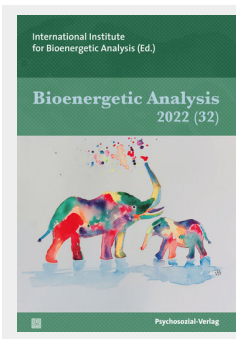


Garry Cockburn

The Physical Dynamics of Primitive States



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Abstracts

Primitive mental states, such as used by people suffering from psychosis, psychogenic autism, and severe borderline personality organization, may also be manifest in ‘ordinary’ people who are impacted by the ‘emotional plague’ of existential anxiety sweeping the planet. The implicit supposition within Bioenergetic Analysis is that our patients have a self and a sensory base to their experience that gives rise to the capacity to feel and to think. There is a radical need to reconsider this presupposition if we are to help many of our patients. There is a need to recover Lowen’s insistence on the “physical dynamics” that underlie psychic phenomena, and to do this with theoretical frameworks, models of practice, and therapeutic principles that are adequate to the task. This article is an invitation to participate in that important process.

Keywords: primitive states of mind, theory of mind, physical dynamics, sensation, ESMER

A dinâmica corporal dos estados primitivos (Portuguese)

Estados mentais primitivos, como se apresentam em pessoas que sofrem de psicose, autismo psicogênico e organização de personalidade borderline severa, podem também se manifestar em pessoas “comuns”, que sofrem o efeito da “praga emocional” da ansiedade existencial que se alastra pelo planeta. A suposição implícita na Análise Bioenergética é a de que nossos pacientes têm um *self* e uma base sensorial em suas experiências que propiciam uma capacidade de pensar e de sentir. Há uma necessidade radical de se reconsiderar este pressuposto, para que possamos ajudar muitos de nossos pacientes. Precisamos retomar a insistência de Lowen sobre a “dinâmica física” subjacente ao fenômeno psíquico – e deve-

1 This paper was presented by Zoom to the Southern California Bioenergetic Conference (SCIBA) February 2021.

mos fazê-lo com alicerce teórico, modelos de prática e princípios terapêuticos adequados a essa tarefa. Este artigo é um convite para participar deste importante processo.

La dinamica corporea degli stati primitivi (Italian)

Gli stati mentali primitivi, come quelli delle persone che soffrono di psicosi, autismo psicogeno e grave organizzazione borderline di personalità, possono manifestarsi anche in persone “normali” colpite dalla “peste emotiva” dell’ansia esistenziale che sta dilagando sul pianeta. Il presupposto implicito nell’analisi bioenergetica è che i nostri pazienti abbiano un sé e una base sensoriale per la loro esperienza che dia origine alla capacità di sentire e pensare. C’è un bisogno radicale di riconsiderare questo presupposto se vogliamo aiutare molti dei nostri pazienti. È necessario recuperare l’insistenza di Lowen sulle “dinamiche corporee” che sono alla base dei fenomeni psichici, e farlo con quadri teorici, modelli di prassi e principi terapeutici adeguati al compito. Questo articolo è un invito a partecipare a questo importante processo.

Dynamiques corporelles des états primitifs (French)

Les états mentaux primitifs, tels que ceux présents chez les personnes souffrant de psychose, d’autisme psychogène et d’organisation de la personnalité borderline, peuvent également se manifester chez des personnes “ordinaires” qui sont touchées par la “peste émotionnelle” de l’anxiété existentielle qui sévit sur la planète. La supposition implicite de l’Analyse bioénergétique est que nos patients ont un Soi et une base sensorielle à leur expérience permettant à la capacité de ressentir et de penser d’émerger. Il y a un besoin radical de reconsidérer ce présupposé si nous voulons aider un grand nombre de nos patients. Il est nécessaire de retrouver l’insistance de Lowen sur la “dynamique corporelle” sous-tendant les phénomènes psychiques, et de le faire avec des cadres théoriques, des modèles de pratique et des principes thérapeutiques adaptés à cette tâche. Cet article est une invitation à participer à cet important processus.

La dinámica física de los estados primitivos (Spanish)

Los estados mentales primitivos, como los que utilizan las personas que padecen psicosis, autismo psicógeno y organización límite de la personalidad severa, también pueden manifestarse en personas “normales” que sufren el impacto de la “plaga emocional”, de la ansiedad existencial que recorre el planeta. La suposición implícita en el Análisis Bioenergético es que nuestros pacientes tienen un Self y una base sensorial en su experiencia que da lugar a la capacidad de sentir y pensar. Hay una necesidad radical de reconsiderar esta suposición si queremos ayudar a muchos de nuestros pacientes. Es necesario recuperar la insistencia de Lowen en la “dinámica física” que subyace a los fenómenos psíquicos, y hacerlo con marcos teóricos, modelos de práctica y principios terapéuticos adecuados a la tarea. Este artículo es una invitación a participar en ese importante proceso.

Die physische Dynamik von primitiven Zuständen (German)

Primitive mentale Zustände, wie sie bei Menschen mit Psychosen, psychogenem Autismus und schwerer Borderline-Persönlichkeitsorganisation auftreten, können sich auch bei "normalen" Menschen manifestieren, die von der "emotionalen Plage" der Existenzangst betroffen sind, die den Planeten heimsucht. Die Bioenergetische Analyse geht implizit davon aus, dass unsere Patienten ein Selbst und eine sensorische Basis für ihre Erfahrung haben, die die Fähigkeit zu fühlen und zu denken hervorbringt. Es ist dringend notwendig, diese Annahme zu überdenken, wenn wir vielen unserer Patienten helfen wollen. Wir müssen Lowens Beharren auf der "physischen Dynamik", die den psychischen Phänomenen zugrunde liegt, zurückgewinnen und dies mit theoretischen Rahmenwerken, Praxismodellen und therapeutischen Prinzipien tun, die der Aufgabe angemessen sind. Dieser Artikel ist eine Einladung, sich an diesem wichtigen Prozess zu beteiligen.

Физическая динамика примитивных состояний (Russian)

Примитивные психические состояния, как, например, у людей, страдающих психозом, психогенным аутизмом или с тяжелой пограничной структурой личности, могут проявляться и у "обычных" людей, которые находятся под влиянием "эмоциональной чумы" экзистенциальной тревоги, охватившей планету. ИмPLICITный постулат биоэнергетического анализа заключается в том, что у пациентов есть "я" и сенсорная основа их переживаний, которая порождает способность чувствовать и думать. Крайне необходимо пересмотреть этот постулат, если мы хотим помочь многим нашим пациентам. Необходимо восстановить то, на чем настаивал Лоуэн: "физическую динамику", лежащую в основе психических явлений, и сделать это с помощью теоретических основ, моделей практики и терапевтических принципов, адекватных этой задаче. Данная статья – приглашение к участию в этом важном процессе.

