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Feeling Ridiculous and the Emotion of Shame in Physical Experiences During Analysis

Giuseppe Carzedda

Abstracts

English

In this article, a clinical case is discussed according to Bioenergetic Analysis, focusing on the theme of shame and its presence in the patient's inner experience of feeling ridiculous when carrying out physical exercise proposed during psychotherapy.

Two aspects of the therapeutic process are highlighted: first, how the elaboration of this feeling can begin at the very early stages of therapy and second, how within dyadic analysis, the resulting complex and intense affective valences implied can render the approach to such a task quite problematic.

Such difficulties lead to the reconsideration of the role of the emotion of shame. Generally, it must be recognized as an integral part of the process of the individual's psychological development; the relevance of intersubjectivity within the analytic relationship is rendered even more evident. From this theoretical/clinical perspective, considerations derived from a phenomenological approach are recognized as having particular importance, as even imagined looks can assume a central relevance along the two-way relationship bridge that unites the therapist with the patient.

Key words: self defects, emotions of self-consciousness, shame, ridiculousness, narcissism, inter-subjectivity, grounding.

German

In diesem Artikel wird ein klinischer Fall aus der Bioenergetischen Analyse diskutiert. Er befasst sich mit der Scham, die ein Patient erlebt, der sich bei der Durchführung körperlicher Übungen während der Psychotherapie lächerlich vorkommt.

Zwei Aspekte des therapeutischen Prozesses werden hervorgehoben: Erstens stelle ich dar, wie dieses Gefühl schon in einem frühen Stadium der Therapie ausgearbeitet werden kann, und zweitens zeige ich auf, wie die sich daraus ergebenden komplexen und intensiven affektiven Wertigkeiten eine solche Aufgabe innerhalb der dyadischen Analyse recht problematisch machen.

Solche Schwierigkeiten führen zum Überdenken der Rolle der Scham. Scham muss allgemein als ein integraler Teil des Prozesses der individuellen psychologischen Entwicklung gesehen werden. Noch offensichtlicher ist die Bedeutung der Inter-subjektivität in der analytischen Beziehung. Aus dieser theoretisch-klinischen Sicht haben Betrachtungen, die aus einem phänomenologischen Ansatz abgeleitet sind, besondere Relevanz. Selbst imaginäre Blicke können einen zentralen Stellenwert in der interdependenten Beziehung zwischen Therapeut und Patient erhalten.

French

Dans cet article, il sera question d'un cas clinique en analyse bioénergétique mettant en lumière le thème de la honte, de même que la présence de ce sentiment dans l'expérience subjective du patient qui se sent d'être ridicule au moment de faire les exercices physiques proposés dans le cadre de la psychothérapie.

On fera ici ressortir deux aspects du processus thérapeutique : premièrement, comment ce sentiment s'élabore dès les premières étapes de la thérapie, et deuxièmement, comment, dans le cadre d'une analyse prenant en compte les interactions dyadiques, les intenses charges affectives en jeu qui en résultent peuvent poser problème dans la manière d'aborder cette tâche.

De telles difficultés amènent à reconsidérer le rôle joué par le sentiment de honte. De manière générale, on doit reconnaître qu'en tant que partie intégrale du développement psychologique de l'individu, la pertinence du concept d'intersubjectivité à l'intérieur de la relation analytique devient encore plus évidente. À partir de cette perspective à la fois théorique et clinique, les considérations issues d'une approche phénoménologique sont vues comme ayant une importance particulière, alors que l'apparence physique telle qu'imaginée subjectivement peut revêtir une importance capitale dans cette relation à double sens qui unit le thérapeute et le patient.

Spanish

En este artículo se discute un caso según el Análisis Bioenergético, enfocando el tema de la vergüenza y su presencia en la experiencia interna del paciente de sentirse ridículo al realizar ejercicios físicos propuestos durante la terapia.

Se remarcan dos aspectos del proceso terapéutico: primero, cómo la elaboración de este sentimiento puede empezar en las fases iniciales de la terapia, segundo, cómo dentro de la diada analítica, las complejas e intensas valencias afectivas resultantes que están implicadas pueden hacer que la tarea sea bastante problemática.

Tales dificultades conducen a la reconsideración del rol de la emoción de vergüenza. Generalmente, debe reconocerse que una parte integral del proceso de desarrollo psicológico del individuo, la relevancia de la intersubjetividad en la relación analítica, se hace aún más evidente. Desde esta perspectiva teórico/clínica, se reconoce que las consideraciones que se derivan de un enfoque fenomenológico, tienen una importancia específica así como las miradas imaginadas pueden tener una importancia capital en la conexión bidireccional que une al terapeuta con el paciente.

Italian

Nell'articolo, attraverso la discussione di un caso clinico trattato con il metodo dell'Analisi Bioenergetica, viene affrontato il tema dell'emozione della vergogna e del suo possibile emergere nel vissuto soggettivo del paziente attraverso il sentimento del percepirsi ridicolo nelle esperienze corporee proposte in psicoterapia.

L'autore evidenzia come il processo terapeutico possa svilupparsi a partire dall'elaborazione di questo sentimento, ma anche come le complesse e intense valenze affettive che ne risultano implicate possano rendere difficoltosa la gestione di tale compito all'interno della diade analitica.

Tali difficoltà, che spingono anche a riconsiderare il ruolo che all'emozione della vergogna deve essere in generale riconosciuto all'interno del processo di sviluppo psicologico dell'individuo, rendono ancora più evidente la rilevanza assunta dal tema dell'intersoggettività all'interno della relazione analitica: in tale prospettiva di riflessione teorico-clinica viene anche riconosciuta una particolare importanza a considerazioni derivate dal pensiero fenomenologico e in base alle quali anche i soli sguardi pensati possono assumere una centrale rilevanza lungo il ponte della relazione che unisce bidirezionalmente il terapeuta con il paziente.

