to the theme of this paper I have found that competition with, intimidation of and possession of the child is a common aspect of typical, yet destructive, family relating; that it often does not manifest in gender specific ways. Mother can compete with her husband for the love/possession of her daughter or son, as readily as a father can compete for the love/possession of his daughter or son, with his wife. Father can possess a child so emotionally, completely, that mother feels shut out as significant to the family relational dynamic. And vice versa. Children can "learn to play the game" (Lowen 1976, p. 7), to manipulate their parents' insecurities that are based in their parents conflicts stimulated by their inability to establish mutual respect and collaborative partnership.

In some of the most pernicious examples of these dynamics, children are manipulated and possessed, enslaved as cohorts in their parents' competition. These competitive struggles can be unconsciously motivated by transference dynamics. A mother can long for her father; that longing can be transferred to her son or daughter who she will emotionally capture, bonding the child to herself in such a way that the child must exclude or even repudiate the father. This mother may also transferentially experience her husband as a sibling toward whom she transfers feelings of jealous rivalry.

The legacy of these dynamics can proceed like contagious microbial infestations from generation to generation, relationship to relationship, through families and groups.

A talented young writer was talking about his romantic relationship and feelings of abandonment; he complained that his partner wasn't interested in him. I asked him to repeat a phrase that he had used in describing his situation: "Don't let go of me." After repeating the phrase a few times an image of his father came to him together with an ache in his chest. He recalled two incidents. In one he traveled overseas to visit his father, and during a long lunch, in which his father talked pleasantly about himself, he never once inquired about his son (my client). My client had a look of resignation and a frozen, stiff quality in his facial expression as he told of this memory. In a second recollection, he was looking forward to being with his father after a long stint at college. He was with the family at home when it turned out that supplies were needed and his father offered, "let's go get it at the corner store." My client was eager to go, hoping for some private time, but his older brother decided to come along. At the store Dad handed the box of supplies to my client and said to him, "Take this home to your mom. I want to go to another store nearby to show your brother something." My client went home sunk and sad. He was surprised even to have felt these longings so deeply and poignantly. He was his mother's son, he said. And his brother was his father's son. My client had come into therapy to explore his merged relationship to his "overbearing" mother. His experience was that he had little relationship to his father, and had little feeling about it. Now he was surprised to realize how much he felt captured by his mother, blocked from his father who let him go, and who didn't fight for a relationship with him. This dynamic was part of a larger schism that affected the whole family and was part of the stimulus for the father's later secret affair and eventual separation from the mother and the whole family. The father colluded and accommodated to the mother-son Oedipal dynamic, the son accommodated as well. The feeling of being uninteresting, let go, persisted transferentially. Fighting for his father, and for his present relationship partner, seemed like a skill he didn't know how to do, even how to feel. The words and feeling in his chest now validated his longing. "I want to be with you. Don't let me go."

My client's partner complained that he was frustrated that my client was withholding of his feelings both emotionally and sexually, and that it had come to a point that the partner felt that he wasn't there, present in the relationship. Those abandoned feelings in the partner were quite similar to the abandoned feelings of my client with his father. So now my client was in his manner and feelings, acting like his father – letting go, taking no initiative, allowing no real intimacy – repeating the dynamic of estrangement he experienced and that had deformed his ability to be authentically there in relationship. My client's focus on not becoming controlling and overly emotional

like his mother became an underlying motivation for his withdrawal from his partner. This actually exacerbated the less obvious perpetration of aloofness and abandonment that was so similar to his experience with his father. And, perhaps in that abandoning aloof treatment of his partner, my client could feel more identified with, more alike to, the father he still longs for.

In this example we can see the reciprocal relationship of identificatory and transference processes. My client, Steven, felt insecure with his partner, specifically that his partner wasn't interested in him. The intense transference feeling emerged, "Don't let me go ... See me ... Be interested in ME!" This transference process in Steven underpinned other feelings of insecurity and powerlessness in his relationship to his partner who he felt was "more controlling" in the relationship in general. Steven's sense of victimization in relationship to his father, and transferentially to his partner, blinded him to his own perpetration, and to his collusion with the dynamic of abandonment carried through in his not fighting for the relationship, but rather pulling away, and withholding his feelings. This "abandonment and withholding" is an identification with his father who used a seeming "passivity," avoidance and imperviousness that engendered feelings of loss, abandonment and insecurity in Steven. Steven was now, out of awareness, behaving in these identificatory ways. Steven's transference, his own feelings of insecurity blinded him to how he was generating these feelings of insecurity and abandonment in his partner. In this manner, he was experiencing himself as victim, but was also acting as perpetrator. This reciprocal manifestation of the chronic relational trauma is sometimes difficult to discover, although it is pervasively present in interpersonal dynamics. Layered and intertwined in this relational drama is also Steven's sense of victimization, that his partner is more controlling and judgmental in their relationship. These feelings have transference elements to Steven's relationship to his mother; and intriguingly, they have identificatory/transference elements to Steven's parents' relationship pattern with each other! So what we have unpacked here, in looking at the reciprocal transference/identificatory process, is the dynamic enactment in the present couple (Steven and his partner) of the historical relationship pattern of Steven's parents (his mother: controlling, judgmental and guilt evoking; his father: avoidant, withholding, collusive in his passivity.) This is the legacy of the transference. If Steven intends to become autonomous and emancipated from these patterns and his unconscious generation of them, he must gain somatopsychic insight into how they are triggered and played out in his most intimate relationships. Conscious awareness of and work to disrupt this unconscious pattern is important work for the therapy.

