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Bioenergetic Analysis

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Letter from the Editor

Dear Reader,

Welcome to the 23rd volume of Bioenergetic Analysis, the Clinical journal of the IIBA.

We find ourselves at this time in our history facing a resurgence of interest in what the body and the emotions tell the psychotherapist about the client and about what is healing in therapy. Many schools of psychotherapy have turned toward us to find out what we do. This has come about partly out of the popularity of research in both neuroscience and affect regulation, much of which validates the primacy of the whole body and the world of emotional affect as healing sources. As a result, interest in training in Bioenergetics has spread to new geographical areas. There are new training groups in Poland and Russia, with interest in starting training groups in Peru, Costa Rica, Beijing and Hong Kong.

This volume contains a book review by Virginia Hilton of Jim Sicherman's book *Self Cure*, which advocates patient's attention to taking responsibility for their own physical and emotional health. We have five original papers for your reading enjoyment. Each author is from a different country, reflecting our international membership. Each abstract is provided in six languages, while the papers are in English. Members are invited to take the abstracts of interest and translate for their members who do not read English. Christa Ventling is from Switzerland and re-examines the concept of energy, while Margherita Giustiniani is from Italy and provides a variation on use of the bioenergetic stool. Arild Hafstad is from Norway and introduces us to the fascinating concept of tensegrity and it's relationship to gravity. Garry Cockburn is from New Zealand and presents a practical paper on teaching Bioenergetics. Finally, Elaine Tuccillo from the USA offers a systematic treatise on the subject of intergenerational abuse.

It is with sadness that I reveal that this was Elaine's final paper as she died earlier this month. Even though she was dying, it was important for Elaine to complete this

article as she felt on a mission to help others understand the insidiousness of intergenerational abuse. In the article she writes of projecting her issues with her anxious mother onto her physically fragile daughter. I thought it would be fitting to hear from this daughter as part of a tribute not only to Elaine's life, but also as a confirmation of her idea that intergenerational abuse can be halted. Read what Mica (Elaine's daughter) has to say about her mother.

Frank Hladky, who was an intimate of Dr. Lowen's, died this year. Parts of a tribute written by Heiner Steckel are offered in this volume. David Campbell, the gentle Scot who was the first to weave Bowlby's attachment theory into Bioenergetics also died this year. Parts of a eulogy are borrowed by permission from his wife June to pay tribute to David. May all those who loved and were loved by them find peace.

Although Bioenergetics is gaining popularity in some new circles, it remains misunderstood, misrepresented, even dismissed in some places. It is the hope of the editors that this journal become one arena where Bioenergetics can be illuminated for others and remain a platform, where our theory, concepts, and techniques can be further developed and discussed.

It is only with the devoted volunteer help of many people that this journal comes to fruition each year. Peer review and editing help came from Margit Koemeda, Mae Nasciemento, John Conger, Tarra Stariell, Phil Helfaer, Maria Rosaria Filoni, Bob Lewis, Virginia Hilton and Helen Resneck-Sannes. Bioenergetic colleagues who took the abstracts and translated them are France Kauffman, Maria Rosaria Filoni, Mae Nasciemento, Margit Koemeda and Fina Pla.

The process for submitting a paper to the journal is to send an article to the chief editor between June and September only. Papers will be peer reviewed anonymously. Authors will be informed of their status within two months. Papers are rejected, accepted outright, or returned for revisions based on reviewer feedback and editorial decision. We encourage you to submit a professional paper of interest to Bioenergetic therapists.

The scientific committee is preparing an IIBA conference for May 29 through June 2, 2013, by the sea in Palermo, Sicily. The title is, "The Grounded Body as a Safe Place in Difficult Times". We hope to see you there in person or in spirit as we come together as a community to further the energetic advancements and celebrate the traditions of Bioenergetic Analysis.

Sincerely,
Vincentia Schroeter
Chief Editor
vincentiaschroeter@gmail.com
November 30, 2012

Memorial Note about Frank Hladky

In Memoriam Dr. Frank Hladky † (1923–2012)

Heiner Steckel

Dear Frank,

On May 25, this year, you fell peacefully asleep with a book in your hand, at the age of 88 – two months prior to your 89th birthday. You passed away like you had always wanted.

On the weekend before, you had completed a new DVD documentary of your bio-energetic work and in the afternoon, you gave the last of 4 hours of therapy that day. I arrived two days before and we had an appointment for lunch the next day, that sadly did not happen. Your son Peter and other friends said that you had perhaps "waited" for us. Andrea – my wife – was already there, so we found you, together with two patients, in the morning, when you didn't appear for the first therapy session scheduled.

In the middle of the night you had woken up again and as so often had started reading and listening to music. I have been asked by many, what the last CD was, you listened to. It was the late piano sonatas of Beethoven: "The Tempest", "Waldstein" and "Les Adieux".

It only remains for me now to express my deep gratitude one last time with these lines: personally for all that I have experienced with your help, in numerous hours of therapy, learned from you as your student and deepened later in a friendly – collegial relationship in the faculty and countless private meetings.

***

Frank Hladky comes from a family of Czech origin, his father was a music professor at Oklahoma State University. Frank himself began to play the violin at the age of 4 and originally wanted to become a musician. He found his technical skills not sufficient for a professional career and then decided to study medicine, with the aim to

become a psychiatrist. However, music has remained one of his great passions all his life, as well as reading (especially HD Lawrence) and the work on his farms, where he raised cattle.

***

Frank Hladky graduated in 1946 from medical school and soon he worked for a few years as a young psychiatrist in an American military hospital in Munich. During his stay in Munich he began his first psychoanalysis with Fritz Riemann – a three-year classical Freudian analysis, 3 times a week. After returning to the United States, he had his psychoanalytic training at the Karen Horney Institute, another three-years of personal neo-Freudian training analysis and additional studies with Eric Erikson, who had a strong impact on his work. From 1963 to 1978 he was the medical director of the Tulsa Psychiatric Foundation.

In the mid-sixties, he became aware of the importance of the body in psychotherapy through his participation in gestalt workshops. When he wanted to deepen this interest, Alexander Lowen was recommended, with whom he made contact and invited him to give a workshop at his clinic in Tulsa. After that a training program at his clinic in Tulsa was designed. Al Lowen, John Pierrakos, Karl Kirsch, Miki Frank and Jack McIntyre were the trainers, who then came annually to Tulsa.

Frank participated in the program himself and he started using bioenergetic analysis increasingly as a primary treatment with his patients. Due to the bioenergetic training of the hospital staff, he established a unique model of integrated clinical bioenergetic work, which influenced the occupational therapy, physiotherapy, as well as the psychotherapeutic and medical treatment in the psychiatric center.

In this way, Frank Hladky became a student of Alexander Lowen and was in individual therapy with John Pierrakos during his bioenergetic training. In 1976 he became a member of the IIBA faculty. With Lowen, he developed a collegial relationship and friendship. For more than 15 years they led an annual workshop together, first in the IIBA loft in New York and later in Pawling.

***

I first met you in the loft in New York in early 1978, when you led a 5-day workshop together with Al Lowen. There I invited you to Germany and asked you to be one the trainers for our 1st bioenergetic training group at the North German Institute.

Once you have accepted our invitation, you worked with us for nearly 20 years as a bioenergetic teacher. In this function, and thanks to your great willingness and

generous availability, you have assisted us in many questions and issues, with which we were confronted in setting up a training institute, as you did in many other places in the world. Many of my colleagues in Germany and in Brazil, with whom I work together today, started with you and remember you with love and deep gratitude.

In an early very critical moment of our Institute's history, where the two founding fathers ended up fighting each other, you were the one who immediately agreed to secure the existence of the local institute, together with Ed Svasta, Eleanor Greenlee and Virginia Wink. Through your support we could continue, by taking over the administration of the local institute as trainees.

***

Frank Hladky was an international trainer for more than 35 years. He trained groups in Canada, the United States, South America and Europe. Both at his ranch in Truchas, New Mexico, as well as later in Coweta, Oklahoma, he offered small-group workshops and group and individual therapy retreats. In old age, when he didn't feel like travelling any longer, he devoted himself to this work, and especially working with long-term therapy guests.

In bioenergetics I consider him one of the seniors and pioneers, especially of the bioenergetic work with psychiatric patients. Frank will be remembered by many patients, students and colleagues as an unforgettable therapist and master.

Based on talks and discussions and received letters from people who have worked with Frank, I want to summarize something in a few words like this: His warm eyes, his firm hold, his being there mediating the feeling of "being seen and understood without words"; his human presence; his back, where one could rub one's own back against and where one could rest; and his fully accepting and encouraging trustful attitude, especially towards one's own bodily impulses. These became felt cornerstones, basic components in the self-finding grounding process of many.

***

You never were a friend of great theoretical explanations and, as my colleague Susanne Winkler put it so aptly, "gifted with a tremendous intuition that often can hardly be explained by those who have it." So you consistently avoided supporting head-driven explanations, where it was not yet felt and you documented all the time your great confidence in the leadership role of the body in the therapeutic process. Frank Hladky has not written much. I recall his 1993 article: Hladky, Frank (1993): Reconnecting with the body: Bioenergetic treatment for abuse. in: Bioenergetic

Analysis, Vol. 5, No. 2, 30–36). The happier we can be then, that his work in old age is documented on DVD. For information about this go to: http://riolibravisions.com

In many hours of therapy and as your student, you often were the father I did not have – and then my mentor, supporting and encouraging me on my way to become a teacher. Through all the facets of our relationship, you always remained a fatherly friend.

Thanks

Heiner

***

Frank leaves behind his son Peter, a brother, grandchildren, great-grandchildren and nephews. The death of his two wives, Jane and Denny, both of whose wedding rings he wore, and the loss of his daughter and his grandson were heavy blows of fate, that did not change his fundamentally appreciative and affirmative attitude towards life and the living, with all the shattering it also may bring.

Memorial Note about David Campbell

(The following is an edited version of a eulogy written for David Campbell by a friend. Colleagues and students also sent tributes remarking on David's gifts as a Bioenergetic trainer. He introduced attachment theory to the Bioenergetic community and created and promoted techniques that attended to issues of early attachment and their affect on personal growth. Along with his wife, June, he raised the awareness of attachment issues until those issues became imbedded in the conceptual world of Bioenergetic Analysis.)

Vincentia Schroeter

David was born in Glasgow on the 31st of August 1927 and was one of 3 children.

After he left school David went on to study at Glasgow University where he graduated from medical school as a doctor. His early training in obstetrics took place in The Coombe Hospital in Dublin, where one grateful mother gave him a half crown and a pint of Guinness for successfully delivering her baby!

He joined the Royal Army Medical Corps and was attached to the 2nd Parachute Regiment in Aldershot. Apparently he always yearned to have a new cherry coloured beret with the badge.

Following his time in the army he worked in the Royal Edinburgh Hospital, specialising in psychiatry and then branching out into psychotherapy. After meeting John Bowlby, the renowned expert in attachment theory and loss, he went into psychoanalysis with Dr Winifred Rushford, who invited him to become director of the Davidson clinic in Glasgow. During this time Dr. Alexander Lowen came from America to London and introduced David to the specialisation of bioenergetics therapy. This opened up the world for David and he was then invited to New York, where he began teaching in training and continued to do this for the rest of his professional life.

While David was at the Davidson clinic he was also a visiting lecturer at Jordanhill

College, where he taught human growth and development to Social Work students. David worked hard all his life and was seeing patients well into his 80s.

It was whilst he was lecturing at Jordanhill College that David met June and they married 11 years ago, having been together for 23 years. Through his professional life David went to California every year and it was during one of these trips that he and June were married. Whilst in California he made some very good lifelong friends, including Al and Phyllis Gorlick, and Stanley Kellerman, who he always kept in touch with.

You would imagine that David's busy professional life wouldn't allow much time for hobbies and interests, but it did, and he had a great love of judo, achieved his Black Belt 3rd Dan, and was a member of Glasgow University Judo Club for many years. When he went to California he always took his judo suits with him.

Every Saturday he went to Oddbins for some wine tasting, and so was able to recommend different ones to his friends. And he was a great connoisseur of whisky too; the well known Isle of Jura brand suited his palate very well and was by far his favourite. He enjoyed classical music and jazz, was a good singer too.

By all accounts David was a warm, loving caring person who had a genuine interest in other people, young people too, even if he was not professionally involved. He gave willingly of his time, was always ready to help and support in any given situation. Gregarious and outgoing he loved company, enjoyed special occasions, and was the life and soul of any party.

It would be important to mention that throughout his life David was always very fit and active, and although he lost some of his mobility in his later years he handled it well, remained stoic, and never lost his spirit or sense of fun. David enjoyed life, had a good life, and lived it to the full. He will be sadly missed by everyone who knew him.

Memorial Note about Elaine Tuccillo

Mica Baum-Tuccillo[1]

To all of you lovely people,

As most of you know my mom was diagnosed with lung cancer this past June. Sadly, she passed on Friday morning, after a struggle that went on for several months. She was in home hospice at our house in Montauk, a place she loved completely and felt more spiritually at home than any other place in the world. My family cared for her until her very last breath. My brother, my dad and I were all with her when she found her way and she will continue to be with us as we try to find ours. She was surrounded by people who loved her, old friends and family. I am so grateful for the fortune to have been able to feel her love, warmth and unbelievable strength consistently in my life and even during her illness and now, after her death.

This has been an unfathomably difficult process for me; to watch her fade away so quickly and yet feel as though she was fully herself until the last moment. She was so strong throughout – diagnosis, treatment, pain, discomfort, and finally an acceptance of the inevitable truth that we would have to let go of the physical expression of her spirit. Even as the disease took her to what I can only imagine were unbelievable depths of pain, she continued to think more clearly and from a place of deep love. She was our guide throughout, and she will continue to guide us.

Up until the last days, there were many moments of pleasure and deep love and humor. Until a week ago, on warm afternoons we would help my mom dress in three layers of neoprene surf gear so that she could swim in the pool, her most joyful activity. We continued to heat the pool to 92 degrees while everyone else's pools out here on the island are months closed. Blasting The Best of Sade CD – many of you are

1 The following was written by Mica Baum-Tuccillo, following the November 16, 2012 death of her mother, Elaine Tuccillo.

familiar with this part of the ritual – we would stand with her in her Italian movie star sunglasses, my dad and I in neoprene as well, and feel a profound joy in the midst of all the sadness, confusion and grief. JP, my partner, and my brother and his fiancé Amity would tend the fire in the portable fire place, which we would warm my mom's towels on so she wouldn't freeze on the slow procession back up the stairs to the house. There were many cherished moments in the past few months, some spent in hysterics watching episodes of Modern Family, moments of music and accompanying my mom to her jazz group and many others in profound conversation about love, psyche, politics. In some ways I felt more close to her in the last months than ever before.

The most important thing I learned from my mom became even more clear in the past few months, caring for her night and day. She taught me on a deeper level than I ever knew possible that love is the most powerful force. Not that it needs to conquer, but that it can gently, forgivingly and thoughtfully open doors that did not even appear to exist until you have the strength to look for them.

As my mom's cancer spread to her brain and she began to lose cognition, we were with her, as were many of her friends and family. By her side, comforting her, helping her make this transition that none of us can truly imagine the depths of. During this time, in this present moment, and going forward I have never once felt alone. I want to thank you all of you receiving this email for that. Thank you so much for the support and love you have given me as I have gone through this. I cannot believe my fortune to have each of you holding my heart with yours. I would not have had the strength to care for her as I did without you all. Thank you for your letters, for your wishes, your thoughts and kind words. While there is so much I can't say in this email, the most important thing to know is that you were all with me, and my family. As hard as it was to watch her go, and how hard it is to go on without her, I know that I am loved and I am not alone.Thank you, Thank you, Thank you.

Love,

Mica

Mica Baum-Tuccillo
275 W. 96th St
New York, NY 10025

Somatopsychic Unconscious Processes and Their Involvement in Chronic Relational Trauma

Somatic transference and its Manifestation in Relational, Family, and Power Dynamics

Elaine Tuccillo

Abstracts

English

In this paper the author introduces the concept of chronic relational trauma as a pervasive relational source of personal suffering intrinsic to pathological development in children and in family dysfunctional dynamics. Unconscious processes such as various forms of transference are the vehicle by which distortions, prejudices and abuses of power in dependency relationships are perpetrated and perpetuated. This paper details unconscious mechanisms such as projective identification, the somatopsychic dynamics of these mechanisms, and provides clinical examples of these dynamics at work. Dr. Tuccillo opens the analysis of transference to reveal it as a source of a legacy of transgenerational abuse; projective identification, a complex form of transference, is understood as a relational power mechanism that can distort and obstruct healthy growth of self-esteem, self-authenticity and self-value. Bioenergetic therapists can learn to recognize the operation of the distorting, pathological effects on the person, and his or her unconscious ability to continue a legacy of abuse of self and others through both analysis of transference dynamics somatically as well as psychologically. The author adds the passion born of more than thirty years of practice as a Bioenergetic therapist in appealing for a general raising of consciousness about chronic relational trauma and its effects. Awareness of these unconscious mechanisms experienced somatically and intrapsychically in the client and the therapist is key in working with and ameliorating core destructive issues in the personality, and in all spheres of human relating.

Key Words: projective identification, chronic relational trauma, somatic transference, relational power dynamics, transgenerational trauma

German

In diesem Beitrag führt die Autorin das Konzept des chronischen Beziehungstraumas ein – eine weit verbreitete Quelle für persönliches Leid in Beziehungen, die pathologischen Entwicklungen von Kindern und dysfunktionalen Familiendynamiken zugrunde liegt. Unbewusste Prozesse, wie verschiedene Formen der Übertragung, sind das Vehikel, mit dem Wahrnehmungsverzerrungen, Vorurteile und Machtmissbrauch in Abhängigkeitsbeziehungen entstehen, verübt und endlos wiederholt werden. Im vorliegenden Beitrag werden unbewusste Mechanismen wie die "projektive Identifikation" und die somatopsychische Dynamik dieser Mechanismen im Detail dargestellt, und es werden klinische Beispiele für die Funktionsweise dieser Dynamiken gegeben. Dr. Tuccillo analysiert das Übertragungsgeschehen und zeigt auf, dass hier die Altlasten von transgenerationalem Missbrauch ihre Wurzeln haben; die projektive Identifikation, eine komplexe Variante von Übertragung, wird als Machtmechanismus innerhalb von Beziehungen verstanden, der ein gesundes Wachstum von Selbstbewusstsein, Authentizität und Selbstwertempfinden verzerren und behindern kann. BioenergetikTherapeutInnen können durch körperliche, wie auch psychische Analyse von Übertragungsdynamiken lernen, die verzerrenden, pathologischen Auswirkungen auf eine Person zu erkennen und deren unbewusste Fähigkeit, ein Erbe von Selbst- und Fremdmissbrauch weiterzugeben. Die Autorin unterstreicht ihren Appell zu einer allgemeinen Bewusstseinserweiterung bezüglich chronischer Beziehungstraumata und ihrer Auswirkungen mit einer Leidenschaft, die ihrer über dreißigjährigen praktischen Arbeit als bioenergetische Therapeutin entspringt. Ein Bewusstsein von diesen unbewussten Mechanismen, das somatisch und intrapsychisch, sowohl von der Patientin als auch von der Therapeutin erfahren werden kann, ist entscheidend für die heilsame Arbeit mit destruktiven Kernthemen der Persönlichkeit wie auch in allen Bereichen zwischenmenschlicher Beziehungen.