Introduction

Over the last *decades*, the renewed interest in psychological theories of consciousness has brought the ever-present theme of the relationship between mind-body back into focus, and inevitably with it, the need to overcome the Cartesian idea of separation between these two levels of functioning in an individual.

This revived attention is mainly the result of new discoveries and prospects. Studies have brought to light not only the adoption of relational and intersubjective models concerning psychological development and the dynamics that regulate the functioning of the mind, but also their no less important contribution in the field of neuroscience.

The influences on approaches leading to the field of body psychotherapy and, in particular, to Alexander Lowen's Bioenergetic Analysis, are numerous and profound, for example, the general process of revision and adaptation of the model such discoveries and prospects indicate. It must also be noted how numerous concepts originally formulated by W. Reich (Reich, 1973) and subsequently developed by A. Lowen (for example, cfr. Lowen, 1978, 1983) have taken on renewed importance and centrality.

Among these we can say it is precisely the concept of the functional identity of the *mind-body* that has once again found a particularly stimulating value from the point of view of both theoretical and clinical development. The merits of this concept, indeed still current today, must be recognized, not only for having opened up the way towards a holistic comprehension of the person in physical, behavioral and psychic terms, but also for having made it first conceivable, and then practicable that an analytic method, no longer based solely on the word, was possible and, finally that in a certain sense, analytic methodology had itself been dominated by verbal expression.

A particularly fertile concept which greatly stimulated this process of development and still today represents a fecund *humus*, is the concept of Self together with related emerging pathologies that we have to confront in our clinical work daily.

In this regard, we can consider that this experiential entity represents a privileged observatory for a psycho-physical matrix model such as Bioenergetics Analysis: in this sense even the subject discussed in this paper – the feeling of the *ridiculous* referring directly back to emotions of self-consciousness, in particular shame, triggered by a sense of exposure and nudity and the perception of the Self as being inadequate – can be seen as an example of this privilege, not only from a theoretical point of view in general, but also from a specifically clinical point of view.

The Case of M.

M. was an engineer of about 40 years of age, who had recently been promoted to a managerial position in an important firm where he had worked since graduating from university.

This new responsibility represented recognition on the part of the firm's management. They believed and invested in him, regarding him to be, not only the brilliant creator of new innovative practices, but also a gifted person with the right abilities and qualities for carrying out tasks of responsibility in the areas of sales and marketing.

This meant that after a very few months M.'s job underwent a radical transformation. In the beginning, his responsibilities were characterized above all by relations with colleagues, inside the business. Now his activities were suddenly projected outwards, requiring a completely new experience of self-exposure in terms of image.

M. felt very proud of himself for being recognized and, at first, was not intimidated at all by these new responsibilities. He considered them, after all, as part of the natural process in the ever-rising professional ladder, punctuated by a great deal of satisfaction and numerous successes.

In his account he underlined how, after an initial period of orientation regarding the new position, he had to stand in the so-called "frontline" before an audience of experts and several senior staff members invited for the occasion. The moment had arrived when he had to introduce not only the new services for which he was responsible, but also himself in this new role.

It was precisely on this occasion that something quite unexpected occurred, frightening him to the extent that he sought the help of a psychotherapist. Before the presentation, as the moment in which he was due to speak drew closer, he was suddenly overtaken by a fear caused by having to stand on the dais, a fear that turned into anxiety, increasing with each passing minute. The patient relates this episode as follows:

"Suddenly I saw myself where my director had been speaking before me and I felt a sort of restriction in my stomach and chest; my heartbeat faster and I could feel the blood rushing to my face ... the prospect of having to stand before the gaze of everyone, exposing myself to their judgment, to their criticism, made me feel even less confident ... I tried to think of positive things to calm myself; to find my usual self-confidence, repeating to myself that what was happening to me was absurd, that everything was all right, that I was the only person in the hall with the expertise to speak about the subjects I was about to discuss ... but these thoughts did not help ... When I was called and had to stand up to go to the dais, I experienced something horrible ... I felt totally separate from my body ..., it was as if I were walking on a cushion of air and not on 'terra firma' ... at a certain point I was afraid that I might trip and fall ..."

Even the memory of the moment when he began to speak was still particularly painful and full of anxiety. The sensation of not being able to pronounce the words in a mental state characterized by a feeling of emptiness and disorientation made a specific impression on him.

Somehow he managed to begin his presentation and complete it, because, as he said, he was saved by a film he had prepared beforehand. The film helped him to keep to the topic of the discourse, but above all, to reduce the feeling of being the center of attraction and attention of those present. He defined this experience as the longest moment in his life, in which he also felt “undressed and with all eyes on me ... as if I were standing in a room whose walls were suddenly non-existent ...” With respect to what happened later that day, he remembered a strong feeling of anxiety characterized by both a need to find out what he looked like from the “outside” and the terror of having a more or less explicit external confirmation of what he had experienced internally.

In reality, some elements lead us to suppose that probably only a very small part of what he had experienced was visible externally, but this was obviously not the central point of the problem.

He was, therefore, very worried about what had happened and dreaded a similar recurrence in the future. The inner experience was also made worse by the fact that up until that moment he had not been able to find a plausible explanation for what had occurred.

The feeling that emerged from this first account was above all the fact that he no longer knew to what extent he could rely on himself. He felt “betrayed” by something unknown that had emerged in the form of an uncontrollable bodily experience of malaise, before which he felt, and still felt unprepared and impotent.

Regarding our meeting, he emphasized that it was the first time that he had ever turned to a psychotherapist; he had struggled against a part of himself that was tempted to let matters drop, putting it down to “a mere incident that can happen”. However, he changed his mind once and for all, when he began to have dreams that re-connected him with what had happened. The common denominator in these dreams was the lack of control over his bodily responses in diverse contexts during oneiric activity – perspiring, increased palpitations, hot flushes and cold sweating.

