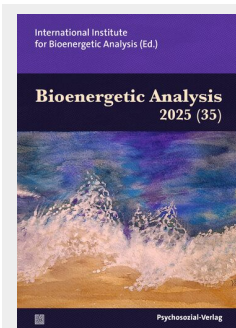


Louise Fréchette

Aggression: destructive impulse or life force



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Abstracts

The first part of this article retraces the evolution of the concept of aggression from the Freudian understanding of that primary impulse to the contemporary analytical authors, as well as to the Reichian and the Lowenian view of it. In a second part, it presents how today's bioenergetic therapists conceptualize the aggressive impulse and how they work with it in their clinical practice, so that they can help their patients transform what can be a destructive force into a life force sustaining self-expression and self-actualization.

Keywords: aggression, destruction, attunement, transformation, bioenergetic strategies

Agressão: Impulso Destrutivo da Força Vital (Portuguese)

A primeira parte deste artigo retoma a evolução do conceito de agressão -desde a conceitualização Freudiana de impulso primário até os autores analíticos contemporâneos, e também a visão Reicheana e Loweniana. Na segunda parte, mostra como terapeutas bioenergéticos atuais conceitualizam o impulso agressivo e como trabalham com este em sua prática clínica, de modo a auxiliar seus pacientes na transformação do que pode ser uma força destrutiva numa força que sustenta a auto-expressão e a auto- atualização

Agressivité: impulsion destructrice ou force vitale (French)

La première partie de cet article retrace l'évolution du concept d'agression depuis la compréhension freudienne de cette impulsion primaire jusqu'aux auteurs analytiques contemporains, et à la vision reichienne et lowénienne de celle-ci. Dans une deuxième partie, il présente comment les thérapeutes bioénergétiques d'aujourd'hui conceptualisent l'impulsion aggressive et comment ils travaillent avec elle dans la pratique clinique, afin d'aider les

patients à transformer ce qui peut être une force destructrice en une force vitale qui soutient l'expression et la réalisation de soi.

Aggressività: impulso distruttivo o forza vitale (Italian)

La prima parte di questo articolo ripercorre l'evoluzione del concetto di aggressività dalla comprensione freudiana di quell'impulso primario agli autori analitici contemporanei, e alla visione reichiana e loweniana di esso. In una seconda parte, presenta come gli odierni terapeuti bioenergetici concettualizzano l'impulso aggressivo e come lavorano con esso nella pratica clinica, in modo che possano aiutare i pazienti a trasformare quella che può essere una forza distruttiva in una forza vitale che sostiene l'autoespressione e l'autorealizzazione.

Aggression: destruktive Impulse oder Lebenskraft? (German)

Der erste Teil des Aufsatzes betrachtet den Begriff der Aggression, von dem freudschen Verständnis dieses Primärimpulses bis zu den zeitgenössischen psychoanalytischen Autoren, sowie auch die Auffassungen von Reich und Lowen. Im zweiten Teil wird dargestellt, wie die gegenwärtigen bioenergetischen Therapeuten den aggressiven Impuls verstehen und wie sie damit in ihrer klinischen Praxis arbeiten, um ihren Patienten zu helfen, eine potentiell destruktive Kraft in eine Lebenskraft zu verwandeln, die den Selbstausdruck und die Selbstverwirklichung unterstützt.

Агрессия: разрушительный импульс или жизненная сила (Russian)

В первой части этой статьи прослеживается эволюция концепции агрессии от фрейдистского понимания этого первичного импульса к современным аналитическим авторам, а также к взглядам на нее Райха и Лоуэна. Во второй части рассказывается о том, как современные биоэнергетические терапевты концептуализируют агрессивный импульс и как они работают с ним в своей клинической практике, чтобы помочь своим пациентам превратить то, что может быть разрушительной силой, в жизненную силу, поддерживающую самовыражение и самоактуализацию.

Agresión: impulso destructivo o fuerza vital (Spanish)

La primera parte de este artículo repasa la evolución del concepto de agresión, desde la comprensión freudiana de ese impulso primario hasta los autores analíticos contemporáneos, así como la visión reichiana y loweniana de la misma. En la segunda parte, se analiza cómo los terapeutas bioenergéticos que ejercen hoy en día conceptualizan el impulso agresivo y cómo lo integran en su práctica clínica. Su objetivo es guiar a los pacientes en la transformación de esta energía potencialmente destructiva en una fuerza vital, capaz de promover la autoexpresión y la autorrealización.

攻击性：破坏性冲动或生命力 (Chinese)

本文第一部分追溯了攻击性概念的演变过程，从弗洛伊德对这一原始冲动的理解到当代精神分析作者们，以及赖克派和勒温派对它的看法。文章的第二部分介绍了当今的躯体动力治疗师是如何将攻击冲动概念化的，以及他们在临床实践中是如何与攻击冲动工作的，从而帮助患者将可能具有破坏性的力量转化为维持自我表达和自我实现的生命力。

Introduction: Aggression and our bioenergetic practice in the contemporary world

“What is certain, is that with the elimination of aggression, the *aggredi* in the original and widest sense, the tackling of a task or problem, [...] everything associated with ambition, ranking order, and countless other equally indispensable behaviour patterns would probably also disappear from human life.”

