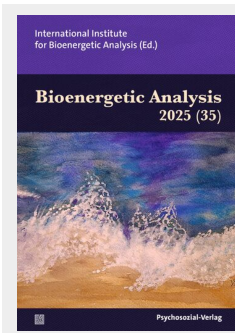
Homayoun Shahri

Character Structure



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An Object Relations Perspective

Homayoun Shahri

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Abstracts

In this paper, I analyze character structures based on Object Relations Theory. I discuss three phases of object relating, 1) an undifferentiation phase, 2) an incorporating phase, 3) pre-object relating phase, and 4) a full object relating phase, resulting in internalization. This approach naturally lends itself to identifying the schizophrenic character, and early and late borderline organizations. It is seen that the early and late borderline organizations are related to transitional periods between object relating stages. I also introduce treatment approaches, notwithstanding somatic interventions, based on Object Relations Theory and the theory that I present in this paper. I discuss a possible origin of certain types of auto-immune disorders which may be related to early trauma. I point out the difference between incorporation and internalization, as defenses related to early and late infancy. I present the implications of incorporation vs internalization in character formation as well as in auto-immune disorders vs psychological disorders manifested by attacks by the internalized bad objects. In this paper, I refer to the child as a boy, instead of a girl or they.

Keywords: antilibidinal ego, central ego, character structure, libidinal ego, object relations theory

Estrutura de Caráter
Uma Perspectiva das Relações de Objeto (Portuguese)
Neste artigo, vou analisar as estruturas de caráter com base na teoria das Relações de Objeto. Serão apresentadas as quatro fases descritas nessa teoria: 1 – Fase de indiferenciação, 2 – Fase de Incorporação, 3 – Fase de pré-relação de objeto, 4 – Fase de relação se objeto plena, que resulta na internalização. Esta abordagem conduzirá, naturalmente, à identificação do caráter esquizofrênico e organizações *borderline* – precoces ou tardias. Veremos

que essas organizações estão relacionadas com períodos transicionais entre estágios das relações objetais. Serão introduzidas abordagens de tratamento, que, apesar de intervenções somáticas, são baseadas na teoria das Relações de Objeto e na teoria que apresentarei neste artigo. Haverá a discussão sobre a possível origem de certos tipos de desordens auto-imunes – que podem estar relacionadas aos traumas precoces. Mostrarei, também, a diferença entre incorporação e internalização na formação do caráter, assim como nas desordens auto-imunes vs desordens psicológicas manifestadas em função de ataques de objetos maus internalizados.

Structure des caractères
Une perspective des relations d'objet (French)

Dans cet article, j'analyserai les structures du caractère basées sur la théorie des relations d'objet. Je discuterai de quatre phases de relation d'objet, 1) une phase d'indifférenciation, 2) une phase d'incorporation, 3) une phase de pré-relation d'objet, et enfin, 4) une phase de relation d'objet complète, qui aboutit à l'intériorisation. Cette approche se prêtera naturellement à l'identification du caractère schizophrénique et des organisations borderline précoces et tardives. On verra que les organisations borderline précoces et tardives sont liées à des périodes de transition entre les étapes de la relation objet. Je présenterai également des modalités de traitement, et des interventions somatiques, basées sur la théorie des relations d'objet et sur la théorie que je présenterai dans cet article. Je discuterai d'une origine possible de certains types de maladies auto-immunes qui peuvent être liées à un traumatisme précoce. Je mettrai l'accent sur la différence entre l'incorporation et l'intériorisation, en tant que défenses liées à l'enfance précoce et tardive. Je présenterai les implications de l'incorporation en ce qui concerne l'intériorisation dans la formation du caractère, ainsi que dans les troubles auto-immuns en ce qui concerne les troubles psychologiques manifestés par des attaques par de mauvais objets intériorisés. Dans cet article je vais parler de l'enfant en utilisant toujours le masculin singulier.

Struttura caratteriale
Una prospettiva delle relazioni oggettuali (Italian)

In questo articolo analizzerò le strutture del carattere basate sulla teoria delle relazioni oggettuali. Discuterò quattro fasi della relazione oggettuale, 1) una fase di indifferenziazione, 2) una fase di incorporazione, 3) una fase di pre-relazione oggettuale e, infine, 4) una fase di relazione oggettuale completa, che si traduce nell'interiorizzazione. Questo approccio si presterà naturalmente all'identificazione del carattere schizofrenico e delle organizzazioni borderline precoci e tardive. Si vedrà che le organizzazioni borderline precoci e tardive sono correlate a periodi di transizione tra le fasi di relazione oggettuale. Presenterò anche modalità di trattamento, che comprendono interventi somatici, basati sulla teoria delle

relazioni oggettuali e sulla teoria che presenterò in questo articolo. Discuterò una possibile origine di alcuni tipi di disturbi autoimmuni che possono essere correlati a traumi precoci. Sottolineerò la differenza tra incorporazione e interiorizzazione, come difese correlate all'infanzia precoce e tardiva. Presenterò le implicazioni dell'incorporazione rispetto all'interiorizzazione nella formazione del carattere, così come nei disturbi autoimmuni rispetto ai disturbi psicologici manifestati da attacchi da parte degli oggetti cattivi interiorizzati. In questo articolo, mi riferirò al bambino al maschile.

Die Charakterstruktur in der Perspektive der Objektbeziehungstheorie (German)

In diesem Aufsatz betrachte ich Charakterstrukturen von der Objektbeziehungstheorie her. Dabei werden vier Phasen der Objektbeziehung untersucht: 1) eine Phase der Undifferenziertheit; 2) eine Phase der Inkorporation; 3) eine Phase der Vor-Objektbeziehung und schließlich 4) die Phase der voll entwickelten Objektbeziehung, welche in der Internalisierung resultiert. Dieser Ansatz bietet sich natürlich zur Bestimmung des schizophrenischen Charaktertyps an sowie für frühe und entwickelte Borderline-Verfassungen. Es wird aufgezeigt, dass diese frühen und voll entwickelten Borderline-Verfassungen auf Übergangsperioden zwischen Phasen der Objektbeziehungen bezogen sind. Ich stelle auch Behandlungsformen dar, die trotz körperlicher Interventionen auf der Objektbeziehungstheorie beruhen sowie auf der Theorie, die ich im vorliegenden Aufsatz entwickle. Daraufhin behandle ich einen möglichen Ursprung bestimmter Formen von auto-immunen Störungen, die möglicherweise mit frühen Traumata zusammenhängen. Dann stelle ich den Unterschied zwischen Inkorporation und Internalisierung dar, und zwar als auf die frühe und spätere Kindheit bezogenen Verteidigungsmechanismen. Abschließend werden die Implikationen der Inkorporation gegenüber der Internalisierung in der Charakterformation untersucht, sowie bei auto-immunen Störungen im Vergleich zu psychischen Störungen, die durch den Angriff internalisierter böser Objekte auftreten. In diesem Aufsatz verwende ich das Wort "Kind" in seiner männlichen Form, statt in der weiblichen Form bzw. im Plural.