French

Dans cet article l'auteur présente le concept de traumatisme chronique relationnel comme une source relationnelle omniprésente de souffrance personnelle intrinsèque

au développement pathologique chez les enfants et dans les familles aux dynamiques ayant des troubles relationnels. Les processus inconscients tels des formes variées de transfert sont le véhicule par lequel distorsions, préjudices et abus de pouvoir dans les relations de dépendance sont commises et perpétuées. Cet article détaille les mécanismes inconscients tel l'identification projective, les dynamiques somato-psychiques de ces mécanismes, et donne des exemples cliniques du fonctionnement de ces dynamiques. Dr Tuccillo ouvre l'analyse de transfert pour le montrer comme une source d'un legs d'abus transgénérationnel; l'identification projective, une forme complexe de transfert, est comprise comme un mécanisme relationnel puissant qui peut déformer et obstruer la croissance saine de l'estime de soi, du sens de l'authenticité et de celui de sa propre valeur. Les thérapeutes bioénergéticiens peuvent apprendre à reconnaître la mise en place de la déformation, des effets pathologiques sur la personne, et la capacité inconsciente de celle-ci à entretenir le legs de l'abus de soi et des autres au travers à la fois de l'analyse et des dynamiques de transfert somatiques et psychologiques. L'auteur y ajoute la passion née de plus de trente années de pratique comme thérapeute bioénergéticien en faisant appel à une hausse générale de conscience du traumatisme chronique et de ses effets.

Spanish

En este artículo, la autora presenta el concepto de trauma crónico relacional como el omnipresente origen relacional de un sufrimiento personal intrínseco al desarrollo patológico en niños y en familias con dinámicas disfuncionales. Los procesos inconscientes tales como los distintos modos de transferencia son el vehículo por el cual las distorsiones, los prejuicios y los abusos de poder en relaciones de dependencia son actuados y perpetuados. Este artículo detalla los mecanismos inconscientes tales como la identificación proyectiva, la dinámica somato psíquica de tales mecanismos y ofrece ejemplos clínicos de como funcionan estas dinámicas. La doctora Tuccillo abre el análisis de la transferencia para revelarlo como el origen de un legado de abuso transgeneracionalla identificación proyectiva, una forma compleja de transferencia, es entendida como un mecanismo de poder a nivel relacional que puede distorsionar y obstruir un crecimiento saludable de la propia estima, la propia autenticidad y el valor de sí. Los terapeutas Bioenergéticos pueden aprender a reconocer el mecanismo de los efectos distorsionadores y patológicos en la persona y su habilidad inconsciente para continuar un legado de abuso de sí mismo/a y de otros a través del análisis de la dinámica transferencial, a nivel somático y psicológico. La autora añade la pasión originada en más de treinta años de práctica como terapeuta bioenergé-

tica y apela a que se incremente la conciencia acerca del trauma relacional crónico y sus efectos. Tomar conciencia de estos mecanismos inconscientes experimentados a nivel somático e intrapsíquico en el cliente y en el terapeuta es crucial para trabajar y mejorar con los temas destructivos centrales en la personalidad, y en todos los ámbitos de relacionalidad humana.

Italian

In questo articolo l'autrice introduce il concetto di trauma relazionale cronico come fonte relazionale pervasiva di sofferenza personale intrinseca allo sviluppo patologico nei bambini e nelle dinamiche disfunzionali delle famiglie. I processi inconsci, così come varie forme di transfert sono il veicolo attraverso cui vengono perpetrate e perpetuate distorsioni, pregiudizi ed abusi di potere nelle relazioni di dipendenza. Questo lavoro dettaglia i meccanismi inconsci come l'identificazione proiettiva, le dinamiche psicocorporee di questi meccanismi e fornisce esempi clinici del funzionamento di queste dinamiche. La Dott.ssa Tuccillo inizia un'analisi del transfert per mostrarlo come fonte dell'eredità di abuso transgenerazionale; l'identificazione proiettiva, una complessa forma di transfert, è compresa come meccanismo relazionale di potere che può distorcere e opporsi ad una sana crescita dell'autostima, dell'autenticità e del valore di sé. I terapeuti bioenergetici possono imparare a riconoscere, attraverso l'analisi delle dinamiche transferali sia a livello corporeo che psicologico, l'opera degli effetti patologici distorsivi presenti nella persona e la sua capacità inconscia di perpretare un'eredità di abuso di sé e degli altri. L'autrice aggiunge la passione nata da più di trent'anni di pratica come terapeuta bioenergetica nel far appello per un generale aumento della consapevolezza circa il trauma relazionale cronico e i suoi effetti. La consapevolezza di questi meccanismi inconsci esperiti a livello corporeo e intrapsichico nel paziente e nel terapeuta costituisce la chiave per lavorare e migliorare i temi distruttivi centrali nella personalità e in tutte le sfere delle relazioni umane.

Portuguese

Neste artigo, o autor introduz o conceito de trauma relacional crónico como uma fonte relacional penetrante de sofrimento pessoal, intrínseco ao desenvolvimento patológico em crianças e em dinâmicas familiares disfuncionais. Processos inconscientes, tais como diversas formas de transferência, são o veículo pelo qual distor-

ções, preconceitos e abusos de poder em relações de dependência são perpetrados e perpetuados. Este artigo detalha mecanismos inconscientes como a identificação projetiva e suas dinâmicas somatopsíquicas, e traz exemplos clínicos dessas dinâmicas. Dra. Tuccillo descortina a análise da transferência para revelá-la como a fonte de um legado de abuso transgeracional; a identificação projetiva – uma complexa forma de transferência, é considerada como um mecanismo de poder relacional que pode distorcer e obstruir o crescimento saudável da auto-estima, da auto-autenticidade e da auto-valorização. Através da análise da dinâmica da transferência – somática e psicológica, terapeutas bioenergéticos podem aprender a reconhecer a operação de distorção, seus efeitos patológicos na pessoa e a tendência inconsciente desta para dar continuidade ao legado de abuso – em relação a si mesma e a outros, A autora manifesta sua paixão, decorrente de mais de trinta anos de prática como analista bioenergética, por uma tomada de consciência sobre traumas relacionais crónicos e seus efeitos. A conscientização desses mecanismos inconscientes, vividos pelo cliente e pelo terapeuta nas esferas somática e intrapsiquica são a chave no trabalho para ajudar nas questões destrutivas essenciais da personalidade e em todas as esferas do relacionamento humano.

Over the years of my development as a clinician my consciousness was raised about the dynamics of power and oppression. Feminist psychotherapy has at its core the premise that a person's emotional suffering is caused by the pathological power dynamics of the culture in which the person develops including, of course, the family. The suffering person is infused with the oppression the culture (by way of individual and group relationships) brings to bear by virtue of the person's gender. This consciousness has helped me to understand that prejudice and toxic relational dynamics are pervasive and affect everyone.

I moved from the feminist focus on power dynamics based on gender, to the broader psychotherapeutic focus on power dynamics in all relationships, and in particular, to the early parent-child-family relationships that form people. While the focus on gender is important, as it is, also, on race and class, I have learned that oppressive power dynamics based on irrational and delusional prejudices pervasively influence men, women, children, couples, families and human groups. These processes are at the core of prejudices of all kinds, of invalid attribution or irrational paranoia; at the core of unconscious motivation for oppression in all spheres of human interaction. These processes are at the core of chronic relational trauma, and are played out in human relationships everywhere. Power and force over another can be used for ill or for good. Motivation to do harm through exploitation or domination comes from many sources, social, psychological, and emotional. Often these motivational forces

are unconscious; some can even start off with benign or good intentions, but become damaging over time, like a ship 1 degree off course missing land by miles. What my work as a psychotherapist has helped me to focus on is how this oppressive power over others is carried through somatopsychic, unconscious processes, particularly the action of transference dynamics.

Somatopsychic Unconscious Processes and Their Involvement in Chronic Relational Trauma

Chronic relational trauma comes into being from chronic relational abuse. This type of abuse happens in human relationships; chronically – meaning every day, or most days, all or most of the time. It happens from the moment of birth, or after significant events like marriage, or puberty, but it can also happen due to the juxtaposition of dependency, one human being dependent on another for just about any reason what so ever.

Here is an everyday example: A middle-aged woman described an interaction with her boss to me. Her boss came to her desk, said nothing, shoved some papers, work for her to do, in front of her, just before the end of the workday. Her boss didn't say a word, but looked at her with a penetrating, hateful, intimidating stare, then walked away. This interaction froze my patient; she felt nauseous, frightened and began shivering. In her session she began to associate this to similar, almost daily experiences, with her mother who was quite sadistic. She began to recognize what her mother's silent, penetrating, hateful look meant to her; how it shaped her, how it transferred to her reaction to her boss; how she used it at times on her son and daughter; the fear it generated, the self-hatred and insecurity, the sick, dizzy, nauseous feeling in her body. These parallel experiences almost 40 years apart; contacting what this meant for her, was a breakthrough moment. She could feel the rage behind her fear; the grief at the loss of her positive feeling about herself. She said to me, quite insightfully: "Violence is terrible, but there are other ways just as awful to hurt somebody without ever touching them physically."

Chronic relational abuse is when one person is dominated, or defined, or manipulated or demeaned, or seduced or in some other way misused or abused by another in an ongoing relationship so that these destructive dynamics – power dynamics – happen regularly, chronically. Often these are ordinary observable dynamics happening regularly in families, between parent and child, husband and wife, between siblings, or in the mother/father/child triangle. These can be destructive, mostly unconscious dynamics that have formative power to influence a person's emotional development

and identity. In my view, a person is formed through an immersion in a relational matrix – usually this matrix is the family. I am curious about and want to investigate the power dynamics of that matrix. When we analyze character structure we are looking, at least in part, at how interpersonal power dynamics shape personality. Dynamics are energetic forces that have power, and impact to shape us. All feelings have power. Who we love, admire, envy or hate ... shapes us. And who loves, admires, envies or hates us also shapes us.

We are made up of introjects and identifications; these are powerful attachment blocks (somatopsychic homunculi) that accumulate and combine to build who we are. The cornerstone of our somatopsychic formation are these early relationship attachments with our parents and caregivers. What happens here, in these early and everyday relationships, dynamically, interpersonally, is crucial. The interpersonal dynamics, the relational, energetic, attitudinal, behavioral patterns, in the mother-child/father-child/mother-father-child relationship are like geological formations that make up the layered foundation of the unique inner workings of each individual.

In our adult relationships we live out the dynamics of loving, hating, longing, the thrills of idealization, the urge to dominate, or to compete on tracks laid down in these early relationships. Although these interweaving attachment patterns may take an outwardly similar shape, they are, actually, each uniquely laid down by individual life relational experience; by individual bonds of love, respect, admiration and support, or of neglect, contempt, humiliation, competition or deprivation. The combinations and permutations of these dynamics and interpersonal affects interact with our endogenous constitutional makeup to make a unique, individual mix.

My interest is in how the unconscious plays a part in this, the archeological substrata that is at the foundation of personality and individuality. In particular, how unconscious transference plays a part in this, and more specifically, how projective identification – a particular and powerful kind of transference dynamic, plays a part in all this. And finally – how all this has become, for me, essential in understanding and working within the therapeutic process.

At the core of psychotherapeutic process is sensitivity to and knowledge of the reality and dynamics of chronic relational trauma. Chronic relational trauma plays out in human relationships everywhere. We cannot underestimate the importance of the unconscious and in particular the unconscious processes of transference, and how these processes make the origins of chronic relational trauma so hard to recognize. Because these processes are hidden from conscious awareness, they must be investigated and brought into the foreground; we need to – as psychotherapists, as parents, teachers, partners – make them stand out in our awareness if we have any chance of disrupting their damaging effect or blocking a legacy of hidden unconscious abuse.

What Is Transference and Why Is It Important to us?

I want to acknowledge the information gleaned from the emerging world of neurobiology and the older world of the psychological study of cognition and perception. From both these vantage points, researchers have found that learning takes place through pattern recognition and repetition. (Dan Siegel 2003, David Hawkins 2002, Piaget 1954). As organisms we are neurologically and cognitively structured to take in information when the information is organized in patterns; it is much harder to learn when information is displayed in chaotic or disorganized form. So we are hard-wired to take in and to recognize patterns, familiar patterns, associations and correlations. This process helps us in understanding information by seeing that what we are seeing and experiencing is not all new, but rather that the new is often related to the old, already learned ideas – regularities, that make taking in information more organized and less jarringly unfamiliar. This works for truth and for falsity. We can see something as familiar and similar to something we have learned to love, or to hate; or even more complex, that we have learned to love *and* to hate. Relationships are often built at least in part on these congruities of perception; we recognize in this little baby, his eyes, his chin, or his spirit a familiar loved one; or a person who dominated and abused us, or a person we devoted ourselves to, only to have lost our autonomy in this surrender. Here, in the beginning and continuous perception of the new person, we impose what is familiar to help us in taking in the new information. This process can lead to better understanding or it can lead to errors of perception and attribution. This is transference.

Transference brings our emotional history into the present. It is through transference that we can perceive and feel something or someone as familiar. Transference provides the illusion that one has already been there before. We unconsciously through the transference relate to another person, familiar or unfamiliar, in ways that are somatopsychically ingrained in our being and character. We have the illusion that we already know this person, or her motivations or attitudes, even though we are just now experiencing it in the present. Transference is at the foundation of the energetic, somatopsychic patterns of bonding in all human relationships, and it is derived from the primary formative bond between mother or other primary caregiver and child. It is locked into our visceral, neuromuscular apparatus.

Transference is with us all the time. It flashes in and out of our experience. And it's unconscious!

The discovery of transference was of truly genius proportions. It's like discovering a virtual reality that comes and goes without our conscious awareness, but impacts us powerfully and unremittingly. Freud (1910) first discovered transference in his patients'

distorted (usually inflated and amorous, sometimes negative) views of him. He began a focused investigation of the complex origins of these distorted views and feelings about him. Harry Stack Sullivan (1953) saw the pervasive nature of transference. He coined the term for everyday transference "parataxic distortions". R. D. Laing (1971) in his investigations of family politics would ask family members repeatedly concerning the identified patient, "Who does he or she take after?" to grasp the underlying pathological pressure of the transference which he believed was a deep source of the relational insanity in families. What he was investigating was the transference burden placed on the child that acted to deform the development of his personality. Laing would say that if he could find out whom the family members think the patient takes after, then he could better understand how this patient became doomed to his particular role in the family drama. Laing was uncovering the mechanisms through which the child comes to embody historical figures who are embedded in the parents somatopsyches.

Stanley Keleman (1986) spoke to the compelling and somatic nature of the transference bond that is created in the parent-child relationship. This is an important kind of bonding process which is somatic and communicated through movement and through the senses of touch, smell, sight and so on. Keleman says: "... patterns of muscular-emotional behavior are the substrata of bonding for the mother and child." (p. 6) According to him these patterns of bonding are unconsciously transferred to the relationship with the therapist. The client can do nothing else; she must bond in the ways she knows how, dictated by how she is formed, which is based on the neuromuscular and emotional history of the primary relationship in infancy and early childhood. So this means the transference is compelling and compulsive, and must undeniably and profoundly impact the therapeutic relationship. The way we bond to others repeats the way we bonded in childhood. We play out in our present day relationships these transferential dynamics, these relational patterns, in our behavior, in our bodies, in our perceptions and communications. Understanding transference in this way corresponds to our evolving understanding of the neurophysiology of human somatopsychic functioning which informs us that this formative process likely affects the development and structuring of the perceptual-information processing systems of people in durable life-long ways, beginning in childhood.

Robert Lewis (1986) makes a similar point in his understanding of early developmental processes in personality organization. The way the mother holds the infant has a profound and lasting effect on the infant's body, on the development of body structure, and becomes part of character organization, becomes part of self and other representations, and ultimately shows up in the transference to the therapist. In an early and profound paper (1976) in which he introduces his concept of cephalic shock, Lewis talks about the blurred consciousness of the mother organized as a borderline

personality, her inability to see her child as a separate human being and the infusion of transference delusions about who the child is. He writes that he "wondered what it would be like to be held in the arms of a parent whose eyes did not see you with clarity, because those eyes were clouded with their own blurred reflections from the past." (p. 2) He further elaborates how the mother can become insecure ground for the infant (pp. 3–5):

> "This early self-regulation will be interfered with by a mother who, for instance, unconsciously sees her own parents when she looks at the infant: driven by its immature central nervous system and limited homeostatic capacity, the infant's visual gaze will wander away repeatedly from the mother. The Borderline mother may perceive this as a personal rejection, and withdraw in a rage, avert her gaze when the infant wanders back, or, in a multitude of ways, interfere with a rhythmic, dyadic exchange in which the infant uses its eyes freely to take in the world. ... The child's entire psychosexual and ego development must be understood from the above perspective if people with Borderline conditions are to be helped more effectively. ... Dissonance, lack of resonance, disharmony is laid down in the cells, autonomic nervous system, and energy center of the infant.
>
> ... When that infant first looks out and focuses on the parent's eyes, it sees eyes that do not see it with constancy: its mother's eyes, it's frame of reference, are unconsciously and intermittently seeing images of her own mother, the infant's grandmother. This is bizarre, as is all the contact when the parent's boundaries are blurred with the infant. The mother's body may even be quite warm and relaxed as she holds the baby, and is enveloped in a phantasy of symbiotic reunion with her own mother. But she may 'forget' that she is the adult and that, rather than her mother holding her, her infant is in her arms. If the infant cries, squirms or does anything dictated by its own biology, it will disturb this mother's distorted attempt to get the peaceful security she also missed out on. This mother will feel pain, rage, etc. and handle the child accordingly, being quite unconscious of what is going on. Bear in mind that this is only one example, and that there are infinite variations of the theme."

Helen Reseneck-Sannes' (2011) poignant and personal illustration of this transference dynamic which elaborates the possibility of a much more benevolent outcome is in her description of her impulse to dance joyfully with her newborn child, only later with some persistent investigation, learning that her nanny of her infancy, who she couldn't remember since she left the family's employ when Helen was four, used to dance with her. Stimulated by the experience with her own infant, Helen began to remember her nanny's smell, the softness of her body, and the joyful embrace of the dance which she unconsciously, automatically, spontaneously initiated with her own newborn.

Early in my education as a psychotherapist we learned about the many forms of transference: positive, negative, mother, father, idealizing, hostile dependent, clinging,

sexual/erotic. There are as many transferences as there are human relational dynamics. Some are positive, constructively supporting the self, and some are negative, destructive to the self. All of them carry a unique and identifiable emotional-somatopsychic charge.

The reality of how transference works in everyday ways was brought home more emphatically in my experience as a mother. My son, Jon was such an energetic child, and so smart; but his energy sometimes reminded me of my brother who had behavior and temper problems as a child. Jon's distractibility, so common in young children, reminded me of my father's blank stares across the dinner table. The love and thrill I had in caring for Jon was like my relationship with my father as I experienced it as an infant – a safe, loving, grounded nurturance that I can still remember on a body level. Here I'm describing the influence of my transference, a complex, felt, somatopsychic experience that included both positive and negative aspects, in my present experience with a brand new individual, just emerging into the world.