The father's obliviousness to his younger son's longing and need for him and his surrender of this son to the needy demands of the mother is a powerful dynamic, the

consequences of which will need exploration in the ongoing therapy. Therapists are confronted with such power issues and must deal with them in themselves and with the client. *Therapists often feel compelled to support the abused child in the patient, but often neglect to deal with the perpetrator, the abusive aspect of the patient.* Part of the problem is that we must all advocate for that wounded child and must attune ourselves to the process of the client in order to understand the person from the inside out. Alice Miller (1975) warns us therapists that we must mix empathy with vigilant awareness. How do we deal with the abusiveness, the power plays, the toxic acting out of our clients in their relationship to partners, family, and to us? We must learn to identify and deal with these dynamics in as healthy, consciousness-raising, limit setting, expressive yet containing, and healing a way as possible (Searles 1965, Kernberg 1976, Masterson 1972). We must strive to protect and keep safe the therapeutic relationship even as we immerse ourselves in the abusive soup. We must take it up if we are to deal realistically and truthfully with the profound complexity of human interaction.

## **The Power of the Unconscious**

The relational matrix that perpetuates abuse entraps the psyche in a systematic negation of potentially accurate perception of reality so that access to new information is blocked. Repetitive, compulsive patterns reign and become ingrained. They originate from a ditch – dug deep and well-worn, in the psyche that drives and compels ideas and behavior to all go in the same direction, affirming, repeating, reconstructing the same overall pattern and message. This is the work of the character structure and the unconscious process.

Because destructive transference distortions originate in the unconscious, they are essentially inevitable and driven by predictable forces. When the concept of gravity was named and its dynamics understood, it explained so much about the physical behavior of the universe. For me the concept of the unconscious in the psychic universe is akin to the concept of gravity in the physical universe. For me unconscious process is like water flowing downhill. Water always finds a way down due to gravity. If we watch the way water flows and falls, there is ultimately only one way ... down. There are these well-worn crevices, ravines that become streams and rivers, all flowing down, inexorably down – one way, only one way. We might think of the inexorable movement of the glaciers over terrain, leaving deep grooves in the landscape that directs the flow of water from the time of their origin until now. This is my metaphor for the dynamics of the unconscious in each individual, in family systems and in the politics of human interaction. Any force for change must deal with this, the power of

the unconscious: Its profundity, its inexorable press to determine the flow, the pattern of movement, of thought, of emotion.

The psyche gets stuck in these deep grooves. This is what Freud called the repetition compulsion which he believed was pervasive in human dynamics. The same narrative, drama, perpetration gets played out repetitively, with some variation, perhaps, but without basic alteration. How then do we work to create alternatives, new healthier patterns, consciously chosen by us, motivated by wholesome, creative, and benevolent intention; by love, empathy, compassion? And how do we set limits, fight against the old destructive, stuck patterns? If we achieve some headway for change, how do we keep these old patterns from re-emerging, reasserting themselves, continuing to do damage and create havoc? Where do we find the awareness, the energy and the sense of purpose and determination to do this work?

Theory informs, structures, expands and delimits our clinical observation and our interventions. It supports our ability to see and appreciate what it is we are experiencing. It provides a lens through which we can look, to magnify or enhance the nuances of meaning. We all have a set of values about what is meaningful, effective, what motivates us or what causes change. I am attempting here to provide an additional theoretical lens, adding one more conceptual tool to navigate the various interactions and dynamics that take place in our interpersonal world, especially in the therapeutic dyad or group.

I challenge myself, and all of us who are psychotherapists, to see dynamics in this way: to look at the impact of the unconscious and of unconscious transference dynamics on human experience. I want to raise our consciousness further about our assumptions about human nature, how we are formed, what is at the deepest level of our desire, choices and ambivalences in our connections with each other and with our own internal world. I come to my understanding of the human condition after thirty years of practicing as a psychologist and psychotherapist working with children, families, couples, groups, and people of all ages. I have worked with the gamut of human psychological and emotional suffering on inpatient psychiatric units, on medical services and in private practice. I have been with individuals suffering tremendous psychic and emotional pain, terrifying delusions, and with children and adolescents who have endured physical and sexual abuse. I have worked with the learning disabled, with men and women suffering anxiety, insecurity, pathological shame, self-hatred, and the drive to self-destruction, including suicide. In all these I see the suffering brought on by chronic relational trauma. I have learned a fundamental truth, which I hope to convey. The unconscious is inseparable from the conscious. All the theory I have learned (from theorists such as Freud, Lowen, Bion, Laing), and all the training I have received in Bioenergetics, Psychoanalysis, Family

Systems and group process, confirms this truth. I am speaking about the powerful impact of the unconscious.

This knowledge about the force of unconscious processes has grounded my passion about teaching and encouraging parenting with empathy. My emphasis is about our conscious awareness of the power caregivers have in the development and nurturance of the somatopsyches of their dependents: children, clients, seniors in need of caretaking. It is about the vulnerability we all have as we take partners in life and commit to support, love and cherish them and depend on them for the same. I want to raise our consciousness about the powerful impact of the unconscious in all we are and all we do.

Even in the seemingly rational, mathematically logical world of economics, the manner in which decisions are made and acted upon are riddled by the influence of the unconscious. Recently Daniel Kahneman demonstrated how thinking and choices are profoundly affected by irrational and unconscious ideas, feelings and fears. His investigation elucidated the impact of human irrationality on the whole of Wall Street and worldwide economics. His work won Dr. Kahneman the Nobel Prize in economics. This should give us some idea of the value of the contribution we as a profession can make if we bring our understanding of unconscious processes to the fore. He applies his ideas to cognitive functioning in his book *Thinking Fast and Slow* (2011) in which he describes the unconscious, often illogical and irrational processes (such as the “illusion of validity”) that go into everyday choices, opinions and behaviors.