Структура характера с точки зрения объектных отношений (Russian)

В этой статье я проанализирую структуры характеров, основываясь на теории объектных отношений. Я расскажу о четырех фазах объектных отношений: 1) фаза недифференцированности, 2) фаза включения, 3) фаза предобъектного отношения и, наконец, 4) фаза полного объектного отношения, результатом которой является интернализация. Этот подход, естественно, пригодится для выявления шизоидного характера, а также ранних и поздних пограничных организаций. Будет видно, что ранние и поздние пограничные организации связаны с переходными периодами между стадиями установления объектных

отношений. Также расскажу о подходах к лечению, независимо от соматических вмешательств, основанных на теории объектных отношений и теории, которую я представлю в этой статье. И расскажу о возможном происхождении некоторых типов аутоиммунных расстройств, которые могут быть связаны с ранними травмами. Укажу на разницу между инкорпорацией и интернализацией как защитами, связанными с ранним и поздним младенчеством. Я расскажу о влиянии инкорпорации и интернализации на формирование характера, а также об аутоиммунных расстройствах и психологических расстройствах, проявляющихся в нападениях со стороны усвоенных плохих объектов. В этой статье я буду писать о ребенке в мужском поле, а не в женском (девочка) или множественном (они).

La estructura del carácter
Una perspectiva desde las relaciones objetales (Spanish)

En este artículo, analizaré las estructuras del carácter desde la perspectiva de la Teoría de las Relaciones Objetales. Examinaré cuatro fases fundamentales en la relación con los objetos: 1) la fase de indiferenciación, 2) la fase de incorporación, 3) la fase pre-relacional con el objeto, y 4) la fase de relación plena con el objeto, que da como resultado la internalización. Este enfoque resulta especialmente útil para identificar tanto el carácter esquizofrénico como las organizaciones borderline tempranas y tardías. Cabe destacar que estas últimas están vinculadas a períodos de transición entre las distintas fases de la relación con los objetos. Asimismo, propondré enfoques terapéuticos que integran intervenciones somáticas, desarrollados a partir de la Teoría de las Relaciones Objetales y los conceptos introducidos en este artículo. Analizaré un posible origen de ciertos tipos de trastornos autoinmunes que podrían estar vinculados a traumas en etapas tempranas de la vida. Haré énfasis en la distinción entre incorporación e internalización, entendidas como defensas características de la infancia temprana y tardía, respectivamente. Exploraré las implicaciones de estas dinámicas tanto en la formación del carácter como en la diferenciación entre trastornos autoinmunes y trastornos psicológicos asociados con ataques de objetos internos negativos. En este artículo, se utiliza el término masculino (“boy”) de manera genérica para referirse a jóvenes de cualquier género, reconociendo y respetando la diversidad de identidades.

人格结构--客体关系视角 (Chinese)

在本文中，我将根据客体关系理论分析人格结构。将讨论客体关系的四个阶段：1）未分化阶段；2）融入阶段；3）前客体关系阶段；最后，4）导向内化的完整客体关系阶段。这个方法自然地可以用来识别精神分裂症人格，以及早期和晚期的边缘组织。我们将看到，早期和晚期边缘组织与客体关联阶段之间的过渡阶段有关。我还将介绍基于客体关系理论和我将在本文中介绍的理论的一些治疗方法，

而不是常设的躯体干预。我将讨论某些类型的自身免疫性疾病的可能起源，这些疾病可能与早期创伤有关。我将指出与婴儿早期和晚期防御有关的融入和内化之间的区别，介绍融入与内化对人格形成的影响，以及对自身免疫性疾病与由内化的坏客体攻击所表现出的心理失调的影响。在本文中，我将把孩子称为男孩，而不是女孩或她们。

Introduction

It can be said that character structure forms because of a life preserving strategy to survive the developmental trauma. Since the development of the child occurs within a relationship, the character structure can be considered to form due to the relational misattunement between the infant and their primary caregivers. In an earlier paper (Shahri, 2022), I suggested that the unitary somatopsychic structure feeds on negative entropy. Entropy is a measure related to unpredictability and uncertainty within a system. I need to mention, for clarity, that entropy is a positive measure, and it can become negative, in an open system, at the expense of increasing it outside the system. Thus, the character structure can also be thought of as a life preserving strategy to reduce the entropy within the unitary somatopsychic structure inside the environment in which the child grows up. Therefore, the character structure will leave its mark not only on the soma but also on the psyche. Many authors, notably Lowen (1971, 1994), have discussed the physical dynamics of the character structure. I will, therefore, not discuss the physical aspects of the character structure but will focus on the aspects related to the psyche and relational failures that the infant/child experiences during various stages of development.

A brief historical perspective

Freud introduced his structural model in his book "Beyond the Pleasure Principle" (1922) and then completed it in his later work "The Ego and Id" (2023). Freud introduced a tripartite structure consisting of Id, Ego, and the Superego. Id, which is present at birth is the sum-total of the instincts, desires, and impulses which functions based on the pleasure principle, seeking gratification and release. Ego or the "I", functions are based on the reality principle and mediate the expression of the id impulses which may not be acceptable based on the reality principle. The superego forms as a result of internalization of the societal and cultural rules and prohibits the expression of the id impulses. It seeks to confine the

ego to socially and culturally acceptable behavior. The id is unconscious, while superego contains unconscious and conscious elements within the psyche, but the ego is mostly conscious. Freud believed that the patient transfers his forbidden id impulses to the therapist. He also believed that if a cure is to be achieved the present-day neurosis must be transformed to transference neurosis and analyzed. Freud implicitly realized the importance of the relationship between the patient and analyst within the therapeutic relationship but did not develop it further.

Klein (1975), while retaining Freud's tripartite model, introduced the world of internal objects. She believed that the infant splits the external objects into good and bad, internalizes both, and retains the good object internally and projects the bad object onto external objects. In contradistinction to Freud who emphasized the Oedipus complex as a cause of neurosis, Klein considered the failures in the mother-infant relationship during the first 4–6 months of life creating the "paranoid-schizoid" position. At 6+ months of life, Klein believes, the "depressive" position forms, which she considered to be the main cause of neurosis. She thus placed the emphasis on the interpersonal relationship of mother-infant dyad and the internal world of objects. Klein believed that splitting of the internal objects also results in splitting of the ego and believed that ego exists starting at birth.

Later, Fairbairn (1952) suggested that the infant internalizes his unsatisfying objects in an effort to control them internally because he cannot control them in the outside world. Let me further clarify this process. The infant's needs are partially met and partially frustrated. The frustration of the infant's needs results in higher tension and uncertainty within the infant. The infant, to gain some control over his environment and to be able to predict it (reduce unpredictability – entropy), must adapt to this situation and consequently form neural pathways that resemble those of his mother [the unsatisfying/frustrating object]. Thus, in effect he internalizes his 'bad' mother to reduce the uncertainty (anxiety) within his environment, and in doing so his immediate needs for his mother are reduced as well. The 'bad' internalized mother has two facets, on the one hand it allures but does not satisfy and on the other hand it frustrates and rejects! This is an intolerable situation and the infant, in an effort to control the situation, splits the internalized 'bad' mother into the needed or exciting object which allures but does not satisfy, and the frustrating or rejecting object. The infant will seek the exciting object (EO) throughout his life seeking a fuller human connection, in order to increase homeostasis within his unitary somatopsychic structure. The ego maintains a libidinal attachment to this internalized exciting object, result-

ing in a split within it. Fairbairn (1952) calls the endopsychic structure resulting from this split, the libidinal ego. Guntrip (1994) writes:

> "The libidinally exciting but unsatisfying object arouses and maintains in the infant a state of unrelieved need and craving. This intolerable aspect of experience is repressed in the form of an internal bad-object relationship between an intensely needy and never satisfied libidinal ego and an intensely stimulating but unsatisfying exciting object" (p. 110).