With my daughter, Mica, it was even more complex. She was more withdrawn into herself as an infant; didn't hungrily nurse like her brother. Was I being rejected? The influence of my relationship with my mother had unconscious impact. My mother was painfully shy. She had difficulty surrendering her body to a hug, or giving one, and she had a heart condition developed in childhood after a bout of scarlet fever. It was hard not to transfer my empathic concern and my longing for contact with my mother to my infant daughter who seemed smaller and more fragile than her brother. Here again my early and long relationship with my mother, who was more contained and ambivalent than my father in her expressions of love and connection, had an impact on my emotional connection with my daughter. These transferential emotions in me were heightened by my stress as a new parent, my work as a mother and professional woman and my relationship with their father. How could it not be?

The unconscious and conscious are in constant interplay. Learning what we can about that interplay, the power of these dynamics to influence all our relationships, for good and for bad, is what I am talking about in this paper. With respect to my children I have worked ceaselessly to experience them for who they are as authentic, unique people. This is not such an easy or simple task. To give them the emotional safe space to grow into their own being without the imposition of unconscious transferential pigeonholing has been my aim, but I could achieve this only as I became more and more aware of these dynamics in my own therapy as a patient. In essence, I needed to raise my awareness of my unconscious transference in order to get out of the way of my children's independent emotional growth. This didn't need to be perfect, but it did need to be mindful of their unique emerging individuality.

Transference isn't linear. It is multi-dimensional/holographic and *it is somatic*. The experience of transference is made up of projections of introjects – internalizations

of others; and it is co-created. These representations of significant others are inside us and become part of us, part of how we experience ourselves. Transference projects these internal parts, states, feelings and thoughts onto others. *We attribute what is inside us, to what is outside us.* By using the mechanism of transference we experience ourselves, our history and our past relationships in the present experiential moment.

The way Ogden (1989) talks about transference, it is a necessary, evolutionary, adaptive, healthy organizing process. Primary in the structuring of this organizing system are the processes of empathic experience of the other, identification with and introjection of the other and the formation of internal representations of the other. It is a moving, living, pulsing, changing set of thoughts, feelings, images, and sensations that are constantly interacting, creating a relationship (a multiplicity of relationship patterns) for both people and influenced by the communication between them.

As therapists we regularly deal with unhealthy manifestations of transference. In these, perceptions and feelings are rigidified; applied automatically, reflexively to new relationships and experiences, and cause historical enactments of chronic relational trauma. To the person doing the transferring it is not obvious or evident that she or he is performing some distorting operation on reality. This means the transferential process is an entire configuration, and so is experienced as "reality," reinforced with an entire and usually coherent set of emotional, cognitive and interpersonal elements. It appears to the person to hang together. It is therefore very difficult to modify or if needed, to dislodge. It seems "right".

Transference is a body experience. It isn't only cognitive and perceptual. It's also a feeling state; a set of feelings structured in the body. The transference experience brings with it a whole set of familiar visceral and muscular patterns that go together with the thoughts and emotions that define it. One of the ways to recognize the transference is to investigate if the pattern of sensations is familiar, similar to those in the past with another significant relational figure; that feeling in your throat, the fogginess in your mind, the tears in your eyes combined with the fear, or rage in your belly; your need to lay down or vomit.

Here's an everyday kind of example: my reaction to my physics teacher when he shook his head just so, reminded me of a characteristic shake my father would make at me. My reaction was instantly defensive, anxious, annoyed, similar to my reaction to my father's critical headshake; I had the impulse in my body to leave the room. My father could be dismissive, abandoning, disinterested or critical and his headshake accompanied these emotional states in him. The feeling message that accompanied his head shaking to me was "well if you are going to do it like that, I'll just go somewhere else more interesting." When my father treated me this way, it always made me mad, anxious and defensively defiant. When my physics professor shook his head, our

relationship was transferentially sealed! Those familiar feelings I had experienced repeatedly with my father were evoked in me. You see, transference allows you to believe you can read another's mind and emotions. I'd been here before; I was certain that I knew what was going on in this relationship! Transference makes the strange or unknown, familiar and predictable. But my professor wasn't shaking his head with abandoning disinterest or dismissive contempt. He was shaking his head because I'd made a mistake and he was interested and committed to helping me to understand and correct it. My expectation that he would dismiss me as hopeless was transference in action, not reality. (How did I miss the gentleness in his voice, or the concern in his eyes, or the openness of his gestures?) Yet how painful to continually experience my father's disinterest, abandonment and criticality with many other authorities for years and years after I was grown and my father was no longer even alive. Transference kept him alive in my re-enactment of my emotional relationship to him and others. Transference is a body experience. It was in my stomach, in my anxious, angry feeling, in my heartbreak, in my foggy sullen collapse and in my thought that "I'm not worth it;" or at least the belief that he thinks and feels that I'm not worth it.

I picked an example like this because it is so everyday, so common. In it we can see the layered intensity of the old painful sensations and feelings, in combination with the ambiguous present stimulus of the professor's actual behavior. Transference is not just something we think, most of the time it comes to us in the gut, or in the solar plexus or in the throat. We feel the fear, the grief, the dizziness, the terror, or the rage before we even have an idea as to what is happening or why. These feelings fuel our internal conviction so that we often act with certainty. Psychotherapy is in large measure the process of calling those reactions, emotional, cognitive and somatic, into question.

When a person is in the midst of a transferential reaction or state, old familiar feelings, thoughts and body sensations are present. Most often the person experiencing the reaction is unaware, unconscious that the feelings are historical and related to someone else at some other point in time and place. Recognizing the signs that there may be an intense transference process in the present relational moment is a skill that therapists must be equipped with in order to parse out the historical dynamics and feelings that play a considerable part in forming the client's unconscious, his personality and his present behavior in relationships.

As therapists we must work to make the unconscious conscious. We must appreciate that many of the emotional-somatopsychic experiences that are being co-created in the therapeutic relationship are based on historical emotional patterns of thinking and feeling. Uncovering these patterns can reveal the pathological nature of the relationships the client has lived with and may continue to suffer with, or *to perpetrate on others including the therapist*. Often we see and experience within the

therapist-client relationship the destructive relational patterns that the client experienced historically. The therapist through the transference and countertransference analysis, particularly through the understanding of projective identification (which involves the embodiment of the projected feeling or attitude) can become aware of the emotionally destructive patterns of relating that the client experienced as a child. Also the therapist may experience the evocative pressure to respond and relate to the client as the parent or other significant person did, creating an historical enactment of the early (parent-child) relationship.

How Family-Relational Dynamics Get Built into the Transference: The Transference Can Bring the Whole Family into the Psychotherapy Room

Our clients come to us with acute and chronic relational pain. They are at the center of a vortex of dynamics, internal and external, historical and in present time. Object Relations theory and the more current concepts of Intersubjectivity have encouraged us, psychotherapists, to formulate the dynamic determinants, the causal relational threads, that have brought the client to this point of pain, confusion, anxiety, or anguish. Most clients come to us quite disregulated, disrupted and distressed. Yet, rarely are they in touch with the dynamic causes involved, let alone how they participate in perpetuating them. I believe we are missing the mark, when we theorize about psychic pain and anxiety, that its source is some biochemical, bio-physiological, neuropsychological defect in us that originates in our cells or cortical synapses and needs to be medicated, surgically removed, assessed and corrected according to some formulary of behavioral techniques. While some of these ideas and interventions have some usefulness, I don't believe this way of conceiving of human suffering gets to the heart, or the core, of the matter. I believe that the deepest and most primary source of human agony is based in human interaction. People hurt people. And unconscious forces and processes fuel the psychic engine of human interpersonal destructiveness.

In the formation of personality we accumulate a family of introjects within our somatopsyche. We create our personality and character, in part, by taking into ourselves whole patterns of behavior and feeling that we experience in significant relationships (both loving and safe, or abusive and traumatizing). We copy, empathically, these patterns and creatively fuse them together, as part of the construction of who we are; and then we bring our creation (ourselves) into relationship with others. These introjected patterns are dynamic/energetic clusters that come about through the process

of identification with significant others (caregivers, teachers, etc.). These introjects are comprised of whole energetic processes, integrated neuromuscular, behavioral and thought patterns taken from the child's significant relationships. These clusters of feeling, thinking, behaving can be acted-out at times as if the personality is channeling a person in his past or is possessed by that person. Often this is characterized as a kind of defensive process called splitting. However, I believe that these identificatory constellations are actually more intrinsic to the foundation of personality development and character structure.

> "In the 1950's Harry Stack Sullivan, on the American side, and Ronald Fairbairn, on the Scottish shores, separately created bodies of thought and practice – Interpersonal Psychoanalysis and Object Relations theory, respectively – with a similar premise: because the relationship between people is key to personality development, the individual mind is structured by and made up of personifications, or representations, of the earliest relationships one has known." (Dimen 2003, p. 8–9)

We are a complex bundle of identifications, introjects, and genetic dispositions. From the moment of birth, or even before birth, in the womb, we form bonds of attachment that are defined by our body's connection to the bodies of others, our family, our caretakers. We feel, smell, touch, are fed, caressed, supported, injured, left alone, and deprived in the context of our connection to these family members. The dynamic nature of these bonds is the paradigm of transference.

Scott Baum (1997) writes,

> "A child's ground is the matrix created by the bodies and souls of those around her or him. Long before children stand or walk, they are held to the bodies of others. Their feet rest on hips, hands, bellies, and chests. The hands and bodies that hold them convey vast amounts of information about reality ... The energetic container embodied by the therapist is a field in which the flux and flow of the client's inner process can be experienced, lived out, and interacted with ..." (p. 85)

There is a transference palette made up of family members and other significant attachments. Transference is a projection out and a somatic-emotional experience internally, happening simultaneously. The force of this compels belief. The person is swept up in the reaction; the conviction is viscerally reinforced that what the person is feeling, perceiving, knowing is an accurate representation of reality. It attempts to organize experiential reality but is intrinsically flawed due to its origins in the 'there and then,' without being tempered and informed by the 'here and now.'

Transference can be fixed (i. e., the projection is the same and continuous), but

often it can slip from one cluster of dynamics to another. For example: I have a young client in my practice who projects her controlling, competitive, "know it all" father onto me. This transference can become intense. It is often provoked by some internal gut- wrenching insecurity and rage stimulated by an experience of rejection or loss. My client is a musician trying to make it in the Big Apple. The ups and downs of her professional life are experienced intensely; she brings in feelings about being rejected, examined, envied, put down or put off, criticized, competed with, as well as praised, applauded and adored. She unconsciously and fluidly transfers onto me her feelings that she is being criticized or controlled, or jealously undermined. These are experiences she has had chronically in the dynamics with her competitive, anxious and narcissistically demanding parents who also have pitted her and her sister against each other. When Lola, as I will call her here, comes in I never know how intense the transference will get, or whether I will fall into the soup and she will evoke in me some irritated or competitive feeling or remark. The intensity of feeling and the fluidity of movement can be mind-blowing – ungrounding. Within one session I can be (she can perceive me as) the competitive, anxious, narcissistic father, the abandoning alcoholic mother, or the rageful, jealous, sabotaging sister. And if I'm not one of these people, then Lola is. She can switch (in her behavior and emotion) mid-sentence from one of these introjects to another. Helping her and myself to follow her process, somatically, emotionally and thoughtfully is like trying to distill one ingredient after another from a vegetable soup that's been pureed by a Cuisinart.

So it can go like this:

L: Now I feel insecure (anxious) because you said that he (boyfriend) just wants sex and doesn't really love me.

E: No- actually I don't think I said that, but do you believe that might be true?

L: I need you to tell me what to do. (Father transference)

E: How about we work on a decision that you feel is right for you.

L: I'm feeling that you don't care about me. That you're angry with me. (Mother transference)

E: (getting dizzy) I'm not angry but feel put on the spot to fix your inside feeling right away. (projective identification/countertransference)

L: Well you said something that made me feel all insecure and frightened that he doesn't really love me (Father transference-critical; sister transference- jealously competitive). That I can't trust him (Father transference to me and to the boyfriend)

E: I don't know that that's true, but I think you feel it.

L: You aren't giving me what I need (mother transference). You are withholding from

me (Father transference) and it's pressing all my abandonment buttons (M, F transference).

E: I feel pushed around, demanded of, criticized and accused. Are these familiar experiences to you?

All the transference projections in the scenario above (which is a synopsis) reveal this person's relational experience with family members. They reveal the chronic relational traumatic abuse that she sustained, continues to experience and that reverberates inside her. She is vulnerable to feeling insecure with and mistrustful of others. She feels the victim of critical, controlling and abandoning parents, and she can act in these ways to evoke those insecure and mistrustful feelings in me. This is the transference-countertransference-projective identification soup that carries within it somatic-muscular-visceral-emotional elements that can ricochet internally and between the client and therapist. Family dynamics are intrinsic to the system; old historical feelings are part of the emotional palette that gets played, intertwining with the present ongoing relationship between the client and therapist. Holding the ground, yet allowing the drama to unfold, so the feelings can inform and tell the internal tale about conflict, insecurity, love and loss, or abandonment and terror- is the work of experiencing and processing the transference. It is important and necessary to strive for a balance, maintain equilibrium, especially when the projections and distortions threaten the working therapeutic relationship; it is often a difficult but necessary task to hold onto the working relationship as we swim through the emotional currents of the historical dynamics losing ourselves under the breaking waves, bobbing up, floating, swimming for shore and solid ground.

As Freud said, "The patient remembers the repressed" within the transference and repeats it endlessly within the psychotherapeutic relationship and "works it through over and over again." (Dimen 2003, p. 6) The process has direction and form, but it is more like a growing organism, than a straight line. Mitchell (1999) states that a client in psychotherapy is driven by transference to create an interpersonal scene; to evoke a countertransferential reaction that is in sync with and accommodates his need to recreate historical relational elements.

Transference within the therapeutic relationship is co-created. The therapist is not a blank screen on to which material is projected, but rather an interactive partner, participating in the creation of a relationship. The therapist has a particular role in that relationship which both constrains and frees her. She cannot be 'just herself' but she can bring up things normally not permitted in social relationships. She can open a dialogue about these transferential elements to talk about the pain, anxiety, terror, longing they may engender presently and historically, and she can speak from

her own somatopsychic experience of the projected transference onto her. By 'being there' in the intersubjective space she has the opportunity to be the metabolic conduit, the empathic vehicle of unconscious, experiential relational trauma. The transference consists of familiar somatic sensations and relationship feelings and thoughts about the therapist and about the self in relationship to the therapist. It is unconscious and part of the work of therapy is to bring it to conscious awareness and to experience within the therapy relationship some of these familiar, historical sensations, feelings, thoughts and dynamics. It is imperative to work to create a safe enough relational space to do this. This helps tremendously in the effort to imagine, experience and understand the significant relationship dynamics and their associated somatic, energetic impact on the client as a child and throughout her development. It can give us an understanding of some of the important psychological forces that worked to form her character structure, to build her personality or deform it. The transference, then, brings these feelings, sensations, and dynamics into the present to give us a drama in the present from which we can learn (by experiencing it as we are in the transferential soup) about the past.

The transference allows the client to bring all the significant attachments of the past into the present relationship with the therapist for reparative, constructive and healing purposes. In group therapy this potential can be magnified. By bringing these significant, historical bonding relationships into the present and enacting them in the therapy relationship, re-experiencing them and bringing them to awareness, the therapy transference relationship provides the opportunity for healthy awareness, new possibilities for different and healthier bonding and experimenting with new relational patterns for change. In the therapeutic relationship the bond begins with old patterns that the work of therapy brings to somatic and psychic awareness. These old patterns are experienced, understood and through intersubjective collaboration and experiment, are changed. With this complex experiential knowledge, the therapist and patient can use this information from the transference to work toward the goal of new, healthier patterns of relationship – toward separation/individuation, toward autonomy and responsible aware choice in the present.

This transformative process that is midwifed by the work within and through the transference in the therapeutic relationship also is the foundation for change intrapsychically. Shifting patterns of present relational dynamics, and understanding and awareness of historical toxic patterns, help to change the inner being. The work of the transference helps the client to see the distorted and deforming dynamics that were not determined by his essential beingness, but by inaccurate and harming transferential attributions, and polarizing and competitive dynamics within the parental dyad. This understanding, and the working through and cathartic expression of the grief, anger

and other suppressed feelings, allows for a different relationship of the client to his inner being. A different emotional relationship to the self can emerge; a possibility for creativity and for complex repair of the patterns that make up self-image, self-esteem, self-understanding and self-compassion can be supported. It frees up a lot of energy to experiment with new, healthier patterns of choice and desire. Unsurprisingly to us Bioenergetic therapists, these changes are wrought in the body, in the nervous system, in neuromuscular patterns, as well as perceptual and relational patterns.

Transference is a vehicle of relational family power dynamics. In it's most unhealthy form, it is the mechanism by which human beings objectify, label, and oppress each other. Transference is at the foundation of prejudice. It is a psychic mechanism by which delusional attributions are carried out and by which we are frozen, stuck in an unchanging perceptual and experiential world. It is by definition, a distortion of perception of who we are and it is a fundamental vehicle through which oppression, abuse of power, and chronic relational trauma are perpetrated.

Projective identification, a complex mechanism of the transference process is a primary vehicle for the enactment of abuse and oppression. I ask the reader to hold the question as we study these issues, as to whether Bioenergetics as a theory and system of psychotherapy and healing has integrated fully the feminist ideas and concepts around the abuse of power. I have worked for this. I feel we all have. My hope is that this examination will encourage and further our exploration in this area. At the time I write this (the Arab Spring, the Occupy Movement, the repeal of Don't Ask, Don't Tell, the growing acceptance of same-sex marriage, the melt down of the global climate and economy) when once again power dynamics are revealed dramatically, and there is terrible deprivation, abuse and active revolt, it behooves us as students of the human condition and healers to look at and attempt to understand and work to remedy how power dynamics, and specifically how the abuses of power, affect each individual's body, soul and psyche.

Power Dynamics in Relationships, Families and in the Therapy Dyad

I believe that we as therapists do not learn enough about and do not investigate enough the use and abuses of power in ordinary everyday relationships, especially the subtle, but chronic uses of power to move relational dynamics in one direction or another. Who decides what and where, or how the family meal is done; who decides whether or not to go for ice cream and where, and when to sleep? How do conversations play out? Who takes up the space –physically, emotionally, or verbally?

Who decides or attributes badness or goodness to a particular behavior or motivation? Who leads, or who gives direction? Who judges what is said or refuses to participate? Who dictates what is real, and what are silly imaginings? And with what attitudes, intentions – benign or malevolent – are these power maneuvers carried out? I think of power as energy in the relational system; each individual or group or paired-alliance, has influence over the system. Also elements like historical abuse, cultural rules and sanctions, or transference and unconscious motivation have energetic power over the relational system as well.

In looking at power dynamics, I am focusing on energetic forces like unconscious and conscious motivations, hungers, prejudices, needs for attention, wishes, dreams, forces and impulses determined by neglect, abandonment and deprivation; forces guided by the pragmatics of survival, longings for ecstatic merging, sexual pleasure, companionship and friendship; seductive forces involving praise and priority, and forces of punishment and intimidation. These are all in play in the family, in relationships; their interplay is the ground for chronic relational abuse. We are looking at them, assessing them continuously as we sit with a client in a clinical interview, asking the beginning inquiry, "Why have you come? What are you seeking to heal in therapy? What are you needing and hoping for?" Power dynamics are a profound and fundamental part of the energetic forces that form the whole organism, the personality, and the character structure. Lowen (1958, 1983) has been explicit about this. Yet more investigation, understanding and elucidation are necessary.

