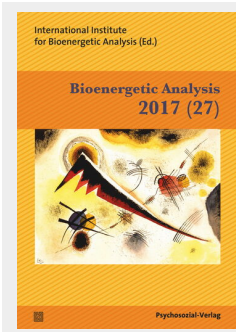


*Patrizia Moselli*

# Intersubjectivity in the Construction of Boundaries



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# Intersubjectivity in the Construction of Boundaries

**Between yes and no**

*Patrizia Moselli*

“The therapist intuitively empathically resonates with the changing emotional states of the patient, constructing a context in which the clinician can act as a regulator of the physiology of the patient.”

*(Schoore, 2003, pp. 93–94)*

## **Abstracts**

English

This article examines intersubjectivity and infant-mother attachment issues in relation to psychotherapy. From this view it is argued that the therapist-client dynamics form the core of the therapy work. Boundaries are looked at through Bioenergetic concepts. The paper concludes with treatment techniques that increase healthy boundaries.

*Key words:* Intersubjectivity, boundaries, attachment, therapy dyad

German

Dieser Beitrag untersucht Themen der Intersubjektivität und der Mutter-Kind-Bindung in Bezug zur Psychotherapie. Aus dieser Perspektive wird behauptet, dass die Beziehung zwischen Klient/in und Therapeut/in den Kern der therapeutischen Arbeit bilden. Das Thema Abgrenzung wird mithilfe Bioenergetischer Konzepte betrachtet. Der Artikel schließt mit Behandlungstechniken, die gesunde Grenzziehungen unterstützen.

Italian

Questo articolo esamina la tematica dell'intersoggettività e quella dell'attaccamento madre-bambino in relazione alla psicoterapia. Da questo punto di vista si

sostiene che le dinamiche terapeuta-cliente costituiscono il nucleo del lavoro terapeutico e anche i confini vengono analizzati attraverso concetti bioenergetici. Il documento si conclude con tecniche di trattamento che rafforzano confini sani.

## Spanish

Este artículo examina la intersubjetividad y los problemas de apego entre un infante y la madre en relación con la psicoterapia. Desde este punto de vista, se argumenta que la dinámica entre el/la terapeuta-cliente/a forma la base del trabajo de terapia. Los límites se analizan a través de los conceptos de la bioenergética. El ensayo concluye con técnicas de tratamiento que incrementan el desarrollo de límites saludables.

## Portuguese

Este artigo examina a intersubjetividade e questões sobre o apego mãe-bebê com relação à psicoterapia. Coloca que, deste ponto de vista, a dinâmica terapeuta-cliente forma o núcleo do trabalho terapêutico. Focaliza, também, limites sob a luz de conceitos bioenergéticos. O artigo termina com técnicas de tratamento que acentuam os limites saudáveis.

## Introduction

Research in attachment theory and intersubjectivity studies have provided us with useful elements to come into contact with the patient in a more rich and articulated way. Today, these studies have made it possible to build a theory that, starting from “here and now”, allows us to look at each other and ourselves, being able to grasp more information and have more elements to seek a synchronicity with the person we face. This further develops our empathy and professional abilities.

In psychotherapy we encounter two personal worlds, which have a mutual and reciprocal influence on one another. The observer is also the observed. Each of the two organizes and is organized by the other continuously, and the empathic bond (or its lack) works in both directions (Finlay, 1999). This complementarity does not mean that therapist and patient-client are equal, but that they have an equal influence in building up a shared field where it is possible to discover and create the therapeutic process in which one is “with” the other.

## The Parent-Child Dynamic

At the turning point that we are experiencing in these times, “to be with ...” constitutes one of the main themes charged with more meaning. At a psychological

level, in fact, “to be with ...” was revealed as key to understanding the human condition as a matrix of our identity. Intersubjectivity evolved, in part, through the outbreak of observation and experimental research regarding the first interactions between child and parent. The results of this research led to some important theoretical conclusions, which cannot but have an effect on the method and technique of psychotherapy. The origin of the mind is relational and it is based on the mother-child dyad. Therefore in the child, who is active from birth, the intrapsychic evolves concomitantly in the intersubjective field.