M.’s account at our meeting, (the first of a collaboration which was to last approximately four years), enabled him to formulate several preliminary hypotheses which might in the context of this paper provide a starting point for further reflection.

An initial and simple observation concerns the grave narcissistic wound M. experienced. He had felt incapable of controlling himself and his reactions, above all, his bodily reactions – potentially visible especially before the eyes of his superiors and a packed hall.

For many reasons this was a traumatic episode. Regarding possible causes and failings at the basis of it, we can observe how the organization of the ego had maintained total cohesion and adaptability concerning its new tasks until the degree of self exposure before the outside world reached the threshold level – the conference, an important public event.

This situation had clearly revived feelings, which had previously been repressed. Their unexpected and uncontrolled emergence had caught his conscious functional system (on which rested his sense of equilibrium and self confidence), totally unprepared, causing the almost disastrous breakdown.

All this occurred because a series of concomitant circumstances, consciously desired and brought on by himself, had in a short time led him to realize that he needed to be able to organize himself and his emotions. He had unexpectedly discovered that he did not possess this ability, at least in certain contexts.

Reading the experience in structural narcissistic terms (Kohut, 1976, 1985; Kaiser, 1999) what stands out is the presence of an unrealistic and dysfunctional self-perception; several deficient but decisive parts of the Self had been hidden until the moment his unquestionable merits, abilities and resources were to find confirmation in a situation of exposure such as the one he had experienced.

Another aspect we can learn from M.'s account concerns the type of emotion he was overwhelmed by – its emergence following the unexpected self-perception of excessive visibility and exposure just prior to making a public presentation, and to a particular public at that. Both this and a series of precise elements which emerged during the course of the analysis, made it possible to identify the real emotion of shame, which had lain hidden behind those intense bursts of anxiety and general physical distress.

At this point, we can note that six months had passed before M. became aware of the fact that the episode in question was above all attributable to this emotion of shame; he had had to face it ever since he was a child, but had always tried to avoid it in every way possible.

The moment in which he could name it and the inexpressible could be put into words was a significant turning point in the analysis and the way he expressed himself confirms this:

“I realize that apart from the public image that I always put on for others and for myself above all, I was always deeply ashamed ...the fact is that I always felt worthless and unrepresentable”.

Even in the light of this awareness, this *insight*, we can say that he had had to cultivate a partially narcissistic image to compensate for this ever-present perception deficit, capable of deeply undermining his self-confidence and self-esteem.

His state as a whole, accompanied by this awareness is characterized by an intense emotive perception of the self. This was confirmed by the fact that when pronouncing these words, even his body assumed several cringing postures typical of this emotion – head stooping forward, sunken chest, hidden further by rounded shoulders, eyes focused on the ground – and he found it difficult to come out of this position.

As mentioned above, several months passed before reaching this significant turning point. There were many intermediate stages in our work, during which we concentrated on a series of emerging feelings; feelings which were already “speaking” of shame (regarding its origins, or even calling it by name), long before this emotion could exist, let alone discussing it on a conscious level.

Among these sentiments one in particular recurs. It is found in our patient, but it is observable in many cases – feeling and seeing oneself to be ridiculous while performing certain physical exercises.

After about two months from the beginning of the analysis, this became clearly apparent for the first time during the course of the following session.

I proposed a classical exercise in Bioenergetic Analysis to M. to help him know himself better, to feel *held up* and *supported* by the ground from under his feet. This experience is based on the concept of *grounding*, first developed by Alexander Lowen (Lowen, 1978, 1983, op.cit.) to theorize and describe the existing relationship between state and the relative perceptions of oneself, specifically accompanied by dimensions of a more closely psychological nature, noticeable in single individuals.

On the basis of this concept Alexander Lowen used for the first time in the history of analysis, the standing posture in the clinical workplace. This allowed for an alternative to the more regressive supine position, which until this time patients had always adopted. This made it possible for them to look at themselves and aspire to a more adult self, characterized, (in a strictly evolutionary sense so to speak), by “standing on your own two feet”, feeling at the same time the connection and the support under their own feet with respect to the ground.

M. had already begun to familiarize himself with this type of work during previous sessions. I invited him to repeat it, reminding him of what it consisted of including all the simple steps that he would have to attempt. First, he had to stand, keeping his knees slightly bent so that he could perceive the sensations rising up through his legs from his feet positioned on the floor; he could also keep his eyes shut if he felt that this would help him concentrate on his perceptions and internal sensations. Once he felt more in touch with himself and his body, I then invited him to pronounce the word “I” concentrating, however, less on the explicit and obvious meaning of the term than on the internal resonance the word might produce in him. I invited him to remember every now and then to pay attention to two other things – his

breathing and the dual sensation of *holding himself up* and *being held up* by his own legs and by the ground under his feet. Finally, since we were at the beginning of the session, I emphasized that for this exercise he could take all the time necessary without hurrying. The exercise lasted about twenty minutes altogether without saying a word. Several very interesting things happened during this period from the point of view of implicit and observable non-verbal communication.

For specific reasons of interest, only what happened in the five minutes preceding the interruption of the exercise will be described here.

In this phase, at a certain point, M. entered into a mind-body state in which his whole being expressed a profound and intense participation. For example, the tone of voice became deeper while pronouncing the word "I", his posture was less prominent, his shoulders were slightly closed around his chest but not fallen, his facial expression over which there appeared a slight flushing was concentrated and the sound and the rhythm of his breathing became deeper and more synchronized. This state lasted no more than 30 seconds, after which at a certain point he lost it almost as if he had interrupted the exercise on purpose. Shortly after, however, he spontaneously tried to pick it up again without either of us saying anything in particular. After a while he managed to find the breathing rhythm again, showing at this point a renewed interest and curiosity in what he was unexpectedly experiencing.