## **What is Projective Identification?**

To this point we have understood that unconscious psychic processes infuse present perception and feeling with historical-emotional memory to create distorted, often irrational, perceptions of present reality; yet these are hard-wired in the way we perceive and emotionally process everything and in the way we bond to others. Transference is a type of unconscious process that is part of how we learn and understand anything new. It plays a huge part in forming who we are, how we behave, how we see and relate to each other and to ourselves; and how we experience and care for dependents. Projection often interferes with an accurate perception of what is really there. It fogs and distorts so that misunderstandings, assumptions and attributions abound, miscommunications become chronic; relationships get into ruts, people fight, act out, and marriages fail. Transference is one of the major culprits, a recurrent causal force generating these relational casualties and tragedies. Projective identification is a particular subtype of transference. In our conventional understanding of transference an historical, emotional dynamic is projected onto the present relation-

ship. In this way, I unconsciously am relating to you, feeling about you, at least in part, as if you are someone in my past. Projective identification is a more complex form of transference; it is part of the transference process where the unconscious feelings and thoughts, historical relational pieces, are projected onto *and into* the other. It is the transference projection that actually transforms – metamorphosizes – the other! Not only do you remind me of my father, and his critical ways, but I shall unconsciously influence you to be like him; and we shall bond in the present as I bonded in the past; my projections, the way I am with you, will actually evoke in you the attitudes and behavior of my father. Very simply stated – projective identification is a part of unconscious transference process where not only does the historical emotional-relationship dynamic play a part in the perception and understanding of the brand new and ongoing present relationship, but the historical dynamic is evoked – evoked energetically – in the present relationship. That is, the way we see and feel about this new individual is changed in such a way by this mechanism that it repeats, in both persons in one way or another, the old emotional-relational dynamic, the old relationship pattern. This is projective identification. This all happens unconsciously.

Here's one more, somewhat imaginary scenario that could have happened, but did not, that illustrates how projective identification works. Earlier I wrote about my daughter Mica and how her infantile fragility, her gender, her self-containment as an infant triggered in me a transference reaction where I began to feel the old familiar vulnerability, rejection and longing I experienced in my relationship with my mother, who had been dead for 5 years when Mica was born. *But what if* my unconscious feelings actually influenced how my daughter felt and related to me. The way projective identification works is that it places unconscious emotional pressure on the present relationship to make the old energetic-relational dynamics happen. The feelings in my unconscious and in my emotional memory about my mother – what sometimes is called an introject – particularly the part of her that was pulled back and resistant to intimacy, can be placed inside my daughter (these feelings can be evoked in her and she can begin to sense them in her body, in her need to pull away, her tension in her body around me, the knot in her stomach) so that I not only feel that she is withdrawing from me (like my mother did), but she actually feels inclined to and is withdrawing from me. It's not an illusion. It has become real. The old has become alive in the present! She comes to embody this aspect of my mother, so now I live out the old relationship with my mother, particularly the painful traumatic rejection part, with and through my relationship with my daughter. My body also repeats the old feelings, the old familiar longing, the tentative melancholic feeling in my chest. This would have been such a tragedy for me if it had happened, and for my daughter, and perhaps for my grandchildren. But this kind of influence of the unconscious



through transference projective identification which metamorphosizes the present relationship into an energetic embodiment of a past relationship happens regularly in families, in marriages, everywhere.

Spillius and O'Shaughnessy write (1212, p. 365):

“In our view the concept of projective identification is not particular to the clinical situation but a universal in human communication, one that Freud was questing for. In 1915 in his paper, ‘The Unconscious,’ he writes: ‘It is a remarkable thing that the unconscious of one human being can react upon that of another, without passing through the conscious. This deserves closer investigation.’ (Freud, 1915, p. 194)”

Indeed!

Technically the definition of projective identification is the dynamic by which a disowned part of the self/psyche (a feeling, an introject) is projected onto (into) and *evoked in* another. Thomas Odgen, a leading psychoanalytic authority writing on the process, has likened it to an evacuation of emotion (a feeling/thought cluster) that is disavowed or repudiated in one person, and then a placing of this emotional constellation, injecting it, into another.

Some simple examples:

- A mother projects that her child hates her and begins to evoke and respond to his/her cries as hateful, but the hate is actually a disowned aspect of her psyche.
- Mother has loving or sexually desirous feelings for her child that she disowns, and repudiates in herself, but projects onto her child or evokes in him and then admonishes him for.
- A husband who projects feelings of betrayal onto his wife and behaves in such a way as to induce or evoke them in her and then accuses her of a “cheating heart”.
- In the therapy dyad: A client projects a competitive, know it all, haughty attitude (perhaps an introjected aspect of a parent) onto the therapist that is disowned, disavowed by the client. The therapist, however, finds herself feeling superior and haughtily contemptuous toward her client.

Transferences – historical remembrances that are projected onto another- can be at the foundation of projective identification. Historical remembrances of one person (let's stay with mother) are projected onto another (let's say child, or spouse) in the present. That is transference: “Our little girl takes after her grandmother.” This transference projection (which is also an introject) is disowned, projected onto and evoked in the other; “This child looks at me with hateful feelings just like my mother used to.”

To the psychological observers, the proverbial flies on the wall, the child does seem to be quite hateful. This all happens unconsciously and is rarely articulated

or acknowledged. Yet these unconscious dynamics determine, unfortunately, to a large extent the ongoing relationship between the two persons. And, of course, these dynamics influence how the child embodies the burden of her mother's relationship with her grandmother; and how the child begins to know herself as a person who is hateful toward her mother.