(Lorenz, 2002, p. 289, original ed. 1963)

As bioenergetic therapists, the work we do is more than precious in the times that we are living in. The predominance of screens, the pace of life, and so many distractions and anxiety-producing situations are pulling people away from their body, their sensations, and their feelings. The more people are disconnected from their body, the less capacity they have for self-regulating their emotions. Among the strong emotions one can feel is anger. In its less-controlled version, it becomes rage and hatred, the expression of which we are witnessing more and more, post-pandemic. Helping our patients learn how to self-regulate and express their anger, rage, and hatred, helping them own their aggressive energy, and “transmute” it into a life force is, in a sense, one of the alchemic tasks we face in this troubled 21st century.

In this article, I will first review a few biological observations regarding aggression, and I will address the evolution of this concept in the psychoanalytical literature, from Freud to Winnicott, and from Reich to Lowen. Then, I will discuss contemporary perspectives on aggression and our work in bioenergetic analysis related to this kind of primary impulse. Finally, I will present a few clinical vignettes as well as some exercises related to the work on aggression.

Aggression in the biological realm

In preparation for this article, I thought it might be interesting to revisit Konrad Lorenz's landmark book *On Aggression* to get a larger perspective on the subject. True, Lorenz's work has been challenged for his racially biased theories, as the following quote indicates: "Because of what Dr. Konrad Lorenz wrote on racial purity, as a professor in wartime Germany, the propriety of awarding him a Nobel Prize has been questioned in the December issue of *The Sciences*, organ of the New York Academy of Sciences." (Sullivan, 1973, p. 9) Nevertheless, some aspects of Lorenz's work can help us see how complex the motivations and manifestations of aggression can be. In his book, among other things, Lorenz concludes from his observation of animals, that under natural conditions, the aggressive impulse is designed to ensure the survival of the individual and the species (Lorenz, 2002, pp. 7–8, original ed. 1963). From that perspective, the aggressive drive should be considered more of a life force than a destructive instinct. Yet, in many species (fish, lizards, some birds), Lorenz reports that the relation between individual beings is impersonal, and even between mates, aggression is displayed in fights for habitat or food. In other species where there is a form of bonding, a society is held together by mutual recognition between partners. Hence, when one of the partners displays an aggressive posture toward the other, he may bypass the partner and discharge the aggression on another member of the society. Lorenz then talks about a phenomenon he calls *redirected activity* (in italics in the text), which can also be observed in human behavior when, for instance, "a man who is very angry with someone hits the table instead of the other man's jaw because inhibition prevents him from doing so." (Lorenz, 2002, p. 179 – orig. ed. 1963) Towards the end of his book, he reflects on human behavior and he concludes that "present day civilized man suffers from insufficient discharge of his aggressive drive" (Ibid., p. 253) which, as we know, can lead to destructiveness.

The psychoanalytical theory on aggression

When we consider aggression from the theoretical angle of psychoanalysis, we find different points of view as the analytical theory keeps evolving. Mizen and Morris (2007) offer an overview of that theoretical evolution. They highlight the fact that Freud initially considered aggression to be an aspect of sexuality. It is only in 1915 in his book *Instincts and their Vicissitudes* that he recognizes

the autonomous role of the aggression instinct. Then in 1920, he went further in *Beyond the Pleasure Principle*, as he “proposes aggression as a further primary instinctual basis of psyche” according to Mizen and Morris (2007, p. 40). Freud also struggled with the concept of the death instinct, as opposed to the libido (the life instinct), as he was trying to better understand the role of aggression in human nature. In the end, on the one hand, he recognized the positive aspect of aggression as a ‘self-preservation instinct’, while on the other hand, he maintained that there was “an inescapable, ineffable and essential destructive element in the human makeup.” as reported by Mizen and Morris, (2007, p. 42), which was compatible with his death instinct theory.

Following Freud, Melanie Klein tried to deepen the understanding of the concept of the death instinct. She believed in the innate origin of aggression. Her perspective was somewhat opposed to Freud’s view of the aggressive instinct as reactive to frustration or trauma or some kind of threat to the body or the psyche. Klein’s perspective rather postulates that in every human being, there is an *innate* predisposition to aggression as opposed to a *reactive* one. She explains that “In phantasy, at least, all human beings are considered to have a deep well of destructiveness, murderousness, cruelty and sadism to draw upon, with the psychopath, murderer, torturer and robber to be found in every human soul.” (Mizen et al., 2007, p. 44) With regards to the expression of aggression, Klein developed the concept of the split object into a good part (sustaining and nurturing, the “good breast”) and a bad part (withholding, hostile, the “bad breast”). In developmental terms, Klein proposed that the infant who has attacked the “bad object” (for example, biting mother’s breast) eventually realizes that: “the polarity of mother into good and bad parts is an illusion and that the attack has damaged the whole imperfect mother rather than simply the illusory bad part of her.” (Ibid., p. 47). This developmental phase, as presented by Melanie Klein, opens the door to the capacity to access an integrated vision of the object, and to the possibility of gestures of reparation, in infancy as well as in adult life, whenever the aggressive impulse has created damage.