原始状态的身体动力 (Chinese)

原始的精神状态,比如遭受精神病,心理性自闭和严重的边缘人格组织,当人们受到席卷全球的存在焦虑的"情绪瘟疫"冲击时,也可能呈现在"正常"人身上。躯体动力分析中的明确假设,就是我们的病人有一个自体,和一个基于自身经验的感官,这些给予了他们感觉和思考的能力。如果要帮助我们很多的来访者,现在迫切需要重新思考这个预设。需要再次包含勒温坚持的在心智现象之下的"身体动力",在一个适合目标的理论框架、操作模型、和治疗原则中去工作。本文邀请你参与到这个重要的历程中。

Introduction

This paper is not primarily about how to work with people with severe mental health problems, such as psychosis, psychogenic or pathological autism,² or severe borderline personality organization, but to alert us to the prevalence of primitive states of mind that are becoming increasingly manifest, especially at this time. It is my presumption that only a few Bioenergetic therapist are directly treating pathologically autistic or psychotic patients. However, I am convinced that many of us will have had unusual countertransferential experiences, as I have had, with so called, “ordinary” people. By having an appreciation of these states of mind, we can be informed by appropriate theoretical frameworks, clinical models and by some key therapeutic principles that will be of use to use to clinicians using a mind/body approach.

“Physical Dynamics” and Sensations in Lowenian Bioenergetics

The 2003 edition of *The Language of the Body*, published by Bioenergetic Press, has Lowen’s original name of the book *Physical Dynamics of Character Structure* as part of the title. This is entirely appropriate, as it reflects Lowen’s creation of a psychology of character structure based primarily on physical dynamics: the body and the drives.

Lowen’s purpose in writing his first major book is more fully stated in Chapter 2, *Somatic Aspect of Ego Psychology*, and that is “to make available to analytic therapists an understanding of the dynamic somatic processes which underlie the psychic phenomena observed in analysis” (2006, p. 19). Lowen, at the end of this chapter, makes a very strong case for the necessity to work both on the somatic and analytic levels in order to restore the functional unity of the person – Bioenergetic Analysis providing this unifying therapy.

The strong presupposition in Lowenian Bioenergetics, which is inherent in the Ego Psychology and Freud’s Structural Model, which Lowen used as the theoretical underpinning for Bioenergetic Analysis, is that most characterological

2 It is important to note that “pathological autism” is not the same as biological autism, which is a genetic brain disorder. Rather it is a primitive psychological defence against intrauterine or very early experiences of terror without the protective awareness of having a sensory surface.

issues arise from unresolved Oedipal issues, and that the patient has a repressed but intact core self that can be freed by somatic and analytic techniques. Lowen did not treat psychotic or pathologically autistic individuals, and his theory of schizophrenia, as will be explained later, was based on Ego Psychology. The result of this is that Lowenian Bioenergetics does not have an adequate theoretical base that could guide clinical work with patients suffering from primitive wounds to the mind/body.

This paper will elaborate on the foundational idea that is inherent in Bioenergetic Analysis, and now being discussed in many psychoanalytic articles, *that the sensations of the body provide the foundational floor for the development of the mind/body and the sense of self*. This is a concept that we implicitly take for granted in an unreflective way, but it is vital to understand that in psychosis and in pathological autism, this sensory floor is missing, unavailable, or is dramatically distorted, so that the person is unable to relate to themselves, to others and to the world.

An understanding of primitive states of mind will assist us in understanding and being able to “bear with” patients who are forced to use “extraordinary protections” (Mitrani, 2001) to ward off unbearable and unlivable states of mind and body.

Serendipitous Events Leading to Understanding

There were a series of serendipitous events that lead to my interest in this area of study, and to my presenting this paper at the SCIBA Conference with the intention of fostering an on-going dialogue among Bioenergetic practitioners in this important area of work. I will outline those events leading to this area of study.

I am fortunate to belong to a reading group of seven psychoanalytically-minded psychotherapeutic colleagues. We have been meeting together to read papers on a fortnightly basis for more than 10 years. My supervisor, Diane Zwimpfer, who is the convenor of the group, has long had an interest in the primitive mental states and how these are sometimes manifested defensively in patients. In July 2020, Diane presented a Zoom workshop entitled *Hidden Infant Terrors in the Room*, on working with patients with autistic psychological defences (Zwimpfer, 2000) to the New Zealand Association of Psychotherapists.

In her detailed case discussion of four patients, she referenced the British Kleinian object-relations theorists, such as Wilfred Bion, Esther Bick, Donald

Meltzer, Frances Tustin, and Anne Alvarez. She also referred to Thomas Ogden and James Grotstein in the USA who have written extensively on primitive states of mind. Near the conclusion of her talk, I was excited to hear her state:

“From my experience, the body speaks. We are familiar with the dictum that the body remembers the trauma, but tend to associate it with particular and actual assaults on the body of the child. I am thinking more of the signs that the body has something to say ...”

She then referred to particular symptoms her patients displayed: such as severe throat constrictions; a sensation of a hole in the back; a young man who masturbated compulsively, not for erotic reasons, but as a primitive infantile enactment of trying to get life-giving milk from his mother’s ungiving breast; an evacuated body with no sensations; a frozen body, a horror of anything that excited the senses, such as salivation with food or any evidence that the body contained movement or aliveness. Diane continued ...

“It is through following these pathways and their associated fantasies that we can reach in deeper. We need to listen for the voice which will never be voiced, of the castaway infant; it is hidden in the habits and the language of the body. To understand, to decipher these symptoms and fantasies, we have to unhook ourselves from our go-to position of assuming that there is a self and other, the assumption that there is a world of feelings, even if repressed. Sensations carry only the potential for feelings, they do not symbolize a feeling.”

I was struck by the profundity of these observations: “unhook ourselves from the go-to position that there is a self and other ... that there is a world of feelings ... that sensation carry only the potential for feelings, they do not symbolize a feeling.” For me, the unexamined presuppositions, the implicit articles of faith, that I had learned in my Bioenergetic training, and that I took for granted with all my patients, was that they had a self, that they were capable of accessing feelings, and that if I supported them to contact the sensations within their body, they would become more embodied, more integrated and be capable of more joy and pleasure in life.

Another serendipitous event in August 2020 was our reading group’s study of Franco De Masi’s paper on *Psychosis and analytic therapy: a complex relationship*. Franco De Masi is an influential Italian analytic psychiatrist from Milan who has written extensively on working with psychotic patients. De Masi’s position is that

psychosis is formed in very early childhood at a sensory level where the infant withdraws from psychic reality, and in early adulthood the mind, no longer an organ of thought, is used as a tool to produce sensations that make psychic, emotional and relational reality incomprehensible. The mind, saturated with archaic sensory elements, then produces delusions and hallucinations out of this sensory processing (De Masi, 2006, 2020). De Masi's emphasizes *sensory processing*, which he believes is now being recognized as an important element in psychic development in the psychoanalytic world.