Suddenly, signs of an increasing and unmistakable discomfort began to appear in his body. For the most part of the exercise his eyes had been closed, but now they opened, looking uncomfortable and evasive, as if trying to avoid being "seen" by himself (apart from the fact that I was sitting opposite, watching). Then he started to move his body rather nervously, signs of a growing rigidity and disjointedness increased, his breathing lost its fluidity and fullness and it was not long before his previous state had vanished, or disappeared.

When he sat down he was visibly shocked and confused, so much so that I suggested that he take his time before trying to tell me about how he had felt and what had happened to him. According to his account and from the reconstruction work carried out together, it emerged that at a certain point, just before the interruption, he had had a profound sensation of "*feeling whole*" from head to toe. Initially, this state was very pleasant; it was also accompanied by a pleasing, flowing sensation running throughout his body in various directions, creating an unexpected feeling of solidity and vitality. All this also reinforced both the perception of strength and the feeling of *selfsupport* in his legs, eventually becoming a pleasant and reassuring sensation of *heterosupport* received through the floor under his feet.

At this point, even though it was pleasant on the one hand, on the other, this per-

ception of himself began to make him feel progressively exposed and at the mercy of something; the more this sensation grew, the more he felt that he was losing control and getting closer to an unidentified danger. This state became unbearable when suddenly, in a flash, *seeing himself from outside* and *seen by me* as well, his self perception became that of an *“awkward and profoundly ridiculous person ... in that position and with knees bent! ...”* it was at this moment that he interrupted the exercise.

On analyzing similar sessions, above all, in sequence followed by diverse inner experiences and states, we observe how the first patients emerged, especially those who indicated decidedly positive signs – an opening up towards self-awareness, characterized by self-control, integration and vitality.

With the opening of this door and the process of expansion and amplification of the diverse sensations, M. began, however, to feel increasingly less able to contain and self-regulate what he was experiencing, so much so that he feared being overwhelmed. Shortly after these sensations emerged, quite contrary to the first signs, the door which had been opened, closed. This also confirmed the well-known phenomenon based on the process of “feeling oneself”- the passage which accesses the unconscious, making it possible for any content present to emerge, independent of its identity. In this case, what emerged unexpectedly at the end was precisely the unbearable feeling of “being an awkward and profoundly ridiculous person”.

What happened in this session is a good example of how access can be obtained through Bioenergetic Analysis. Starting from somatic input and bodily sensations, a basis is subsequently created to connect and integrate with other levels of representation. Different codes (for example, linguistic), mediate to increase the capacity of containing and regulating diverse affective states through the development of a more integrated sense of self at different levels of consciousness.

We can note how another aspect of Bioenergetic Analysis seeks the same objective, but follows an opposite path, initiating for example, from codified verbal representations in an attempt to reach the experience of correlated and concomitant body states (Lowen,1983, op.cit.).

In this session, M. came into contact with the sentiment of feeling ridiculous, starting right from his body sensations and perceptions, through the senses of proprioception and interoception. The latter, in particular, is at the forefront of studies being carried out in the field of neurobiology (Damasio, 2003, Siegel, 2009).

It was, therefore, through these senses and the focus on the feeling of the ridiculous that the work with M. proceeded until an awareness of the emotion subordinate to shame emerged. Parallel to this, he was able to access through memory several repressed episodes experienced with his parents during childhood from where not only this feeling but also this emotion might have originated.

Emotions and Feelings

An important question to raise at this point, is the definition of emotion and feeling, terms often used without distinction. On the contrary, it is felt in the clinical environment that the separation between the two concepts is useful; it can assist in observing the emerging phenomena in a clearer and more distinct manner.

It is understood that these two concepts both refer to the same cyclical process, originating with emotions and terminating with feelings (Damasio, 2003). The first represents the component visible to the outside world, constituted by “actions or movements to a large extent in public, or visible to others at the moment in which they take place – on the face, in the voice or in specific behavior” (Damasio, *ibid.*, p. 40). Feelings, on the other hand, are always hidden, as are necessarily all mental images, invisible to everyone save their rightful owner” (Damasio, *ibid.*).

An important implication of this distinction regards the fact that the body is directly accountable for both phenomena, albeit from different perspectives. While emotions are, in fact, reactions that are expressed at a physical and somatic level, feelings “are like *thoughts* representing the body during its reactive involvement and in its particular being: “emotions perform on the stage of the body; feelings are in the mind” (Damasio, *ibid.*).

During the course of analysis, therefore, and the Bioenergetic Analysis exercises we propose, our patients are invited to pay particular attention to what they *feel in themselves* rather than what they *think of themselves*; we direct them towards a process that begins from internal experiences and aims at making contact with *their body's feelings*, in an attempt to connect with other levels of representation which might subsequently be integrated at a more general level, in the most coherent narrative possible of themselves and their own history.

It must be emphasized that “conscious feelings draw attention to the emotions which generated them and to the objects which in turn induced those emotions” (Damasio, *ibid.*, p. 216). Besides, since they become contextualized with respect to the self's autobiography, becoming part of the memory system, their role is facilitated in evaluating situations and states that can evoke certain emotions. In some cases when the feeling is connected, for example, to a particularly painful emotion, the organism is alerted of an incumbent state of danger and led towards defensive mechanisms or driven away.

The Ridiculous and Shame

What we have said so far makes it easier to understand what happened to M. and why the feeling of the ridiculous appeared in analysis before the emotion of shame could re-emerge and once again become a part of his vocabulary.

Above all we can interpret what happened during that traumatic event; what brought him to analysis. It can be said his unconscious was the first to be caught by surprise. Being quite unaware that up until that moment he had had to cultivate an unrealistic narcissistic image of himself, M. could not have anticipated that a public context, like the one he had found himself in, could have evoked such a violent and uncontrollable emotion. It was obviously too late to do anything more than try to get to the end of the experience in the least damaging way possible.