In his theory on early development issues, Winnicott for his part, attempts to combine both the Freudian and the Kleinian thinking on the role of aggression. He considers that the infant has an autonomous aggressive drive that is used to assert the boundaries of the self and the ego. In that sense, in Winnicott’s perspective, aggression is used to forward an erotic drive that is at the service of the infant’s development. Even actions considered to be aggressive, destructive and violent (like kicking the mother’s body), are viewed as part of an erotic drive and thus, as secondary to an underlying developmental erotic instinct, or life

force. Mizen and Morris conclude that for all its positive aspects, developmentally speaking, Winnicott's view tends to ignore or to downplay "the intractable or irredeemable violence, the clinical manifestation of which, led Freud and then Klein to develop the concept of the 'death instinct' in the first place". (Ibid., p. 59)

As he was elaborating his theoretical concepts on character structure and the relationship between the psyche and the body, Reich's view on aggression was exposed as early as 1927 in his book *Die Funktion des Orgasmus* (The Function of the Orgasm). In a sub-chapter titled *Destruction, Aggression and Sadism*, Reich (1975, Orig. ed. 1927) criticizes how psychoanalysis uses interchangeably the terms aggression, sadism, destruction, and death instinct. He argues that "A living creature develops a destructive impulse when it wants to destroy a source of danger. [...] The original motive is not pleasure in destruction. Rather, the destruction serves the 'life instinct'" (Reich, 1975, p. 138 – Orig. edition 1927). He then proceeds to explain that "Aggression is always an attempt to provide the means for the gratification of a vital need" (Ibid., p. 139) As we can see, this understanding is closely related to Freud's view of aggression as reactive to a frustration or a trauma. The sexual drive being at the heart of Reich's theoretical construct, he sees the suppression of the sexual impulse as a major factor conducive to hate and to destructive tendencies. Reich (1975, p. 140) even mentions that in cases where there is an increase in sexual gratification, a decrease in sadistic perversions or sadistic fantasies can be observed.

The bioenergetic perspective on aggression

Lowen, for his part, following in the footsteps of Reich, also questions the existence of an innate death instinct. Lowen, in his book *The Language of the Body* (1974, Orig. ed. 1958), argues that "The concept of a death instinct is illogical since the word "instinct" implies life, it is as if one said, "life equals life plus death". (Lowen, 1974, p. 86 – Orig. ed. 1958), Thus, Lowen, like Reich, basically considers instincts as oriented towards pleasure, although he explains that the "pleasure principle" is eventually tempered by the "reality principle", which enables the person to interact with external reality. In his chapter on *The Bioenergetic Concept of the Instincts* Lowen focuses on the energetic component of the instinct. In accordance with the Reichian model, he describes instinct as an impulse that can be understood as an energy movement originating from the center of the organism and moving towards the periphery, where it meets with the outer world. This movement, he explains, has two purposes: the function of charge and that of dis-

charge, the charge being associated with the taking in of food, respiration, and sexual excitement, and discharge being associated with expression and sexual discharge.

More directly related to the topic of aggression, Lowen locates the trajectory of the aggressive charge in the back of the body, as opposed to the front part of the body where tender feelings can be experienced. He argues that an aggressive component is necessary for the movement of reaching out, as both the tender and the aggressive charges move upwards in the body and find their expression through the arms, the facial expression, and the eyes. Lowen (*Ibid.*, pp. 80–84) explains that the aggressive component is equally necessary for a sexual encounter as both the tender and aggressive charges move downwards and allow for a full sexual discharge. The aggressive charge can also be mobilized when the person needs to assert or defend herself. This is why Lowen has created typical bioenergetic exercises designed to help his patients openly own and express their anger (Lowen et al., 1977).

In the 1970s and the 1980s, the psychoanalytical community started to acknowledge the reality of violence with which caregivers sometimes treat their children. Alice Miller was one of the first analysts to challenge Freud's view that the nature of violent childhood memories reported by patients was predominantly of a phantasmatic nature. She argued in several of her books (1983, 1984a, 1984b), that the mistreatments sustained by patients in their childhood at the hands of their parents, were real and should be interpreted as such.

We cannot ignore the fact that the destructive aspect of aggression has been part of human history forever and that it still manifests itself in today's world. We can witness it in all kinds of ways: wars that are being waged in various parts of the world, social tensions resulting from migrations, political issues opposing co-workers, neighbors, and families, domestic violence, mass murders, expressions of rage through social media, etc. More recently, the #MeToo movement highlighted how widespread women's abuse still exists in our contemporary societies.

Hence, Lorenz's assertion that: "present day civilized man suffers from insufficient discharge of his aggressive drive", which can lead to repression and a distortion of this original life force into destructive behavior, seems to make a lot of sense. In Lowen's perspective, however, the problem is not merely a question of insufficient discharge of aggression. It is also a question of owning and focusing the aggressive impulse toward the appropriate object. Consequently, we can appreciate that an aggressive drive that is not channeled into a self-assertive, relational, sexual-fulfilling, and life-sustaining discharge, can be diverted, distorted, or perverted into destructive or self-destructive tendencies.