Projective identification is described by Ogden (1989) as "a psychological-interpersonal process" in which "an aspect of self" which is denied or repudiated can be placed in another person in such a way that "the recipient is controlled from within (Klein, 1955)." In this way, an aspect of self is denied, by creating a separate container for aspects of oneself through an unconscious merging of the self and the other in identification. For example the patient may be threatened by a deep unconscious hatred for his mother. He attempts to manage these unacceptable feelings in the follow way:

"I cannot tolerate hating my mother, so I'm going to believe that you, like all therapists, hate mothers, including mine. And since my hatred for my mother is too painful and too threatening for me to bear, I allow you to hold the awareness and the pain of my hatred in your body, even as I condemn you for being the mother-hating person I cannot stand myself to be."

Thomas Ogden has written (1982, p. 280) that there is:

"pressure on the infant to behave in a manner congruent with the mother's pathology, and the ever-present threat that if the infant were to fail to comply, he would become non-existent to the mother. This threat is the 'muscle' behind the demand for compliance: 'If you are not what I need you to be, you don't exist for me,' or in other language: 'I can only see in you what I put there, and so if I don't see that in you, I see nothing.'"

This is a description and more extreme example of the workings and power of unconscious projective identification.

In this worst case the relationship between mother and infant is one in which the unconscious message, given chronically, daily to the child is, "You do not exist for me, unless you are who I need or expect you to be." This is such a simple psychic annihilation, yet so devastating to that emergence of an authentic self. This child is vulnerable forever to the demands to comply with the demands of the 'other(s)' in her life. She has learned in the model with her mother that she cannot take the risk of being herself. She has learned to repudiate her own authenticity. Her internal organs and her muscles will constrict and twist in such a way to signal her whenever she is at risk of breaking the cardinal rule of living only in her mother's reality. What happens to the somatopsyché of a child experiencing this as chronic relational trauma, to her development of a self, a body self that knows inside the truth of who she is? There is a

continuous press to force a pathological accommodation at the level of sensation and self-experience so that she is unable to have any sense of her own somatic or psychic truth, in fact she must deny it. It must all be surrendered to the projector's fantasy of who she is. How can she ever find a way to validate her authentic self, her goodness, her autonomous beingness? When anyone, but especially when a child, submits to the unconscious demand to evacuate authentic sensation and embody the projections of another, the emerging self can be engulfed until it becomes nonexistent.

At this deeper level of malevolent, vampiristic relational trauma, the demand to comply with the continuous transference and projective identifications is accompanied by the threat of catastrophic explosive annihilation. I am most interested in investigating what happens when the psychotic introject of the client is projected and evoked in the therapist in such a way that the client re-experiences the parent-child historical pathological relational dynamic in the present therapy relationship. This is similar to transference; only the mechanisms are through projection *and evocation* of the client's internalized malevolent parent, who is evoked as a feeling state in the therapist. In this way the therapist experiences the feelings of the traumatizing parent; these are complex and difficult to manage. Reciprocally the client projects the traumatized aspect of the self onto the therapist, who then experiences the feelings of the traumatized child such as hopelessness, abjectness, worthlessness. These feelings are fundamental to the unconscious experience of the self of the client. They have been painfully honed in the crucible of the pathological relationship with the traumatizing parent. That relationship is now being enacted with the therapist experiencing the traumatizing dynamics and the client enacting/embodying the role of the traumatizing parent.

This can be the extent of the negative power of the unconscious in action, in human dynamics, in families, in parent-child interaction, and in the politics of human experience. As Bioenergetic therapists we are aware that when these toxic relational dynamics are operating, any healthy developmental push for autonomy, authenticity or assertion, brings with it an internal terror that gets layered and bound in the musculature, in the viscera and in the psyche of the child who is the focus of the projective identification

R.D. Laing in 1971 in his analysis of *Family Politics* described these dynamics in families. The dynamics of transference combined with the formidable pressure of projective identification put pressure on the child's forming personality to become, to embody, those disowned, painful, sometimes hated and repudiated parts of parents' psyche that are based in identifications and introjects of historical figures and relationships. Laing believed that these unconscious demands placed on the child to embody the introjects of the parents/caregivers doomed the child to the development of an inauthentic self.

If we examine the influence of the mother's (parents/families) projective identification onto the child; the internal identifications with historical objects (introjects) in the parent that are projected into the child and simultaneously disowned by the parent, we can see the mechanism by which the child comes to embody the disowned, disavowed and sometimes hated or despised aspects of introjected parts of historical significant figures in the parent's somatopsysche. For example: Mother's father is physically abusive and rageful, and historically has exploded in rage at the mother or her siblings in their childhood. In her personality development this mother has internalized and identified with her father for whom she consciously has loving, albeit ambivalent, feelings. She has unconsciously internalized her father's attitudes toward parenting: providing for the family, organization of family time and teaching and discipline of the children. Now in the context of her present family and her role as a mother, she disavows these abusive attitudes and feelings, especially the controlling, rageful feelings and impulses to be physically abusive (her identification with parts of her father). She, however, may project them into, and thereby evoke them, in her child who she now recognizes unconsciously as "like" her dad. She may see his behavior as overly temperamental, violent or out of control. Her child now comes to represent her repudiated feelings. Her child's personality and behavior, his being, allows for a continued relationship (transferential) with her father in her present interactions with her child.