Still another relevant event occurred in September 2020. As a member of the Editorial Team for the IIBA Journal it was my task to be editing the papers presented for publication for the 2021 edition of the Journal. One of these papers, *A Memoir of Psychotherapy* by Scott Baum describes his journey through soul murder and madness and his more than 30 years of intensive therapy with Dr Michael Eigen, of New York, who is renowned for his work with early states of mind and for one of his many books, *The Psychotic Core* (2018a). Scott's descriptions of his long struggles to reinhabit a mind and body that could participate in ordinary relational reality was breath-taking and so illuminative of the role of somatic therapy and loving compassion in the restoration of the mind/body.

As if these strands weren't enough, I then started to notice that many recent psychoanalytic articles in the *International Journal of Psychoanalysis* (IJP) from authors in France, Israel, Italy, the United Kingdom and the USA, were focusing on very early primitive states of mind and on autistic and psychotic states. To my surprise, many of these authors were making copious reference to the role of the body and bodily sensations. There were, of course, multiple references to Freud's statement: "*The ego [the "I"] is first and foremost a bodily ego ... the ego is ultimately derived from bodily sensation, chiefly from those springing from the surface of the body*" (Freud, 1923, p. 26).

The psychoanalytic articles on psychosis had phrases referring to: "*the lived body ... the symbolizing functions of the body,*" (Weiss, 2020); "*working-through centered on the body*" (Poyet, 2019); "*When the body is the receiver*" (Birksted-Breen, 2019); "*somatic countertransference*" (Eekhoff, 2018); "*microprocesses at the body-mind border*" (Karacaoglan & Lombardi, 2018); "*the eclipse of the body*" (Ferrari, 2004); and "*the analyst who treats psychotics has to be in contact with his own body and its sensation*" (Resnik, 2018).

These articles no doubt caught my attention because I was sensitized to the subject matter, but I did not especially go looking for these topics. It would seem to me that the focus on primitive states of mind, autism, unreachable states, psychotic states and especially the focus on the role of the body in these areas of

interest, is something that is very topical and “in the air”, so to speak. If this is the case, then this should be of great interest to us as Bioenergetic therapists.

These authors within the psychoanalysis tradition proclaiming the relevance of the body, sadly, make no reference to “him who shall not be named”, Wilhelm Reich, the first in that tradition to elaborate on the role of the body within psychotherapy and the somatic treatment of schizophrenia. In fact, Reich’s one and only extended case description was of his work with a schizophrenic woman, described in *Character Analysis*, (1991, pp. 399–503) and first published in German in 1933. Reich’s insights and theoretical observations are very much in sync with modern psychoanalytic thinking (or perhaps vice versa!). It is a very moving description of his therapeutic courage and compassion, and well worth reading if you have not done so.

“The Emotional Plague”

As well as these more direct associations to the study of primitive states, I was also aware of the general level of anxiety that seems to be everywhere, and that patients seem to have been displaying more primitive anxieties than usual. I was reminded of Wilhelm Reich’s phrase, *the emotional plague* that arose out of his sociological thinking about *The Mass Psychology of Fascism* (1946). Perhaps it is not too far-fetched to think that another emotional plague is arising today from *The Mass Psychology of Fascism* in this Trumpian and autocratic age. According to Reich, the emotional plague arose from the systematic repression of sexuality by Church and State across the centuries. This is obviously no longer the case. We are now facing a new species of emotional plague triggered, not by the suppression of sexuality, but by an underlying *real existential terror* related to the Climate Crisis and the possibility of the mass extinction of many life forms, including humans, a terror which has been further thrust into our face and lungs by an actual viral plague, Covid-19. Those working therapeutically with children are noticing the rise in numbers of young children with severe anxiety and OCD type behaviors, and adolescents are saying, “Why bother, we’re stuffed!” Added to this we have socio-political crises and threats to the democratic order arising from the Trumpian attack on truth and good order, the political extremism of White Supremacy and the delusional conspiracies of QAnon, as well as the rise ultra-authoritarian regimes around the world.

All-in-all there is a major threat of psychological *fragmentation*, the key metaphor to describe today’s realities (Tracy, 2020), and many people may no

longer have adequate scaffolding for their minds to ward off primitive anxieties associated with this general fragmentation of meaningful social structures. The present situation can affect even stable personality structures, let alone people who have had catastrophic or adverse childhood relational traumas. And is likely we will be dealing with an increase of these primitive anxieties and primitive somatic defences in our therapeutic practices.

If this general hypothesis is accepted, at least in its intent, then a deeper understanding of what is happening to people may be gained, not by reference to Freudian sexual theory as traditional Lowenian Bioenergetics does, but by reference to the somatic and psychic defences used in more primitive states of mind and body, against impending psychological annihilation and terror of the Void.

The Deepest Realms of the Human Mind

When considering primitive states of mind, real existential questions arise about the nature of reality and of consciousness itself. It's important to have this as the background to our considerations, as these primitive states can challenge us existentially at this depth of ultimate understanding. We also need to positively remind ourselves of what James Grotstein alluded to when he referred to “the countless domains and dimensions of wisdom we unwittingly have at our disposal” in his review of Michael Eigen's book, *Contact with the Depths* (2018b).

The seemingly irrational contradiction that *nothingness, infinity, profound emptiness and darkness, have the potential to give rise to everything*, is to be found not only in many cultural myths of creation, in philosophical and religious traditions, but also in psychoanalytic thinking. For instance, in New Zealand, the Maori myth of creation says that in the beginning there is “Te Kore” – the dark void, the emptiness that is the realm of potential being. Philosophically, there is Plato's and Plotinus' concept of “ἐπέκεινα τῆς οὐσίας” (goodness beyond being). Aristotle distinguished between the “Quantitative Infinite” that you can find in mathematics, physics and astronomy (endless space) and the “Actual Infinite”, an invisible ultimate reality that is the source of all reality (Tracy, 2020). Theologically, there is the Jewish Kabbalistic concept of “אין סוף – ein sof” (infinity), the Buddhist concept of “Śūnyatā” (Sanskrit: शून्यता), void, emptiness), and 13th century Christian mystic, Meister Eckhart's concept of “the hidden darkness of the eternal godhead (nothingness)” (Harrington, 2018) out of which both God and the human soul emerge and return to.

All these concepts try to name the process that “everything comes from (and returns to) Nothing”. Echoes of this concept of infinity or nothingness are also found in modern psychoanalysis through the influence of Wilfred Bion, a British psychoanalyst, with his concept of Zero “O”, (which he derived from his study of Meister Eckhart), which is also described as the ineffable, the transcendent “Real”, the infinite boundlessness that strikes our sensory and perceptual systems; it is found in Ignaceo Matte-Blanco’s (1975) concepts of “infinity and infinite symmetry”; it is found in Donnel Stern’s (2018) book on “The Infinity of the unsaid: Unformulated experience, language and the nonverbal”; it is found in Antonino Ferro’s (2010) “unlimited dimensionality, the unconscious as infinite” and it is found in James Grotstein’s (2007) in-depth reflections on Bion’s concept of “O” Zero.