As bioenergetic therapists whose basic principles rest on Reichian and Lowenian concepts, we consider the original aggressive drive of the organism to be associated with a life instinct. Robert Hilton (2007, p. 167), who is one of our early masters in bioenergetic analysis, explains how, very early in life, a baby's original aggressive reactions resulting from unmet primary needs, can be repressed and turned against oneself as the young organism's aggressive manifestations of protest encounter negative reactions from the environment. He illustrates his point of view in the following diagram:

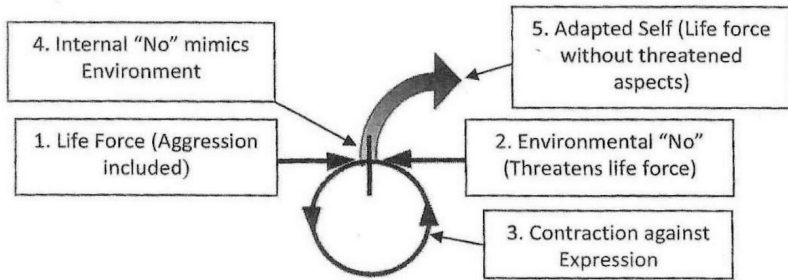


Diagram 1. Self-expression encountering a negative response from the environment (Hilton, 2007, p. 167)

“(1) Natural organismic expressions of life emerge at different intervals and in different situations. This life force or expression consists of a need (for appropriate contact/consummation) and anger/aggressive impulses to affirm and defend the expression of the need in the world. Somewhere in the environment (2), there comes a very strong, (threatening) ‘No’ to this expression. A contraction develops within the individual (3) that stops self expressive movement and also begins to block healthy aggression. A freezing or pulling in develops as (4) part of this energy moves against itself to re-enforce this ‘No’ from the environment. What’s left of the original life force (5) confronts the environment in a different (‘safer’) way.” (Hilton, 2007, p. 168)

This explanation illustrates how most human beings initially repress their aggressive impulses and develop more acceptable behavior to survive. According to the theoretical concepts of bioenergetic analysis, this process eventually leads to the elaboration of a character structure, which is a complex defensive system made up of psychic defense mechanisms that are somatically reflected in the body through

various muscular tension patterns. The five character types developed by Lowen (the schizoid, the oral, the psychopathic, the masochistic, and the rigid) were elaborated in an era during which patients who came to therapy tended to repress their expression and needed to be helped to open up to their feelings and express them, including their aggressive feelings. This is why during the 1970's and the 1980's, emphasis was often put on a kind of work in which cathartic discharge of aggression was encouraged in bioenergetic analysis.

Contemporary perspective on aggression and bioenergetic analysis

As contemporary psychology continued to develop, groundbreaking works were published on the topic of early development. Works like Heinz Kohut's *The Analysis of the Self* (1971), Bowlby's *Attachment* (1969), Daniel Stern's *The Interpersonal World of the Infant* (1985), and Allan Schore's *Affect Regulation and the Repair of the Self* (2003), helped turn the focus from theories organized around the concept of sexual drive to theories organized around the concept of the Self as well as that of attachment and early relationships. Thanks to these developments, the nature of aggression was no longer considered to be primarily the frustration of an erotic, sexual drive. Early faulty attunement and interpersonal connection were also understood as important sources of frustration, conducive to aggressive responses. As bioenergetic therapists, we started to integrate these views into our theoretical construct as well as in our clinical practice. For instance, we developed a more refined understanding of the borderline organization as well as that of the narcissistic organization, which were not part of Lowen's original character types, although he later devoted a book to narcissistic issues (Lowen, 1985).

Another source that contributed to our knowledge with regards to our understanding of aggression, and more specifically to how we can work therapeutically with this kind of energy, is the contribution of neuroscience. In this respect, the works of Bessel van der Kolk, *The Body Keeps the Score* (2014) and Stephen Porges' *Polyvagal Theory* (2011) have helped us gain a better understanding of our neurological system with regards to the impact of trauma. Other approaches to working with trauma, like that of Peter Levine (2005) on somatic experiencing, and Pat Ogden (2006, 2015) on the sensorimotor approach, introduced different ways of working with the body. All these contributions helped emphasize the importance of titration and self-regulation when working with trauma. They are particularly useful since the manifestations of destructive aggression can often

be the result of early traumatic experiences that may lead to a poor capacity for containment and self-regulation of the aggressive drive. These days, in a world in which we are being bombarded with all kinds of stimulations, and where so much has become in flux and uncertain, there seems to be a greater need for tools that increase the capacity for containment and self-regulation. Hence as we, bioenergetic analysts, began to integrate these new tools, we nevertheless kept the typical bioenergetic strategies in our toolbox, remaining faithful to basic foundational aspects of the Lowenian legacy, among other things, the concept of grounding, so crucial for containment and self-regulation.

A good illustration of the integration of new knowledge with the more classical bioenergetic work can be found in an article from one of our bioenergetic colleagues from Switzerland, Margit Koemeda-Lutz (2006), who revisits the concept of the unconscious from the angle of the unconscious regulatory neurological processes in the human body. She explains the role of cognition, emotion, and movement in processes of change, arguing that cognition alone cannot activate change in our automated reactions and behavior. In a part of the article where she asks: “Is there healing power in rage?” she explains the somatic and neurological impact of classical bioenergetic exercises like the “bow” and the “elephant” (bending over, grounding position). She also addresses the impact of motor activities, like the kicking exercise, on the emergence of memories and the reorganization of neural networks. In her closing remarks, she concludes that: “Empirical studies consistently demonstrate that insight and wise intention alone do not effect change, but that significant new emotional experiences are needed, i. e. that the limbic system must be “addressed” and that neuroplastic change can only occur under the condition of a certain degree of general arousal and can be facilitated by concomitant motor activity” (Koemeda-Lutz, 2006, p. 123) Her article, which is based on research, confirms the importance of the work we do as bioenergetic therapists when we encourage the active expression of anger through classical bioenergetic exercises like kicking and pounding.