Subsequently, during the course of the analysis, as has already been noted, before being able to face the subject of shame, he had to confront the feeling of the ridiculous which during a previous session and on other occasions had represented both a danger sign and a *stop* that forced him, in various ways, into interrupting whatever he was doing.

It can be said, therefore, that this feeling functioned as a warning depending on the situation; in spite of being in the safe context of analysis, it was something to be feared since it could evoke an indigestible emotion to the “ego”. This warning-feeling revealed by his consciousness meant more or less the following: “Be careful, if you go ahead with this experience you might feel ashamed of yourself”.

On the contrary, it must be noted that while in analysis, it was possible to consciously isolate this feeling, going back to its likely origins and several of its meanings. Previously, throughout his life, however, such feelings of shame, originating with the emotion and at the same time evoking it, had always been repressed. He was, therefore, never able to experience the emotion in its potential function at any level, neither with anticipation nor consciously, so deeply was the distress hidden inside him.

With respect to this general mechanism of becoming aware of feelings at certain moments, we must remember that it is the body which keeps us informed about what we are experiencing, through its physical reflex mechanism and the signals which reach the central level of control (Ruggieri, 2001; Siegel, 1999). It has been hypothesized that this mechanism functions due to “somatic markers”, defined as preceptors and representations of the body’s states and their relative changes at the level of the brain (Damasio, 1994). Damasio has also spoken about somatic markers, “as if” they were able to trigger off a sensorial response by simply referring to representations of answers from our body locked in the reality of the moment, or even activated on the basis of remembering states or only one emotional experience in some way associated with each other. Another aspect we need to emphasize regarding this mechanism is that the “changes ... seen in the muscles of the limbs and face” are particularly relevant in that they can be seen “as essential components of our emotional reactions ...” (Siegel, 1999, p. 142).

Support regarding physical retroactivity mechanisms advocated by Bioenergetic Analysis, makes it possible to describe an ulterior part of the process which after two

months led M. to perceive himself in analysis as being ridiculous. If indeed we take into consideration M.'s exact words when he said he felt "awkward and truly ridiculous ... in that position especially with bent knees! ...", it can be hypothesized that it was this position of the limbs experienced as unnatural and awkward which set off a visual representation of himself looking "ridiculous". Such a representation had in turn originated in past experiences that were completely repressed in his consciousness, as it clearly emerged later during analysis.

The Visible Body

In order to understand the reasons why the body occupies such a central position in the emotion of shame and in the correlated feeling of the ridiculous, however, the examination of several factors is unavoidable when considering the matrix to which our work must inevitably be related.

One of the first observations to be made regards the fact that the body theme tends to be self-stimulating. Besides a person's immanent desire for greater self-knowledge and self-control of this fundamental dimension, there is a further corresponding ambivalence which is expressed, for example, in the existing debate between the polarities of looking at and being looked at, of being seen and being able to see oneself. This is because it is precisely through our visible body that we exhibit ourselves or we withdraw, revealing ourselves or removing ourselves. At a literary level, this has been frequently expressed through the representation of external polarities of the person or the character, the face or the mask, in other words between being and appearing.

We note how these dimensions refer to a body, which is already relationally engaged. The single imagined act whether conscious or unconscious of looking at and being looked at, is a relational event collocated along a line separating the interpersonal from the intrapsychic, between the narcissistic sphere and the object sphere. The forms such acts assume are functions: the categories of being the subject and feeling the object of observation are brought together according to diverse symmetries. Therefore, it is our body that makes us visible, that removes us and reveals us to ourselves and to others. It can be or become the object of a particular look perceived from all possible angles, between the polarities of good and evil, from being accepted or rejected. It is from this very point of exposure in so far as the body represents our interface in respect to the external world that all possible feelings ranging from pleasure, suffering and pain can be triggered.

We can say that it is through our body that our intimacy and the image of ourselves

is at stake. There is the potential of being made public or being at the mercy of the other, through becoming visible to the other's eyes.

On the contrary, from the intrapsychic perspective, but never clearly separate from the inter-personal (it is always superimposed and interconnected to it in various ways), the exposure of the body to itself has above all to do with self-image and a whole series of evaluations and judgments on which our sense of identity rests.

With respect to the central position our body adopts when exposing its identity, perception is transformed into knowledge; what we feel we are is turned into sentiment. It represents the ridge where the intersection between the level of the interpersonal and the interphysical becomes evident, where their inextricability is felt and, therefore, can be seen in a particular way, since the object of a certain type of attention is perceived and vice versa. This inner experience in the present is also deeply rooted in past experience where the matrix of interpretation assumed consciously and unconsciously in the feelings of now, is very much a product of bringing attention up to date, of looks received and suffered during phases of one's existence even at an early age, going back to those figures who cared for us.

Specifically, there is a need to highlight the way in which the body theme evokes a series of personal inner experiences at all levels of consciousness. From the start there is a complex game of mirrors and reflections from where the Self and the Other to some extent (even though somewhat ill-defined) are already represented in many categories.

Already defined by W. James in 1890 (James, 1890) as perceptions of corporal states, the theme of the body and its close rapport with the emotions is not new in the field of psychology.

The emotional category which is specifically of interest here concerns the emotion in which a particular characteristic is activated in response to a judgment expressed in its regard. In turn it presupposes the existence of a judge represented internally, but which is not necessarily real and present in the here and now.

These are the emotions defined by self-consciousness or self-awareness (Lewis, 1992), or even the interpersonal (Battacchi, 2000) in which confrontation with the other is perceived as the present.

Emotions such as shame, embarrassment, pride and sense of guilt come into this category; they can be distinguished from other basic emotions such as anger, sadness, surprise and joy. However, the other does not necessarily require their presence in order to be set in motion as defined above.