This *nothingness with potential* is starkly contrasted with the terror and existential angst of a chaotic void, an *emptiness without meaning or potential*, resulting in the meaningless shapes and objects of pathological autism, the grinding empty/overflowing madness of suicidality and murder, in the hauntings of demons, ghouls, monsters and other denizens of the deeply troubled mind/body, and in the paranoia, delusions and hallucinations of psychosis. This state of ultimate chaotic consciousness has been psychoanalytically described by Wilhelm Reich as “contactlessness”; by Grete Bibring as “primal depression”; by Donald Winnicott as “psychotic depression” and a “failure to go on being”; by James Grotstein as “Nothingness, Meaninglessness, Chaos and The Black Hole” and “withdrawal into alienation”; by Frances Tustin as “black hole anxiety”; by Margaret Mahler as “annihilation anxiety”; by Michael Balint as the “basic fault”; by Michael Eigen as “the psychotic core”; by Franco De Masi as the “psychotic nucleus”; by Ignacio Matte-Blanco as “infinite asymmetry”; and by Marcus West, a Jungian, as “the darkest place”.

I believe, in our own tradition, Alexander Lowen, opened up his own personal empty chaotic space when he was failed to be held therapeutically by Reich and he felt he was “doomed” (1996). Lowen was then led to find the body as the basis on his reality. Lowen’s apotheosis of the body can be seen both as a defense against the threat of psychological annihilation from his earliest experiences of his terrorizing mother, and his discovery of the sensory basis of the mind and the self, which led him to develop Bioenergetic Analysis with its unique contribution to the therapeutic world.

It is important to appreciate these ultimate forms of consciousness. Positively, we can try to be open to the potential of embodied mysticism, i. e., to see more deeply things as they Really are, to genuine I-Thou relationships, and ethically,

to the infinite respect we owe to the face and body of the other (Levinas, 1989). It is harder, but also necessary, to be open to the negative and chaotic forms of ultimate consciousness that confront us when we experience murder and madness, suicidality and psychosis, autistic states, and other lesser forms of human suffering. Exposure to these states will strongly challenge us to the core of the position we secretly have as therapists of being able to help another, and perhaps even challenge our own sanity at times. Bob Hilton (2007) has written extensively about this level of being challenged and the smashing of our therapeutic narcissism and the capacity for being simply present even in the face of rootlessness and meaninglessness, and even death.

Normal Development and the Development of the Mind/Body

It helps to understand abnormal primitive states of mind by contrasting them with what is “normal”. Modern infant research tells us about what infants actually can do, and how meaningful sensations are the basic floor of psychological life. Beebe and Lachmann (2002) show how mothers and infants are engaged in highly complex interpersonal interactions from birth. They form a dyadic unit of organization. Remember Winnicott’s dictum that ‘there is no such thing as a baby’. These mutual interactions are the sensorimotor and presymbolic basis for a functional mind/body.

There are developmental transformations and reorganizations occurring continuously and constantly through skin-to-skin, face-to-face, body-to-body movement, and vocal interactions. These interactions are organized through dimensions of time, space, affect and arousal patterns. The baby’s brain functions to detect regularity, to generate expectancies, and to act on these expectancies. These become the basis for later symbolic forms of self- and other- representations.

At 10–12 months, the representations of expected interaction patterns are abstracted into generalized prototypes (or schemata) and become largely unconscious organizing structures and the informational memory structures in the mind/body for good or ill.

From a neuroscience point of view, Antonio Damasio’s (2010) work shows how the primitive structures of the brainstem, especially the periaqueductal gray, produce sensations and *primordial feelings* that are the foundational steps in the construction of consciousness, the mind, and the sense of self. It is these powerful “proto emotions” that are so influential on our later psychological and somatic

functioning. And Allan Schore's work on Affect Regulation and Affect Dysregulation (2003) has shown conclusively how the early attachment context creates neurological structures in the right hemisphere of brain for the development of a secure sense of self. Schore also documents how serious neglect and the disorganized attachment of an infant result in pathological functions and structures in the right limbic system of the infant, including premature cell death and elevated levels of toxic stress hormones that impact negatively on developing brain structures.

A Change from a Scientific to a Hermeneutic Paradigm

We have been examining what infants can do in terms of normal development with data gathered from infant and neurological research. We have been using information that helps us understand the human mind/body from within a scientific paradigm, i. e., with information that can be empirically verified. While empirical knowledge informs and guides clinical practice, there is a different paradigm – the hermeneutic paradigm, i. e., methods for understanding and interpreting reality – that is, perhaps, more directly relevant for our clinical understanding of what happens in the therapy room.

Many psychoanalytic theories, such as Drive Theory, Ego Psychology, Object Relations Theory, etc., have sometimes been presented solely as scientific theories, perhaps reflecting Freud's original intent to establish psychoanalysis as a science. In general, psychoanalytic ideas and theories have not met with great success as being empirically verifiable. That does not invalidate them. It is clinically useful to also regard these theories and concepts from a hermeneutic point of view, i. e., as metaphors that can better help us interpret human behaviour. The important thing about these metaphorical theories is that they open up meaning "in front of" an experience, i. e., they give us a way to understand, to open up our perceptions of difficult and hard-to-understand realities (Tracy, 1975). Christopher Bollas (2011) suggests that we need to learn all the theories we can so that they become unconscious "perception-structures" to help us participate more deeply in the client's reality. These theories do not necessarily empirically describe actual reality, they just help us to interpret it and to guide our actions.

I would like to propose two major theoretical perspectives that can help us participate more deeply in states of mind/body when things go dreadfully wrong in childhood, resulting in psychogenic autism, psychosis and other disturbances. The first is "the theory of mind" of Wilfred Bion, an English Kleinian who al-

so lived in Los Angeles for 10 years, and lectured in Latin America and Italy, where his influence is still strong and his ideas developed by influential psychoanalysts. Bion's key ideas have been developed and promulgated in the USA by James Grotstein (2007, 2009).

The second theoretical exposition is that of Thomas Ogden, a psychoanalyst of San Francisco, who in his book "The Primitive Edge of Experience" (1992) shows how we structure experience by the dialectical relationship between three modes of generating experience: the autistic-contiguous, the paranoid-schizoid and the depressive positions.

What we will affirm in both of these theories is that the overall continuum of the development of the mind/body is from sensation to affect to cognition. This reflects the Bioenergetic Analyst Guy Tonella's ESMER model that we will describe below.

Bion's "Theory of Thinking"

Bion's work is complex and wide-ranging, but I want to focus on his "theory of thinking". There are two key ideas within his theory of thinking: the idea of "container and contained" and the idea of "projective identification". Bion believed that the mother was a "container" for the unregulated, raw, somatic/sensory/affective experiences of the infant (the elements that had to be "contained"). Bion called these raw unregulated sensory/affective experiences " β -elements". The mother, "contains" these β -elements, metabolizing them in her body and psyche through a process of "reverie" (an idea similar to Winnicott's "primary maternal preoccupation") transforming these β -elements into α -elements, through her " α -function" – her thinking and symbolizing function. The infant then internalizes the containment and the α -function of the mother, and it is this that enables the infant and then the child to increasingly undertake the mental "digestion" required for it to make sense of sensations, to confront reality and allow the mind to develop in the process of "learning from experience" (Bion, 1962).