An ordinary example that I like to use is of a toddler who is told by her mom to please stay away from the electrical outlets, or the boiling water, or the matches. Many families child proof the home, but only recently have there been plugs to keep the child from sticking things into the electrical sockets. Imagine a mother who tells her toddler that she is not to touch the electrical outlet or to put her toy radio antennae or a walkie-talkie into the socket. But the child, intrigued, impishly defies her mom, and takes her toy and goes near the socket or even plugs something into it. And looks to see what reaction mom will have. Mom can react powerfully, "OMG! You're going to hurt yourself." Or "OMG! You're a bad girl." Or "OMG! You're not listening to me." Or "Shame on you!" or "How dare you!" The child may feel chastised, but may also pay attention to the energy in her mother; what she, the child, is evoking in her mother. She may also feel or somatically register her own power to move her mom emotionally or physically, get her attention, make her frantic or defeat her, or evoke in her mother feelings of despair or collapse. The mother's reaction can make the child feel guilt, shame, fear, empathy, resistance, defiance, or victory. The mother can feel powerful or powerless in this moment and so can the child. Children learn about the uses of power in their family relationships. If mother moves to discipline either mod-

erately with a time out or with more intense physical force, the child understands this somatically as a use of power, and then may mimic this power dynamic with friends or siblings, or later in adulthood when parenting her own children. But she may also find in herself a need to turn the tables by spitting out her peas, or vomiting on the new rug, or holding her bowel movement – all powerful moves. Siblings learn from each other about the power dynamics of competition, manipulation, humiliation and abandonment, as well as the power of camaraderie, supportiveness and friendship. These are just ordinary, prosaic examples of the dynamics of relational power.

In Tronick's (1988) research study where the mother's gaze is either directed away from the infant or frozen, unresponsive and immovable, the power to distress the infant is obvious and disturbing. Turning the gaze away is a powerful move that often distresses the infant or at times stimulates the infant to dissociate. We understand the power a parent has to evoke the feeling of being abandoned, unwanted, unloved. These evocations are toxic uses of power in parent-child relationships. The moment when mom turns her head away is a subtle moment that has far reaching effects. If it is repeated over time it influences the mother-child bond dramatically and the child's development of a self for life.

In the scenario where it is the child who turns her head away, averts her eyes from her mother's face for a moment because she is overwhelmed or just turning inward to her own sensations, or even affected by the mother's emotional intensity or energy, even her loving gaze, this too is a powerful move by the child. It is sometimes not motivated by anything but a need to pause, or focus momentarily on an inner sensation. But its effect can be transforming. Let's look more carefully at the psyche and soma of the mother who experiences her child turning away from her, twisting away, wriggling away, pushing the breast away. Some mothers will tolerate and accept this as the ups and downs of a child reacting to its own needs. Other mothers will see and experience this transferentially – the mother's traumatic history repeating itself in the child's rejection of the mother's body; rejection of the mother's being; the infant in the transference can represent the mother's own rejecting or critical or abandoning mother. In her anxiety and unconscious rage at her own mother, the mother in this scene can act and react badly, evoking more, continued and cyclic rejection from her infant. And so we see the relational power of the transference. The mother's transferential attribution onto the child (that she is rejecting her like her mother chronically did) can become chronically embedded in the mother- child interpersonal dynamic and influence very destructively the development of the healthy, attuned, loving and safe bond between mother and child.

An example of this mother-child transferential dynamic (which recapitulates the original chronic relational trauma) was related to me by a client who became enraged

each time her child breast-fed. She said to me: "I know this is supposed to be a blissful moment, but I become furious and feel the impulse to throw her body away from mine." Investigation over time led to an understanding of the intense incorporative and dominating narcissistic relationship this woman has had all her life with her mother. My client transferred her feelings about her own mother, that she was "eating her up alive," to her newborn infant. What a tragic imposition of her unconscious on her ability to love and nurture, to be present for her child. Here we can see how the "child itself becomes the *trigger* for reactivating the parental trauma."(Coates 2012) Coates explains that the child can activate the unresolved traumatic relational memories in the present.

Ogden (1989, p. 209) writes about a mother who "allows her infant to cry for hours on end because she 'knows' that the infant has such tyrannical strivings (the mother's own projected feelings about herself) that, 'it is essential that she not be bullied by this baby Hitler.'" In the rapprochement subphase of development when the child is practicing the developmental task of separation-individuation, making autonomous moves toward and away, mother can again be at risk to have a dramatic transferential reaction, where she may experience familiar somatic feelings and psychic thoughts relating to her history of abandonment or controlling behavior by her own parent. What happens next matters so much. The negative somatic reaction in the mother (clenched jaw, penetrating or bulging eyes, fierce grimace, clenched diaphragm, tightened stomach, stiff legs – a state of arousal associated with anger, rage, or hostility) is unconscious and automatic. How the mother responds is crucial. She can rage at the child, show him her panic or depressive loss of self-esteem; she can communicate that the child is overpowering her. This is a power struggle – because the child begins in this dynamic to be empowered to act out the destructive historical dynamic between his grandparent and his parent; he is learning to embody the role of the abandoning, or sadistic or critical, rejecting grandparent. The mother, expressing her upset is also powerfully, unconsciously manipulating the child to both stop rejecting her, and to continue to reject her by attributing transferentially her own mother's power of abandonment onto the child.

What happens when this child, as an adult, comes to therapy: Is he a victim or a perpetrator? In his relationships with family members, with his own children, with you the therapist, when he neglects, disrespects, feels entitled; which role is he playing? This person has suffered chronic emotional abuses; we know that. How do we handle the acting out of the transference power dynamic, the projective identifications, and the interpersonal drama of ambivalence and suffering? After all, messages from his mother that she abandoned him because he rejected her are palpable in the transference and in the client's perception of himself. Where and how do we, therapists, intervene?

How do we respond, how do we reveal the toxic dynamics? These are the moments that get enacted and reenacted repeatedly in the small behaviors within the therapy dyad. We must understand them as power dynamic issues that are pervasive in the life of the client; they are unconscious and they are part of the relational soup; the intersubjective ricochet that is psychotherapy.

Healing in this context is about disrupting and disassembling the legacy of relational abuse, and becoming aware enough to make conscious choices in the present. It is about bringing to conscious awareness the toxic relational patterns, and our tolerance, collusion and participation in them. We must be astute and vigilant about how we project and carry out unfinished business from our emotional history in our present intimate relationships with our partners, children and friends and colleagues. *The attuned therapist asks the question: What are the destructive relational patterns that have formed this individual? She follows empathically the relational-emotional-intersubjective process to glean information about how the client, the person, has become and remains imprisoned, and colludes to continue and perpetuate his or her imprisonment in a pathological, abusive relational matrix.* Certainly we encounter at least a profound ambivalence in our clients and in ourselves about uncovering the relational source of suffering. I can't tell you how many times I have heard a terrorizing, or horrendous account of abuse in the childhood of a client, and then heard the rationalizing refrain, "But I was such a difficult, or hateful, or troublesome, or misbehaving child." As if that explains it all. It is very difficult (especially for a child), often excruciatingly so, to harbor, in the body and psyche, unconscious hatred, envy and rage, for someone the child desperately loves, desires and profoundly depends on. Yet this is a common, familiar, developmental experience. And I haven't begun to talk about the Oedipal struggle, the entrance of a third party (the father) or a fourth of fifth (siblings, grandparent, teachers) that make the power struggles extremely more complex, but nevertheless quite chronically destructive.

Power Dynamics and the Oedipal Complex

Freud (1953) was the first to illuminate the layered relational conflicts of what he called the Oedipus Complex. Lowen (1976) further discussed the extremely toxic elements and consequences of these dynamics in his monograph on psychopathy. This is a profound and complicated topic, but important to mention here because the power dynamics of intimidation, competition, seduction and possession, which are central to the Oedipal constellation, are important to recognize as they are experienced and enacted within the family and through transference mechanisms in

all relationships. Freud described the triangle of father, mother, and child as a conflictual one, where the child encounters in his competition with the same sex parent for the attention, approval and love of the opposite sex parent, an intimidating and anxiety provoking dilemma. Freud believed that the personality structure of the child is formed in large part in the crucible of this triangular conflict, resolving in a surrender by the child of his competitive longing in order to win the favor of the opposite sex parent; this surrender entailed the abdication to and identification with the same sex parent, and the progressive sublimation of sexual and competitive impulses. Freud called the motive for this surrender, castration anxiety. In calling it that he calls our attention to the fundamental reality of the presence of chronic relational trauma in the formation of personality.

A closer look reveals that this is the proverbial tip of the iceberg. Power struggles employing emotional techniques like intimidation, seduction, possession, guilt evocation, defeating or humiliating competition, manipulation, reward and punishment abound, and go on in the triangular relational matrix in all directions. Freud spoke to the culturally normative conflict. He described the little boy fearing his father's vengeance for capturing his mother's undivided attention, relinquishing the infantile sexual/attachment longing for his mother, surrendering to the father's unconscious demands. Many analysts since have elucidated that this competitive struggle is multifaceted and much less formulaic. I have, in a previous paper (Tuccillo 2006), written about the healthy development of the child emotionally and sexually and how it is based on a safe, loving, and respectful relational family matrix. With regard to the theme of this paper I have found that competition with, intimidation of and possession of the child is a common aspect of typical, yet destructive, family relating; that it often does not manifest in gender specific ways. Mother can compete with her husband for the love/possession of her daughter or son, as readily as a father can compete for the love/possession of his daughter or son, with his wife. Father can possess a child so emotionally, completely, that mother feels shut out as significant to the family relational dynamic. And vice versa. Children can "learn to play the game" (Lowen 1976, p. 7), to manipulate their parents' insecurities that are based in their parents conflicts stimulated by their inability to establish mutual respect and collaborative partnership.

In some of the most pernicious examples of these dynamics, children are manipulated and possessed, enslaved as cohorts in their parents' competition. These competitive struggles can be unconsciously motivated by transferential dynamics. A mother can long for her father; that longing can be transferred to her son or daughter who she will emotionally capture, bonding the child to herself in such a way that the child must exclude or even repudiate the father. This mother may also transferentially experience her husband as a sibling toward whom she transfers feelings of jealous rivalry.

The legacy of these dynamics can proceed like contagious microbial infestations from generation to generation, relationship to relationship, through families and groups.

A talented young writer was talking about his romantic relationship and feelings of abandonment; he complained that his partner wasn't interested in him. I asked him to repeat a phrase that he had used in describing his situation: "Don't let go of me." After repeating the phrase a few times an image of his father came to him together with an ache in his chest. He recalled two incidents. In one he traveled overseas to visit his father, and during a long lunch, in which his father talked pleasantly about himself, he never once inquired about his son (my client). My client had a look of resignation and a frozen, stiff quality in his facial expression as he told of this memory. In a second recollection, he was looking forward to being with his father after a long stint at college. He was with the family at home when it turned out that supplies were needed and his father offered, "let's go get it at the corner store." My client was eager to go, hoping for some private time, but his older brother decided to come along. At the store Dad handed the box of supplies to my client and said to him, "Take this home to your mom. I want to go to another store nearby to show your brother something." My client went home sunk and sad. He was surprised even to have felt these longings so deeply and poignantly. He was his mother's son, he said. And his brother was his father's son. My client had come into therapy to explore his merged relationship to his "overbearing" mother. His experience was that he had little relationship to his father, and had little feeling about it. Now he was surprised to realize how much he felt captured by his mother, blocked from his father who let him go, and who didn't fight for a relationship with him. This dynamic was part of a larger schism that affected the whole family and was part of the stimulus for the father's later secret affair and eventual separation from the mother and the whole family. The father colluded and accommodated to the mother-son Oedipal dynamic, the son accommodated as well. The feeling of being uninteresting, let go, persisted transferentially. Fighting for his father, and for his present relationship partner, seemed like a skill he didn't know how to do, even how to feel. The words and feeling in his chest now validated his longing. "I want to be with you. Don't let me go."

My client's partner complained that he was frustrated that my client was withholding of his feelings both emotionally and sexually, and that it had come to a point that the partner felt that he wasn't there, present in the relationship. Those abandoned feelings in the partner were quite similar to the abandoned feelings of my client with his father. So now my client was in his manner and feelings, acting like his father – letting go, taking no initiative, allowing no real intimacy – repeating the dynamic of estrangement he experienced and that had deformed his ability to be authentically there in relationship. My client's focus on not becoming controlling and overly emotional

like his mother became an underlying motivation for his withdrawal from his partner. This actually exacerbated the less obvious perpetration of aloofness and abandonment that was so similar to his experience with his father. And, perhaps in that abandoning aloof treatment of his partner, my client could feel more identified with, more alike to, the father he still longs for.

In this example we can see the reciprocal relationship of identificatory and transference processes. My client, Steven, felt insecure with his partner, specifically that his partner wasn't interested in him. The intense transferential feeling emerged, "Don't let me go ... See me ... Be interested in ME!" This transference process in Steven underpinned other feelings of insecurity and powerlessness in his relationship to his partner who he felt was "more controlling" in the relationship in general. Steven's sense of victimization in relationship to his father, and transferentially to his partner, blinded him to his own perpetration, and to his collusion with the dynamic of abandonment carried through in his not fighting for the relationship, but rather pulling away, and withholding his feelings. This "abandonment and withholding" is an identification with his father who used a seeming "passivity," avoidance and imperviousness that engendered feelings of loss, abandonment and insecurity in Steven. Steven was now, out of awareness, behaving in these identificatory ways. Steven's transference, his own feelings of insecurity blinded him to how he was generating these feelings of insecurity and abandonment in his partner. In this manner, he was experiencing himself as victim, but was also acting as perpetrator. This reciprocal manifestation of the chronic relational trauma is sometimes difficult to discover, although it is pervasively present in interpersonal dynamics. Layered and intertwined in this relational drama is also Steven's sense of victimization, that his partner is more controlling and judgmental in their relationship. These feelings have transferential elements to Steven's relationship to his mother; and intriguingly, they have identificatory/transferential elements to Steven's parents' relationship pattern with each other! So what we have unpacked here, in looking at the reciprocal transference/identificatory process, is the dynamic enactment in the present couple (Steven and his partner) of the historical relationship pattern of Steven's parents (his mother: controlling, judgmental and guilt evoking; his father: avoidant, withholding, collusive in his passivity.) This is the legacy of the transference. If Steven intends to become autonomous and emancipated from these patterns and his unconscious generation of them, he must gain somatopsychic insight into how they are triggered and played out in his most intimate relationships. Conscious awareness of and work to disrupt this unconscious pattern is important work for the therapy.

The father's obliviousness to his younger son's longing and need for him and his surrender of this son to the needy demands of the mother is a powerful dynamic, the

consequences of which will need exploration in the ongoing therapy. Therapists are confronted with such power issues and must deal with them in themselves and with the client. *Therapists often feel compelled to support the abused child in the patient, but often neglect to deal with the perpetrator, the abusive aspect of the patient.* Part of the problem is that we must all advocate for that wounded child and must attune ourselves to the process of the client in order to understand the person from the inside out. Alice Miller (1975) warns us therapists that we must mix empathy with vigilant awareness. How do we deal with the abusiveness, the power plays, the toxic acting out of our clients in their relationship to partners, family, and to us? We must learn to identify and deal with these dynamics in as healthy, consciousness–raising, limit setting, expressive yet containing, and healing a way as possible (Searles 1965, Kernberg 1976, Masterson 1972). We must strive to protect and keep safe the therapeutic relationship even as we immerse ourselves in the abusive soup. We must take it up if we are to deal realistically and truthfully with the profound complexity of human interaction.

The Power of the Unconscious

The relational matrix that perpetuates abuse entraps the psyche in a systematic negation of potentially accurate perception of reality so that access to new information is blocked. Repetitive, compulsive patterns reign and become ingrained. They originate from a ditch – dug deep and well-worn, in the psyche that drives and compels ideas and behavior to all go in the same direction, affirming, repeating, reconstructing the same overall pattern and message. This is the work of the character structure and the unconscious process.

Because destructive transferential distortions originate in the unconscious, they are essentially inevitable and driven by predictable forces. When the concept of gravity was named and its dynamics understood, it explained so much about the physical behavior of the universe. For me the concept of the unconscious in the psychic universe is akin to the concept of gravity in the physical universe. For me unconscious process is like water flowing downhill. Water always finds a way down due to gravity. If we watch the way water flows and falls, there is ultimately only one way ... down. There are these well-worn crevices, ravines that become streams and rivers, all flowing down, inexorably down – one way, only one way. We might think of the inexorable movement of the glaciers over terrain, leaving deep grooves in the landscape that directs the flow of water from the time of their origin until now. This is my metaphor for the dynamics of the unconscious in each individual, in family systems and in the politics of human interaction. Any force for change must deal with this, the power of

the unconscious: Its profundity, its inexorable press to determine the flow, the pattern of movement, of thought, of emotion.

The psyche gets stuck in these deep grooves. This is what Freud called the repetition compulsion which he believed was pervasive in human dynamics. The same narrative, drama, perpetration gets played out repetitively, with some variation, perhaps, but without basic alteration. How then do we work to create alternatives, new healthier patterns, consciously chosen by us, motivated by wholesome, creative, and benevolent intention; by love, empathy, compassion? And how do we set limits, fight against the old destructive, stuck patterns? If we achieve some headway for change, how do we keep these old patterns from re-emerging, reasserting themselves, continuing to do damage and create havoc? Where do we find the awareness, the energy and the sense of purpose and determination to do this work?

Theory informs, structures, expands and delimits our clinical observation and our interventions. It supports our ability to see and appreciate what it is we are experiencing. It provides a lens through which we can look, to magnify or enhance the nuances of meaning. We all have a set of values about what is meaningful, effective, what motivates us or what causes change. I am attempting here to provide an additional theoretical lens, adding one more conceptual tool to navigate the various interactions and dynamics that take place in our interpersonal world, especially in the therapeutic dyad or group.

I challenge myself, and all of us who are psychotherapists, to see dynamics in this way: to look at the impact of the unconscious and of unconscious transference dynamics on human experience. I want to raise our consciousness further about our assumptions about human nature, how we are formed, what is at the deepest level of our desire, choices and ambivalences in our connections with each other and with our own internal world. I come to my understanding of the human condition after thirty years of practicing as a psychologist and psychotherapist working with children, families, couples, groups, and people of all ages. I have worked with the gamut of human psychological and emotional suffering on inpatient psychiatric units, on medical services and in private practice. I have been with individuals suffering tremendous psychic and emotional pain, terrifying delusions, and with children and adolescents who have endured physical and sexual abuse. I have worked with the learning disabled, with men and women suffering anxiety, insecurity, pathological shame, self-hatred, and the drive to self-destruction, including suicide. In all these I see the suffering brought on by chronic relational trauma. I have learned a fundamental truth, which I hope to convey. The unconscious is inseparable from the conscious. All the theory I have learned (from theorists such as Freud, Lowen, Bion, Laing), and all the training I have received in Bioenergetics, Psychoanalysis, Family

Systems and group process, confirms this truth. I am speaking about the powerful impact of the unconscious.

This knowledge about the force of unconscious processes has grounded my passion about teaching and encouraging parenting with empathy. My emphasis is about our conscious awareness of the power caregivers have in the development and nurturance of the somatopsyches of their dependents: children, clients, seniors in need of caretaking. It is about the vulnerability we all have as we take partners in life and commit to support, love and cherish them and depend on them for the same. I want to raise our consciousness about the powerful impact of the unconscious in all we are and all we do.