In the case of shame, in particular, it is the feeling of being seen and discovered before oneself or others (M. Lewis, op.cit.) which triggers the emotion. It is as if one were experiencing oneself according to those characteristics which are regarded as being unbecoming or ridiculous. This experience is pervaded by a perceptive type

of sensation whose access into the conscious can be very rapid, to the degree that it can provoke a sudden, violent and often disabling sense of nakedness and paralysis. It is often accompanied by a strong impulse to disappear, defined by Charles Darwin (Darwin, 1890) as central to this phenomenology.

Shame is categorized among those emotions which are defined as complex although this perceptive phenomenon is more or less immediate, often accompanied by manifestations attributed to the autonomous nervous system such as facial blushing, loss of strength, perspiration, accelerated heart beat etcetera. Compared to other emotions, it appears late during the course of development, requiring in terms of consciousness and self reflectivity the presence of a sufficiently developed Self.

In the case of emotional self-awareness, we ourselves are the objects of observation in the presence of conscious states: the attention is focused on the object Self and, therefore, inwards and towards states and stimuli that originate within (Lewis, op.cit.).

Analyzing the emotion of shame structurally, the bipolar level is clearly evident: the subject pole that leads to the Ego's Ideal and deals with the exposure of a defective part of the Self putting the ideal image of the subject at risk (Kohut, 1986); the objective pole represented by the eye of the observer, the other who passes judgment. In that case, the knowledge or even just the thought of being the object of a particular type of look can trigger off this emotion.

Moreover, the intensity of the social impression of being involved counts insofar as shame can be seen as a signal of a possible, or even an already established compromise between the *good impression* and the subject's own self-esteem (Castelfranchi, 1998; Matarazzo, 1999).

What is more important to emphasize here, is the powerful somatic characterization of this emotion. It can instantly involve the body in numerous subject/object dimensions (cfr. in Lowen, 1985) to the point of putting the complex sense of the Self at risk in serious cases in which the whole person is invaded by a sort of overwhelming sensation. This is demonstrated in the case of M. who felt visible, found out, "naked" before the eyes of the external world, accompanied by the often unsightly and uncontrollable somatic manifestations of the neurovegetative origin mentioned above.

We can consider this emotion extremely important in the development of the therapeutic process (Lowen, 1984), not only for the whole series of representations which originate from it and in turn evoke it, but also for the diverse physical manifestations that precede and accompany its emergence within the psychotherapeutic experience, above all, if it is the corporal analytic type.

On the other hand, it can be observed how its centrality tends to be easily lost with the introduction of defensive mechanisms into the analysis by both the patient and the therapist. There is a tendency to deviate the focus of their attention on to

other emotive registers, for example, anger or the sense of guilt – emotions perceived as being more manageable both to access and to treat.

The reasons for this can be traced back to several specific and intrinsic characteristics of this emotion, which even taken individually, can partially explain this tendency.

It has already been said how this emotion appears with such unexpected and overwhelming attacks that the sense of self can be annihilated (Schore, 2008). Similarly, however, these attacks can disappear just as suddenly as they came, making way for other emotions, particularly, anger, but also sadness, envy and jealousy. So distressful and unbearable is the experience that its disappearance from the foreground of consciousness is strongly reinforced by the desire that it will never emerge again. This is certainly one of the reasons why it is so difficult to bring the emotion to the forefront for analysis.

Conversely, it can be considered a basically intersubjective emotion, and a noticeable characteristic in its phenomenal structure is that the self is divided and located simultaneously both as subject and other. For this reason it is also characterized by strongly contaminated valences which move along the relational bridge between patient and therapist – in both directions in a manner that is difficult to contain and is almost instantaneous. Feeling ashamed even through the simple observation of the other can put the therapists into direct, unexpected and very close personal contact with the patient. In such cases, the latter can be distanced through different types of defensive mechanisms, for example, by changing the analytical register.

Finally, we must remember a particular characteristic of the emotion that significantly contributes to rendering contact with it difficult. Different from guilt, in that one does not feel guilty for feeling guilty, it tends to strengthen itself in a circular manner: one feels ashamed for feeling ashamed. This is a greatly feared circuit for its uncontrolled self-perpetuating potential.

Shame in the Analytic Body Relationship

On the basis of what has been discussed above, it can be said that M. had unexpectedly and painfully discovered that he was not a good speaker. His professional history demonstrated that he had many other attributes but public speaking was not one of them, at least not at that moment.

With the emergence, in fact, of the state of uncontainable anxiety and distress, which consequently revealed a deep-seated and long repressed shame even at a personal lexical level, M. had experienced the possibility of freeing himself of the illusionary part of his own image. This was destroyed in an instant in that hall where he had been exposed

to potentially judgmental looks and the disdain of observers and in particular his superiors. At the moment in which his vulnerability became an unavoidable conscious and physical perception, only a few minutes before taking the floor, he unexpectedly wanted to hide and return to that reassuring state of anonymity. However, as usually happens with this emotion and all its related physical manifestations, it was precisely at the moment of maximum recognition and visibility of himself and of others that he felt completely stripped naked - "when the walls suddenly became non-existent". This sense of being totally unmasked (apart from what really transpired vis-à-vis the outside world) was so violent and all encompassing because the judgmental eyes his ego had to face were, above all, those of his consciousness, of his true self in front of whom it was neither possible to hide nor flee.

In this sense it was, however, both a moment of defeat, and at the same time an important moment of truth. M. could begin to detach himself from an illusory idea which up until then he had doggedly pursued. Not only had it threatened him insofar as he had been unknowingly engaged in challenges he was neither ready for nor even interested in, but it distanced him from a real awareness of himself and from the opportunity of being able to cultivate his more genuine resources and personal attributes with greater pleasure and not simply as a narcissistic derivation.