You may be conversant with an imaginary poem by a hungry baby that Daniel Stern wrote in his book, *Diary of a Baby* (1998), that wonderfully describes these sensory/affective β -elements.

A storm threatens. The light turns metallic. The march of clouds across the sky breaks apart. Pieces of sky fly off in different directions [...] The world is disintegrating. Uneasiness grows. It spreads from the centre and turns into pain. It is at

the centre that the storm breaks out [...] it grows stronger and turns into pulsing waves [...] the pulsing waves swell to dominate the whole weatherscape. The world is howling. Everything exploded and is blown out and then collapses and rushes back toward a knot of agony that cannot last – but does.

Bion's play of words (Alpha and Beta) was meant to show how the reverie function of the mother underpins the "alphabetizing" of the child's mind – the ABC's of starting to make meaning of sensory experiences. The α -elements become regulated sensory/affective elements that later on can be used by the mind for symbolic functioning, for thinking, for dreaming, and for relational reality. In other words, to make sense of the sensations of experience.

The energetic transfer, to and from between infant and mother, occurs through the process of "projective identification". This is a process of somatic/sensory/psychic communication whereby raw sensations are "muscularly" ejected from one psyche/soma and projected into another psyche/soma. We will all have had experiences of this in the therapy room where we felt unusually sleepy, or unable to think, or experienced sensations, e. g., of sadness, that we suspected belonged more to the client than to ourselves. Bion understood this as a normal process of unconscious communication but also as one that can be used pathologically in psychosis. Hence, good mother/infant communication is an appropriate analogy for the therapist/patient communication.

Bion saw this process at work pathologically with people experiencing psychotic states, whereby "minutely split particles" of β -elements could be projectively lodged in external objects (things or other people) which the person then experienced as persecuting and controlling him, for instance, experiencing the TV or radio talking about them. Bion called these externalized objects "bizarre objects". A good example of this is in Reich's description of his work with the schizophrenic woman. Whenever Reich focused on her bodily streamings, especially pleasurable streamings, there was a marked shut down of her body and an increase in the power of external "evil forces". Reich concluded that these "*forces ... are distorted perceptions of basic [...] sensations*" (Reich, 1991, p. 422) – prefiguring Bion by over 30 years.

The advance Bion made was to make these transformed sensation and affect, presymbolic α -elements, and the α -function, the very stuff, the ABC's, of thinking. The α -function of the infant not only allows her/him to further process sensory/affective experiences, it also allows the infant to connect with, incorporate, and use the inherent archetypal, preconceptions of a nurturing object. The activation of this genetic inheritance creates a maternal matrix for internalization and psy-

chological growth of a sense of self and other (Zwimpfer, 2020). The infant is then to be able to learn from experience, to be able to store information for unconscious processing, for dreaming, for thinking while awake, for mentalizing experiences of self and other, and even for being able to repress and suppress feelings.

Without this maternal matrix, the infant would be living a nightmare of unregulated sensory experiences from which she/he cannot wake up, living in the grip of β -elements which cannot be made unconscious or transformed. For Bion, these β -elements will be got rid of by evacuation through projection if they are not transformed. With autistic pathology, the infant is left without a sensory structure and maternal matrix to protect her/him from the void. The infant has no container, no skin, and is left unintegrated and unable to create meaning. And, in the psychotic process, the psychic energy of these β -elements, and in fact, major parts of the patient's personality itself, has to be projected outwards through delusions, hallucinations, confused thinking and speech for the person to survive as a completely emptied, evacuated and unreachable self.

Bion's appreciation of the foundational role of the body in the creation of mind led him to say: "*Thus there could be a physical-psychoanalysis just as there could be a psychological-psychoanalysis*" (The Brazilian Lectures, 1990, p. 65). Unfortunately, he did not appear to have heard of Reich or Lowen, as the words "Bioenergetic Analysis" contain these two very dimensions, and the hope for a physical psychoanalysis that could work with the mind/body. Bion's influence has been enormous in the psychoanalytic world especially in helping to understand psychosis and powerful countertransferential phenomena. I would recommend reading Grotstein if you are interested in Bion's work.

In summary, I believe Bion's "theory of thinking" is important to help understand some of the primitive states we meet in the therapy room and for understanding the somatic countertransferential experiences and the difficulties we may experience with certain patients.

Thomas Ogden's Description of How Human Experience is Structured

The next theoretical presentation will allow us to go even deeper in understanding the complexities of what we meet in the therapy room. These ideas are complex, but I have found them extremely useful for decoding some of my countertransferential experiences, for understanding some of the defences used by patients, and for deepening my discussions in supervision.

As I mentioned earlier, Thomas Ogden is a psychoanalyst from San Francisco who has integrated the work of Frances Tustin (1992) and that of British Object Relations Theory, especially the Kleinian perspective on the paranoid/schizoid and the depressive positions, into a unique approach using a dialectical method of understanding that is also inherent in the work of Reich and Lowen.

Ogden shows how there are three modes of psychological functioning: the autistic/contiguous, the paranoid/schizoid and the depressive positions. Each mode has its own characteristic way of experiencing the “I-ness” of the self, of experiencing others, has its own type of anxiety, and its own type of defense, and generates its own forms of transference and countertransferential experience.

For Ogden, we all have these three modes which are in a dialectical relationship with each other. What that means is that each mode of generating experience creates the other modes, informs and preserves the other modes, but is not either of the other two modes. In order to illustrate the ubiquity and dialectic of these relationships, Ogden points to our experiences of night and day, light and dark, sound and silence, consciousness and unconsciousness where each dimension creates and preserves the other, but is not identical (1992).

Pathology develops when there is a collapse into just one or other of these modes of generating experience, e. g., a person suffering from pathological autism has collapsed their way of generating experience to the mode where they cannot use the sensory experience of contact with another sensory surface (contiguity) to generate meaning or emotion or a sense that there is another person out there to protect themselves from the terror of a chaotic void.

Likewise, a severe collapse in the direction of the paranoid/schizoid mode, as used by borderline and schizophrenic patients, results in massive splitting as a defense and a way of organizing experience. Psychic pain is managed by the use of omnipotent thinking, denial of reality, and splitting off complete sections of autobiographical experience and the rewriting of history. Also “bad” experiences are projected out into other people or objects. In cases of psychosis, there is a fragmentation of the personality and the evacuative projection of the negative elements of the self into external objects.

A collapse in the depressive mode generates anxieties about self and other. The normal depressive position is a mode of generating experience by having a sense of oneself as an interpreting subject who is aware that one is generating his/her own thoughts and feelings and that others do the same, and that we can understand each other. Anxiety in this position may give rise to deep sadness that one’s failures have driven others away or that one has deeply hurt people we love, or that it may be impossible to express our most private feelings and be truly known by another.