Even in the seemingly rational, mathematically logical world of economics, the manner in which decisions are made and acted upon are riddled by the influence of the unconscious. Recently Daniel Kahneman demonstrated how thinking and choices are profoundly affected by irrational and unconscious ideas, feelings and fears. His investigation elucidated the impact of human irrationality on the whole of Wall Street and worldwide economics. His work won Dr. Kahneman the Nobel Prize in economics. This should give us some idea of the value of the contribution we as a profession can make if we bring our understanding of unconscious processes to the fore. He applies his ideas to cognitive functioning in his book *Thinking Fast and Slow* (2011) in which he describes the unconscious, often illogical and irrational processes (such as the "illusion of validity") that go into everyday choices, opinions and behaviors.

What is Projective Identification?

To this point we have understood that unconscious psychic processes infuse present perception and feeling with historical-emotional memory to create distorted, often irrational, perceptions of present reality; yet these are hard-wired in the way we perceive and emotionally process everything and in the way we bond to others. Transference is a type of unconscious process that is part of how we learn and understand anything new. It plays a huge part in forming who we are, how we behave, how we see and relate to each other and to ourselves; and how we experience and care for dependents. Projection often interferes with an accurate perception of what is really there. It fogs and distorts so that misunderstandings, assumptions and attributions abound, miscommunications become chronic; relationships get into ruts, people fight, act out, and marriages fail. Transference is one of the major culprits, a recurrent causal force generating these relational casualties and tragedies. Projective identification is a particular subtype of transference. In our conventional understanding of transference an historical, emotional dynamic is projected onto the present relation-

ship. In this way, I unconsciously am relating to you, feeling about you, at least in part, as if you are someone in my past. Projective identification is a more complex form of transference; it is part of the transference process where the unconscious feelings and thoughts, historical relational pieces, are projected onto *and into* the other. It is the transference projection that actually transforms – metamorphosizes – the other! Not only do you remind me of my father, and his critical ways, but I shall unconsciously influence you to be like him; and we shall bond in the present as I bonded in the past; my projections, the way I am with you, will actually evoke in you the attitudes and behavior of my father. Very simply stated – projective identification is a part of unconscious transference process where not only does the historical emotional-relationship dynamic play a part in the perception and understanding of the brand new and ongoing present relationship, but the historical dynamic is evoked – evoked energetically – in the present relationship. That is, the way we see and feel about this new individual is changed in such a way by this mechanism that it repeats, in both persons in one way or another, the old emotional-relational dynamic, the old relationship pattern. This is projective identification. This all happens unconsciously.

Here's one more, somewhat imaginary scenario that could have happened, but did not, that illustrates how projective identification works. Earlier I wrote about my daughter Mica and how her infantile fragility, her gender, her self-containment as an infant triggered in me a transference reaction where I began to feel the old familiar vulnerability, rejection and longing I experienced in my relationship with my mother, who had been dead for 5 years when Mica was born. *But what if* my unconscious feelings actually influenced how my daughter felt and related to me. The way projective identification works is that it places unconscious emotional pressure on the present relationship to make the old energetic-relational dynamics happen. The feelings in my unconscious and in my emotional memory about my mother – what sometimes is called an introject – particularly the part of her that was pulled back and resistant to intimacy, can be placed inside my daughter (these feelings can be evoked in her and she can begin to sense them in her body, in her need to pull away, her tension in her body around me, the knot in her stomach) so that I not only feel that she is withdrawing from me (like my mother did), but she actually feels inclined to and is withdrawing from me. It's not an illusion. It has become real. The old has become alive in the present! She comes to embody this aspect of my mother, so now I live out the old relationship with my mother, particularly the painful traumatic rejection part, with and through my relationship with my daughter. My body also repeats the old feelings, the old familiar longing, the tentative melancholic feeling in my chest. This would have been such a tragedy for me if it had happened, and for my daughter, and perhaps for my grandchildren. But this kind of influence of the unconscious

through transference projective identification which metamorphosizes the present relationship into an energetic embodiment of a past relationship happens regularly in families, in marriages, everywhere.

Spillius and O'Shaughnessy write (1212, p. 365):

> "In our view the concept of projective identification is not particular to the clinical situation but a universal in human communication, one that Freud was questing for. In 1915 in his paper, 'The Unconscious,' he writes: 'It is a remarkable thing that the unconscious of one human being can react upon that of another, without passing through the conscious. This deserves closer investigation.' (Freud, 1915, p. 194)"

Indeed!

Technically the definition of projective identification is the dynamic by which a disowned part of the self/psyche (a feeling, an introject) is projected onto (into) and *evoked in* another. Thomas Odgen, a leading psychoanalytic authority writing on the process, has likened it to an evacuation of emotion (a feeling/thought cluster) that is disavowed or repudiated in one person, and then a placing of this emotional constellation, injecting it, into another.

Some simple examples:

- A mother projects that her child hates her and begins to evoke and respond to his/her cries as hateful, but the hate is actually a disowned aspect of her psyche.
- Mother has loving or sexually desirous feelings for her child that she disowns, and repudiates in herself, but projects onto her child or evokes in him and then admonishes him for.
- A husband who projects feelings of betrayal onto his wife and behaves in such a way as to induce or evoke them in her and then accuses her of a "cheating heart".
- In the therapy dyad: A client projects a competitive, know it all, haughty attitude (perhaps an introjected aspect of a parent) onto the therapist that is disowned, disavowed by the client. The therapist, however, finds herself feeling superior and haughtily contemptuous toward her client.

Transferences – historical remembrances that are projected onto another- can be at the foundation of projective identification. Historical remembrances of one person (let's stay with mother) are projected onto another (let's say child, or spouse) in the present. That is transference: "Our little girl takes after her grandmother." This transference projection (which is also an introject) is disowned, projected onto and evoked in the other; "This child looks at me with hateful feelings just like my mother used to."

To the psychological observers, the proverbial flies on the wall, the child does seem to be quite hateful. This all happens unconsciously and is rarely articulated

or acknowledged. Yet these unconscious dynamics determine, unfortunately, to a large extent the ongoing relationship between the two persons. And, of course, these dynamics influence how the child embodies the burden of her mother's relationship with her grandmother; and how the child begins to know herself as a person who is hateful toward her mother.

Projective identification is described by Ogden (1989) as "a psychological-interpersonal process" in which "an aspect of self" which is denied or repudiated can be placed in another person in such a way that "the recipient is controlled from within (Klein, 1955)." In this way, an aspect of self is denied, by creating a separate container for aspects of oneself through an unconscious merging of the self and the other in identification. For example the patient may be threatened by a deep unconscious hatred for his mother. He attempts to manage these unacceptable feelings in the follow way:

> "I cannot tolerate hating my mother, so I'm going to believe that you, like all therapists, hate mothers, including mine. And since my hatred for my mother is too painful and too threatening for me to bear, I allow you to hold the awareness and the pain of my hatred in your body, even as I condemn you for being the mother-hating person I cannot stand myself to be."

Thomas Ogden has written (1982, p. 280) that there is:

> "pressure on the infant to behave in a manner congruent with the mother's pathology, and the ever-present threat that if the infant were to fail to comply, he would become non-existent to the mother. This threat is the 'muscle' behind the demand for compliance: 'If you are not what I need you to be, you don't exist for me,' or in other language: 'I can only see in you what I put there, and so if I don't see that in you, I see nothing.'"

This is a description and more extreme example of the workings and power of unconscious projective identification.

In this worst case the relationship between mother and infant is one in which the unconscious message, given chronically, daily to the child is, "You do not exist for me, unless you are who I need or expect you to be." This is such a simple psychic annihilation, yet so devastating to that emergence of an authentic self. This child is vulnerable forever to the demands to comply with the demands of the 'other(s)' in her life. She has learned in the model with her mother that she cannot take the risk of being herself. She has learned to repudiate her own authenticity. Her internal organs and her muscles will constrict and twist in such a way to signal her whenever she is at risk of breaking the cardinal rule of living only in her mother's reality. What happens to the somatopsyche of a child experiencing this as chronic relational trauma, to her development of a self, a body self that knows inside the truth of who she is? There is a

continuous press to force a pathological accommodation at the level of sensation and self-experience so that she is unable to have any sense of her own somatic or psychic truth, in fact she must deny it. It must all be surrendered to the projector's fantasy of who she is. How can she ever find a way to validate her authentic self, her goodness, her autonomous beingness? When anyone, but especially when a child, submits to the unconscious demand to evacuate authentic sensation and embody the projections of another, the emerging self can be engulfed until it becomes nonexistent.

At this deeper level of malevolent, vampiristic relational trauma, the demand to comply with the continuous transference and projective identifications is accompanied by the threat of catastrophic explosive annihilation. I am most interested in investigating what happens when the psychotic introject of the client is projected and evoked in the therapist in such a way that the client re-experiences the parent-child historical pathological relational dynamic in the present therapy relationship. This is similar to transference; only the mechanisms are through projection *and evocation* of the client's internalized malevolent parent, who is evoked as a feeling state in the therapist. In this way the therapist experiences the feelings of the traumatizing parent; these are complex and difficult to manage. Reciprocally the client projects the traumatized aspect of the self onto the therapist, who then experiences the feelings of the traumatized child such as hopelessness, abjectness, worthlessness. These feelings are fundamental to the unconscious experience of the self of the client. They have been painfully honed in the crucible of the pathological relationship with the traumatizing parent. That relationship is now being enacted with the therapist experiencing the traumatizing dynamics and the client enacting/embodying the role of the traumatizing parent.

This can be the extent of the negative power of the unconscious in action, in human dynamics, in families, in parent-child interaction, and in the politics of human experience. As Bioenergetic therapists we are aware that when these toxic relational dynamics are operating, any healthy developmental push for autonomy, authenticity or assertion, brings with it an internal terror that gets layered and bound in the musculature, in the viscera and in the psyche of the child who is the focus of the projective identification

R.D. Laing in 1971 in his analysis of *Family Politics* described these dynamics in families. The dynamics of transference combined with the formidable pressure of projective identification put pressure on the child's forming personality to become, to embody, those disowned, painful, sometimes hated and repudiated parts of parents' psyche that are based in identifications and introjects of historical figures and relationships. Laing believed that these unconscious demands placed on the child to embody the introjects of the parents/caregivers doomed the child to the development of an inauthentic self.

If we examine the influence of the mother's (parents/families) projective identification onto the child; the internal identifications with historical objects (introjects) in the parent that are projected into the child and simultaneously disowned by the parent, we can see the mechanism by which the child comes to embody the disowned, disavowed and sometimes hated or despised aspects of introjected parts of historical significant figures in the parent's somatophsyche. For example: Mother's father is physically abusive and rageful, and historically has exploded in rage at the mother or her siblings in their childhood. In her personality development this mother has internalized and identified with her father for whom she consciously has loving, albeit ambivalent, feelings. She has unconsciously internalized her father's attitudes toward parenting: providing for the family, organization of family time and teaching and discipline of the children. Now in the context of her present family and her role as a mother, she disavows these abusive attitudes and feelings, especially the controlling, rageful feelings and impulses to be physically abusive (her identification with parts of her father). She, however, may project them into, and thereby evoke them, in her child who she now recognizes unconsciously as "like" her dad. She may see his behavior as overly temperamental, violent or out of control. Her child now comes to represent her repudiated feelings. Her child's personality and behavior, his being, allows for a continued relationship (transferential) with her father in her present interactions with her child.

What is most fascinating and difficult to unravel in the transferential dynamics in the therapy relationship is the creation in the present of an enactment of an historical chronic relational trauma. In the example above we see how the mother evokes a dynamic with her child that repeats the historical pathological relationship with her father. These same dynamics can be played out in the therapeutic dyad where the patient evokes through transference and projective identification the historical pathological object relationship. The client acts in a way like her father that is internalized and unconsciously evokes a dynamic in which the therapist is made to feel and play the role of the client, allowing the therapist to experience the client's disavowed pain, anxiety, rage as a dependent child while the client plays the part of the parent. This can happen often, and is an intrinsic part of the psychotherapy relationship. We repeat the historical-energetic-relational pattern one way or another.

Of course this is all very powerful, unconscious manipulation of the somatopsychic experiencing and functioning of the other. Ogden (1989) describes the process:

> "In projective identification, the projector-by means of actual interpersonal interactions with the recipient [therapist]: unconsciously induces feeling states in the recipient that are congruent with the 'ejected' feelings. [In the case above the therapist can find herself feeling hatred, and has to wonder it's source in her own subjective experience.]

> In addition to serving defensive purposes, this constitutes a fundamental form of communication and object-relatedness. The recipient of the projective identification can sometimes retrospectively become aware that he is 'playing a part ... in somebody else's phantasy' (Bion, 1959a, p. 149). Projective identification is a 'direct communication' (Winnicott, 1971c, p. 54) in that it is unmediated by an interpreting subject; instead, it is predominantly a communication between the unconscious of one person and that of another. For this reason, it is often experienced by the recipient as coercive. *There is no choice: one not only finds oneself playing a role in someone else's internal drama, one feels unable to stop doing so.* The recipient feels controlled from within. If he is able to contain the induced feelings without simply dumping them back into the projector, a shift in the relationship between the projector and the recipient can occur that leads to psychological growth. The processing of a projective identification by the recipient (often this is the therapist) is not simply a matter of returning modified psychological contents to the projector. Rather it is a matter of altering the intersubjective mode of containment generated by the interacting pair, thus generating a new way of experiencing the old psychological contents. It is not so much that psychological contents are modified; it is the intersubjective context of those contents that is modified ... what changes is the experiential context ... [the phantasy isn't] destroyed or replaced; ... rather, the phantasy is experienced differently due to a shift in the psychological matrix [context] within which it exists." (Ogden 1989, pp. 25–27)

The therapist communicates an acknowledgement of feeling/experiencing hatred, and opens an inquiry between the patient and herself as to whose hatred she is experiencing, to whom it is directed, what the implications are for herself or for the patient feeling hatred, and what, if anything, should be done about it. This is an essential element of the working through process in psychotherapy. *The therapist models by experiencing, embodying and metabolizing the chronic relational traumatic elements for further processing in the therapy dyad.* (For greater elucidation and description of this embodying, metabolizing, working through therapeutic process see Garry Cockburn's article (2011).

One more point or vista within the labyrinth, that is the reciprocal nature of this process. The person projecting and evoking these feelings in the other sets up a dynamic where he/she can actually experience being persecuted in the old transferential way but also can become the perpetrator of the very same persecutorial dynamics. Here is a clinical example of this reciprocal transference projection identification process within an Oedipal dynamic. Sam, who came to therapy for help with his sexual addiction, consciously expressed love and admiration for his mother who also was critical, overbearing and seductive; he described her as a powerful woman who derided her alcoholic husband and warned her son to not be like his father. Sam grew up to be a sexual addict who had long-term relationships with women he compulsively cheated on. In one of the bioenergetic reaching out exercises, Sam was surprised that he spontaneously blurted out to his mother: "Why won't you love me ... Why? Why?" He

screamed this with rage, his body shaking and sweating. He was shocked that he felt such deep longing, grief and rage. He had thought he was above all that "old stuff". His neediness for his mother's love was a thing of his past, his infancy. Sam had a classic psychopathic character structure; he was usually the one to manipulate others' emotions. He was quite successful as a professional, and as a provider. In some very important ways Sam was a good guy, doing good things in the world, in spite of his internal psychic reality perforated with the bullet holes of these Oedipal dynamics.

Sam's ten-year relationship with Madeleine was speckled with cheating episodes despite 12-step programs, couple and group therapy. Sam could be, in these episodes, in fantasy, the hero, the prince on a white horse; his anger and resentment for women buried or left behind with Madeleine. Unsurprisingly he complained, "Madeleine is just like my mother, critical, overbearing and angry." It is likely that through the unconscious mechanisms we have been exploring, Sam projected many of these emotional dynamics and evoked them in Madeleine, such that they would be played out in his relationship with her. *In this way Sam's attachment to, longing for, and conflict with his mother is prioritized and has primary longevity.* Yes, Madeleine had taken the role of the critical, overbearing, seductive but rejecting woman so like his mother, and he was, of course, the eternal victim of unrequited need for his mother's positive regard and unconscious sexual longing for him; except for short periods with the new and strange female encounter in the cheating episodes where he was the exciting, prized and hopeful one. But what Sam didn't realize and is hard for him to remember from session to session is that he also has become his mother in this drama. He is the seductive, depriving, rejecting, critical provider to Madeleine and eventually to each partner in the cheating episodes. In the triangle which includes Sam, Madeleine and each new female, Sam engineers a re-creation of the original Oedipal triangular competition where he now is in control, as his mother used to be. He has maneuvered to be superior, controlling and depriving to both of the other players. This is the true reciprocal labyrinthine nature of, and the power of these dynamics. And this is the working of the unconscious in the dynamics of chronic relational trauma.

As one of the co-authors of the monograph "Modern Bioenergetics" I support the idea that transformative psychotherapy requires a "profound investigation of self, facing oneself, and the determination to do whatever is in one's power to alter and modify old patterns, or grow into new forms of being – to the extent one is capable." (Baum et al. 2011, p. 17):

> "The focus on facing the perpetrator of abuse in oneself is central to our work as bioenergetic therapists. It is not enough to be liberated from destructive patterns, or from mistaken and self-harming ideas. It is also necessary to see to what extent one is now a perpetrator in the same ways as one has been perpetrated against."

Yardi Kaldes (2010) presented a paper at the PDW in which she showed how the repressed and unconscious remembrances of traumatizing, terrorizing experiences of the Gestapo, of Hitler's Germany, of the concentration camp SS soldiers could be unconsciously projected – evacuated from the psyche of Israeli parents and projected onto and evoked in their children. These parents who experienced the Nazi Holocaust in their bodies and souls could and did unconsciously project their fear, hatred, and vengeful annihilatory feelings onto and into their children, and evoked those feelings in their children being raised in Israel – one, two, even three decades after the war. Yardi Kaldes gave examples, including her own family's experience, of what she termed a form of psychic radioactive contamination that poisons the psyche for generations and mutated their consciousness perhaps forever. She was talking about the destructive power that transferential projective identification can have. Yardi Kaldes references Yolanda Gampel (2000) who has written extensively on the experience of World War II victims and survivors, their children and grandchildren, and the legacy of the "holocaust culture" of social instability, social violence and unconscious projected intergenerational trauma.

In essence what happens unconsciously, intergenerationally, is that "unresolved trauma and loss in one generation essentially becomes toxic "psychic –hand –me-downs to the next generation." (Silber 2012). A simpler example of the working of projective identification in a mother-child interaction is the following. A loving mother, Margot, has many negative feelings about her own narcissistically controlling and critical mother. She expresses them with feelings of guilt, disowning the degree and intensity of her negativity. She says, "I love my mother, and understand that she sacrificed a lot, had a hard life, but when I speak with her I feel so disconnected, invisible." In a subsequent session, Margot is upset about her relationship with her 8 year-old son, Marcel, who recently said to her, "I'd rather not see so much of you." And on another occasion told her, "I hate you." On the surface, this negativity from her son can be seen as a direct expression of feeling. However, examining the legacy of meaning in this encounter reveals it, at least in part, as an evocation in her son of the negative feelings this mother has for her own mother. Marcel is expressing to Margot, his mother, those feelings she can not feel consciously or express to her own mother. Margot was hurt and anxious about her son's negative, rejecting attitude and affect, but could not recognize it's connection to her own feelings about her mother, or her own sentiments about how children feel about their mothers.