What is most fascinating and difficult to unravel in the transferential dynamics in the therapy relationship is the creation in the present of an enactment of an historical chronic relational trauma. In the example above we see how the mother evokes a dynamic with her child that repeats the historical pathological relationship with her father. These same dynamics can be played out in the therapeutic dyad where the patient evokes through transference and projective identification the historical pathological object relationship. The client acts in a way like her father that is internalized and unconsciously evokes a dynamic in which the therapist is made to feel and play the role of the client, allowing the therapist to experience the client's disavowed pain, anxiety, rage as a dependent child while the client plays the part of the parent. This can happen often, and is an intrinsic part of the psychotherapy relationship. We repeat the historical-energetic-relational pattern one way or another.

Of course this is all very powerful, unconscious manipulation of the somatopsychic experiencing and functioning of the other. Ogden (1989) describes the process:

"In projective identification, the projector-by means of actual interpersonal interactions with the recipient [therapist]: unconsciously induces feeling states in the recipient that are congruent with the 'ejected' feelings. [In the case above the therapist can find herself feeling hatred, and has to wonder it's source in her own subjective experience.]

In addition to serving defensive purposes, this constitutes a fundamental form of communication and object-relatedness. The recipient of the projective identification can sometimes retrospectively become aware that he is 'playing a part ... in somebody else's phantasy' (Bion, 1959a, p. 149). Projective identification is a 'direct communication' (Winnicott, 1971c, p. 54) in that it is unmediated by an interpreting subject; instead, it is predominantly a communication between the unconscious of one person and that of another. For this reason, it is often experienced by the recipient as coercive. *There is no choice: one not only finds oneself playing a role in someone else's internal drama, one feels unable to stop doing so.* The recipient feels controlled from within. If he is able to contain the induced feelings without simply dumping them back into the projector, a shift in the relationship between the projector and the recipient can occur that leads to psychological growth. The processing of a projective identification by the recipient (often this is the therapist) is not simply a matter of returning modified psychological contents to the projector. Rather it is a matter of altering the intersubjective mode of containment generated by the interacting pair, thus generating a new way of experiencing the old psychological contents. It is not so much that psychological contents are modified; it is the intersubjective context of those contents that is modified ... what changes is the experiential context ... [the phantasy isn't] destroyed or replaced; ... rather, the phantasy is experienced differently due to a shift in the psychological matrix [context] within which it exists." (Ogden 1989, pp. 25–27)

The therapist communicates an acknowledgement of feeling/experiencing hatred, and opens an inquiry between the patient and herself as to whose hatred she is experiencing, to whom it is directed, what the implications are for herself or for the patient feeling hatred, and what, if anything, should be done about it. This is an essential element of the working through process in psychotherapy. *The therapist models by experiencing, embodying and metabolizing the chronic relational traumatic elements for further processing in the therapy dyad.* (For greater elucidation and description of this embodying, metabolizing, working through therapeutic process see Garry Cockburn's article (2011).

One more point or vista within the labyrinth, that is the reciprocal nature of this process. The person projecting and evoking these feelings in the other sets up a dynamic where he/she can actually experience being persecuted in the old transference way but also can become the perpetrator of the very same persecutory dynamics. Here is a clinical example of this reciprocal transference projection identification process within an Oedipal dynamic. Sam, who came to therapy for help with his sexual addiction, consciously expressed love and admiration for his mother who also was critical, overbearing and seductive; he described her as a powerful woman who derided her alcoholic husband and warned her son to not be like his father. Sam grew up to be a sexual addict who had long-term relationships with women he compulsively cheated on. In one of the bioenergetic reaching out exercises, Sam was surprised that he spontaneously blurted out to his mother: "Why won't you love me ... Why? Why?" He

screamed this with rage, his body shaking and sweating. He was shocked that he felt such deep longing, grief and rage. He had thought he was above all that “old stuff”. His neediness for his mother’s love was a thing of his past, his infancy. Sam had a classic psychopathic character structure; he was usually the one to manipulate others’ emotions. He was quite successful as a professional, and as a provider. In some very important ways Sam was a good guy, doing good things in the world, in spite of his internal psychic reality perforated with the bullet holes of these Oedipal dynamics.

Sam’s ten-year relationship with Madeleine was speckled with cheating episodes despite 12-step programs, couple and group therapy. Sam could be, in these episodes, in fantasy, the hero, the prince on a white horse; his anger and resentment for women buried or left behind with Madeleine. Unsurprisingly he complained, “Madeleine is just like my mother, critical, overbearing and angry.” It is likely that through the unconscious mechanisms we have been exploring, Sam projected many of these emotional dynamics and evoked them in Madeleine, such that they would be played out in his relationship with her. *In this way Sam’s attachment to, longing for, and conflict with his mother is prioritized and has primary longevity.* Yes, Madeleine had taken the role of the critical, overbearing, seductive but rejecting woman so like his mother, and he was, of course, the eternal victim of unrequited need for his mother’s positive regard and unconscious sexual longing for him; except for short periods with the new and strange female encounter in the cheating episodes where he was the exciting, prized and hopeful one. But what Sam didn’t realize and is hard for him to remember from session to session is that he also has become his mother in this drama. He is the seductive, depriving, rejecting, critical provider to Madeleine and eventually to each partner in the cheating episodes. In the triangle which includes Sam, Madeleine and each new female, Sam engineers a re-creation of the original Oedipal triangular competition where he now is in control, as his mother used to be. He has maneuvered to be superior, controlling and depriving to both of the other players. This is the true reciprocal labyrinthine nature of, and the power of these dynamics. And this is the working of the unconscious in the dynamics of chronic relational trauma.

As one of the co-authors of the monograph “Modern Bioenergetics” I support the idea that transformative psychotherapy requires a “profound investigation of self, facing oneself, and the determination to do whatever is in one’s power to alter and modify old patterns, or grow into new forms of being – to the extent one is capable.” (Baum et al. 2011, p. 17):

“The focus on facing the perpetrator of abuse in oneself is central to our work as bioenergetic therapists. It is not enough to be liberated from destructive patterns, or from mistaken and self-harming ideas. It is also necessary to see to what extent one is now a perpetrator in the same ways as one has been perpetrated against.”