Obviously it is a most complex and difficult task to follow these objectives, as was the case of M. for all the above-mentioned reasons. The mere thought of experiencing shame brought back a particularly unpleasant inner experience in which he perceived himself as weak, inadequate and seriously deficient despite the fact that he had the desired final outcome to look forward to in the future, but it was not enough.

The transformation of this difficult inner experience into an opportunity for personal growth requires crossing a very complex terrain, not only for the patient but also for those of the analytic dyad including the involvement of the above-cited powerful intersubjective component – if in fact, we mean by the latter "this shared experience with another human being" (Trevarthen, 1998, cit. in Lavelli, 2007, p. XIX). The outcome of such a task might be evident, particularly in the presence of this emotion, and from the point of view of the therapist, even arduous.

From another perspective, these irrefutable difficulties can be considered in terms of parallel opportunities offered by our Bioenergetic Analysis model. The importance of the role that intersubjectivity (Orange et al., 1999) holds within the entire analytic body experience (up until now in the background) is pertinent to the theme of the body and all its implications with respect to the emotion of shame.

In this regard, let us consider the work on *grounding* again by observing this type of experience, within the original monopersonal matrix of the model, based on a psychological theory centered on intrapsychic functioning. For a long time, factors

contextualized in terms of psycho-body “blocks” were a principal focus. In this way the patient was limited or prevented from fulfilling his adult-self in a complete and profound manner, both in analysis and in life.

The types of interventions generally followed were mainly “patient-focused” aimed at eliminating those causes revealed at a strictly bodily level (tensions, stiffening, anaesthesia, etc.) considered decisive both because of their origin and their preservation of the here and now in the “block” itself.

Similarly, it is necessary to point out how this type of focus and approach contributed to hiding another important aspect of a specifically rational nature implicit in the use of vertical posture in analysis. The patient, in standing on his own two feet before the on-looking therapist, became a “visible” and observed body; he thus became not only a more adult *subject* capable of actively sustaining himself, but also, at the same time, an *observed body*, a state and position capable of strongly evoking all previously mentioned themes related to shame. In fact, the scenario can be considered relational, induced potentially by this type of exposure where one is standing before the Therapist-Other-Observer. It is, in a certain sense, archetypal in what this emotion can (even in relation to the numerous representations), consciously and, above all, unconsciously evoke.

Furthermore, it must be pointed out how Lowen did not fail to see the existing connection between exposure, particularly of the face (meaning the *face* in the accepted sense), regarding the expression of this emotion, even though he does not pursue a more in-depth study of the many related themes. “The word *face*,” he said, “is used to refer to the image of a person, connecting the concept of the face to the ego ... *Lose face* means that the ego has undergone a humiliation ... *Hide your face* implies a sense of shame, a humiliation of the ego” (Lowen, 1983, p. 76; cfr. also Anolfi, 2000).

Moreover, it is generally true that whatever type of psychotherapy the patient chooses, this presupposes a visibility of intimate and fragile parts of the self. In other words, the patient *sticks his neck out*, insofar as it is his body that becomes visible and exposed, especially in this classic experience, as well as in all other bodily experiences offered to the patient present before us.

In this sense we must keep in mind that this path leading the patient towards being an active subject, able to increasingly protect himself, inevitably anticipates a territorial crossing dominated by shame, while being uncomfortable and at the same time delicate for the therapist and the relationship as a whole.

There are consequently numerous reasons for bringing this emotion to the forefront: most likely “... it is responsible for the path our psychic life follows ... more than sex and aggression ...” (Lewis, op.cit. p. 6).

Among these reasons in an evolutionary vision of the model and technique of Bioenergetic Analysis, there is definitely one in particular which forces a more open

confrontation with the relational dimension of analysis: the observation of what happens on that ideal bridge which bi-directionally unites the therapist to the patient even if it is only through imagined eye-contact.

We can to this effect confirm, as we have previously stressed, that the renewal of the psychological theory of awareness accompanied by the adoption of this theoretical-practical model is very significant: the focus of observation is no longer the patient-object, but rather it is the relationship itself that becomes the center of observation. The patient is given back his personal dignity, and at the same time, the therapist becomes “more of a person”.

In this bi-personal logic, what happens in therapy, therefore, is not only “in him” but also “in me”, between us”; it is above all, unconsciously shared and interactive in the depths of our relationship and our conscious mind-body state.

Let us return to the case of M. at this point and, in particular, to the session in which he interrupted the *grounding* experience when he felt awkward and ridiculous. This self-image also emerged as a result of the relational inner experience in analysis, especially at the moment when *he saw himself from the outside, seen by me* in the play of mirrors and reflections where my image became the eye of his judging consciousness.

During the following sessions, it was not easy to explore this area together with M. When, for example, after several meetings I suggested repeating the same *grounding* experience, he felt a deep antagonism towards me, saying that I wanted “to make him go through that unbearable sensation”. While he was saying this to me, I deeply felt his distress and anger and inevitably had to face up to the sensations which were being activated in me – feeling myself an object of those powerful emotions and remembering well how, many years earlier during my training and also my personal analysis, I had sometimes experienced analogous sensations in a similarly painful way.

With this awareness I decided to continue cautiously without forcing the issue, giving myself time to take in the sensations that his intense inner experience had evoked in me, and integrate them more fully.

Together we took into consideration the fact that what M. was experiencing was not so distant and disconnected from what he had gone through at the conference. I think that this choice gave us the strength in the following sessions to find a reason and sufficient courage to try another experience of this type of exposure.

Moreover, I also think that this was why he was able consequently to start a process through which he began to gradually realize that the judge identified in me was in fact his own inner judge, and this allowed him progressively to take his attention off me and concentrate on the inner object within himself.

It was precisely during this process that at a certain point he was able to name the shame recalling how he “had always felt unworthy and unpresentable”.