The experience of the mother-child dyad is creative and constructive and based on emotional exchange. It is through the procedural memory that interactive patterns are represented and preserved, becoming a constant in all the relational experiences of the subject. Life means relationship and could not exist without both biological and emotional aspects from the moment of conception. The intrauterine experience of the child seems to be the chemical-visceral sensory-basis of all those emotional patterns, connective and motoric, that will grow later, since he is from the beginning, in connection with the mother by absorbing the parental heritage, both in the positive functional side and the negative and dysfunctional one.

From this perspective the learning process begins before birth through a constant communication with the mother. The child’s motivation to be in relationship with others is guaranteed by what Shaffer calls, “structural and functional predisposition” (1977), guaranteed by the presence of a sensory apparatus that shows an already tuned child, who is able to implement models of perceptual-affective inborn action. The child can adjust the quantity and the stimulation level to which he is subjected through the mutual contact with the mother or through behaviors with which he begins to differentiate himself (looking away, closing his eyes, showing a look without expression) (Tronick, 2007).

The mother-child relationship appears as a highly organized whole, in which the ability to self-regulate relative to common purposes plays an important role. These skills are the characteristic of a Self that emerges based on proprioceptive abilities and on the experience of being an acting subject. The child has an innate motivation to process and sort the information that derives from the environment and is built by both partners in the relationship. Recent studies have shown that these characteristic patterns of mutual influence between mother and child are the basis for the emergence of the representation of Self and later on they come to constitute the unconscious or memory structures. Children are equipped from the birth with complex skills that allow them to act competently, i. e., to understand and respond selectively to social stimulation. This indicates that in addition to an active search of connecting with others there is also an innate differentiation between themselves and the environment.

So, from the very first primary phases we no longer have a vision of a passive, autistic, undifferentiated child but an organism that begins an early dance “of yes and no” in the movement of life and, therefore, it also changes the reference point

of clinical intervention. The purpose of therapy cannot be only reparative, i. e., an intervention which aims to repair the patient-client's experienced shortcomings, or confrontational (excessive attention to the patient's defenses), but must take into account the **structural capacity of the subject who interacts with reality through maps and personal categorizations.**

## **Intersubjectivity and the Therapy Dyad**

The changing process within therapeutic work takes place inside a relational system consisting of the patient-therapist dyad, organized on the basis of complex dimensions that some approaches define as transference or other co-constructions between therapist and patient. Then we can look at therapy as a particular intersubjective field in which both patient-client history and that of the therapist merge. **The core of therapy is located and concentrated at the center of gravity between them and not only in the so-called, "patient's pathology".** Client and therapist form an inseparable whole in which transference and counter transference are never totally objective and uncontaminated and they prove to be co-specific processes.

In the "here and now" of the therapeutic encounter, while the relationship gradually takes place, all these elements become more evident and allow the therapist to be even more aware of the patient's intersubjective history and to pay attention to those parts of the implicit procedural memory that are so important and not very accessible to his awareness.

Intersubjectivity is also based on the idea that psychotherapy is a dialogue in which each participant shapes the experience of the other. It then becomes something more than a neutral interpretation made by the therapist of the patient's narration and more than an action of the therapist who commits himself to leading the therapeutic change. Patient and therapist together form an indissoluble psychological system and this system constitutes the empirical field of the psychoanalytic demand (Atwood, Stolorow 1984). If in the system of mutual relationship between child and adult, affection is the main drive, this becomes the primary motivational force in building the Self. This opens a new perspective on the explanation of pathology, which arises and takes shape within an interactive context, in which a child's affective states are experienced as a threat/failure of the relationship's regulation and therefore also for the organization of the Self. In fact, defenses are mechanisms built within a specific interpersonal context that protect the child from vulnerability and disorganization.

*"Fundamental processes governing the non-verbal interaction remain the same throughout life"* (Beebe, Lachmann, 2002, p. 20).

What happens, for example, when in a relationship the child has a particular feeling or state of mind?

- The mother reacts to the child.
- The child observes and reacts to the mother's response and towards her.
- It activates an automatic simulation of the mother's response in the child's mind
- The response of the mother is congruent = improves bonding and the child develops a sense of Self.
- The response of the mother is not attuned = the simulation of child-activated maternal reaction is disjointed from Self, threatening his integrity. The False Self develops.
- The child introduces in his False Self reactions that are inconsistent with his biologically determined True Self (Ballardini, Siab course material).