The infant chooses a similar strategy regarding the rejecting and frustrating aspects of his object (initially the mother in most situations). He forms neural pathways in his brain based on his experience with his mother and in effect will block and redirect his own drives to conform to his environment and the limitations imposed on him by his mother (bad object). That is to say that he internalizes and identifies (identification is a stronger form of internalization) with his mother in an effort to reduce the uncertainty of his environment and gain some level of control over it. This is, as I alluded to above, the rejecting and frustrating aspect of the 'bad' object (rejecting object – RO). Like the previous case, the ego maintains a libidinal attachment to the rejecting object which results in a further split within the ego. Fairbairn (1952) calls this endopsychic structure, the anti-libidinal ego, or the internal saboteur. Guntrip (1994) writes:

> "The libidinally rejecting object, whether passively rejective, indifferent, neglectful, or actively rejective, angry, aggressive, arouses fear and anger in the child. This intolerable aspect of experience is repressed in the form of an internal bad object relationship between a rejecting object which presents itself as a persecutor, and an ego that escapes persecution by abandoning the position of libidinal needs and demand and finding safety in identification with the rejecting object" (p. 110).

Fairbairn's theories are predicated on the existence of an ego which can split.

However, residuals of the original ego remain. This is the "I" that relates to the environment and to people in the outside world. Fairbairn (1952) called this endopsychic structure, the central ego (CE). Please note that the ego forms as a result of drives going through and being shaped by the reality principle within the mother-infant dyad. The ego is mostly conscious but may also contain unconscious elements. Guntrip (1994) writes: "The one thing that the child cannot do for himself is to give himself a basic sense of security since that is a function of object relationship. All that can be done is for the Central Ego to seek to become

independent of needs for other people" (p. 141). This is a very difficult situation as the central ego is weak and ungrounded as some of its energy has been consumed, limited, and shaped by the libidinal and antilibidinal egos. Its approach to the environment and objects may be tentative and cautious. The increased uncertainty and lack of groundedness of the central ego may be experienced as partial loss of the sense of self, due to its weakness and ungroundedness. The process of formation of endopsychic structure from the primal self is depicted in figure 1, below. Segment 1 is the primal self, segment 2 is the environmental negativity which causes the splitting of the primal self (pristine ego) of the child into the endopsychic structures discussed above, segment 3 is the redirection of the energy of the primal self which will result in the formation of the endopsychic structures, segment 4 is the antilibidinal ego, segment 5 is the libidinal ego, segment 6 is the central ego, and segment 7 is the muscular armor that reins in the primal self and impulses related to it. A simpler version of this diagram is discussed in Hilton (2008).

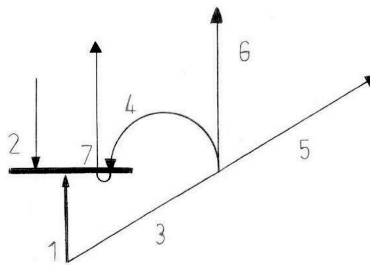

Figure 1. Relational Trauma

Fairbairn's theory of object relations and endogenous structures perfectly describes the inner life of the infant, but as I indicated, it is predicated on the existence of an ego which forms later in the life of the infant. This is the case as there cannot be any splitting of the ego unless there is an ego. Melanie Klein (1975) indicated that ego exists at birth. It is known that modern neuroscience entirely contradicts this assertion. The infant is born with basic instincts for survival but not an ego which requires an awareness of the self or "I". Winnicott's theories correctly describe the early life of the infant and the formation of his ego within his relationship with his caregiver, usually the mother.

> "Winnicott's work also goes beyond that of Fairbairn, in that Fairbairn's analysis had to take the existence of the ego for granted, in order to trace out the splits it

> suffers in its early experience of good and bad object-relations. But Winnicott takes us deeper than that to the most primitive experiences in which the first dim and uncertain beginnings of ego-growth occur as a result of the infant's existence in the peculiarly intimate primary mother-infant relationship." (Guntrip, 1968, p. 358)

Guntrip further indicates that the earlier the infant suffers trauma, the weaker his ego will be. Winnicott's works concentrate on the problem of how to initiate the growth of an ego which does not yet exist. Winnicott writes extensively on proper (good enough) mothering, healthy mother-infant relationship, and the facilitating environment as the necessary components for formation of a mature ego. A question that may be raised at this point is related to the infant's defenses against developmental traumas prior to the formation of an ego. Interestingly, Fairbairn partially answers this question. He suggested that the primary defense of the infant prior to the formation of an ego, is incorporation (1943, p. 39). Whereas the primary defense of an infant after the formation of a primitive ego is internalization (incorporation within his psyche). Thus, the infant incorporates his environment in order to control and master it. Furthermore, I must emphasize that the infant incorporates his unsatisfying objects in the parts of his body that are within his developing awareness (where else can he do it?). This process is not too dissimilar to immune cells incorporating threatening foreign objects. Thus, to summarize, the infant, not having an ego, incorporates the unsatisfactory world around himself in order to gain mastery over it and to control it.

The infant responds in multiple ways to the external unsatisfactory world. If he experiences trauma early in his life, he will incorporate his world in the areas of his body that he is aware of, as discussed above. If his environment remains unsatisfactory and impinging, he will rigidify in those areas of his body in order to contain and control it and gain mastery over the impinging environment. If this defense is not successful, he may go a step further and mount an autoimmune attack on the incorporated environment. In a recent study (Dube, Fairweather, Pearson, Felitti, Anda, & Croft, 2012), the authors write in the conclusion section of their work: "Childhood traumatic stress increased the likelihood of hospitalization with a diagnosed autoimmune disease decades into adulthood. These findings are consistent with recent biological studies on the impact of early life stress on subsequent inflammatory responses." It must be stressed that the autoimmune disorders generally appear later in life, perhaps late into adulthood, but frequently their origin goes back to early traumatic experiences. A more recent study (Boggs Bookwalter et al., 2020), the authors

> "examined the link between PTSD and autoimmune diseases in 120,572 active military personnel in the United States. The study looked at the following autoimmune diseases: rheumatoid arthritis, systemic lupus erythematosus, inflammatory bowel diseases, multiple sclerosis. The study found that in participants with a history of PTSD, there was a 58% increased risk of these autoimmune diseases compared with those with no PTSD history." (Sissons, 2023)

In his work (1998), Helfaer introduced the self-hate system. I would like to suggest that if the self-hate system was conscious then the person would hate himself, but if it was unconscious, the self-hate system would attack the body! If this defense is not sufficient to deal with the impinging environment, he will then resign at a cellular level and will give up. But the energy of the self-hate system is still in the body, and it is precisely this unreleased energy which makes it very dangerous. This is explained further below.