The following Table One sets out Ogden’s three modes of generating experience, and describes the sense of “I-ness”, the sense of “the other”, the type of anxiety experienced, the main defenses used, and the type of transference experienced under each of the three modes. It is important to realize that we all have these three dialectical modes of generating our experiences, but a collapse into only one mode of generating experience gives rise to a particular form of pathology.

Dimensions	AUTISTIC-CONTIGUOUS POSITION	PARANOID-SCHIZOID POSITION	DEPRESSIVE POSITION
“I-ness”	Primitive inchoate sense of self, created by sensations at skin surface and rhythmic movements, sounds, gazes. Provides sensory “floor” and integrity of experience	Very little ‘subjectivity’ The self is like an object buffeted by thoughts, feelings. The source of the immediacy of concretely experienced symbolized experience	Sense of self as a ‘subject’ generating own thoughts, feelings. Generates historical subjectivity, and the richness of symbolically mediated experience
“The Other”	<u>Autistic</u> : No experience of a surface. <u>Contiguity</u> of surface with another surface: skin to skin. Sensation-based	Others are all-good or all-bad. No shared experiences	Others are their own ‘subjects’ and can be in relationship with me
Anxiety	Formless dread, terror that one is rotting, bodily fluids leaking, terror of falling into endless space, dissolving, disappearing	Lives in 2-D time-space dimension – anxiety of an eternal present Change is not possible, and one is always endangered	Guilt, sadness, fear, shame
Defense	The use of hard/soft/flat surfaces to try to create a ‘skin’ to protect against terror. Use another as a “2 nd skin”	Splitting, Projective Identification, Denial, Omnipotent thinking Loving/hating are omnipotent and cannot be used relationally. Discontinuity of experience Manic defences	Un/c blocking of impulses and feelings
Transference	No transferences as person is trapped in world of sensation.	Therapist ‘is’ the other (not ‘like’, but ‘is’)	Un/c attempt to recapture past feelings. Therapist is ‘like’ the other

Table 1: Ogden’s Three Dimensions of Generating Experience.

To make Ogden’s and Bion’s frameworks a little more intelligible, I would like to share a few casework experiences where I think patients were using autistic

and/or paranoid-schizoid modes of organizing their experience, and where “normal” bioenergetic techniques were not particularly helpful.

1. A young woman would start each session by following me very intently and intensely with her eyes for about 5–10 minutes without saying anything, as if wanting something vital from me. Her bright eyes were glued to me with expectation. She could never articulate what she wanted. Sometimes she would then start playing a very haunting song from a musical instrument that sounded like a voice from the other side of the grave. I came to understand she was looking for a primitive type of sensory contact that is indicative of the autistic/contiguous position. Esther Bick calls this a “2nd skin formation”, and Donald Meltzer calls it “adhesive identification” (Ogden, 1992, p. 41).
2. A high functioning executive has spent several years exploring his internal struggle between his angel of light and his demon, sometimes regressively screaming terribly in an infantile voice and babbling incomprehensible words. When his demon was active, but never really showing itself, I often felt like a flea on the back of an elephant trying to steer the elephant to the sounds of his gleeful “ha ha’s” at his power and my impotence. He would frequently drop into a deep hypnotic sleep for 10–20 minutes. Often, I could not stay awake, dropping into a dreamless sleep, but always waking just before he did. He would say how refreshed he felt, put on his tie and suit coat and go back out into the business world. His angel/demon split was obviously omnipotent functioning at the paranoid/schizoid level. I think that the healing sleep was a form of adhesive identification at the autistic/contiguous level, in which he was making some form of deeply unconscious contact with myself, to protect himself from nameless dread.
3. I could not stay awake with a client. It felt like was being inexorably pulled into an unpleasant drug-induced sleep. I said to him, “you are probably noticing that I am sleepy. Can you say to me ‘wake-up!’?” He then had a very startling experience of visually hallucinating his father sitting in my chair. His mother had been very seriously schizophrenic when he was young, and his father had “never woken up to” just how terrifying it was for the children. We had not been discussing his mother or father at that time. My presumption is that there is a very early “psychotic nucleus” (De Masi) from his infantile and childhood experiences, that is very tightly bound by his strong rigid body. He told me that if his mother’s madness measured 100 on a scale of 1–100, then his inner child would register at 1000.
4. A young man who had had several psychotic admissions to hospital, seemed to be functioning very well and able to talk about his daily experiences in an

ordinary way. I had seen him about ten times at irregular intervals over several years and felt we had the beginnings of a good therapeutic relationship. Suddenly he said to me, “you just don’t understand me”, finished the session and never came back. Recently, I read De Masi’s words, “How many times have you had a psychotic patient say, ‘You just don’t understand me!’”. In other words, I was treating him as though he was primarily neurotic and functioning on a depressive level, but I did not realize his hidden primary internal reality was split off and paranoid – i. e., he was operating at a completely different level and I was not on his “psychotic wavelength” (Rosenfeld, 1987).

5. Another man used to come dressed in a large old curtain. He clearly had a psychotic part and non-psychotic part of his personality. He could talk about his family history in fairly ordinary terms, but most days, in a sort of psychotic monologue, he would tell me how he was personally responsible for all the ills in the world happening at that moment because of his failure to read the signs. For instance, his failure to notice the letters “A” and “F” and numbers on a poster in the street resulted in Air France, Flight 447 crashing into the Atlantic Ocean in 2009 killing all on board. He caused it and it was his fault, and yet he showed no emotional concern or obvious guilt. I saw him for a couple of months, was empathetically supportive of his dilemma of being responsible for all the catastrophes in the world, such as the Iraq war, but I didn’t have a clue how to handle his delusions and convoluted, complex, and interwoven ideas of reference. Once or twice, I experienced a strange sort of déjà vu altered sense of consciousness that maybe everything is connected, and maybe we can influence events just like he says. I had a momentary terror that the madness was catching. In the psychotic state he was clearly operating primarily in an extreme paranoid-schizoid mode of an unchanging present from which there was no escape.

Reichian, Lowenian and Modern Bioenergetic Approaches to Primitive States

I have referred briefly to Reich’s very long case description of his work with a woman suffering from schizophrenia and his observation that the hallucinatory *“forces ... are distorted perceptions of basic ... sensations ... that are projected out into things”*. Reich does not seek to explain the schizophrenic process in terms of Freudian Drive theory or Freud’s structural theory of id, ego and superego and Oedipal functioning. Rather he explains it in terms of the basic bio-energies of

the body. He states (p. 433) that “*the schizophrenic process had to be understood in terms of deep bio-physical processes which underlie and determine the functions of the mind [...]. The symptoms have nothing to do with psychology.*” He also notes that, “*the schizophrenic cannot recognize the source of primary ... sensations and ... streamings, and therefore interprets them poorly and distortedly ... (and attributes them) to external causes.*” I think Reich’s study and his conclusions about the basic sensations of the body determining perceptions and the functions of the mind, prefigure Bion’s ‘theory of mind’ and very much prefigure modern psychoanalytic understandings of the schizophrenic process.