“Matching experiences of affection and interpersonal timing are coded in implicit and procedural form and can contribute to the child's or adult's expectations to be understood, reciprocated, or be on the same wavelength with the other person” (Beebe, Lachmann, 1988). In this perspective, therapeutic intervention is designed as a technique aimed at helping the patient-client to recognize the patterns of interaction on the basis of which he built his identity, to achieve a cognitive-affective understanding of the origin of these patterns, their functionality and the processing of the underlying fears that maintain them.

The therapist-patient relationship, from neutral, and aseptically, became increasingly an intersubjective relationship, from person to person (Rogers, 1961). Intersubjectivity which helps growth in psychotherapy is in the therapist's ability to be both a “container”, which accepts and welcomes the patient-client for what he/she is, mirroring him/her (empathic ability), as well as a person capable of putting limits and boundaries that are not perceived as judgmental or disorganizing by the patient, but as a reassuring and flexible boundary where the True Self can emerge. It is only within a secure relationship and in a warm relational environment that one can allow the other to have a mental processing system to address existence in a more functional way and build flexible boundaries that turn into the ability to respond appropriately to the movements of life. **When we lose our boundaries we perceive others as intrusive.** The lack of boundaries may make us more open, but also vulnerable and helpless, exposing us to the judgment of others. Clear boundaries and authentic choices allow us to be active in our process of self-definition of identity. In Kaes' words, “Not one without the other and without the whole that constitutes and contains them, one without the other but in the whole which combines them” (p. 6).

## Body as Container

Bioenergetic analysis suggests that the intersubjectivity's container is the body: the field in which two subjects vibrate through their bodily/emotional experi-

ences. The relationship is felt through the body, perceived by the body. It is indeed through contact, body-to-body, skin-to-skin, that the child begins to learn the first communicative patterns and skills that allow him to interact with the environment and will accompany him throughout his life.

The therapist's ability to "be" in his own body is a fundamental precondition to stay with the other, as the patient-client does not only react to what the therapist "says," but to his tone of voice, his way of looking at him/her, his movements. These are the elements that are essential in the setting to enable the patient to feel in a safe relationship. Giving basic attention to the intersubjectivity means, from the point of view of Bioenergetic analysis, to put emphasis on aspects of procedural memory recorded in the patient's body in order to re-enable the potential for new contacts and new relationships.

"When this kind of mutual love is achieved with your clients, a spontaneous body movement begins in them. This movement is the expression of the real body self, which is re-emerging from the environment by contact. Their 'No' begins to change into a 'Yes' to themselves and life. At the beginning this 'Yes' may be nothing more than a child's finger which explores the contact of your hand; a breath that suddenly comes from the relaxation of the diaphragm; a tremor in their lips, as if emerged a reflection of previously repressed sucking" (Hilton, 2007).

## **Intersubjectivity and Bioenergetics**

Intersubjective aspects have always been present implicitly in Bioenergetic analysis which, from the legacy of Reich's work, has from the beginning, looked at the training of the person starting from the relationship with a caregiver. For sure Bioenergetics drew a big asset from the ability to reflect on these interactions in a richer more articulated way. Mainly, the part that we have been able to develop as bioenergetic analysts is how emotional aspects of anatomy are reflected in and have influence within the relationship. The use of the techniques cannot be separated by a meaningful and transformative work within the relationship, because it sheds light on emotions that are validated within the relationship itself and allow the person to take them back through a process of mutual adjustment. Both processes, intrapsychic and body, exist simultaneously and they can enrich and fill each other's deficiencies from a theoretical and practical perspective. These are processes that include rather than exclude themselves (Finlay, 1999). Attention to intersubjectivity is, therefore, a dimension that transformed over the years the practice of "classical" Bioenergetic analysis, which was harder in the aspect that the work was more focused almost entirely on the energetic aspect.



Today we work on the body with a new comprehension of “what is appropriate”, taking into account the various stages of development and the type of trauma, believing firmly that only through contact and full awareness of one’s body can one meet the other (ibid). To meet the other, without merging or confusing oneself with him, we must have a clear perception of our boundaries: our “Yes or No to life” therefore arises from the perception of having boundaries well defined but open and flexible.