The central nervous system (CNS) which contains two branches, sympathetic nervous system (SNS), and parasympathetic nervous system (PNS) develop in-utero and can be activated early in the development of the fetus and the infant. Polyvagal theory, proposed by Porges (2011) has shown that mammals respond initially by activation of their sympathetic nervous system (SNS) when in distress. If the SNS response is not sufficient to restore homeostasis within the organism, then the dorsal vagal complex (DVC – a branch of the PNS) will be activated, and the organism will shift toward freeze – an organismic giving up and resignation. The ventral vagal complex (VVC – mediating social engagement) and the dorsal vagal complex (DVC) are known to be major constituents of the parasympathetic nervous system (PNS). This process is shown in figure 2.

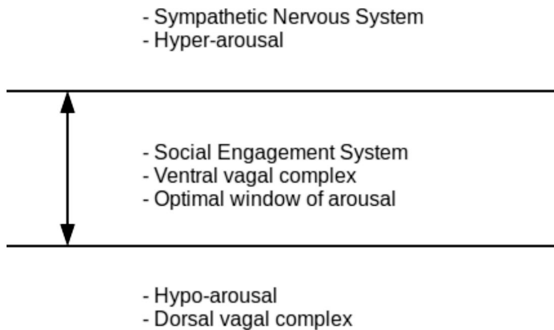

Figure 2. Social Engagement System

Once the infant begins to develop an ego his primary defense will be internalization of the unsatisfactory world around him. Internalization is akin to incorporation of the unsatisfactory world within the psychological apparatus. However, from the perspective of neuroscience, internalization is essentially the formation of neural pathways that are similar to that of the external object. But the process of mobilization of the defenses is nonetheless the same, that is if homeostasis is not restored then, the SNS is activated first in response to an impinging environment, and if that does not suffice in restoring homeostasis and the re-activation of the social engagement system (VVC), the human organism will activate the DVC branch of the parasympathetic nervous system (PNS). In this case the rigidity as well as the possible resignation can occur within the unitary somatopsychic structure. The defenses of rigidity and resignation are also known as the hyper and hypo responses to threats to the organism's integrity, respectively. The hyper and hypo responses may result in muscular contraction or flaccidity of muscles, described in Bodynamics created by Marcher (2010). At the end of this section, I must add the activation of the rigid and resignation responses may cause neurotic disturbances when an ego has developed but may result in organic diseases before the formation of the ego. I will elaborate on this very important point in the next section.

I need to make a few points clear. The infant in the womb is in an undifferentiated state. He is an undifferentiated part of the mother. Stern (1973) and his group have conducted studies and experiments on development of infants and their interpersonal world. He concludes that infants begin to experience an emerging sense of self right after birth. What I describe in my theory below does not contradict what Stern proposes (Stern, 1973, p. 101) and (Stern, 1973, p. 118–119). My use of undifferentiated state is related to the in-utero experience of the fetus/infant.

Thus, to summarize, I must mention that the infant is in an undifferentiated state in the womb and then once born defensively incorporates his world. The incorporated world eventually becomes the need satisfying part object (mother's breast), and eventually the mother which is seen as a symbiotic extension of the infant is separated from her. She (mother) slowly protrudes out and becomes a separate object. This represents the beginning of full object relationship which corresponds to the formation of a primitive ego which is very weak and unstable but gets stronger as the infant enters the practicing period of development (Mahler, 1975) when the infant crawls and walks. The undifferentiation changes to incorporation, which in turn changes slowly to internalization as the psyche develops further. Of significance are two transitional periods, namely the transi-

tion from undifferentiation to incorporation near birth and then the transition from incorporation (symbiosis) to internalization of the objects. These two transitional periods may result in the formation of early or late borderline personality organizations, respectively, if the infant is traumatized during these stages. I will describe the two transitional periods and stages in the next section.

Leading to the next section, I must reiterate that in terms of object relations, the first few months of life are objectless, after which the infant relates to part objects (mother's breast). This is followed slowly to the development of full object relations. I would also like to indicate the relationship between attachment and incorporation as well as internalization. We know from the rich literature on attachment system that it is psycho-biologically rooted in our evolution (Bowlby, 1950). The attachment system mediates the affective regulation and attunement between the infant and his primary caretakers. The incorporation and later internalization may occur if there is no repair and if there is a break in the attunement between the infant and his caretakers, and if it is not repaired. Based on the attachment theory, we can deduce that the infant cannot live without his attachment objects, and therefore he must compensate for their suboptimal attunement by first their incorporation early in his life, and then by their internalization later in his infancy.

Character structure and object relations theory: Pre-object character structures

Schizophrenic stage of development

The life of an infant starts in-utero as a fetus. This is a state in which the fetus does not differentiate between itself and its environment. The fetus continues its life in an undifferentiated state until birth but is still impacted by the mother in the womb. Many authors have related this state to schizophrenic period of development which may be related to development of schizophrenia (Fineberg, Ellman, Schaefer, et al., 2015). Schizophrenia is related to a sense of "vanishing me" and a nearly complete sense of loss of self, the "I" (de Vries, Heering, Postmes, 2013), if traumatized during this stage of development. "The individual feels that, like the vacuum, he is empty. But this emptiness is him" (Laing, 1960, p. 45). The individual lives under the threat of implosion. A strong connection to one's own independent sense of self and identity is required before one can relate to another human being, if this is not present, any relationship threatens the individual with

the loss of self and identity (Laing, 1960). In other words, the individual traumatized at this stage constantly fears that they will be engulfed by others. The main defense against the threat of engulfment and loss of identity is isolation (Laing, 1960).

> "... there is the antithesis between complete loss of the being by absorption into the other person (engulfment), and complete aloneness (isolation). There is no safe third possibility of a dialectical relationship between two persons, both sure of their own ground and, on this very basis, able to 'lose themselves' in each other" (Laing, 1960, p. 44).

Not having an identity and living a life in which the individual feels empty, creates a feeling that he has been turned into a "thing". This is petrifying as the person may feel that they may be turned into stone and defensively may feel that they can turn others into stone (Laing, 1960). The general complaint of such people is that they could not become a person. They have no 'Self', and they are only a response to other people, and have no identity of their own (Laing, 1960). Since the schizophrenic character lacks identity, in treating this character structure, the therapist must be aware of the client's attempts to engulf the therapist. The following quote from Laing (1960, p. 173) describes the process of treatment very clearly. The quote is about a patient who had recovered, and Laing quotes her words.

> "It was terribly hard for me to stop being a schizophrenic. I knew I didn't want to be a Smith (her family name), because then I was nothing but old Professor Smith's granddaughter. I could not be sure as though I was your child, and I wasn't sure of myself. The only thing I was sure of was being a 'catatonic, paranoid and schizophrenic'. I had seen that written on my chart. That at least has substance and gave me an identity and personality. [What led you to change?] When I was sure that you would let me feel like your child and that you would care for me lovingly. If you could like the real me, then I could too. I could allow myself to just be me and didn't need a title."

Robins (2010) also refers to the formation of the schizophrenic character as a result of in-utero trauma.