Another example of the integration of new concepts and core principles in bioenergetic analysis can be found in an article on the topic of aggression, written by Anat Gihon, our bioenergetic colleague from Israel. In this article, Gihon explains why aggression is such an important component in the formation and the expression of the Self: “Aggression is the charge that supports the expression of a true, contactful self. It is also the charge that helps us push away or aside an obstacle that interferes with those actions.” (Gihon, 2018, pp. 78–79) Using the concepts developed by Winnicott, Mahler, and other psychoanalytical authors, she describes the role of aggression in early development as an important factor

in the separation-individuation process and the formation of true selfhood. She also explains what are the relational conditions that affect the development of healthy aggression, particularly the possibility for the child to use the parent as a 'selfobject' in the sense in which Kohut describes it, which means that the parent is able to demonstrate empathy and let the child "deposit in her/him the difficult, painful, unbearable feelings, including those of hostility and hate." (Ibid., p. 84). She describes what can happen when this life force cannot find a healthy expression: "When the flow of aggression is blocked or being sabotaged, the charge will either turn in against the self, and will often be experienced as self-hate, shame, and guilt; and/or, it will accumulate, being expressed outwardly, in a destructive force such as rage, hate and violence." (Ibid., p. 79) This quote echoes Hilton's diagram, about the turning against the self of the aggressive charge. In addition to the theoretical aspect of her article, Gihon also presents clinical cases that illustrate how she integrates contemporary concepts in her work with aggression as an important factor in the development of the self.

As therapists, we work to help our patients become aware of, understand, and transform their destructive impulses into a constructive life force. However, our efforts may feel at times like a drop in the ocean as we watch the news and consider the state of the world. Yet, the work we do as we help some of our patients access their repressed aggressive impulses or help some others contain and regulate theirs is invaluable. Symbolically, this work is akin to the alchemist's work of transmuting vile metal into gold.

Adapting bioenergetic analysis exercises to maintain attunement

In our practice, over the years, we had to develop new strategies in addition to the classical bioenergetic exercises. We had to adapt them to each patient's process and to their capacity for accessing and expressing their aggressive energy. Two colleagues from California, Vincentia Schroeter and Barbara Thomson (2011) repertory a great number of exercises that are adapted to various types of character structures. This rich collection of exercises is complemented by insightful explanations on the various character structures and can give even seasoned therapists many ideas on how to find exercises that fit the needs of patients.

As for myself, I developed my tools in addition to being inspired by those of my colleagues. I predominantly see women in my practice, and I have observed that most of them have difficulty owning the intensity of their aggressive charge.

They tend to repress it, for fear of being labeled as “bad persons”, or they have cut themselves off from even feeling their anger or their rage because the feeling is unbearable. Hence, often there is a need to de-dramatize the aggressive charge and to present it as a life force. In that respect, I like to use metaphors of wild animals that need to be tamed and befriended. Lately, when I mentioned the metaphor of the “inner dragon” to one of my schizoid patients who is terrified of her murderous rage, she said: “The inner dragon is exactly how I picture my aggressive energy!” I thought that was an interesting moment of resonance.

Adapting classical bioenergetic exercises felt necessary for me as I tried to cultivate an attitude of attunement, inspired by the works of Stern (1985) and Schore (2003). It is always important for me to try to maintain attunement with the patient as best I can, as the session unfolds. One way I found that helps me do this is to consider the patient as being part of the therapeutic “team”, and to use the information the patient is giving me as she is experimenting with a bioenergetic exercise. This belief in “teamwork” usually helps me stay on the same “wavelength” with the patient. Hence, when I see that a type of intervention does not feel appropriate for a patient, I try to find another type of exercise in the moment, to facilitate the expression of anger, while keeping in mind that I may have to work on the initial resistance further down the road. Here is an example of such an adaptation.

Amy¹ was a woman in her 30's. Her early life had been spent in a country at war. As a baby, she could hear bombs explode near her house. Eventually, her family moved to Canada. She had been in therapy with me for a while when the theme of her anger towards her parents came up. She was raised in a family in which expectations to display “good behavior” were high, and where there were a lot of criticisms. She resented being criticized and she could feel her anger towards her parents. She could also express it in words in the form of a complaint, but a full-body expression of her anger was another matter. One day, I invited her to experiment with a classical bioenergetic exercise (hitting the bed with a tennis racket) and to see how it felt to her to let some of her anger out in that manner. She was willing to try. I instructed her to raise the racket high and arch back, holding the charge and breathing, before letting herself hit the bed when she felt like hitting (see Figure 1 below, my own illustration of the standard posture also shown in Lowen & Lowen book on exercises (1977, pp. 114–115.). She hit once or twice, rather hard, as far as can I remember, then said: “I can't! This is too violent! I am against violence. I can't do this.” I said: “Okay, I understand. Just

1 Fictitious name

ground for a moment, and let's see if we can find another way for you to express your anger." (see grounding exercise, in Lowen & Lowen, 1977, pp. 11–12)

In my office, I have a heavy cushion. As Amy came up from the grounding position, I asked her to change position and put herself at a distance, facing the opposite wall. I gave her the cushion and I invited her to assume the same arching back posture as the one I had suggested with the tennis racket, but this time it was the cushion she was holding in her extended arms. I instructed her to throw the cushion as hard as she could against the wall, using words that meant that she was "giving back" to her parents the criticisms that she did not want to tolerate anymore. She threw the cushion, and I kept throwing it back at her several times, so she could repeat the exercise. Eventually a genuine expression of anger came through in full force in a full-body movement and with loud words. After throwing the cushion several times in a row, she stopped, saying that she felt it was enough for the day. She said she felt strong and satisfied. We had found a safe way in which she could let her anger out. We continued to use this exercise in the following sessions as she kept working on her aggression, feeling more and more at ease to openly express her anger.