Slowly the doors opened to other memories, and in particular, those regarding his father. During several sessions, two years after the therapy had started, he came out with the following reminiscences:

“I’m sure my father always loved me very much and I loved him too ... Several images remain impressed on my mind ... I was quite small, I’d say about three or four ... I especially remember his bright eyes, looking at me full of affection when he came home from work ... His eyes were always very important for me ... I always looked at them whenever I could because they told me that I was doing all right ...”

During the context of these sessions when the theme of looks (even in general), was a recurring topic, he brought this episode:

“Last Sunday I went to my cousin’s. After dinner we watched a few home-movies my aunt had made. One of these ... it was Christmas dinner ... I was about five. In our family on such occasions after eating and before opening the presents, my three younger cousins and I used to recite typical Christmas rhymes. In the movie when it comes to my turn, you can see my father pick me up and stand me on the chest where we used to recite. I began my poem with a show of confidence, but at a certain point I made a mistake and felt confused ... I tried to go on but I made another mistake. You can see within a few seconds how I changed expression and then began to cry desperately and before the scene changes you see my father’s arms picking me up from the chest.”

About that specific episode M. said that he had not remembered anything from that incident at all, not even after having seen the movie.

Seeing himself in those old movies progressively brought back other memories to do with his life with his parents. In particular, his father and the sequence in which his confidence abandoned him, turning into desperate tears after making a mistake, which lead him to presume that what had happened that Christmas might have happened on other occasions.

He began to remember how his father was visibly proud every time he had a success, for example, at school with his marks; how he could read this sentiment in his father’s eyes which sometimes would glisten to the point of being overcome with emotion. But sometimes things didn’t go well “and this easily happened ...” M. admitted. His father would suddenly become stiff and those eyes would change “into sort of sharp blades”, far more effective than any verbal criticism. M. was forced to lower his eyes and enter into a state of implosion where at a certain point he could recognize that there was an intense feeling of shame.

In this phase of the analysis, his interest and growing curiosity for this emotion,

buried for so many years far from consciousness and now so much a recognized part of him, urged him to fill those empty spaces of his memory by visiting his parents to look at some of the old photo albums they kept.

One morning M. arrived for the session saying that after looking at these albums he had discovered something important. In one of them there was a series of photos taken by his father on the occasion of a school recital organized every year at the end of term before the summer holidays.

The sequence of these photos abruptly ended on the occasion of a play in which M. had participated when he was in the third grade. On asking his parents as to the reason for the interruption in the photo sequence, he was told that “the third grade recital had not gone well”. Apparently at a certain point M. had been so nervous that he could not recite his part and from then on he had categorically refused to participate in any event of that type in spite of the insistence of his parents and various teachers.

Even after this clear and unequivocal account, M. only managed to find a vague memory of that particular experience and it was he himself who put down this mental void to the fact that it must have been “too horrible ... and I can just imagine how my father must have taken it ... I could only eliminate the memory of it”.

This persistent void in his memory did not, however, interfere with the development of the process of an overall awareness of himself. Diverse experiences which had remained on the periphery or even totally excluded from his consciousness progressively joined together into a meaningful emotional coherence.

In his relationship with his father, mainly through eye-contact expressing affection or, on the contrary, unexpected rejection, he had come to the realization that he had experienced a condition “... of often feeling in heaven or feeling totally annihilated”. In the presence of accepting looks like the ones exchanged during analysis or those in which he held a high degree of expectation as in the case of his commercial manager, he was aware that a feeling of deep distress could unexpectedly be triggered. The association with the original experience was unconsciously activated where the process of his opening up induced by a person could be a prelude to a great sense of humiliation and profound shame.

However, this and further knowledge integrated at a conscious level were of no use, until we had a session aimed at making M. a brilliant orator, a personal characteristic he had ideally believed to possess. This new knowledge served, for example, to make him aware of his limits and to be more cautious in his public encounters. He learned to read from notes rather than trust his memory and his ability to improvise. He began to accept his public image without feeling defeated and humiliated.

Above all, however, more generally speaking, this awareness enabled him to better manage and regulate his own states of shame in a process he himself had once defined with great satisfaction, “the capacity to unmask my own shame”.

Conclusion

When shame is spoken of generically, in reality it is the family of emotions that is referenced (Nathanson, 1987). They can assume so many different forms, just like the numerous feelings that turn up at the door of consciousness such as the feeling of the ridiculous in particular. The latter is a dimension that is never easy to treat in analysis, and perhaps it is for this reason that there is a tendency to prefer other interpretive registers.

Apart from what has already been said, it is important to restore it to its central role of a constructed function (on this we fully agree), on the basis of which “it is shame that leads us to depression or antisocial behavior. Our interior struggles are not conflicts between our instincts and reality, but rather conflicts that typically see us struggling against the elements shame releases, and with damaging frequency” (Lewis, op.cit., p. 6).

The implications of this assumption are many for a model with a psychocorporeal matrix such as Bioenergetic Analysis, especially since the close relationship binds the theme of shame to that of the body. Given the privileged position of observer this method has always offered us, it is opportune to ask in spite of this, why the emotion of shame has received up until now such little attention both in terms of theoretical reflection and clinical practice. It would seem, in fact, that in adhering to its characteristics it has hidden itself, remaining, in these circumstances, distant from consciousness. However, it is evident that in so doing it has without a doubt continued to operate in an even more trenchant manner after a process of partial or total repression.

This observation obviously poses many important questions that can serve above all to stimulate a fruitful debate on the theme, not only of a general character, but also specifically within the Bioenergetic Analysis model and method.

In this context for the present, it must be emphasized that in the case of M. it was possible to obtain the result reached – that the patient felt he was an active subject, able to unmask his own shame – because the feeling of the ridiculous was kept in the foreground in the analyst/patient relationship – an arduous journey, and at times, fraught with difficulties.

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