It is important to understand the layered complexity of the influence of Margot's unconscious process on her relationship with her son, and her need to keep all this out of her awareness. *She is amplifying her son's native self-assertion by projecting into him her unconscious feelings of anger and defiance directed at her mother. Then she is paralyzed by*

her feelings of guilt and anxiety stimulated by her unconscious negativity (and so feels that her son's recriminatory anger is justified as if he were now her mother). She unconsciously supports her son's escalation of his negative feelings. But she is then consciously appalled and pained by the level of her son's negativity, much of which is now being powered by her unconscious support and collusion. Finally she is paralyzed in her ability to set appropriate limits on his negativity because she needs the outlet of his expression and fears the discovery that indeed his hatred of her, matches her hatred of her own mother. Further transferentially, she sees him as justified in his recriminatory anger as her mother would. Margot is unaware of her ongoing, unconscious manipulation of her son's feelings and behavior that satisfies her unconscious need to disown, project and witness in another, her son, her own negative feelings for and burgeoning needs to individuate from, her own mother. Here again we can see the workings of the reciprocal transference/identificatory processes in the unconscious relational dynamics. Margot feels transferentially the victim of her son, who is acting (transferentially) like her mother. Yet Margot, while perceiving herself as the anxious victim is acting like her mother in generating and colluding with a profound, expressive negativity in her son. In our working through and analyzing these conflicts which are in the foreground of our therapy, I suggest to Margot that her son has perhaps become her mouthpiece to her own mother, and that she may be secretly rooting for him to express himself in ways that she never could. I also try to help her consider that in his negativity, engendered by her unconscious need to rage at her mother, he is becoming trapped in the role and transferential embodiment of herself with her mother. Marcel is perceived as unempathic, critical and rejecting like her own mother. Margot also disowns in herself these feelings expressed by her son of "not wanting to see so much of you" in transferential projections onto friends and other family members. For instance, she finds a friend overbearing, overly critical and competitive, but becomes anxious that she will be rejected by this friend, denying her need to, "not see so much of her." Seeing this dynamic in Margot's relationships to her mother, son, and friend, I can expect that it will come up in the transference to me as well. She will probably not want to see so much of me, and in the projective identificatory process I will be feeling like I'd rather not see so much of her. This is a drama that presses unconsciously to be played out … coming to a theatre near you.

Laurel Moldawsky Silber, (2012) has written with cutting edge clarity about the therapeutic techniques she uses to unpack "transgenerational trauma" in working with children and families. Following on a ground-breaking article (1975), "Ghosts in the Nursery" by Selma Fraiberg, Edna Adelson and Vivian Shapiro, Silber gives a powerful picture of how projective identification works and is transmitted intergenerationally. Specifically, what needs our focused attention is the intergenerational transmission of chronic relational trauma. She writes:

> "Transgenerational processes contribute to organizing and disorganizing attachment. The past (in all its forms and potentialities) lives in the present, influencing the affective field of the parent-child intersubjective matrix. In a child's construction of self, he or she may run up against the confounding presence of ghosts: the dissociated, and thereby unreflected upon past of their parents. This implicitly felt, yet explicitly unknown transmission interferes in the processing of emergent experience and impedes the child's development ... Through play a child therapist finds openings to enter the attachment system, reflecting on how a child's experience is being felt, yet unthought about by both child and parents. A parent's recognition process, thereby making what was implicitly felt explicit and consequently more coherent, supports the child in his or her efforts to reorganize aspects of the attachment relationship" (p. 106).

Projective Identification and the Therapy Dyad

When working with the dynamics of projective identification within the intersubjective therapeutic dyad, therapists need to track moment to moment their feelings and sensations in order to distinguish them from more elemental countertransference reactions. This is an essential and good technical practice: to be both available for penetration by the client's process and then trained to use and metabolize this process within the intersubjective space to create an alternate matrix for processing this disavowed/denied/repudiated affective process in the client. Gary Cockburn (2011) makes a cogent and emphatic case for the importance for therapists to develop an understanding of the concept of projective identification and knowledge of how to use it when working in depth in modern relational Bioenergetic psychotherapy.

The examples given by Bill White (2011) are helpful in getting a sense of the workings of this process, somatically, in the therapy dyad. In one example, Bill was listening to his patient talk with very little feeling about his life, when he (Bill) felt acute pain in his stomach and his chest. Bill first checked into himself to see if these pains might be related to indigestion coming from the burrito at lunch; it didn't seem so, so Bill proceeded to ask for his patient's permission to place a hand on his chest. When Bill did this, the patient began to cry in racking sobs. Bill saw, and experienced in his own body, his patient's grief and pain that his patient could not bear in his own conscious experience. In a second, somewhat more complicated example, Bill was working with a man who was characterologically structured in primarily a masochistic way. Having had no previous feelings of antipathy toward this man, Bill had the impulse "to throttle" him; Bill said, "I felt a surge in me to strangle him with my bare hands." Bill's analysis was that he could appreciate through this experience, both his "client's

strangulated breath and his strangulated humanity." Bill had registered in his body the strangulation in this person's life; he was also registering a disowned impulse in this man to protest, to fight oppressive suffocation. Layered onto this is the possibility that the urge to strangle his client might have been evoked in him through a projected feeling originating within his patient to strangle those in authority, including Bill transferentially, who have intimidated and suppressed his authentic self-expression most of his life. Consequently Bill registered the perpetrator of that strangulation and the enraged response to it in his body. An historical reenactment indeed!

How does this happen that Bill might feel what his patient unconsciously is unaware of feeling? Projective identification is a complex process whereby the client unconsciously denies an aspect of the self and then projects that aspect onto another (i.e., the therapist) and then has feelings about the other that are related to this projected aspect. For example, the client may accuse (project onto) the therapist the characteristics of being lazy and distractible, negligent and inattentive, or narcissistically driven and competitive, and may complain that these aspects of the therapist's personality are very annoying, disconcerting or threatening to him/her. If these feelings are projected onto the therapist, but in fact are attributes of the client, which are unconscious, denied and disowned, then this is an example of projective identification. The patient is saying unconsciously, "you, the therapist, are just like me, and therefore, I know who you are." Often these denied parts or aspects of the client's self are evoked in the therapist (in feeling experiences, attitudes, and behavior, like Bill White's stomach ache or his wish to throttle) as part of a countertransferential response to the dyadic relational process. If the therapist can own the feelings or the experience even in the moment (since it is being evoked in him by the client's behavior) then the therapist can model owning this unacceptable aspect and can bring it into the conscious dialogue to process and understand its meaning. The therapist acknowledges, "Yes I am feeling this way and I wonder what it means about the patient, about me and about our relationship. "

Chronic Relational Trauma and the Revolutionary Nature of Psychotherapy

> "Psychotherapy, as it is practiced today and for the last 100 years, is a medium of transformation. Individuals come to psychotherapy seeking to manage and, if possible, heal their pain and suffering, hoping to find understanding of and refuge from inner torment, grief, confusion and conflict. The revolutionary core of psychotherapy is in its fundamental technique and goal of self-awareness. Psychotherapy, at its best, places change in the hands and body of the person. Through self-knowledge, leading to self-

> confidence, self-assertiveness and the possibility for autonomous choice, the person is empowered to take those steps that will make life more meaningful, more truthful, and more pleasurable.
>
> Bioenergetic Analysis was founded in the early 1950's in this revolutionary tradition. Grounded self-awareness was then, and is now, the fundamental method of transformation and healing. This is its central and radical emphasis. As Bioenergetics has evolved, the belief in helping the developing person to become the change agent in his or her own life has become more embraced through an integration of modern concepts and technique" (Baum et al. 2011, p. 1).

Psychotherapy is revolutionary when it exposes the enslavement and evisceration of children and adults through the mechanisms of unconscious psychic power dynamics, and when it allows for a witnessing and working through of the effects of these dynamics. Unconscious forces like transference, projective identification and the manipulation of the empathy and idealization coming from the child can all be used as mechanisms of chronic relational abuse. Chronic relational trauma is often based on the transferential working out of unfinished emotional business with parents within our relationships with our children. We have also understood that through projective identification unconscious feelings in one person can be generated or evoked in another. In fact, through projective identification the embodiment of an historical traumatizing or benevolent relationship can be generated. The child, adult, or group comes under unconscious pressure to play out energetically and emotionally the historical relationship dynamic. Unpacking and unraveling these dynamics, this unconscious, intricate relational matrix to discover their elemental force in the present is psychic detection of the highest order. I believe it is necessary in making intelligent, productive, healthy facilitating interventions. It is the intricate and tricky work of the therapist enlightened to the transference-projective-identification process.

As therapists we can 'be there' for these transferential dynamics; we can provide a therapeutic safe relational space that acts to contain and metabolize these relational patterns. We can work to bring to awareness the unconscious unfolding relational dynamic as it plays out in the present relationship with our client, and in his relationships with others in his life. We can learn to reflect to the client our experience, our feelings in the relationship with him, to bring to awareness for exploration his internal relational reality. The therapist can act to 'metabolize,' contain and process the projected and evoked feelings, thereby modeling a healthier way to process them. The therapist might reflect on or even might say, "I'm feeling nauseous ... or, I feel deep grief. I'm feeling disappointed and frustrated, or critical and competitive ... or if she dares ... "murderously angry ... or sexually aroused". She might ask, "Are these

feelings familiar to you?" This can facilitate a deeper exploration into the origin of these feelings from a more conscious, grounded awareness.

In the psychotherapy relationship, what is most fascinating and difficult to unravel is the creation, through transferential dynamics, of an enactment of the historical relational trauma. How does the present client-therapist relationship repeat the old abusive relational bond? All these dynamics can be and do get played out between client and therapist! Years of training and supervision are dedicated to our learning to bring to awareness our countertransferential reactions for constructive use in the therapeutic process. In Bioenergetics we may go further to experience these unconscious dynamics somatically and intervene somatically! We can work on a body level to understand, metabolize and work through. We can bring our technical skills on a body level to become aware in ourselves how these dynamics are embodied; we can experience and we can help our patient to experience. Our interventions to appreciate, integrate and sometimes change for emotional health can be all the more effective when we are aware of and work with this information embedded in the somatic unconscious.

Each person grows and develops within a unique, complex, layered interplay of relational dynamics. Psychotherapy and therapists must be willing to examine and engage with this process. Healing must involve the therapist's understanding of the unconscious, and this intricate, layered relational matrix from which it is created and is composed of. Therapists must understand and make themselves available to participate in and embody unconscious process, metabolize and contain it, and use this empathic resonant embodiment as part of the healing process. There is no healing without relationship, and there is no relationship without the therapist 'being there.' The therapist, then, must make him or herself available for a complex relationship that is primarily and fundamentally unconscious (Cockburn 2011). In order to do this the therapist needs to develop an understanding of the workings of unconscious process and be willing to participate in this process.

It is not enough, although it is quite necessary, for therapists to be benign, sympathetic, supportive witnesses and listeners. This, while well intentioned and in good faith, isn't enough to do the work of extrication from the chronic destructive relational labyrinth. Psychotherapy must address the durable, rigidified toxic patterns laid down in the unconscious. Many of these patterns have at their core destructive and abusive impulses that are conveyed in quite ordinary ways: a mother's gaze or father's holding. These destructive forces are powerful, yet are intermingled with more benign or benevolent affect, which can bury them deeper or sometimes make them easier to recognize. In more malignant and chronically toxic patterns of abuse, they are ruinous to the psyche and the soul. Yet only when the therapist is willing and able to encounter and 'be there' – be present for these dynamics – transferences, projective

identifications – the unconscious soup of the somatopsyche – can the work go on. This work is calling us. It is everywhere in ordinary everyday process as well as in the extraordinarily traumatized and abused.

The convergence in modern psychotherapy of the philosophical innovations of feminist theory, specifically the insight that power dynamics influence the possibility for egalitarian relationship; intersubjective theory, specifically that we are merged and influence each other interpersonally and somatopsychically in conscious and unconscious ways; and relational theory, specifically asserting the grounded reality that there is no psychotherapy without the profound foundation and penetrating effects of relationship; and bioenergetic theory, specifically that everything happens in the body; these philosophical innovations are the keystones of modern thought and lead us to an appreciation of the revolutionary possibilities for psychotherapy.

A deep comprehension of relational power dynamics illuminates that thrust in human beings to dominate, control and exploit each other. It locates these dynamics in the most fundamental relationships between us. It sheds light on the damage we do to each other even as we strive to create secure attachments and loving bonds. Bioenergetic theory and practice adds significantly to our analysis of these dynamics and their effect, and to the development of interventions to mitigate the unconscious and destructive deployment of these dynamics in human relationships. Attention to the subtle energetic responses, and to the development of tolerance for unfolding somatic experience, and to the refinement of a sophisticated apprehension of body processes in interpersonal relatedness adds immeasurably to the therapist's range of experience, capacity for empathy and understanding, and to her or his tools for freeing and healing interventions.

There is great power to heal in human empathy, and in an individual's courage to grow and change. Both healthy development and healing require safety, loving-self acceptance, mutual respect, a cultural matrix of benevolent support and modeling. Maintenance of an environment in which those conditions obtain depends on a vigilant analysis of the origin and operation of destructive power dynamics and a corrective strategy to right them. Psychotherapy is an excellent laboratory for that analysis and for the engagement with healing possibilities that can take place when an emotional environment, such as the one I have described, is supported.

If transference is one of the determinative forces of the legacy of chronic relational abuse, then analysis and conscious disruption of the transference is the aim. This is achieved through diligent, often painful exploration and consciousness-raising concerned with the history of our victimization, our collusion, and our ongoing perpetration. This work is not for the timid or the faint at heart. Desperation can bring us to it. Pain and hopelessness can bring us to it. Love and an earnest wish to act in

good faith and to disrupt the legacy of abuse, can bring us to it. This is the work of the revolution and of the evolution of our humanity. The power of pleasure (Lowen 1958), love (Fromm 1956, Montagu 1975), compassion, forgiveness (Jesus), intimacy, self-acceptance, and connection to benevolence and to goodness (Olney 1984, Tuccillo 2006) in human relationships, in unconscious transference projections, can be our gift to each other, our determined embrace of the human condition.

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Elaine Tuccillo is a Clinical Psychologist in private practice in NYC. She is a certified Bioenergetic psychotherapist, an International Faculty for IIBA, and local faculty for the New York Society for Bioenergetic Analysis. She has worked with and taught body-oriented psychotherapy for over 30 years. Recent article: A Somatic-Relational Model for Growing an Emotionally Healthy, Sexually Open Body from the Ground Up in Bioenergetic Analysis, (2006). Elaine has devoted her whole professional life to understanding and teaching about healthy parent child relationships and to the investigation, prevention and healing of chronic relational trauma.

Bioenergetic Stool Work in the Lying Down Position and Star-like Life Energy Pulsation

Margherita Giustiniani

Abstracts

English

The starting point is Alexander Lowen's bioenergetic stool work, the importance and deepness of its meanings and its therapeutic effects. Then a similar work on these principles, but with the patient in the lying position, is presented and illustrated in its meanings and effects on re-centering and connecting the person towards self-acceptance, love, inner freedom and joy of life. It has been practiced and developed by the author in her office to meet the needs of clients with fragile structures because of major precocious traumas or for clients who have been traumatized by an excessive use of technology and disrespectful invasiveness and a lack of sensibility and trustworthiness by some mass media. This kind of position is also effective from the diagnostic point of view. It is not a substitute for the classic bioenergetic stool work, but a variation to meet the needs mentioned above.

Key Words: Bioenergetic Stool, Life Energy, Heart, Pulsing, Trauma

German

Ausgangspunkt sind Alexander Lowens bioenergetische Arbeit mit dem Atemschemel, die Wichtigkeit und Tiefe ihrer Bedeutung und ihre therapeutischen Effekte. Es wird eine ähnliche Arbeitsweise, die auf diesen Prinzipien beruht, bei der der Patient/die Patientin aber liegt, vorgestellt, und es wird ihre Bedeutung

und Wirkungsweise in Richtung Rezentrierung und Verbindung, Selbstannahme. Liebe, innere Freiheit und Lebensfreude erläutert. Diese Vorgehensweise wurde von der Autorin in ihrer Praxis angewandt und weiter entwickelt, um auf die Bedürfnisse von KlientInnen mit fragilen Strukturen aufgrund früher und erheblicher Traumaeinwirkungen einzugehen oder von KlientInnen, die durch exzessiven Technologiekonsum, respektlose Grenzüberschreitungen, sowie mangelnde Sensibilität und Vertrauenswürdigkeit von einigen Massenmedien traumatisiert wurden. Diese körperliche Position ist auch von einem diagnostischen Standpunkt aus wirksam. Sie ist kein Ersatz für die klassische bioenergetische Arbeit mit dem Atemschemel, sondern eine Variante, um den oben genannten Bedürfnissen entgegen zu kommen.

French

Le point de départ est le travail avec le tabouret bioénergétique de Alexandre Lowen, l'importance et la profondeur de son sens et de ses effets thérapeutiques. Puis un travail similaire sur ces principes mais avec le patient dans la position allongée est présenté et illustré dans son sens et ses effets en re-centrant et reliant la personne vers de soi, l'amour, la liberté intérieure et la joie de vivre. Ce travail a été mis en pratique et développé par l'auteur dans son cabinet pour répondre aux besoins de ses clients ayant des structures fragiles à cause de traumatismes précoces majeurs ou par une utilisation excessive de technologie, un envahissement irrespectueux et un manque de sensibilité et de loyauté de la part de quelques médias. Ce genre de position est également efficace du point de vue du diagnostique. Ce n'est pas un substitut au travail avec le tabouret classique mais une variation pour répondre aux besoins mentionnés ci-dessus.

Spanish

El punto de partida es el trabajo con el taburete bioenergético de Alexander Lowen, la importancia y profundidad de su significado y de sus efectos terapéuticos. Luego, se presenta y se ilustra un trabajo similar basado en estos principios, pero con el paciente en una posición acostada, con sus significados y efectos al resituar y conectar la persona con la auto aceptación, el amor, la libertad interna y la alegría de vivir. La autora lo ha practicado y desarrollado en su despacho para dar curso a las necesidades de clientes con estructuras frágiles a causa de traumas precoces o para clientes que

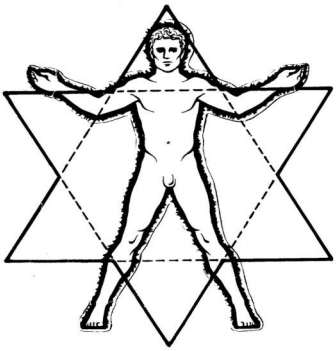
han sido traumatizados como resultado de un uso excesivo de tecnología y de invasión irrespetuosa y también como resultado de una falta de sensibilidad y confianza de los medios de comunicación. Este tipo de posición también es efectiva desde un punto de vista del diagnóstico. No es un sustitutivo del trabajo clásico con el taburete bioenergético pero es una variación que cubre las necesidades mencionadas anteriormente.