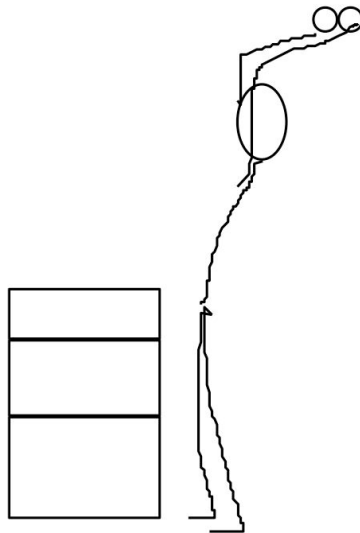


Figure 1. Positioning of the body in preparation for hitting

This kind of positioning can be used to hit with the fists, as illustrated here, hit with a tennis racket or throw a cushion. It is important to remind the patient to keep focusing her gaze on the point where she hits, or on the point where she is throwing the cushion.

I remember Lowen telling us during a workshop, that we had to transform rage into anger. He explained that rage was a type of unfocused discharge that leaves the person with a feeling of powerlessness, whereas expressing anger in a directed, focused way, leads to a feeling of empowerment.

NOTE: When working with cathartic expression of anger, I always tell my patients that they need to make sure they respect 4 basic rules when they do that kind of work on their own:

1. Make sure they don't hurt themselves
2. Make sure they don't break their belongings
3. Make sure they don't hurt anybody else
4. Make sure they don't break anybody else's belongings

I find this exercise with the cushion most useful, especially with patients who have a strong judgemental superego and with those who experience shame, due to early experiences of devaluation. I have used it with several patients who need to free themselves from parental projections and injunctions and who need to "give back to whom it belongs" the shaming and devaluating messages they have received as children. This is an exercise that generally feels satisfying and empowering to the patients. One of my present patients, who is struggling with low self-esteem issues, can reconnect with a sense of empowerment, worthiness and dignity, whenever she uses the "throwing the cushion" exercise.

Bioenergetic analysis exercises on aggression and self-regulation

As I mentioned above, literature on trauma (Levine, 2005; Ogden, 2015, 2006), as well as works on early issues (Stern, 1985; Schore, 2003), started to influence our bioenergetic theory and practice towards the end of the '90s. In particular, the notion of self-regulation became an important dimension in our work.

In that respect, in addition to the above-mentioned work, the contribution of neuropsychology, particularly that of Stephen Porges' polyvagal theory (2011, 2017), also enabled us to fine-tune our interventions with patients with trauma and early issues, whose lack of ego strength cannot tolerate an intense

discharge without risking entering into dissociated, frozen or numb states. The following diagram illustrates some of the key concepts of Porges' polyvagal theory.

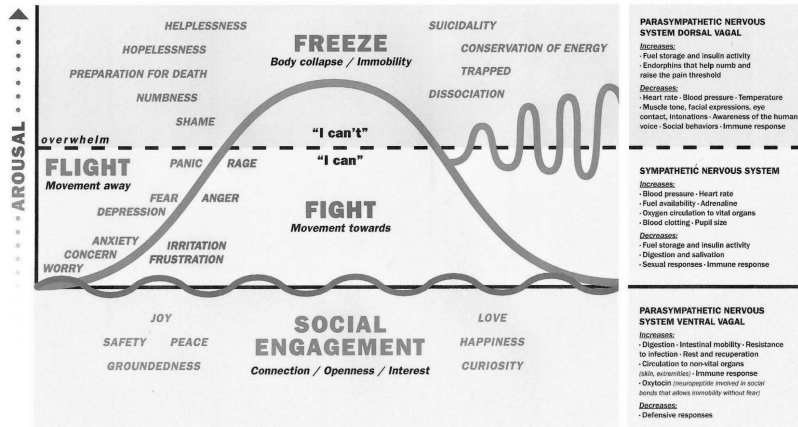


Diagram 2. Illustration of the various types of response of the autonomous nervous system, based on Porges' polyvagal theory (Slide from TRE PowerPoint. Didactic material [Berceli, 2013])

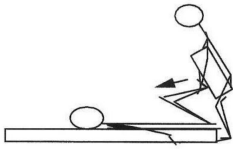
Hence, while we, bioenergetic therapists, still value cathartic release and therapeutic strategies that would facilitate the expression of various emotions, we have developed strategies that also value titration, which consists of smaller degrees of charge and intensity in the work, to make sure that the level of arousal of the patient remains within “a window of tolerance” and does not become so intense that it activates the parasympathetic dorsal vagal response (blue segment: freeze). This means that when we work on aggression with a patient, we must make sure that the degree of arousal remains manageable and self-regulated while the sympathetic nervous system (yellow segment: fight/flight) is activated during the expression of aggressive feelings. Then, once the patient has expressed her anger as fully as possible, in the present moment, she can ideally return to calmness, confidence, and openness as the parasympathetic ventral vagal state (green segment: social engagement) is activated.