In figure 3, I depict the undifferentiated phase of in-utero development. Segment 1 represents the fetus, segment 2 is the mother, segment 3 represents the weak boundary between the fetus and the mother. Segment 4 is the representa-

tion of the undifferentiated state including both the mother and the fetus. The fetus energetically perceives that he and his mother are in an undifferentiated state. There is no distinct awareness of the self and not of the mother, but just an undifferentiated state.

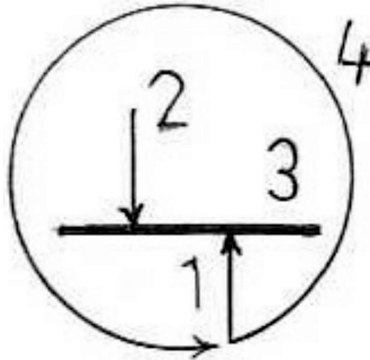

Figure 3. The undifferentiated phase

Case of Sean

Sean was a man in his forties who was gainfully employed. He lived alone and had never been married. Sean had not left his house during the last 3 years. His mother's life during her pregnancy and after was very chaotic. Sean's birth was not without complications either. He suffered birth trauma as well. He entered a world of violence around him. One could say that the only safe place for him was the undifferentiated stage of development in the womb. Sean did not have a strong sense of identity and was easily engulfed in others. In fact, he made his room dark with a light in a corner resembling the womb where he felt safe. Sean was a smart man who loved to study physics and contemplate the universe. He felt he was part of the universe but also had existential anxiety which he could not reconcile with his feeling of being part of the infinite universe. Sean's sense of time was not very clear. If he did not set an alarm clock, he would not wake up. He felt he was part of the unchanging universe of his earlier existence inside the womb. Over the course of a couple of years of work, Sean is slowly developing a sense of identity, but the work is painstakingly slow. Nonetheless, progress is being made.

Early borderline organization

With the birth of an infant his journey of life starts outside the womb. There is, however, a transitional time between the stage during which the fetus moves away from an undifferentiated phase to a phase where the infant incorporates his environment. This phase is marked by the perinatal experience of the infant and shortly after. In certain situations, if the infant is traumatized during this transitional stage, he may vacillate between undifferentiation and attempts to incorporate the world outside of himself. This is not totally unprecedented as one cannot expect that the undifferentiated phase can instantaneously change into incorporation. If traumatized during this transitional time, then the behavior that I will indicate may result. The adult patient will find safety in forming an undifferentiated union with others to feel the safety of the metaphoric womb. In that state he will try to incorporate his world as he attempted to do as a neonate but due to chaos surrounding him, could not. But this is impossible as he cannot be in an undifferentiated state and incorporate the world around him. Therefore, his attempts at incorporation are destined to fail. Thus, he will try to get out of the undifferentiated state in order to incorporate his world, but due to the perceived chaos that he experienced as a neonate, he cannot! Then he gets overwhelmed with fears and anxiety and tries to enter the undifferentiated phase, and the cycle repeats! The individual who was traumatized during this state lives his life in a very unstable way. The smallest perturbation may throw him into chaos from which there is little escape. He can attempt to incorporate or form an undifferentiated merger, but both will necessarily fail! This is the dilemma of the early borderline personality organization. Baum (1997, 2007) has written extensively about this personality organization. He writes that people with this personality organization want to go back to the womb, which was the only safe place they knew of, but then immediately attempt to get out. My findings agree with Baum's writings regarding this personality organization.

Case of Sara

Sara is a woman in her early thirties who came to see me due to anxiety and childhood trauma. Her relationship with her mother was tumultuous and at times violent. She would demand financial support from her mother and if she did not respond positively, Sara would get angry and verbally violent (financial support

could be interpreted as an attempt to incorporate her world). It was as if she were fighting the incorporated object with anger! If her mother submitted to her wishes, her anger would subside, and she would enter a blissful state, feeling in control of her world (successful incorporation), which of course could not last very long as inevitably her perceived world would betray her. She had to seek assurances that the incorporated world would remain that way, and so she asked for more, which inevitably led to resistance and that led to the end of her bliss. When this state ended, she said she would feel that an organ was taken away from her body. Now she was back to living in the chaotic stage of her immediate postnatal experience, from which she sought to enter the undifferentiated state of existence in the womb. Her comment was that "I don't want to accept that she (her mother) has a world outside of me." At times, she was successful in that her mother allowed her to enter the undifferentiated state which she experienced as heavenly! She felt safe in this undifferentiated state, which of course could not last as the slightest perturbation threw her in the chaos of separated objects with the hope of incorporating them to gain mastery and control over them. This cycle repeated endlessly. In our work, I had to become the object that she could merge with or incorporate. The work is challenging but we are making slow progress.

Schizoid stage of development

The first period in the life of the neonate, which is normal autism (Mahler, 1975), or the autoerotic phase (prior to primary narcissism) (Freud, 1963), or the Schizoid stage (Lowen, 1994) begins at birth. During this stage which in terms of object relations is objectless, the infant's drives are focused on himself (autoerotism). This period lasts about a month or two. The infant, having just been born, is faced with fears as the birth process which separated him from the undifferentiated world in which he lived for 9 months is very scary. The infant, in order to control his environment, responds to this fear by a process known as incorporation, having successfully passed through the transitional stage of early borderline. He simply incorporates his environment (his world). The infant defends against the unsatisfying environment by stiffening and contracting the parts of his body that he is aware of, that is the parts of his body that he has some control over. Similar to what I discussed above, if the stiffening and contraction is not successful, then he might mount an autoimmune attack on the parts of his body where his world is incorporated and if that is not successful, then he

goes into resignation and cancer may result. Let me justify my assertions. An important component of our immune system is the B-cells (the other components are T-cells and NK-cells or natural killer cells). B-cells are implicated in both autoimmune disorders as well as cancer and play a central role in both. Hampe (2012) discusses the role of B-cells in autoimmune disorders. A recent treatment for multiple-sclerosis (MS) is to deplete the body of B-cells which are hypothesized to attack the myelin sheath around axons. The role of B-cells is also well established in the autoimmune disorders of the skin, joints, and the gastrointestinal system. In a recent study Yuen, Demissie, & Pillai (2016) discuss the role of B-cells in fighting cancerous tumors as well as their growth in certain situations. In this study the authors examine the immunological mechanisms by which B-cells promote, as well as inhibit, anti-tumor immunity in a range of malignancies. It is my hypothesis that the attack on the immune system and the organismic resignation are potentially both carried out by the B-cells, as psychological defense mechanisms. Lowen in his monologue, "The Will to Live and the Wish to Die" makes this very clear (2012). We all, as adults, survived our traumatic childhood experiences. Our will to live was strong enough to counter the wish to die! Our wish to die stems from the heartbreak that we suffered in our infancy. But when the energy related to the will to live is exhausted, the wish to die dominates and activates the organismic resignation, and the person may end up with cancer. But before fully succumbing to full resignation, the organism, defensively may mount an autoimmune attack as a weapon of last resort, resulting in various autoimmune diseases!