Italian

Il punto di partenza è costituito dal lavoro di Lowen con il cavalletto bioenergetico, l'importanza, la profondità dei suoi significati e i suoi effetti terapeutici. Un lavoro simile, che parte da questi principi ma con il paziente nella posizione distesa, viene quindi presentato e illustrato nei suoi significati ed effetti per ri-centrare e riconnettere la persona all'autoaccettazione, all'amore, alla libertà interiore e alla gioia di vivere. Èstato praticato e sviluppato dall'autrice nel suo studio per andare incontro ai bisogni di pazienti con strutture fragili per via di gravi traumi precoci o per pazienti traumatizzati dall'eccessivo uso di tecnologie e dall'irrispettosa invasività e mancanza di sensibilità e affidabilità di molti mass media. Questo tipo di posizione è anche utile dal punto di vista diagnostico. Non sostituisce il classico lavoro con il cavalletto, ma è una variante utile per andare incontro alle necessità menzionate.

Portuguese

O ponto de partida é o trabalho com *stool* bioenergético de Alexander Lowen, a importância e profundidade de seu significado e seu efeito terapêutico. Apresenta-se um trabalho similar com os mesmos princípios, mas em posição deitada, mostrando seu significado e efeitos ao re-centrar e conectar a pessoa com auto-aceitação, amor, liberdade interior e alegria de viver. Tem sido praticada e desenvolvida pela autora em sua prática clínica para ajudar clientes com estruturas fragilizadas por grandes traumas precoces ou clientes que foram traumatizados por uso excessivo de tecnologia e pela invasão desrespeitosa e falta de sensibilidade de alguns meios de comunicação de massa. Este tipo de posição também é eficaz do ponto de vista diagnóstico. Não substitui o clássico trabalho com o *stool*, mas é uma variação que ajuda em certas circunstancias.



Dedication

I wish to dedicate this sequence of bioenergetic work that I have developed in recent years to our great teacher and founding partner of S. I. A. B., Alexander Lowen, who has made bioenergetics an art, to Ellen Green who has been my therapy trainer, inimitable interpreter and leader of bioenergetic exercises classes, to our first trainers Bill White and Jim Miller, and to my Italian colleagues in the first group with whom I began this exhilarating adventure and to the other groups that followed. Some are no longer with us, but the memory of them is always in my heart and in the spiritual heritage they have left behind.

How it started

I consider A. Lowen's bioenergetic stool work the starting point for the application I present in this paper because it is deep, complete, and very effective in tune with breathing movements. It helps unlocking and rebalancing the heart, reconnecting people to themselves (their own self), to their own completeness and integrity, to the lower part of the body in case a blockage of the diaphragm exists, to the pelvis as a seat of vital strength, to the legs and feet as a grounding and support base, stretching the back muscles and helping to open the shoulders and better link with the arms. These, together with the legs and feet, are expressions of one's own aggressiveness (in the Latin sense of moving forward or going towards). In fact they can reach out to satisfy ones own needs, to get, receive, give, defend oneself, lightening also one's own mental defenses and resistances to let oneself go with one's own spontaneous vital flow.

In the original classic stool pose, the body weight is borne on the lower part of the shoulder blades, often the site of tension and locking, which are placed on a bolster

or a rolled blanket fixed to a stool. The feet are flat on the floor and the knees are bent so that the weight can be borne on the feet too. The arms are left apart to the rear and grasp the back of a chair and the head is also left to hang down backwards (Fig. 1).

This position is at first very stressful, although effective: Lowen himself recommends that it is not to be maintained for more than two minutes at first. It is more suitable for robust and armored structures, but as a type of treatment it is very powerful for restoring the natural pulsing of vital energy, feelings and perceptions, in terms of organizing the functioning unit into one that is balanced and harmonious.

I noticed that people who have a more delicate and fragile structure with more plasmatic tensions then muscular ones or who are distanced from their own core experience often find this position too forceful in its classic form and would therefore be blocked by fear. So I thought that, whilst maintaining the treatment principles of A. Lowen, I could find a position in which the stress would be lightened and the person could face up to it.

For this reason, over the years I have developed and tested with my patients a similar treatment with the beneficial effects of the bioenergetic stool, but where the stress is less. In this modified position, the person is outstretched on a mat and the weight is more evenly distributed, being inspired by the position of the newborn and small babies of a few months who do not yet stand up, but who, while laying down, express well through their vibrant opening and stretching movements the centrality of their vital pulsing movements. The patient feels more at ease and more willing to let go, because of being in a less risky and safer condition and it directs him or her towards more authenticity and less pressure towards an "accomplishment".

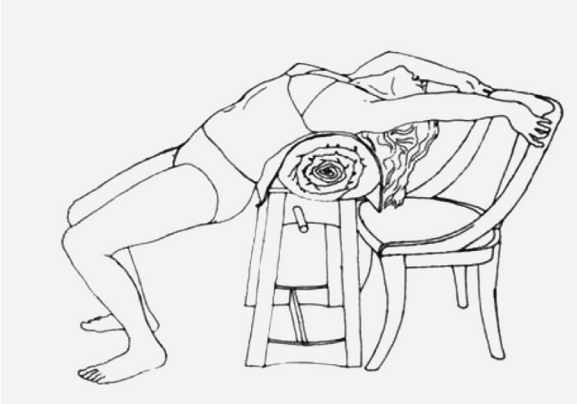


Figure 1: Image taken from "The Way to Vibrant Health" by A. & L. Lowen

Description of the Therapy

The person is invited to lie down on the mat with a tightly rolled blanket or bolster, of a size adapted to his physique, under the back of the shoulder blades, with the

knees bent and the feet placed on the mat as pelvic respiration is mobilized. The arms are open to the rear but instead of grasping the back of a chair, they take hold of the hands of the therapist who is seated on the floor behind the patient, while the head is allowed to fall back and rest on the mat.

Next, the patient is invited to start the following pelvic breathing movements: 1) when he inhales (Fig. 3) he slightly arches himself, pushing on the glutei to assist the intake of breath, the refilling of the lungs and the descent of the diaphragm (W. Reich's charging stage or concentration); 2) When he exhales (Fig. 4) (discharging stage or expansion of the being), he starts exhalation with a slight pressure of his feet on the mat, bending the knees forward to aid the release of his weight on them and at the same time he also lets his arms behind him stretch further, reinforcing his hold on the therapist's hands. The effect of this overall opening of the body, if done well, is that the pelvis will be slightly lifted forwards by spontaneous reflex (the so-called orgasmic reflex of which W. Reich speaks) while the body stretches out, lengthening itself. The pelvis must not be pushed up in any way by the patient because like that the flow of pulses would be interrupted from its autonomous and spontaneous movement. Similarly, the patient must not pull on the hands of the therapist when he holds them to extend the arms during exhalation, to not conflict with his opening and expansion movement. The hold simply constitutes his contact point and boundary like the feet on the mat, the boundaries of his energy pulsing space that reflects a star-form movement as in the figures 2, 3, 4 and 5.

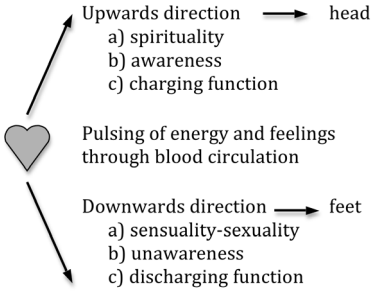


Figure 2: Diagram of the Body. Image taken from "Depression and the Body" by A. Lowen

The patient can alternately keep his eyes closed and open, looking upwards, maybe avoiding initially looking behind so as not to see the figure of the therapist upside down (even if, to tell the truth, in the latter position of the eyes the image of the situation is like that presented to a baby when he is born).

This sequence reproduces the energy pulsing movement, linked with feelings all over the body in the two stages of concentration and expansion. It is as if the heart, lungs and abdomen were the centre of a star and arms, legs, genitals and head the shining rays, a little like in the famous representation of Leonardo da Vinci of the human body inscribed in a circle (fig.5). Artists and great people often have a profound intuitive awareness of reality and the capacity to express it in its totality,

and along those lines we may also say that Lowen of his kind is an artist.

Performing the Therapy

The necessary time is given by the therapist to the patient to feel him or herself into doing this respiratory pulsing movement, to let him or her pause to metabolize what he or she feels, encouraging him or her also to assume the correct position, to balance the times for inhalation and exhalation, to better release the weight on the feet and correctly grip the hands of the therapist during exhalation. Notice whether he or she feels properly the contact of the feet on the floor and lets you feel his or her own presence through the energetic clasp of the hands. Feet and hands are the boundaries of his or her own space, where there is no energy dispersed and that provide a sense

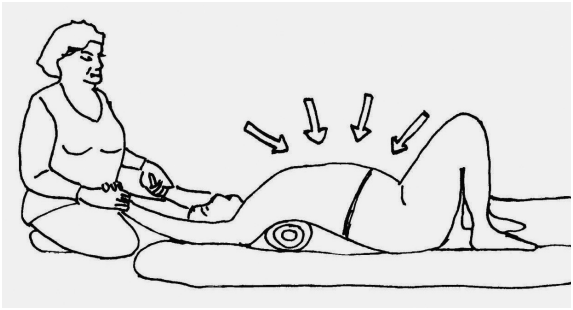


Figure 3

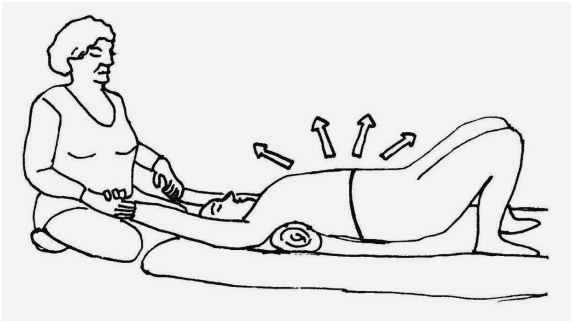


Figure 4

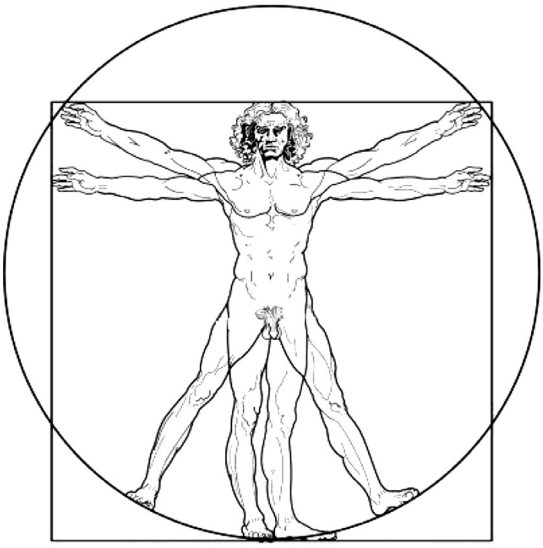


Figure 5: Leonardo da Vinci – The "Vitruvian Man"

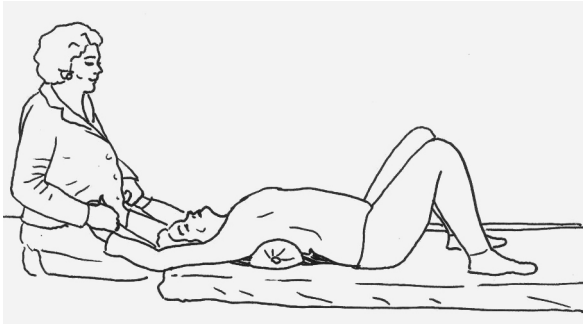


Figure 6

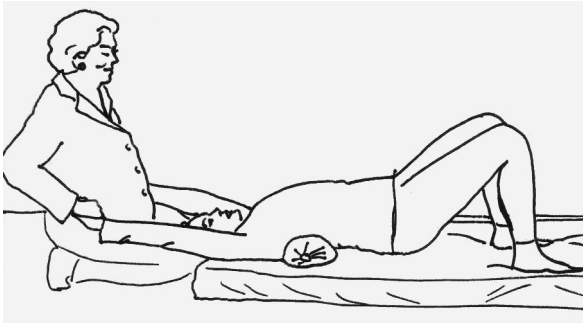


Figure 7

of security to the patient, while tensions in the legs, spine and arms are released (Figs. 6 & 7).

This position aids the opening of any loop of tension in the diaphragm area and the restabilizing in the person of the natural life pulsing, as it should be at conception and birth, through growth and adult age.

It is also important to encourage the emission of vocal sound during exhalation, until the movement becomes more fluid, natural and spontaneous.

Effects

This is a technical level description of the sequence for the requirements of explanation, but on the psychophysical level the effect is beautiful and enlivening and the results fabulous because it nourishes on the physical level as well on the spiritual one through a feeling of love, vitality, integrity and gratitude towards the joy of life. Gradually the eyes are illuminated, the respiratory undulation made fluid, the person perceives his own vital energy in either a pleasant and joyful or powerful and reassuring way, or both of these, according to what are his own needs to be satisfied.

The person feels more united, in better contact with himself, with his own heart, more contented and at the same time freer to open himself up. Thus, he can little by little take repossession of himself, reinforcing his own grounding once on his feet, towards self-assertion and the joy of life and so finding help in overcoming traumas and pain.

For a schizoid character it can be a more gradual method for gaining access to his own feelings, not perceived as dangerous or menacing, above all for feeling alive.

An oral character is helped in this way to escape his inspiratory block: he can recognize his needs that are to be satisfied and his right to ask and learn how to exercise them.

The psychopathic character is more venturesome in having his feelings descend to the abdomen, thanks to the handhold of the therapist as well as the support of the feet on the mat, to regain possession of his true vital strength and power, finding in that support for his own true self.

The masochistic character finds help in escaping his expiratory block and tension in the anus and throat, even with all the slowing down and involution that his ambivalence brings about.

The person with a character structure based on rigidity who adapts well to the classic bioenergetic stool can also be left to use this position to experiment with the heart-genitalia link in a rather more simple and comfortable way.

Regarding a person with a narcissist character structure, in this position and with the performance of the pelvic breathing movement, he feels encouraged to probe inwards contacting his inner self from which he has been distracted by his ideal image, refilling the feeling of internal emptiness and so feeling the real joy and pleasantness of life.

In everybody with these character structures, before they express what they feel, it shows in their eyes.

Some comments of patients after the experience are the following:

> "I feel more room in the belly and I 'm more comfortable" (at times one feels gurgling descend and flow into the abdomen during the treatment).
>
> "I can feel myself right down to my genitals, it is lovely! I also feel my feet more firm and relaxed".
>
> "My back has stretched and it seems well supported on the sacrum, what strength! I no longer even feel the shoulder blades taut!"
>
> "I no longer feel anxiety and I feel relaxed; I didn't realize I was very tired and stressed. I could almost go to sleep. Thanks!"
>
> "I feel liberated from the sense of pain and feel that I have the desire to live and still do many beautiful things". Etc.

Attention

The patient stays in the position represented here, experimenting also under your guidance, until he manages to reach his normal and spontaneous movement in breathing in tune with the charge and discharge phases. He must not get tired of the experience, but proceed gradually because it becomes metabolized[1]. When you feel

that the experience attained its purpose of putting the patient in better contact with himself and the flow of his vital energy and after having taken away the handgrip and the blanket roll from under the shoulder blades, you invite him to put one of his own hands on his chest and the other one on his abdomen, leaving him in the company of his renewed sense of self and his feelings, without making requests on him or inviting him to speak. You will place yourself to one side sitting next to the mat, while quietly waiting and observing. After some moments or minutes it will be the patient himself who speaks, otherwise you then invite him to give his impressions, exchanging them with your own. Then, after the customary stretching, invite the patient to change to the "bend over" position and rise to his feet.

Nature of the Therapy

The type of treatment presented here also has a maternal nature, given the contact of the patient's hands with those of the therapist in the grip and the support to the feet on the floor that place him in a position of greater autonomy. The patient receives contact and support through the hands of the therapist (symbolic mother)[1] and a greater support towards autonomy from the placement of the feet on the ground (our common mother). Hands and feet also constitute the boundary of our autonomy. Naturally, the therapist must be present but light in clasping the hands, encouraging the patient without being invasive. This position can serve to reinstate on an energetic level the nourishment that was lacking at an earlier attachment stage as support for his own being and feelings towards autonomy, independence and serene detachment.

The contact between the hands of the therapist and those of the patient is one of presence and boundary. The only difference is that the patient takes hold of the therapist's hands and the therapist is there available to his hold, as if to be the mother of the child. It is an encouragement for serene detachment towards autonomy where this was experienced in a traumatic way in infancy and is also a nutritious recovery of energy and feelings in the case in which it has been deficient in the attachment stage.

I do not consider it useful for the patient to make him dwell on his trauma during therapy, but simply approach it to overcome it.

1 As I have written in my published article in ***"BIOENERGETICA PER TUTTI"*** (p. 57): **"**We think of a child still free of tension in his expressive movement: he wants to be taken in his mother's arms, opens the arms and legs and stretches forward; there is request and expectation in his eyes and it is clear that his movement starts from the centre and the message that arrives is not simply visual, but also energetic, like a thrill".

Again, why has the treatment a maternal quality? Luisa Muraro speaking of word and language as a gift of the mother and again as the expression of the symbolic order of the mother, tells how a rule of language operates not as a law but as a living norm, a norm that also comes from all the vital functions of the human being, that thus translates the authority of the mother as a mould and transmitter of life with that norm. And this position can be an access route to this vital norm with a feeling of respect and love for ourselves and the mother in us.

Naturally, this kind of work, which follows the bioenergetic stool principles but in the lying down position, can be tried out more than once in the course of the therapy before moving onto the classic bioenergetic stool. It is not a substitute for A. Lowen's bioenergetic stool but just a variation in the position to meet the therapeutic needs of people with major traumas. Finally it is not miraculous, but it serves to establish a good reserve of faith in the patient's own vitality and in the beauty and richness of life, and can be a good help to overcome his own problems or at least manage them in a more productive and beneficial way.

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About the Author

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"Seeing what is so simply present"

Learning To Be A Bioenergetic Therapist

Garry Cockburn

Abstracts

English

Lowen's ability to see the body was preternatural. His ability "to see what is so simply present" and to explain the whole personality in terms of the body has been an inspiration for all. Like Lowen, gifted first generation Bioenergetic therapists have generously passed on their knowledge to us. As time passes, so does the opportunity to learn from those who were personally influenced by Lowen. This raises issues of how new students of Bioenergetics can learn and keep the tradition alive. This article discusses these issues and provides a structured way of helping students learn some of the basic skills in becoming a Bioenergetic therapist. This approach draws on the training and therapeutic experiences of the author who was privileged to be trained by many of the first generation Bioenergetic therapists. A Workbook is attached to the article, which operationalizes some of the basic skills involved in becoming a Bioenergetic therapist and helps students "to see what is so simply present".

Key Words: "1st and 2nd Simplicity", "Nothing is Hidden", Basic Skills, Workbook

German

Lowens Fähigkeit, den Körper zu sehen, war schon beinahe übernatürlich. Seine Fähigkeit, "einfach zu sehen, was da ist" und die Gesamtpersönlichkeit auf der Grundlage des Körpers zu verstehen, hat uns alle inspiriert. Ebenso wie Lowen haben be-

gabte BioenergetikerInnen der ersten Generation ihr Wissen und Können an uns weiter gegeben. Während die Zeit vergeht, werden die Gelegenheiten, von denen zu lernen, die noch von Lowen persönlich beeinflusst wurden, spärlicher. Das wirft die Frage auf, wie junge StudentInnen der Bioenergetik lernen und die Tradition am Leben erhalten können. Dieser Beitrag diskutiert diese Themen und schlägt ein strukturiertes Vorgehen vor, StudentInnen darin zu unterstützen, während ihres Werdegangs zu Bioenergetischen TherapeutInnen einige der grundlegenden Fertigkeiten zu erlernen. Dieser Ansatz basiert auf den Ausbildungs- und therapeutischen Erfahrungen des Autors, der das Privileg hatte, bei vielen Bioenergetischen TherapeutInnen der ersten Generation lernen zu dürfen. Dem Artikel ist ein Anhang beigefügt, in dem einige der grundlegenden Fertigkeiten operationalisiert wurden, die notwendig sind, um ein Bioenergetischer Therapeut/eine Bioenergetische Therapeutin zu werden und die den StudentInnen helfen, "einfach zu sehen, was da ist".