Yardi Kaldes (2010) presented a paper at the PDW in which she showed how the repressed and unconscious remembrances of traumatizing, terrorizing experiences of the Gestapo, of Hitler's Germany, of the concentration camp SS soldiers could be unconsciously projected – evacuated from the psyche of Israeli parents and projected onto and evoked in their children. These parents who experienced the Nazi Holocaust in their bodies and souls could and did unconsciously project their fear, hatred, and vengeful annihilatory feelings onto and into their children, and evoked those feelings in their children being raised in Israel – one, two, even three decades after the war. Yardi Kaldes gave examples, including her own family's experience, of what she termed a form of psychic radioactive contamination that poisons the psyche for generations and mutated their consciousness perhaps forever. She was talking about the destructive power that transference projective identification can have. Yardi Kaldes references Yolanda Gampel (2000) who has written extensively on the experience of World War II victims and survivors, their children and grandchildren, and the legacy of the "holocaust culture" of social instability, social violence and unconscious projected intergenerational trauma.

In essence what happens unconsciously, intergenerationally, is that "unresolved trauma and loss in one generation essentially becomes toxic "psychic –hand –me-downs to the next generation." (Silber 2012). A simpler example of the working of projective identification in a mother-child interaction is the following. A loving mother, Margot, has many negative feelings about her own narcissistically controlling and critical mother. She expresses them with feelings of guilt, disowning the degree and intensity of her negativity. She says, "I love my mother, and understand that she sacrificed a lot, had a hard life, but when I speak with her I feel so disconnected, invisible." In a subsequent session, Margot is upset about her relationship with her 8 year-old son, Marcel, who recently said to her, "I'd rather not see so much of you." And on another occasion told her, "I hate you." On the surface, this negativity from her son can be seen as a direct expression of feeling. However, examining the legacy of meaning in this encounter reveals it, at least in part, as an evocation in her son of the negative feelings this mother has for her own mother. Marcel is expressing to Margot, his mother, those feelings she can not feel consciously or express to her own mother. Margot was hurt and anxious about her son's negative, rejecting attitude and affect, but could not recognize it's connection to her own feelings about her mother, or her own sentiments about how children feel about their mothers.

It is important to understand the layered complexity of the influence of Margot's unconscious process on her relationship with her son, and her need to keep all this out of her awareness. *She is amplifying her son's native self-assertion by projecting into him her unconscious feelings of anger and defiance directed at her mother. Then she is paralyzed by*

*her feelings of guilt and anxiety stimulated by her unconscious negativity (and so feels that her son's recriminatory anger is justified as if he were now her mother). She unconsciously supports her son's escalation of his negative feelings. But she is then consciously appalled and pained by the level of her son's negativity, much of which is now being powered by her unconscious support and collusion. Finally she is paralyzed in her ability to set appropriate limits on his negativity because she needs the outlet of his expression and fears the discovery that indeed his hatred of her, matches her hatred of her own mother. Further transferentially, she sees him as justified in his recriminatory anger as her mother would.* Margot is unaware of her ongoing, unconscious manipulation of her son's feelings and behavior that satisfies her unconscious need to disown, project and witness in another, her son, her own negative feelings for and burgeoning needs to individuate from, her own mother. Here again we can see the workings of the reciprocal transference/identificatory processes in the unconscious relational dynamics. Margot feels transferentially the victim of her son, who is acting (transferentially) like her mother. Yet Margot, while perceiving herself as the anxious victim is acting like her mother in generating and colluding with a profound, expressive negativity in her son. In our working through and analyzing these conflicts which are in the foreground of our therapy, I suggest to Margot that her son has perhaps become her mouthpiece to her own mother, and that she may be secretly rooting for him to express himself in ways that she never could. I also try to help her consider that in his negativity, engendered by her unconscious need to rage at her mother, he is becoming trapped in the role and transferenceal embodiment of herself with her mother. Marcel is perceived as unempathic, critical and rejecting like her own mother. Margot also disowns in herself these feelings expressed by her son of "not wanting to see so much of you" in transferenceal projections onto friends and other family members. For instance, she finds a friend overbearing, overly critical and competitive, but becomes anxious that she will be rejected by this friend, denying her need to, "not see so much of her." Seeing this dynamic in Margot's relationships to her mother, son, and friend, I can expect that it will come up in the transference to me as well. She will probably not want to see so much of me, and in the projective identificatory process I will be feeling like I'd rather not see so much of her. This is a drama that presses unconsciously to be played out ... coming to a theatre near you.

Laurel Moldawsky Silber, (2012) has written with cutting edge clarity about the therapeutic techniques she uses to unpack "transgenerational trauma" in working with children and families. Following on a ground-breaking article (1975), "Ghosts in the Nursery" by Selma Fraiberg, Edna Adelson and Vivian Shapiro, Silber gives a powerful picture of how projective identification works and is transmitted intergenerationally. Specifically, what needs our focused attention is the intergenerational transmission of chronic relational trauma. She writes:



“Transgenerational processes contribute to organizing and disorganizing attachment. The past (in all its forms and potentialities) lives in the present, influencing the affective field of the parent-child intersubjective matrix. In a child’s construction of self, he or she may run up against the confounding presence of ghosts: the dissociated, and thereby unreflected upon past of their parents. This implicitly felt, yet explicitly unknown transmission interferes in the processing of emergent experience and impedes the child’s development ... Through play a child therapist finds openings to enter the attachment system, reflecting on how a child’s experience is being felt, yet unthought about by both child and parents. A parent’s recognition process, thereby making what was implicitly felt explicit and consequently more coherent, supports the child in his or her efforts to reorganize aspects of the attachment relationship” (p. 106).