At the beginning of this period the infant gradually develops his sensory and motor nervous system and via his central nervous system reacts to his environment. In response to impingements of his environment, he retreats to his central nervous system and retreats to his head. I described above that If this defense fails, he may wage an autoimmune attack on his central nervous system which may result in multiple sclerosis (MS). If this is not successful, then a total resignation within his organism may result in result in cancer (Reich, 1973).

If the infant does not successfully move through this developmental phase unscathed and is not severely traumatized, he may later, as an adult, continue to incorporate the world in his mind (early schizoid). He will face the external world primarily with his mental apparatus. Winnicott (1949) writes about the overactivity in mental functioning in response to certain failures by the primary caretaker(s), resulting in a conflict between the mind and the psyche-soma. In this situation, Winnicott (1949) writes that the thoughts of the individual begin to dominate and facilitate the caring for the psyche-soma. His psyche

may cathect his mind as an object of intense attachment. I must emphasize that retreating to the mind and cathecting it as an attachment object can happen later in the development of the infant/child as well, if the infant/child, due to the failure of his environment, must regress to an earlier stage for self-protection and self-preservation. The cathected mind as an object of attachment is called the mind-object (Corrigan & Gordon, 1995). The space between stimulus and response, in this situation, is mediated by the mental world. When this world is important, one creates a mind to protect and preserve the subject mind (Corrigan & Gordon, 1995). His intellect will become a psychological defense and he will hold on to it as if his life depended on it. The therapist working with such clients must appeal to the client's intellect as a conduit to slowly connect him to his body. That is the therapist must be able to provide a facilitating environment to hold the client's intellect (mind). He must connect with the client through his mind first, otherwise the client continues to use his intellect as a defense and will resist treatment. He will not trust that he is safe with the therapist and will not give up his defense (avoiding vulnerability). The good object for the client here is the therapist with a mind that the client can connect with. The bodywork initially should proceed slowly and appeal to the client's felt sense. If the client's intellect and mind is not honored as the only defense that the client could have mounted early in his life to survive, then the defense turns into resistance, and the work may be stalled if the resistance is not processed.

Near the end of this period the infant becomes aware of his joints and limbs (autoerotism) as well as his skin. This is the late schizoid character. He incorporates the external world in his joints and resists by stiffening his joints, making graceful movements difficult. If stiffening of his joint is not sufficient to fend off against the intrusive and unsatisfying environment, then an autoimmune attack may result in either rheumatoid arthritis or skin allergies, as well as fibromyalgia. At the end of this stage, the infant, if unscathed, has formed a relatively integrated image of his body, for example he knows that his limbs belong to him, even though his ego has not developed yet.

In figure 4, I depict the process of incorporation. Segment 1 is the presentation of the infant's primal self which meets the environmental negativity represented by segment 2. Defensively, the infant in order to feel in control, incorporates his environment and takes the struggle inside. This is represented by segment 4. The infant's demands, instincts, and needs for survival are represented by segment 3. Segment 5 represents the delineation between the infant and the outside environment.

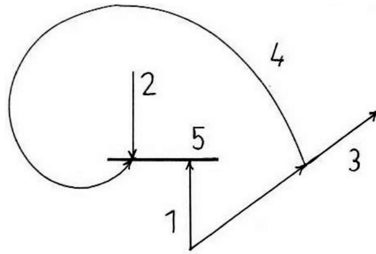

Figure 4. The incorporation phases – schizoid and oral

Case of Annie

Annie came to see me several years ago to seek consultation regarding her sons. But soon after that the focus of work became her. Annie disclosed that she had MS which was diagnosed about 10 years prior when she was in her 20s. She was a very educated and successful woman. Her eyes appeared dull and disconnected and her body seemed flaccid without a muscular tone. She was the second of 3 children. Annie had an older handicapped brother who needed much help and attention from her mother. In particular, her mother used to leave her alone in the house for hours to attend to the older brother and to seek medical treatment for him. Annie at this time was only several weeks old. This lack of contact was so severe that after a while when finally, she was picked up from her crib her arms were locked on her sides and her hands near her head. Not being able to manage her traumatizing environment by retreating into her head successfully, she had mounted an autoimmune attack on her nervous system resulting in MS. Interestingly Annie indicated that when she did not feel me as part of her, she felt dysregulated and that when she incorporated me, she felt that I was not in her body but her mind!

Case of Barbara

Barbara, a woman in her 40s was a highly educated and successful woman and a university professor. She was suffering from severe skin allergies that were triggered by an incident when she was in graduate school. She had developed bone

cancer when she was several years old which luckily was successfully treated. Similar to Annie, she also suffered from extreme lack of contact but a little later in life. When she was a couple of months old, her parents traveled overseas for an extended vacation and left her with her grandparents who were not very attentive. Barbara, found out later in her life that they were not very attentive. The stiffening defense was not successful in managing her traumatizing environment, and as a result she mounted an autoimmune attack on her skin which was extremely severe as well as organismic resignation which resulted in cancer. Awareness of joints and skin occurs nearly at the same time for infants.

Pre- and Part-object relating character structures

The oral character

At this point, the beginning of the second month of life, which corresponds to the symbiotic stage (Mahler, 1975), or the first half of the oral stage (Lowen, 1994), the infant faces an existential anxiety and fear (primary anxiety – Freud). The infant now becomes aware of his digestive system, hunger and the need for nourishment.

Early in this stage the infant's defense is primarily that of incorporation, where the infant incorporates the unsatisfying world into his gastrointestinal system (GI system) which has now entered his awareness. During this stage the infant responds to the unsatisfying environment by stiffening his gastrointestinal system which may result in digestive problems. If stiffening is not successful, then he will wage an autoimmune attack on his GI system which may result in a multitude of GI autoimmune related disorders, such as Krohn's disease, Colitis, etc. If the autoimmune attack is not successful, then he may organismically resign and develop cancers in the GI system later in life.

Later during this stage, the infant becomes aware of the breast as a part object and incorporates it into his primitive psyche and sees it an extension of himself. At this point the infant can wage internal attacks as discussed above as well as external attacks (biting the breast). If the needs of the infant are not met, he responds by protesting first and then denying them. He stiffens his chest and reduces his breathing and then may collapse. This is the oral character structure discussed by Lowen (1994) with its concomitant physical dynamics. During this later stage, the primitive psyche of the infant is also developing, and he becomes aware of his need and dependence on his mother perceived as a part-object (the

breast) as well as his frustration by the part-object (breast). If traumatized during this stage, the infant withdraws from the part-object (breast), in search of security, to the internal world as he had done before by incorporation. As an adult, he goes in and out of relationships. He is neither in nor out (Guntrip 1968). He has equally strong needs for and fears of close personal relationships (ibid). If traumatized at this stage, the person dreads that a close relationship will involve loss of freedom and independence and consequently withdraws to his internal world.

Still later during this phase, the infant slowly transitions from relating to the breast of the mother as a part-object to the mother with a breast (oral) which is an extension of him. This is the beginning of the symbiotic phase of development (Mahler, 1975), as well as the oral stage of development (Lowen, 1994). The mother with the breast now emerges as an extension of the infant as mentioned above. The infant transitions slowly from experiencing the mother as an extension of himself to experiencing himself and his mother as being mutually dependent – symbiosis. He (mother) and the infant are now symbiotically attached. It is noteworthy to mention that due to symbiotic attachment to the mother (still a part object), any attack on it will be perceived as an attack on himself as well. The infant is now both aware of his need for the mother with a breast as well as his frustration with her. The mother must remain attuned to her infant so that the symbiosis is not interfered with.