Alexander Lowen addresses the problem of schizophrenia in two key places: in the 2nd last chapter of *The Language of the Body* and in the first few chapters of *The Betrayal of the Body*. The chapter on schizophrenia in *The Language of the Body* is largely descriptive and theoretically rests on Freudian Ego Psychology, and is therefore of limited use for understanding primitive states of mind. Lowen positively reminds us in *The Betrayal of the Body* (1967, p. 5) that “the feeling of identity stems from a feeling of contact with the body [...] a person experiences the reality of the world only through his body.” He emphasizes that “the complete loss of body contact characterizes the schizophrenic state.” And that “schizophrenia is a withdrawal and regression to infantile or archaic levels of functioning as a means of survival” (1967, p. 2 & 5).

What we can summarize from Lowen’s writings on schizophrenia is the primary importance of the body and its sensations as the foundation of the self – “you are your body” as Lowen says repeatedly.

A quick perusal through the IIBA Journals shows there has been relatively little written about primitive states over the years by IIBA members. Réjean Simaud, a Bioenergetic psychologist from Canada, has worked for many years with psychotic patients in both a hospital and clinical setting and he presented a workshop at the IIBA conference at Montebello in Québec in 1988 in which he outlined the theoretical underpinnings of his approach (Winnicott, Khan, Searles), and how he used bioenergetic techniques to help patients develop an ego boundary and how to express an emotional charge.

The IIBA Faculty Members who have written about this area are: Scott Baum (2021), who has detailed his own courageous journey as mentioned above; Guy Tonella (2015), who from the 1970’s to the 1990’s worked with psychotic patients and people with severe mental disabilities in France; Robert Lewis’ (2004a, 2004b, 2004c) work on “Cephalic Shock” grew from his abiding interest in early terrors and “unthinkable anxieties” for which there are no words, and he shows the strengths and shortcomings of traditional Lowenian Bioenergetics for work-

ing with borderline and bipolar personality organizations; and Robert Hilton's (2007) work on rootlessness, schizoid phenomena and therapeutic narcissism is relevant for working in the area of primitive states. My apologies to other IIBA authors who have written in this area of whom I am unaware.

Scott Baum's (2021) description of his personal journey and his understanding of borderline and psychotic personality organizations highlights the fact that, because of profound infantile relational trauma, there may not be any somatic or psychic 'self' structure, no 'self' in the sense that most therapists usually presume a patient to have, and so there is no base on which the patient can relate to the world or form a therapeutic relationship. The view Scott opens up of "a universe characterized by murdered soul, shattered personality, sensations of aloneness, death, terror, horror and pain that are interminable" is a much less benign world than that implied in Guy Tonella's model below, and is a salutary warning to the inherent challenges to the psyche of any therapist willing to walk into this world of excruciating agony and hopelessness.

Guy Tonella has developed an extended coherent theory and model for understanding psychosis and autism. Guy Tonella has written a chapter, entitled *Body Psychotherapy and Psychosis* in *The Handbook of Body Psychotherapy and Somatic Psychology* (2015, pp. 717–723). This is essential reading for Bioenergetic therapists interested in understanding primitive states from an energetic and somatic perspective. Guy shows how the structural lack of vertical co-integration between the core body/mind functions, the ESMER functions (Energetic, Sensory, Motor, Emotional, Representational), leaves the person without a coherent sense of self and exposes the person to extraordinary frightening states of non-integration, instability and confusion.

As well as this sense of disintegration and fragmentation between the structural levels of experience, the psychotic person does not have access to the gradations of experience between the extremes at each level of functioning. The basic energy of the body is lacking in gradations of activation/deactivation, resulting either manic or depressed (hyper/hypo) energetic functioning. Sensations are either too hot or too cold, too hard or too soft. Muscle tone is either hyper- or hypo-tonic. Emotions are either hostile or ecstatic. The environment is experienced by the mind as totally good or bad. At every level there is the omnipotent experience of extremes, that are pathologically split into chronic bipolar states. There are no integrated internal behavioral schemata of self and other, that are normally established by the attachment process between mother and infant, to underpin and predict what will happen in relationship to self and other.

Guy's theoretical model also helps explain the somatic rigidities experienced in primitive states. He explains how the innate basic psycho-tonic and psycho-motor mechanisms, e.g., curling up, turning away, are de-energized and immobilized by psychotic withdrawal into frozen somatic states that keep the head dissociated from the body through rigid neck musculature. This dissociation between head and body prevents the perception of the body sensations and emotions and these frozen states morph into a pathological dissociation of the self. There are only two possible outcomes: an autistic, completely mute resignation; or a self-sufficient position that blots out the dissociations and terror and replaces them with sensory and emotional hallucinations that produce self-generated satisfaction (2015, p. 719).

Guy Tonella's theoretical model of psychotic processing points us decidedly in the direction of finding ways of including the body in the healing of primitive states. In general, this involves growing a patient's awareness of their bodily sensations and affects, and learning to identify with them, so that the linkages between the basic ESMER structures can be established.

Guy's theoretical model, with its embedded developmental sequence of ESMER, is not so much a high-level theoretical construct like those of Bion and Ogden, but more a map of what happens and a guide to clinical practice. Nor does it describe the raw terror and horror, nor the potential for malevolence involved in working clinically with patients suffering from borderline and psychotic states, as described by Scott Baum.

However, all of these: a high-level theory, an applied model, and an appreciation of the potential for psychic terror, horror and malevolence are essential for clinical practice, and for managing the powerful transference energies that pervade the therapy room and the body/mind of the therapist if they are prepared to be present where "things fall apart" and where "the centre cannot hold" (Yeats, 1989).

Summary

To summarize the discussion so far:

- The sensory/affective processes of the body provide the foundational floor for the development of the mind and a sense of self;
- An understanding of this fact, and the implications of not having a somatic sensory floor and a 'self', will help us understand the primitive states of mind that are increasingly evident at this time;

- The sensations of the body can be used defensively in primitive states of mind to defend against psychological annihilation and the terror of the Void and to void the self;
- The therapeutic task is to grow a patient's awareness of their bodily sensations and affects, and learn to identify with them, so that the higher functions of the mind/body can be regulated, and help the patient be in touch with reality.
- These affirm Reich and Lowen's insights into the "physical dynamics" of the personality.

Therapeutic Principles

This paper is not primarily about how to work with people with severe mental health problems, such as psychosis, but to alert us to the prevalence of primitive states of mind that can be manifest in our 'ordinary' patients, especially at this time. By having an appreciation of these states of mind, we can be informed by some key therapeutic principles that will be of use to use as clinicians, using a mind/body approach:

- the need for your own boundaries
- internal space, patience and compassion
- capacity to bear agony and ecstasy
- reflective thinking and supervisory support
- transforming sensory data within a trusting relationship.