## **Boundaries and Bioenergetics**

In the ongoing diagnostic process and in therapeutic work, it becomes more important to be able not only to make a diagnosis based on observation of the patient (for us, as Bioenergetic analysts, also based on observation of the body) that keep us close to him but external to the dyad, but also to pay attention to how we vibrate in his presence, to recognize which of his/her internalized objects lives through us. It is also important to understand the models of attachment, which have been present since the first session. We look to see if the patient in his/her history was able to build up boundaries that define his/her identity without imprisoning them or if there are holes in these boundaries or if these boundaries are absolutely insufficient for healthy living. Attachment patterns and boundaries are not the same, evidently, but are strongly interrelated, as they are with the individual history. The concept of boundary in terms of Bioenergetics is the interface of energy charge that is created between the child’s movement and the appropriate response of the parent. If there was “good enough” response of the parent, the boundary will be stronger but also sensitive. Essential boundary formation occurs during the first six years of life. Once formed, the healthy boundary provides a steady stream of pulses from the center to the periphery and vice versa.

## **Thin-Skinned and Thick-Skinned Boundaries**

Boundaries may be rigid or weak. In the vital body, energy charge flowing is revealed by the appearance and skin color, the brightness of the eyes, the spontaneity of gestures and tonicity or relaxation of the musculature. Weak, porous boundaries, ones that are too flexible, are what we can define as “thin-skinned”, meaning easily overwhelmed by our or others feelings.

On the issue of boundaries, Lowen highlights two defense mechanisms of the schizoid type: “retreat-collapse”, leading to what is called flaccid schizoid and “holding together”, leading to the rigid schizoid. The body of the “flaccid” schizoid is similar to the “soft child” one. It is often overweight (a way perhaps

to give themselves a boundary) and the fear of being annihilated pushes him towards collapsing and makes him disorganized. To not feel victimized, many develop a narcissistic compensation. The opposition, the “NO” that forms as a result from collapsing, is both muscular and psychological. It is a way to avoid becoming energy charged and to hold the charge. Individuals lacking in energy charge meet necessarily their alienation. Or we can have weak boundaries from too much rigidity, inflexibility, and become impenetrable to others’ and one’s own feelings. These boundaries could be termed “thick-skinned”, which is typical of Narcissists.

## **Treatment for Healthy Boundaries**

To establish healthy boundaries we need simultaneously to strengthen our assertive and aggressive impulses and abandon some of our character defenses. In the setting of Bioenergetic analysis, we work on five fundamental components to build up boundaries:

- grounding;
- contact;
- charge/control;
- surrender to bodily reality and confront fears;
- physical/emotional growth and increase of pleasure (Ballardini, educational materials Siab)

In this case, the main work in Bioenergetic analysis will be building a significant relationship capable of repairing, nourishing and healing, but above all to allow the other, through movement, to learn a new way to upload and store their energy in order to tolerate their existence and their contact with others.

The metaphor “experienced” in bioenergetics treatment means to be able to both scream our “no” and live totally the abandonment to the contact. Through Lowen’s character types, we can observe how each character organizes its own boundary, and which bodily techniques can help the individual to break up their character and muscle rigidity and really face the encounter with the other. A good bioenergetic therapist has clear in his/her mind that the technique and the movement cannot replace his/her ability to contain and accept the psychic suffering without distancing from it (avoiding mode) or being swallowed by it (ambivalent mode). An effective therapist uses his/her “yes” and “no” in harmony with the other in the therapy’s dance.

“The process culminating point happens [...] when in the therapeutic session patient and therapist come to the point of being able to perceive themselves as ‘individuals’ who meet (and) discover that their hearts beat

with the same rhythm and their bodies vibrate at the same level and that [...] may happen through eye contact or some other form of contact” (Lowen, 1994, p. 117).

## Summary

In the earliest stage of the infant’s life, the mother’s look is critical. It can be a look that makes him feel welcomed and accepted in the world or can scare him, threatening his “motivation” to survive. This look as well as other ways we contact the newborn (touch, embrace, comfort) represent important nonverbal messages with which an infant learns to adjust his emotional states, constituting a fundamental part of implicit memory. In the paper, opening with an overview of recent studies on intersubjectivity, the author shows how studies conducted from infant research and neuroscience seem to validate the insights of Reich and Lowen, exploring the issue of boundaries, which can be considered “the energy interface” of characters.

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