Case of Jane

Jane came to see me because she was suffering from depression and anxiety. She was complaining of lack of energy and a general sense of malaise. She was also suffering from fibromyalgia and IBS. Even though her body was masochistic, she also showed signs of trauma during the oral phase of development, specifically during the early oral stage of development and late schizoid stage. She was the oldest of three children. She indicated that she was estranged from her mother and felt disconnected from her. Her earliest memories of her mother were of being disconnected from her. She indicated that she felt that she had to grow up by herself. She was not breast fed for long. She also had to take care of her younger siblings. Our work started very slowly. She needed to feel safe and to trust me. But over time she was able to take in the connection. We worked on her felt sense and connecting to her body. Over time, she understood the meaning of her symptoms and her fibromyalgia symptoms disappeared and her IBS got much better. She had to move out of the country, and we could not finish our work. She has stayed

in touch with me and has told me that her fibromyalgia has not returned, and her IBS continues to improve.

The late borderline organization

The symbiotic phase ends around 5 months of age. Once the symbiotic phase ends, the infant begins to differentiate between himself and his mother and begins to distance himself from her by pushing her away when held in her arms. This is Mahler's differentiation subphase (Mahler, 1975) or the second half of the oral period (Lowen, 1994). This is the borderline phase of development. At this point the infant has developed a very primitive sense of self and fears not having the object (mother) in his vicinity. At the same time, he wants to differentiate himself from her. The drives during this and subsequent periods are focused on the object for support and safety as well as exploration of the environment. If traumatized, the infant will remain fixated in this phase. Externally, he will seek a symbiotic attachment to his mother, and once attached will try hard to differentiate. Internally, due to symbiosis, he cannot distinguish between his feelings and those of his mother (and others later). This is the essence of the formation of the borderline structure. If the infant's experience during the differentiation subphase was not traumatic, but the infant did suffer from deprivation of contact and connection, then he will develop an oral character. The infant must be allowed to separate and re-attach when he needs to in order to avoid the formation of the borderline structure. In other words, the infant must develop object constancy which is the ability to perceive objects in an integrated way. In therapy, the therapist must remain a consistent figure in the client's life – that is he should not be affected by the client's changing perception of him – idealization and devaluation. The therapist must help the client integrate the conflicting aspects of himself while providing a safe holding environment.

Case of Jasmine

Jasmin, a woman in her fifties came to see me due to her marital issues. She described her relationship with her husband as very tumultuous and unstable. She and her husband both had previous marriages. She did not have children, but her husband had children from a previous marriage. She described her mood as being explosive at times and that she would go into a rage, but then at other times she

would find herself very calm and caring. She had been in therapy before, but therapy never worked with her. She felt that she was not understood by the therapists, she indicated. She mentioned early on that she hoped that I would be different and that I would understand her and her agonizing life. Her idealization of me started early in therapy followed by occasional devaluation. Her diagnosis was clearly borderline. I was able to hold the space for her when she attacked me. I remained a source of stability for her even though she was quite unstable. A few months into the therapy she came in one day and told me that she had gotten into a fight with her husband. I asked her if she could describe what had happened. She mentioned that while eating breakfast, her husband commented on her dress, saying that it was a beautiful dress that she was wearing. That made her very angry, and she went into a rage and threw dishes on the floor breaking a number of them. I told her that I was confused as her husband gave her compliments on her dress and that made her angry. I asked her why that was. She said that she had worn that same dress a few days ago and that her husband did not comment on it then. I asked her what kind of mood she was in when this all happened. She mentioned that she was in a bad mood that morning. It must be very clear to the reader she felt bad inside and displaced that to her husband. He became the bad object and received the entirety of her wrath. Her husband on occasions threatened her with divorce which initially made her feel abandoned and caused her to retreat for a short while and then her rage and aggression came to the surface. The work with her progressed slowly but in the end, she made progress toward object constancy as I remained a stable object in her life and was able to contain her spectrum of emotions.

Object relating character structures

The full object relationship starts at the end of the differentiation phase. The infant is now aware of his mother as an external object. The frustration of the infant's needs results in higher tension and uncertainty within the infant. Please recall that at the end of the differentiation subphase (Mahler, 1975) or the end of oral stage (Lowen, 1994), the infant's drives shift more toward exploration of his environment since he has developed locomotion. The child at this point moves further away from the mother and is increasingly absorbed in his own activities and less aware of his mother. This period coincides with Mahler's practicing period (Mahler, 1975) or Lowen's narcissistic stage (Lowen, 1994). At this point the infant's explorative drives may face environmental negativity and rejection. His drives may be thwarted by the mother or other caretakers (bad object), which in

turn increases his anxiety as the infant feels that his exploratory drives are blocked and that his connection with the still needed mother has weakened. Narcissism can result in this phase when the child finds himself as the exciting object, that is when his libidinal ego (LE) cathects his central ego (CE) as the exciting object to which it attaches (Celani, 2014)! This process is shown in figure 5, below. In the treatment of this character our first goal must be to decouple the libidinal ego from the central ego.

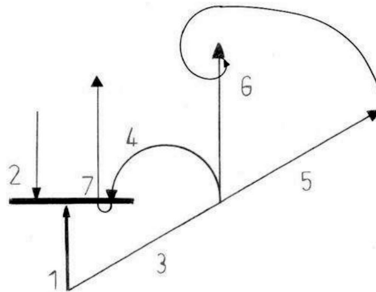

Figure 5. Narcissistic character structure

Case of James

James was a man in his late fifties when he came to see me. He was very smart and practiced as an attorney. James was a narcissist with little empathy and a sense of entitlement. He had been in therapy for many years that apparently was not of much help. He lived with his mother and on the margins. He was married for many years, but even though he was more educated and capable of making much more than his wife, ended up being dependent on her. After his divorce he had to live with his mother as he was not making enough money as an attorney. James was full of himself and thought that he deserved to be very successful. James smoked weed regularly and was also on a few psychotropic medications. The treatment of narcissism based on the object relations perspective that I presented consists of decoupling the libidinal ego from the central ego. I had to become a mirroring self-object to him so that his central ego's cathexis of his libidinal ego would cease. The work was very slow. He slowly decoupled his libidinal ego from his central ego and got in touch with his shame and his existential anxiety. Although he made great

strides as far as his narcissism was concerned, he was not able to become successful in his field. He eventually lost his insurance and could not work with me anymore.

Masochistic character structure

The child, having found his new abilities to explore and manipulate his environment, at times gets scared and runs back to his mother for safety. This is Mahler's (1975) rapprochement phase or Lowen's (1994) early masochistic stage of development. This is the time that mothers usually focus their efforts on toilette training and eating habits of the child as well as taming and controlling their child's impulses. The child, in order to conform to his environment, forms a strong antilibidinal ego which attacks the libidinal ego as well as the central ego and keeps them both under its domination. This process is shown in figure 6, below. Furthermore, the child, in an attempt to submit to the demands of his antilibidinal ego keeps his impulses and emotions in, resulting in what we know as masochism (Lowen, 1994). The immediate therapeutic goal for this character must be to weaken the punitive antilibidinal ego. For this to happen the therapist must become a good enough object for the client so that he can risk releasing the rejecting object (RO).