## **Projective Identification and the Therapy Dyad**

When working with the dynamics of projective identification within the intersubjective therapeutic dyad, therapists need to track moment to moment their feelings and sensations in order to distinguish them from more elemental countertransference reactions. This is an essential and good technical practice: to be both available for penetration by the client’s process and then trained to use and metabolize this process within the intersubjective space to create an alternate matrix for processing this disavowed/denied/repudiated affective process in the client. Gary Cockburn (2011) makes a cogent and emphatic case for the importance for therapists to develop an understanding of the concept of projective identification and knowledge of how to use it when working in depth in modern relational Bioenergetic psychotherapy.

The examples given by Bill White (2011) are helpful in getting a sense of the workings of this process, somatically, in the therapy dyad. In one example, Bill was listening to his patient talk with very little feeling about his life, when he (Bill) felt acute pain in his stomach and his chest. Bill first checked into himself to see if these pains might be related to indigestion coming from the burrito at lunch; it didn’t seem so, so Bill proceeded to ask for his patient’s permission to place a hand on his chest. When Bill did this, the patient began to cry in racking sobs. Bill saw, and experienced in his own body, his patient’s grief and pain that his patient could not bear in his own conscious experience. In a second, somewhat more complicated example, Bill was working with a man who was characterologically structured in primarily a masochistic way. Having had no previous feelings of antipathy toward this man, Bill had the impulse “to throttle” him; Bill said, “I felt a surge in me to strangle him with my bare hands.” Bill’s analysis was that he could appreciate through this experience, both his “client’s

strangled breath and his strangled humanity.” Bill had registered in his body the strangulation in this person’s life; he was also registering a disowned impulse in this man to protest, to fight oppressive suffocation. Layered onto this is the possibility that the urge to strangle his client might have been evoked in him through a projected feeling originating within his patient to strangle those in authority, including Bill transferentially, who have intimidated and suppressed his authentic self-expression most of his life. Consequently Bill registered the perpetrator of that strangulation and the enraged response to it in his body. An historical reenactment indeed!

How does this happen that Bill might feel what his patient unconsciously is unaware of feeling? Projective identification is a complex process whereby the client unconsciously denies an aspect of the self and then projects that aspect onto another (i. e., the therapist) and then has feelings about the other that are related to this projected aspect. For example, the client may accuse (project onto) the therapist the characteristics of being lazy and distractible, negligent and inattentive, or narcissistically driven and competitive, and may complain that these aspects of the therapist’s personality are very annoying, disconcerting or threatening to him/her. If these feelings are projected onto the therapist, but in fact are attributes of the client, which are unconscious, denied and disowned, then this is an example of projective identification. The patient is saying unconsciously, “you, the therapist, are just like me, and therefore, I know who you are.” Often these denied parts or aspects of the client’s self are evoked in the therapist (in feeling experiences, attitudes, and behavior, like Bill White’s stomach ache or his wish to throttle) as part of a countertransferential response to the dyadic relational process. If the therapist can own the feelings or the experience even in the moment (since it is being evoked in him by the client’s behavior) then the therapist can model owning this unacceptable aspect and can bring it into the conscious dialogue to process and understand its meaning. The therapist acknowledges, “Yes I am feeling this way and I wonder what it means about the patient, about me and about our relationship.”

## **Chronic Relational Trauma and the Revolutionary Nature of Psychotherapy**

“Psychotherapy, as it is practiced today and for the last 100 years, is a medium of transformation. Individuals come to psychotherapy seeking to manage and, if possible, heal their pain and suffering, hoping to find understanding of and refuge from inner torment, grief, confusion and conflict. The revolutionary core of psychotherapy is in its fundamental technique and goal of self-awareness. Psychotherapy, at its best, places change in the hands and body of the person. Through self-knowledge, leading to self-

confidence, self-assertiveness and the possibility for autonomous choice, the person is empowered to take those steps that will make life more meaningful, more truthful, and more pleasurable.

Bioenergetic Analysis was founded in the early 1950's in this revolutionary tradition. Grounded self-awareness was then, and is now, the fundamental method of transformation and healing. This is its central and radical emphasis. As Bioenergetics has evolved, the belief in helping the developing person to become the change agent in his or her own life has become more embraced through an integration of modern concepts and technique" (Baum et al. 2011, p. 1).

Psychotherapy is revolutionary when it exposes the enslavement and evisceration of children and adults through the mechanisms of unconscious psychic power dynamics, and when it allows for a witnessing and working through of the effects of these dynamics. Unconscious forces like transference, projective identification and the manipulation of the empathy and idealization coming from the child can all be used as mechanisms of chronic relational abuse. Chronic relational trauma is often based on the transference working out of unfinished emotional business with parents within our relationships with our children. We have also understood that through projective identification unconscious feelings in one person can be generated or evoked in another. In fact, through projective identification the embodiment of an historical traumatizing or benevolent relationship can be generated. The child, adult, or group comes under unconscious pressure to play out energetically and emotionally the historical relationship dynamic. Unpacking and unraveling these dynamics, this unconscious, intricate relational matrix to discover their elemental force in the present is psychic detection of the highest order. I believe it is necessary in making intelligent, productive, healthy facilitating interventions. It is the intricate and tricky work of the therapist enlightened to the transference-projective-identification process.