Early in my career as a bioenergetic therapist, I learned the hard way by trial and error how to take into consideration what we then used to call the patient's

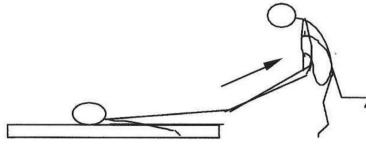
“capacity for containment”, which is another way of talking about maintaining the patient’s experience within a “window of tolerance”. I still remember a session when I encouraged a borderline patient to express her anger by hitting the bed with the tennis racket. That patient, let’s call her Ruth², was in her 30’s. She had been a sexual abuse victim as a child and had had a difficult relationship with her symbiotic psychotic mother. I knew she had a lot of rage in herself, and I thought that mobilizing her anger would enable her to feel stronger and more self-possessed. Hence, in one of our sessions, I invited her to position herself to discharge some anger, pulling the racket high and arching back in preparation for hitting the bed. She had barely hit the bed two or three times when she collapsed to the floor, her legs giving from under her. Her body was literally telling us that she could not “stand” the intensity of the charge. Needless to say, I realized she had to ground and recompose herself, which fortunately I could help her do before the end of the session. But I had learned a lesson that day and from then on, I intuitively made sure I could help my patients self-regulate when doing work on aggression.

As I learned more about borderline patients and the incidence of sexual abuse in their history (Fréchette, 1987), I developed a technique that enabled them to mobilize their strength with a strong part of their body: their legs (Fréchette, 1992). I called it the pushing-back exercise. In addition to working on boundaries, this exercise reinforces grounding because the energy is directed toward the legs and the feet. In this exercise, the positioning allows for a progressive experience of mobilization. First, the patients can start with a slow push, checking how they feel as they are pushing back against an “intruder” (the therapist). The intensity can gradually grow as both therapist and patient monitor the patient’s capacity to self-regulate. When the capacity to self-regulate is well established (this may take several sessions, if not weeks or months), the patient can then go into a full-throttle push, going all in to repel the intruder. The interesting feature of this exercise is its repetitiveness in a continuous pushing back motion until the patient feels “complete” with the experience. To enable continuous motion, the therapist needs to maintain the feet of the patient “glued” against a thick cushion protecting his/her chest and belly, and steadfastly hold on to the patient’s ankles. This enables the therapist to move in one piece with the movement of the patient, alternately offering some pressure as the legs are bent, and letting himself/herself be pushed away, with the push of the patient. See the illustration below to have a better idea of what I am explaining here.

2 Fictitious name



Phase 1. Applying pressure/resistance



Phase 2. Allowing the patient to push back, giving in to the push

Figure 3. The pushing back exercise

Figure 3 illustrates the full-throttle push. However, as mentioned above, a slower, gradual push, is also an interesting option to evaluate the capacity for self-regulation in the exploration of an aggressive motion to set boundaries. I found out that this exercise was an interesting one to enable borderline patients and sexual abuse victims to work on asserting their limits. For many of my borderline clients, who were also for the most part sexual abuse victims, this exercise usually gave them a sense of empowerment when they could enter into the full-throttle continuous pushing motion, using words like “back off!” or “leave me alone!” or any other self-assertive words. In this kind of exercise, even though the therapist is in the position of the “intruder”, he/she should also play a supportive role, acclaiming the strength with which the patient is mobilizing her energy to set her boundary, as the physical positioning allows for eye contact and direct interaction. One of my patients even commented on how good it felt to him to have me come back towards him to apply pressure on his feet after each push because he did not feel “abandoned” after pushing me away. This says a lot about the ambivalent nature of the feelings a child can have towards an abusive parent, pushing away the abusive parent but still needing contact with the “good parent”.

Note: To avoid injuries, I do not recommend using the full-throttle (hard pushing) version of this exercise unless it has been properly demonstrated by an experienced bioenergetic therapist or trainer. This is a question of safety for the therapist as well as for the patient.

Working with the “devil”

One of the manifestations of repressed and unconscious aggression is the “devil”. Lowen (1975, orig. edition 1969) addresses this issue in a chapter on *Demons and*

Monsters, in his book *The Betrayal of the Body*: “The demon’s voice is the voice of the rejected body taking its revenge upon the ego that denied it.” (Lowen, 1975, p. 129). He pursues his explanation by saying:

“Consciousness, associated with the ego, becomes opposed to the unconscious or the body as the repository of the dark forces. Yet the temptation cannot be removed, or the devil overcome, so long as the body is alive. In this unending struggle, the ego’s illusions are constantly undermined by the activity of the repressed feelings.” (Ibid., 1975, p. 130)

Everybody has a “devil”, to the extent to which the original life impulse had to be repressed or suppressed and the ego had to adapt to reality (see again Hilton’s diagram). When it remains unconscious, the energy of the “devil” may manifest in the form of a protective reaction, like expressing anger indirectly, or it may lash out destructively. Despite its destructive aspect, paradoxically, its aims is to protect the integrity of the person. Bennett Shapiro (1990, 1993), one of our regretted masters in bioenergetic analysis did wonderful work with the “devil” and has helped generations of bioenergetic therapists get acquainted with that type of energy. He helped us understand the importance of tapping into the powerful aggressive energy encapsulated in the “devil” and learning to use it in a constructive, life-sustaining way. He developed a powerful sequence of exercises in an article titled *Giving the Devil its Dues* (Shapiro, 1990).