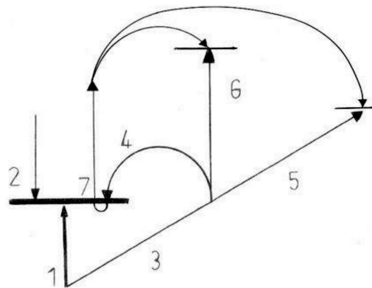

Figure 6. Masochistic character structure

Case of Mary

Mary was a woman in her early thirties who came to see me due to severe anxiety and her weight. Mary's character structure was masochistic. She had a compressed

body with a thick neck. She was a very intelligent woman but the impression that one would get from her was that nothing could go in or out, as everything was held in. In the sessions she was very agreeable and never expressed her feelings and never contradicted or disagreed with me. The work with her progressed slowly and I knew that there was a lot of anger and aggression in her. She also had accumulated guilt which kept her aggression in check. She said on occasions, in her interactions with her mother, that she could not oppose her as she did not want to make her mother upset. I asked her what she would feel in such a situation. She replied, "I feel bad and hate myself." But she still could not express how she felt to her mother nor anyone else. I first had to mobilize her stagnant energy which was very stagnant. I had her hit with a tennis racket and kick as well as throwing temper tantrums. Surprisingly she felt better after these exercises. But what had to happen beyond the exercises and getting her energy moving was for her to own her "NO". She had to own her "NO" before she could own her aggression and anger. In other words, referring to the diagram above, we had to weaken her antilibidinal ego which was attacking her central ego and her libidinal ego. This "NO" and the aggression associated with that had to be directed outward. To my surprise, she understood this and thought intellectually that it made sense and that she needed to own her "NO". I asked her to say "NO" and to do the expressive bioenergetic exercises related to the expression of "NO." I must emphasize that we had established a good therapeutic relationship, and she was able to trust the process and become, to some extent, vulnerable. She eventually was able to own her "NO" and express it. Over time, she was also able to own her anger and became more expressive. She did not hold in as much, which resulted in some weight loss.

Rigid character structure

Around the age 3, the child becomes aware of his sexuality and takes pleasure in his body and enters the family system. He becomes attracted to his opposite sex parent and sees his same sex parent as a rival. When the child's love and sexuality are rejected, he will adapt by separating his love from his sexuality. In his future, he will become an achiever where his libidinal ego supports his central ego. Or he will use sex against sexuality (Lowen, 1965; Reich, 1980). In this situation, it is the central ego that lends support to the libidinal ego. The immediate goal of therapy in both of these two situations is to separate the central ego from the libidinal ego. In either of the pathological conditions, they feed each other. Figures 7 and 8 below depict these two cases respectively.

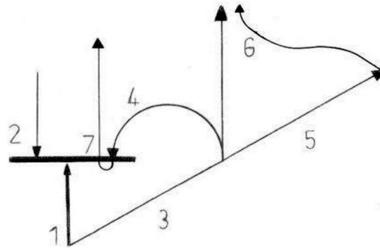

Figure 7. Rigid character structure – Achiever

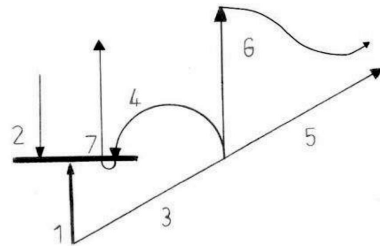

Figure 8. Rigid character structure – phallic narcissist

Case of Allen

Allen, a man in his 40's, came to see me due to anxiety related to his work situation. His body was very rigid, and he had an elevated level of anxiety which he could not manage. He wanted to get to high places in his place of work. He was a hard worker and an achiever. Allen had little pleasure in his life and despite being financially successful, he was not able to enjoy his life very much. He was constantly preoccupied with doing the "right thing" to enhance his chances of success. He was never married and had been in several unsatisfying relationships. Our work progressed slowly and was concentrated on him feeling pleasure in his body. In terms of my formulation of this structure, Allen's libidinal ego was supporting his central ego. Despite this he still had mirroring and idealizing self-object needs. I had to provide Allen with his self-object needs before he could let

himself feel pleasure. He felt if he enjoyed an activity or in a general sense had pleasure in his life then he would not be giving enough attention to his career. Once his central ego received its self-object needs, he allowed himself, albeit, very slowly, to feel pleasure in his body. In other words, now, his central ego was separated from his libidinal ego. Over time, he was able to maintain a balance between his career and his private life and to allow himself to feel pleasure and to take part in pleasurable activities. He later met a woman and became very fond of her. His relationship eventually led to marriage.

Case of Mark

Mark, a man in his late fifties came to see me due to somatic symptoms. He had very strong anal traits, in a psychoanalytic sense. He was very parsimonious, obstinate, and rigid in his ways. Mark was an educated man and relatively successful. Even though he wanted to be more financially successful, he was nonetheless satisfied with where he was. Mark was a phallic narcissist. He came into a session one day and mentioned that he had invited a female acquaintance to his house for a social get together. She agreed and went to his house. He seduced her and had sex with her. I got the sense that this was not truly what he wanted but felt that he had to perform! I asked him if he really wanted to have sex with that woman. He replied, "no"! I asked him, why then did he had had sex with her. He replied, "what would she think of me if I did not have sex with her?" She would think that I was not a man! I asked him to lie down on a mattress and asked him to bounce his pelvis saying what came to his mind. The phrase that he uttered was "fuck you". He did the exercise very diligently due to his anal traits. He came back in a couple of weeks and reported that he had invited the same woman to his house and tried to have sex with her again but lost his erection. He could not "perform"! He was terribly upset. I asked him again if he wanted to truly have sex with that woman. He responded, "no"! The exercise had resulted in some level of integration between his pelvis and his heart. It was clear that his central ego was supporting his libidinal ego. Overtime and after much work, we were able to separate his central ego from his libidinal ego. He was able to connect to women more from his heart and not his desire to conquer them. Mark's phallic narcissism was not very strong. I was aware that it was his central ego that was supporting his libidinal ego. Thus, the work with him was not very difficult as his anal traits weakened the connection between his central ego and his libidinal ego. There was a compulsiveness in his behavior which made it easier for him to progress in therapy.

Conclusion

In this paper I formulated character structures based on object relations theory. I discussed four phases of object relating, an undifferentiation phase, an incorporating phase, a pre-object (part object relations) relating phase, and finally a full object relating phase resulting in internalization. Based on this theory, I introduced the schizophrenic character, and early and late borderline organizations that were not discussed in detail in traditional bioenergetic literature. I also introduced treatment approaches, notwithstanding somatic interventions, based on object relations and the theory that I put forward in this paper. I also discussed a possible origin of certain types of auto-immune disorders which may be related to early trauma. I presented and discerned the difference between incorporation and internalization and the ramification of each in character formation as well as in auto-immune vs psychological disorders.

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