The Need for Your Own Boundaries

In general, our personal boundaries need to be both strong and flexible, not flaccid nor rigid. However, by definition, people using the primitive defense of "projective identification" are going to challenge our boundaries. That means we are going to be energetically invaded, our psyche/soma temporarily induced into strange states, and we cannot prevent it. What it does mean is that we need to develop a good radar system and recognize what is happening to ourselves and are able to regain our equilibrium after a period of time, with supervisory support if necessary. In passing, I can also recommend Christopher Bollas' wonderful book *When the Sun Bursts* (2015) on his work with schizophrenic patients. He has described what it is like being in the *schizophrenic presence or atmosphere* of someone who has crossed over into a robotic, non-human world. He notes that in that

schizophrenic atmosphere, a clinician sometimes may have bizarre thoughts, e. g., that a cup might fly through the air and hit him and also produce strange anxieties about being safe in the ordinary world. So, having good boundaries does not mean being rigid and keeping everything out, or going completely crazy oneself, but being less afraid to experience these states, knowing that they will pass with time and that our equilibrium can be restored.

Internal Space, Patience and Compassion

Another way of talking about boundaries, is to note that we have to have the “internal space”, the psychological, mental and spiritual capacity, to allow the “presence” of the projected internal objects of the patient. Grotstein (2009, pp. 143ff.), notes that the mind is not a 3-D bag that ‘contains things’ but rather a faculty for registering the profound dimensions of Zero ‘O’, the divine, the ineffable, the infinite, the chaotic, the monstrous and demonic, beta elements etc., that we talked about near the beginning. People can experience their own ‘internal objects’ as a blessing or a curse, depending on how they have encoded their experience of themselves and others (Grotstein, 2009, p. 155). The challenge for therapists is to have the internal space, patience and compassion to modify over time these dark internal forces of the other (and of one’s own).

Capacity to Bear Agony and Ecstasy

A key question for therapists is whether we have the capacity to bear the agony and the ecstasy of another’s mind/body. Robert Hilton (2007) has written about extensively about this in respect of his own journey through the demonic side and the shattering of the therapist’s narcissism. And Robert Lewis (2014, p. 3) has poetically described the ineffability of the living body and the efforts to listen to someone’s soulful cry that cannot be fully grasped or comprehended.

When you have no words for your feelings, for what happened to you, for what is missing in you, we listen to the inner resonance – of your inchoate secrets – as it lives in your body. But we also listen carefully to your words and are touched by them when they come from a depth of your being that no one can put a hand on. We invite you to surrender to the spirit of your body and the body of your spirit – and in so doing, to embrace your true self.

This capacity to bear agony is described by Michael Eigen's in his work with "Milton", whom Scott Baum has disclosed is a pseudonym for himself (Baum, 2021).

"Whether or not I could help Milton was scarcely the issue. The first question was whether I could bear him. To bear something of what he seemed to be bearing seemed crucial. Milton was attempting to bear the unbearable. He looks at me with love at the end of many sessions, as he heads out the door. He loves me for letting him pulverize me into nothing, for being there in the nothing" (Eigen, 2004, p. 109).

Reflective Thinking and Supervisory Support

Obviously, if the capacity of our minds can somehow bear these primitive states, our own and those of patients, we do need some strong scaffolding to make sense of these phenomena. This is where reflective thinking, theories and models, and supervisory support are essential. And even though Bion may have believed a good theory is only useful for the first three sessions, and after that it's just you and the patient creating your structures, I believe that theoretical frameworks and models are essential "perceptual-structures" (Bollas), or conceptual scaffolding, for navigating the often messy and chaotic realities in the room. I have presented two "perceptual structures", Bion's "theory of mind" and Ogden's "structure of experience". We have also briefly examined Guy Tonella's theoretical model of psychotic processing, which points us decidedly in the direction of finding ways of including the body in the healing of primitive states. In general, this involves growing a patient's awareness of their bodily sensations and affects, and learning to identify with them, so that the linkages between the basic ESMER structures can be established.

Transforming Sensory Data Within A Trusting Relationship

One of the key differences between bioenergetic analysis and psychoanalysis is the use of the body itself as a medium of building and maintaining a trusting relationship. We recognize that a person's relationship with their own body, even in its most inchoate form, is the foundation of being able to be in relationship at all. Very few psychoanalysts highlight the primacy of the body, although The

Brazilian/Italian psychoanalyst, Armando Ferrari, (2004) has tried to counter “the eclipse of the body” in psychoanalysis by writing about the importance of supporting a person’s *vertical* relationship with their own body sensations, before attention is focused on the *horizontal* transference relationship with the therapist.

In Bioenergetic Analysis we use the medium of the body itself and focused sensory awareness, to build a sense of contact and safety. This subliminal level of contact is a real advantage when dealing with primitive states. It offers the potential to re-establish sensory processing as the basis of thought, of symbolic and relational processing.

The dilemma for body therapists in working with patients with very primitive defences, is that while the body and its sensations are the ground for developing new emotional experiences and structures for thinking and relating, the body and its sensations also provides the very data that the disembodied mind uses for constructing hallucinations and delusions and other primitive defences to remove the person totally from reality. So, working with the body at the level of sensation is not an easy or quick pathway to health, even though it is foundational.

In Scott Baum’s article (2021), he describes how he asked Michael Eigen to hold his head so that he could scream. As a psychoanalyst, Michael said he was not able to do that, and Scott respected his stance. Alexander Lowen also asked Wilhelm Reich to hold him like a good father, but Reich couldn’t, as he had never been held by his own father. The result was that Lowen felt “doomed”. Fortunately for us, Scott did not feel doomed by Michael Eigen’s refusal. Scott has been able to graphically tell us what he had to do:

“My body offered me tangible, concrete experience to contrast with unanchored language disconnected from meaning, and the susceptibility to mind manipulation that attends on the lack of felt experience. Generating sensation from movement, from strain, working with pain until sensations, barely felt, become rivulets of feeling, has been a key part of my psychotherapeutic work.”

I would like you to note the sequence of what Scott outlined: his body offers him sensation from movement, rivulets of feelings, that he was then able to describe. This is the same sequence as Guy Tonella’s ESMER model of Energy, Sensation, Movement, Emotion and Representation (thought). It is also the same sequence as outlined in many modern psychoanalytic papers of the movement from sensation to affect to thinking.

Conclusion

It is my hope that this paper will help members of the IIBA who are interested in this area of work with primitive states to collaborate in formulating a Bioenergetic Analytic approach that respects the insight inherent in Lowen's original title *The Physical Dynamics of Character Structure*. A deeper understanding of the *Physical Dynamics of Primitive States* may lead to a Bioenergetic Analytic approach that has the theoretical and clinical depth to support those so desperately in need of a well-informed, compassionate, and relational somatic psychotherapy to ameliorate the terror of living with unbearable states of mind/body.

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