As therapists we can 'be there' for these transference dynamics; we can provide a therapeutic safe relational space that acts to contain and metabolize these relational patterns. We can work to bring to awareness the unconscious unfolding relational dynamic as it plays out in the present relationship with our client, and in his relationships with others in his life. We can learn to reflect to the client our experience, our feelings in the relationship with him, to bring to awareness for exploration his internal relational reality. The therapist can act to 'metabolize,' contain and process the projected and evoked feelings, thereby modeling a healthier way to process them. The therapist might reflect on or even might say, "I'm feeling nauseous ... or, I feel deep grief. I'm feeling disappointed and frustrated, or critical and competitive ... or if she dares ... "murderously angry ... or sexually aroused". She might ask, "Are these

feelings familiar to you?” This can facilitate a deeper exploration into the origin of these feelings from a more conscious, grounded awareness.

In the psychotherapy relationship, what is most fascinating and difficult to unravel is the creation, through transference dynamics, of an enactment of the historical relational trauma. How does the present client-therapist relationship repeat the old abusive relational bond? All these dynamics can be and do get played out between client and therapist! Years of training and supervision are dedicated to our learning to bring to awareness our countertransference reactions for constructive use in the therapeutic process. In Bioenergetics we may go further to experience these unconscious dynamics somatically and intervene somatically! We can work on a body level to understand, metabolize and work through. We can bring our technical skills on a body level to become aware in ourselves how these dynamics are embodied; we can experience and we can help our patient to experience. Our interventions to appreciate, integrate and sometimes change for emotional health can be all the more effective when we are aware of and work with this information embedded in the somatic unconscious.

Each person grows and develops within a unique, complex, layered interplay of relational dynamics. Psychotherapy and therapists must be willing to examine and engage with this process. Healing must involve the therapist's understanding of the unconscious, and this intricate, layered relational matrix from which it is created and is composed of. Therapists must understand and make themselves available to participate in and embody unconscious process, metabolize and contain it, and use this empathic resonant embodiment as part of the healing process. There is no healing without relationship, and there is no relationship without the therapist 'being there.' The therapist, then, must make him or herself available for a complex relationship that is primarily and fundamentally unconscious (Cockburn 2011). In order to do this the therapist needs to develop an understanding of the workings of unconscious process and be willing to participate in this process.

It is not enough, although it is quite necessary, for therapists to be benign, sympathetic, supportive witnesses and listeners. This, while well intentioned and in good faith, isn't enough to do the work of extrication from the chronic destructive relational labyrinth. Psychotherapy must address the durable, rigidified toxic patterns laid down in the unconscious. Many of these patterns have at their core destructive and abusive impulses that are conveyed in quite ordinary ways: a mother's gaze or father's holding. These destructive forces are powerful, yet are intermingled with more benign or benevolent affect, which can bury them deeper or sometimes make them easier to recognize. In more malignant and chronically toxic patterns of abuse, they are ruinous to the psyche and the soul. Yet only when the therapist is willing and able to encounter and 'be there' – be present for these dynamics – transferences, projective

identifications – the unconscious soup of the somatopsyché – can the work go on. This work is calling us. It is everywhere in ordinary everyday process as well as in the extraordinarily traumatized and abused.

The convergence in modern psychotherapy of the philosophical innovations of feminist theory, specifically the insight that power dynamics influence the possibility for egalitarian relationship; intersubjective theory, specifically that we are merged and influence each other interpersonally and somatopsychically in conscious and unconscious ways; and relational theory, specifically asserting the grounded reality that there is no psychotherapy without the profound foundation and penetrating effects of relationship; and bioenergetic theory, specifically that everything happens in the body; these philosophical innovations are the keystones of modern thought and lead us to an appreciation of the revolutionary possibilities for psychotherapy.

A deep comprehension of relational power dynamics illuminates that thrust in human beings to dominate, control and exploit each other. It locates these dynamics in the most fundamental relationships between us. It sheds light on the damage we do to each other even as we strive to create secure attachments and loving bonds. Bioenergetic theory and practice adds significantly to our analysis of these dynamics and their effect, and to the development of interventions to mitigate the unconscious and destructive deployment of these dynamics in human relationships. Attention to the subtle energetic responses, and to the development of tolerance for unfolding somatic experience, and to the refinement of a sophisticated apprehension of body processes in interpersonal relatedness adds immeasurably to the therapist's range of experience, capacity for empathy and understanding, and to her or his tools for freeing and healing interventions.

There is great power to heal in human empathy, and in an individual's courage to grow and change. Both healthy development and healing require safety, loving-self acceptance, mutual respect, a cultural matrix of benevolent support and modeling. Maintenance of an environment in which those conditions obtain depends on a vigilant analysis of the origin and operation of destructive power dynamics and a corrective strategy to right them. Psychotherapy is an excellent laboratory for that analysis and for the engagement with healing possibilities that can take place when an emotional environment, such as the one I have described, is supported.

If transference is one of the determinative forces of the legacy of chronic relational abuse, then analysis and conscious disruption of the transference is the aim. This is achieved through diligent, often painful exploration and consciousness-raising concerned with the history of our victimization, our collusion, and our ongoing perpetration. This work is not for the timid or the faint at heart. Desperation can bring us to it. Pain and hopelessness can bring us to it. Love and an earnest wish to act in

good faith and to disrupt the legacy of abuse, can bring us to it. This is the work of the revolution and of the evolution of our humanity. The power of pleasure (Lowen 1958), love (Fromm 1956, Montagu 1975), compassion, forgiveness (Jesus), intimacy, self-acceptance, and connection to benevolence and to goodness (Olney 1984, Tuccillo 2006) in human relationships, in unconscious transference projections, can be our gift to each other, our determined embrace of the human condition.

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