I could witness the impactful result working with the devil can have, as I did a piece of work with a student of mine during one of my bioenergetic analysis training workshops. This student had volunteered to do a piece of work in front of the group. I can’t recall exactly what the issue that came up was, but I believe it had to do with anger towards a significant figure in her life. She was lying on her back on the mattress, and I was bent over her, looking at her in the eyes. At one point in the work, I believe I said something like: “I suspect there is a strong devil inside of you”. I challenged her to show me her devil as I invited her to seize my wrists with her hands and shake me. She started to growl, and her face became menacing. I matched her facial expression and her sounds. As the interaction between our two “devils” became more and more intense, her “devil” came out in full force and she screamed at the top of her lungs, shaking me strongly, while I contained her by offering some resistance to her shaking motion. After a full discharge, she burst out laughing with pleasure, realizing she had experienced a kind of energy that was totally new to her. She had just accessed an “ugly” but potent part of herself that had been long repressed and had owned it instead of fearing it. Here is how she

herself describes her experience to this day: “It was a most profound experience for me which I’ve never forgotten. It was like meeting a piece of myself for the first time. I felt so powerful and such joy in my power and no need to defend myself. I remember really looking at you and my classmates towards the end of the session with such good energy, feeling so safe and strong and no need to be aggressive.”

As mentioned previously, the literature on trauma entered the mainstream, alerting us to the importance of self-regulation and the respect of the “window of tolerance”. Hence, over time, Shapiro developed softer techniques designed to strengthen the person’s core, which contributes to expanding a patient’s “window of tolerance” and renders possible a larger range of intensity in the expression of aggression. In the above example, the student had a strong ego (core) and could sustain the intensity of her expression. However, with patients who have a weaker sense of self, it is important to help them strengthen their core through grounding and affirming their right to be who they are while acquainting them more gradually with their aggressive energy through a variety of simple exercises like alternately making fists/relaxing, breathing, sticking the jaw out, showing their teeth, twisting a towel and letting out a devilish laugh “he he he!”, inviting the patient to feel how it is for her to adopt a devilish stance. Another way to work can also be to get down on all fours, therapist and patient facing each other and playfully making growling sounds. The playfulness de-dramatizes the energy of the devil, and the aggressive energy at large, and the physical posture on all fours is a more secure and protected position than standing facing each other.

Coming out of the vicious circle of negativity

Despite the work we can do to help a patient access their aggression and learn to own it so that it can be transformed into constructive energy, sometimes it may take a long time for that transformation to happen. Robert Hilton, in his article on *Anger, Aggression and the Demonic* (Hilton, 2007, pp. 163–177), recounts poignantly his journey through years of holding on to his resentment before being able to let go of it and find some peace. Indeed, even when they can express their anger in therapy, many patients remain trapped in a form of negativity towards themselves or the outside world, unable to liberate themselves from that type of energy so that it can be re-directed towards more life-giving actions.

In an excellent article titled *A Core Energetic Approach to Negativity*, inspired by the work of John Pierrakos and the work of Bennett Shapiro, Odila Weigand (2014), our bioenergetic colleague from Brazil, addresses this problem. She ar-

gues that a type of work consisting of energizing negativity and expressing its hidden meaning may free the energy consumed by negativity. Energy is not negative in itself, however, it may be distorted at the service of “survival strategies”. Once survival strategies become unnecessary, this energy may be reintegrated as Life Force. In her article, Weigand explains that Pierrakos refers to Joseph Campbell’s metaphor of the dragon as the image of evil, but also as the guardian of vulnerability. The dragon then represents a part of the person that can become menacing when that person is afraid to show the softness of her heart. This way of understanding the dragon is similar to that of the ‘devil’ as the guardian of the integrity of the self, that is evoked above. Seeing energy that is being expressed in the form of negativity from the angle of an adaptive strategy, may help the patient reframe it. Shapiro used to say that negativity should be exercised, not exorcised.

Conclusion

Working with aggression with our patients can be invigorating when timely. Not only for them but for us as well. Attunement to the patient is an essential condition to guide us as to when and how to do some aggression work with a patient, with interventions that can range from small and slow motions to more energetic ones. Another condition is obviously for the therapist to be acquainted with his or her aggression and to have worked through personal issues involving feelings like anger, contempt, hatred, sadism, resentment, negativity, violence, etc.

The therapist must also be able to see the positive potential in destructive manifestations of aggression, be it against oneself or others, and should help the patient understand them as adaptations that can be modified. As work is done to bring into the light the distorted patterns of aggression, and as the patient is encouraged to explore in an open-minded, non-judgmental way what she/he may have considered to be an “ugly” part in herself/himself, a freeing of this energy can eventually happen. It can then be transformed, and healing can occur.

Aggression is a potent impulse, and when disconnected from the heart, from the capacity for empathy, it may turn into pure evil. Evil exists, as we can see on the world scene. And it leads to destruction and immense suffering. The struggle between Good and Evil is fundamentally a struggle between forces of connection v. forces of disconnection. Dis-connection from the body, from the heart, and dis-connection from one another.

This is why the work we do, which is focused on helping our patients re-establish a connection with their body, with their sensations and feelings, is so

precious in the times that we are living in. Helping our patients express their anger and their hatred, helping them own it and transmuting it into a life force is, as I mentioned above in my text, an alchemical task like transforming vile metal into gold.

When a patient succeeds in fusing the open-hearted energy flowing through the front part of the body with the aggressive energy flowing through the back part of the body, just as described by Lowen, that person can then move through life feeling more self-possessed, whole and open, even in today's challenging world.

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