French

La faculté de Lowen à voir le corps était extraordinaire. Sa capacité "à voir ce qui est si simplement là" et à expliquer la personnalité entière en termes du corps a été une inspiration pour tous. Comme Lowen, la première génération des thérapeutes bioénergéticiens doués nous ont généreusement transmis leur savoir. Le temps passe, de la même façon l'opportunité d'apprendre de ceux qui furent influencés personnellement par Lowen. Ceci soulève la question de comment les nouveaux étudiants en ABE peuvent apprendre et maintenir la tradition vivante. Cet article traite ces questions et donne une manière structurée pour aider les étudiants à apprendre les techniques de base afin de devenir thérapeute bioénergéticien. Cette approche décrit la formation et les expériences thérapeutiques de l'auteur qui a eu le privilège d'être formé par beaucoup de thérapeutes bioénergéticiens de la première génération. Un manuel est joint à l'article, il décrit quelques unes des techniques de base pour devenir un thérapeute Bioénergéticien et aide les étudiants "à voir tout ce qui est simplement là".

Spanish

La capacidad de Lowen de ver el cuerpo era sobrenatural. Su capacidad "de ver lo que simplemente está presente" y de explicar la personalidad en términos del cuerpo ha sido inspiradora para todos. Como Lowen, la primera generación de capacitados terapeutas Bioenergéticos nos ha transmitido generosamente sus conocimientos. A

medida que el tiempo transcurre, también se limita la posibilidad de aprender de los que fueron personalmente influidos por Lowen. Se abre el tema de como los nuevos estudiantes de Bioenergética pueden aprender y mantener viva la tradición. Este artículo reflexiona acerca de estos temas y ofrece un modo estructurado para ayudar a los estudiantes a aprender más acerca de las capacidades básicas para devenir terapeuta Bioenergético. Este enfoque muestra la formación y las experiencias terapéuticas del autor, que tuvo el privilegio de ser formado por la primera generación de terapeutas Bioenergéticos. Se incluye un Cuaderno de trabajo, que operacionaliza algunas de las capacidades básicas necesarias para devenir un terapeuta Bioenergético y ayuda a los estudiantes a ver "lo que simplemente está presente".

Italian

La capacità di Lowen di vedere il corpo era straordinaria. La sua abilità "nel vedere ciò che è così semplicemente presente" e di spiegare l'intera personalità in termini corporei è stata di ispirazione per tutti. Così come Lowen, anche la talentuosa prima generazione di terapeuti bioenergetici ha generosamente trasmesso a noi la sua conoscenza. Con il passare del tempo diminuisce l'opportunità di imparare da quanti sono stati influenzati direttamente da Lowen. Questo ci fa interrogare su come i nuovi allievi di bioenergetica possano imparare e mantenere viva la tradizione. Questo articolo affronta queste tematiche e fornisce una modalità strutturata per aiutare gli studenti ad imparare le capacità di base per diventare terapeuti bioenergetici. Questo approccio si basa sul training e sulle esperienze dell'autore che ha avuto il privilegio di essere formato da molti terapeuti bioenergetici della prima generazione. All'articolo è allegato un libro di esercizi che illustra alcune delle capacità di base necessarie a diventare un terapeuta bioenergetico ed aiuta gli studenti "a vedere ciò che è semplicemente presente".

Portuguese

A capacidade de Lowen para observar o corpo era natural. Sua capacidade "para ver simplesmente o que estava presente" e explicar a personalidade inteira em termos corporais têm sido uma inspiração para todos. Assim como Lowen, há uma talentosa primeira geração de terapeutas bioenergéticos que têm, generosamente, passado para nós seu conhecimento. Com o passar do tempo, no entanto, vão passando também as oportunidades para aprender com aqueles que foram pessoalmente influenciados

por Lowen. Isso levanta a questão sobre como novos estudantes de Bioenergética podem aprender e, ao mesmo tempo manter viva a tradição. Este artigo discute essas questões e oferece uma forma estruturada de ajudar os estudantes a desenvolver algumas das habilidades básicas para tornar-se um terapeuta bioenergético. Esta abordagem se baseia nas experiências do autor como professor e terapeuta, tendo tido, ele próprio, o privilégio de ter sido formado por muitos dos professores dessa primeira geração. Um manual de trabalho prático é anexado ao artigo, operacionalizando algumas das habilidades básicas envolvidas em ser um terapeuta bioenergético, ajudando os estudantes a "ver o que simplesmente presente".

Introduction

The opportunity for students to be personally taught by Dr. Alexander Lowen is past. A personal encounter with Dr. Lowen enabled his students to experience his ability "to see what is so simply present" in a patient's body. It also enabled Dr. Lowen's students to incorporate his energy and therapeutic style into their own therapeutic self-identity. As well, the opportunity to be taught by our gifted first generation Bioenergetic therapists, who helped Dr. Lowen create Bioenergetic Analysis as it is today, is becoming more rare with the passage of time.

And so, today's new students may have to rely on a range of experiences other than direct encounters with our "ancestors". This article addresses some of the issues that arise when thinking about teaching today's students to be Bioenergetic therapists. This is followed by personal reflections on "how I do Bioenergetic therapy" and the impact of first generation Bioenergetic therapists on my practice.

At the end of the article, the contents of a Workbook are appended. This was used to teach students in the first Clinical Year of the New Zealand Society for Bioenergetic Analysis (NZSBA) training program how to begin becoming Bioenergetic therapists. The Workbook operationalizes, through a series of exercises, the learnings that were handed down to me by my first generation teachers and therapists. In these exercises, the role of the student therapist is mostly to be silent so that, like Lowen, they might begin "to see what is so simply present" in the body and psyche of their patients.

Background Issue One: Simple But Not Easy

The daunting thing about watching one of the masters of Bioenergetic Analysis work with a student-patient is that they make it look easy. In the magic of what is happen-

ing, we are somehow able to bracket off "ordinary reality" and enter into a therapeutic space with the therapist and the student-patient where we are able to intuit and to perceive what is happening and to know what is going to happen in the next few moments and what the resolution of the issue might be. And because we "understand" what is happening in that therapeutic space, we might even begin to secretly tell ourselves that perhaps we could work like that. And yet we know that while it looks simple, it is not easy.

Paul Ricoeur's[1] (1967, p. 351) notion of *"1st and 2nd naïveté"* – or "1st and 2nd simplicity" may be useful in understanding the phenomenon of how a neophyte can understand the wisdom of a master practitioner. An image may also help. In New Zealand there is a beautiful conical-shaped volcano, not dissimilar to Japan's Mt Fujiyama, called Mt Taranaki, which is surrounded by a flat circular ring plain. From afar, one can easily see the whole mountain and its surrounding environment – the viewpoint of "1st simplicity". To earn the viewpoint of "2nd simplicity" – the view of the mountain and its environment from the top – one has to climb the mountain, scaling ice-cliffs, being lost in fog and snow blizzards, going along wrong tracks and dead ends, wading through freezing streams, and all the time knowing that, while you have temporarily lost the view of the whole mountain, you are heading in the right direction to achieve "2nd simplicity" and mastery – the view from the top. The process of becoming a Bioenergetic therapist is not unlike that. It takes many years of personal commitment and continuous learning from trainers, patients and supervisors to achieve a simplicity that is not easy. As T.S. Eliot says in "Little Gidding" it is "*a condition of complete simplicity, (costing not less than everything) ...*" (1977, p. 198).

Background Issue Two: How Do I Begin to See What Is So Simply Present or Obvious?

The double perspective of "1st and 2nd simplicity" allows us to better understand the advice of Wittgenstein and Bion, masters of philosophy and psychoanalysis respectively, each of whom spent a lifetime achieving "2nd simplicity" in their discipline. Wittgenstein said, *"Nothing is hidden, just look"*. For the philosopher Wittgenstein, we are unable to see what is right in front of us because it is so simply present (Orange 2010, p. 35). Bion, a psychoanalyst, has a similar idea with his advice to the therapist to enter a psychoanalytic session *"without memory or desire"*. When asked why he suppressed his memory and desire, he explained, that it helped him to experience a

1 One of the giants of 20th century French philosophy.

"flash of the obvious" (Bion 1990, p. 67). And Alexander Lowen had this same uncanny ability to see the whole person in his or her body. His aphorism, "you are your body" sums up his unique gift of "seeing what is so simply present". In comparison, most of us stumble around the foot of the mountain, occasionally getting a glimpse of the peak. Bennett Shapiro, in a personal communication, said that in his own explorations of energy and the body, he felt like an explorer of the Himalayas, and when he thought he had discovered a new peak, he always found a cairn of stones showing that Al Lowen had been there before him.

Personal Reflections on Being a Bioenergetic Therapist

In talking with my partner, Pye Bowden, on how we could teach students in the Clinical Years to better read[2] the somatic and psychic reality of their patients, she asked me, "Well, how do you do Bioenergetics?" As I started to talk, she took notes of what I was saying, and I was later able to elaborate on these notes and turn them into a workshop that was presented at the Professional Development Workshop[3] at Mount Madonna, California, in October 2010. What emerged from this process was later turned into a Workbook that we used to teach students in our training program some of the basic beginning skills in Bioenergetics.

My partner's question got me thinking. How do I see patients? In what ways can I begin to see the things that are "so simply present" and "obvious" to the masters of our profession? It occurred to me to represent this graphically as a series of lens through which I see the patient. In diagram one[4] there are seven lenses, including the lens in eye.

The seven[5] lenses represent seven viewpoints from which to view the patient, especially in the first few sessions of the therapeutic process. From the left they are: (1) the eye of the "I", (2) listening, (3) looking, (4) sensing, (5) family and social landmarks, (6) intuiting an image or metaphor, and (7) the patient's ability to use a somatic framework to understand their psychological problems.

The following paragraphs will describe these seven viewpoints. At the end of the article, there is a Workbook that operationalizes the basic skills implicit in looking

2 Alexander Lowen's ability to read the body had a preternatural quality of clarity and insight. Eleanor Greenlee, of San Francisco, has this same ability.

3 My thanks to Diana Guest, CBT, IIBA Faculty, for encouraging me to turn the workshop into an article.

4 The diagram uses Ralph Steadman's (1979) drawing of Freud.

5 There is nothing special about this number and other important categories could be added.

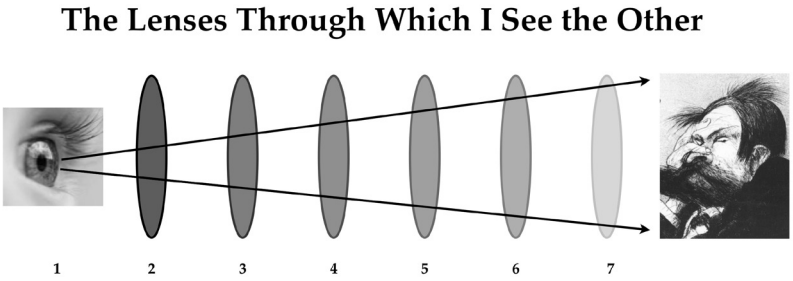

Diagram 1

through each of these lenses. The Workbook was used to help students learn some basic Bioenergetic skills in a way that showed them that being silent and trusting themselves to "do nothing" could be a powerful learning experience.

The Workbook exercises are focused on basic skills for the beginning stages of the therapeutic process. These exercises are not designed to teach students to work with trauma or the more advanced skills of "working through" transferences, resistances, counter-transferences and projective identifications that are needed for the therapeutic process proper[6]. Nor do these exercises presume an in-depth knowledge of character structures, psychodynamic theories and defense mechanisms, or of attachment theory, all of which are necessary for understanding the therapeutic process. Nevertheless, many of these exercises, such as sensing or intuiting, lay a good foundation for a student's initial learning about countertransferential phenomena, and give an experiential basis for understanding advanced theory.

Lens One: The Eye of the "I"

The first lens, of course, which you can't see, is right inside our own eye. This lens represents for me the values I try to hold onto when working with a new patient. When working with patients, I find it useful at times to remind myself of the following points.

I am a *"perpetual beginner"* (Husserl, in Orange 2010, p. 4), as the patient is a "singularity" – there has been no person exactly like her or him in the 3 billion years life has been on earth – so I am on an exciting journey of discovery about the patient

6 For a detailed study of these factors, read the author's paper "An Object Relations Perspective on Bioenergetics and Pre-Oedipal Transferences" (2012).

and myself. I have travelled down many rivers, but I don't quite know what is around the next bend with this patient.

There is a *radical asymmetry* between the patient and myself. Because of this asymmetry, the patient is owed an infinite duty of care (Levinas 1996) to the best of my ability as a suffering human being. So I approach with humility, and yet with confidence that I might have something to offer.

An inherently *ethical stance* comes from being embodied in the world (Levinas 1996). Our three greatest experiences of meaning are: my experience of my own body as being in the world; my intersubjective existence with other bodies; my ethical relationship to other bodies (Ricoeur 1992, p. 317). In this way I am also realistic about the presence of evil and human weakness in the world, and that I have my own *"self-doubt, anxiety, dread, shame, guilt, boredom, blind spots, lust, envy, hate and terror"* (Ogden & Gabbard 2009, p. 90) that are with me for life.

I try to remain *"radically open"* with my mind and body and be available for transference and counter-transferential processes. I endeavor to maintain with my mind and body an "evenly hovering attention" (Freud 1912, p. 111), or "without memory or desire" (Bion 1970, p. 41), and try to allow room for the emergence of whatever is next to appear, moment by moment rather than let performance anxiety shut down my openness to what is "so simply present". This is one of the benefits of bodywork, as this process is a somatic/sensory/affective one as well as a cognitive one. The more I can feel the patient's somatic reality in my body, the more available and empathic I can be for them.

My commitment to weekly supervision is an important element in keeping myself open to new things. That involves speaking about my mistakes, my fears, my countertransferences and my confusions in a supportive and trusting relationship. I am also aware there is a "supervisor" in the patient, witnessing everything I do, which is much more observant than my external supervisor or I can ever be.

Lens Two: Listening

Words are much more than the external expression of thoughts that impart information. Key words convey much about a person's embodied and psychic existence. They can contain and express the full range of a person's conscious and unconscious reality; they contain a person's past and also the promise of their future. They can point to all that is "not yet said" in the infinite resources of a person's life (Gadamer 1975).

So I *listen intently to key words and phrases* patients use to describe the problem/issues that brings them to therapy, as well as how they express their goals – key words

or phrases, such as "I'm a doctor and I'm a *hypochondriac*", "I'm deeply anxious about asking my partner of 35 years *to marry* me", "you have *warm* hands, mine are always *cold*", "even though I'm an extrovert, I *hold back*", "I've been *unfaithful* and I want to discover my *true self*". These key words may be tips of icebergs of meaning. Writers call these: "hot cognitions" (Schore); "the selected fact" (Bion); "moment of common reference" (Shotter); "knowing how to go on" (Hoffman). I am also listening to how they tell me: are they defensive and shamed, confused, too wordy, intellectual, distancing, or perhaps struggling to put a sentence together?

I try to store these key words about problems/goals from the first session in the back of my mind and hold them as compass-bearings for later in the therapy process.

Lens Three: Looking

I look at how *they tell me* – head down, head predominantly to the left or right side; eyes that make contact, eyes that show trauma breaks, eyes that avoid; a mouth that seems immobile with dread or grief, a mouth with a narcissistic smile at the edges of the lips, a mouth with a perpetual smile; a split between the top and the bottom of the face, a split between the left and right side of the face or body; are they breathing, how much and where? (chest/stomach); is there movement or stillness in the limbs and torso?; how are they sitting? (upright, bent over with head resting on hands and elbows on knees, legs tightly crossed as a protective barrier). I am also noticing whether they have predominantly rigid, flaccid or mixed musculature[7], and whether there are any major splits in the different segments of the body. I don't stare, but let these somatic clues float into my awareness, and while noticing them, I hold the awareness of them lightly and hypothetically.

Lens Four: Sensing

I try to sense in my own body what feelings, if any, the patient is expressing or not expressing? Are they over-contained or flooded with feeling? Also, what am I feeling inside, e.g. sadness, numbness, can't think, sleepy, shortness of breath, flooded and confused, finding myself talking too much, excitedly in tune with them? I am also noting if there is a profound dissonance that I am experiencing, something like an

7 I am indebted to Bennett Shapiro for his elaboration on working with these muscular holding patterns.

"the elephant in the room", something that I can't seem to understand or put words to, but can only vaguely sense in my body, or feel in the short-circuiting of some neurons in my brain. I am also sometimes aware that their "devils" (Shapiro 2007), their deep defensive structures, are scanning my own defenses to check out whether I can survive the fearful destructiveness of their omnipotent love and hate (Ogden 1996, p. 185).

In summary, I try to allow myself to gain a first impression (1st simplicity!) of their somatic, mental and languaged stuckness and the strength of their impulse to change.

Lens Five: Family and Social Landmarks

I usually ask patients to *tell me briefly about their family of origin*, number of siblings, where they come in the family and their current social situation (family, partners, flat-mates, occupation). After that I allow the patient's narrative about their family of origin to unfold in its own time in the context of current material as it arises in the therapy. There are exceptions. "I want you to take an extended family history now!" one patient demanded. And he was right. Nancy McWilliams (2011, p. 8) however, strongly recommends taking a full history in the 2nd session, as once the relationship develops into deeper trust, "it may become harder, not easier for him or her to bring up certain aspects of personal history or behavior."

I sometimes ask "is there anything else you think it important that I know?". This may throw up significant material, for instance, "my best friend committed suicide a few months ago", or "I haven't had sex with my partner for the last 10 years".

I am *listening and looking for landmarks that indicate family dysfunctions and traumas*, but I hold these intuitive insights lightly, as each pattern has features unique to this patient. Basically I am looking for patterns of relational deprivation, conflict or invasion. It helps to have studied family systems theory to understand the complexities of family patterns and to know that each family system is unique, with its own lexicon of meanings and associations, its own history of feuds, splits, coalitions, secrets and ways of doing things (Hoffman 1981 and 2002).

My radar is also *seeking signs of dysfunctional roles*, e. g. if their parents were stuck in rigid complementary or competitive roles; if the patient was stuck in a perverse triangle with parents, e. g. the pre-oedipal and oedipal dynamics of a withdrawn mother and an elevated or authoritarian father (clergymen, doctors) – and *I make room for cultural differences*, e. g. in some Indian families, the mother/son relationship can be the main relational axis, rather than husband/wife, as in Western families. In New Zealand, the wider extended family and tribal links are the main relational axes for many Maori patients, and the concept of "the individual self" may be foreign and anti-social.

My radar sometimes picks up an *intergenerational trauma history in a family*, intergenerational impacts of WWII, migrations from another country, a dead sibling within a few years of patient's birth, family break-ups, domestic violence, drug use, mental illness of a parent and grandparents. It may be useful to think that there may be three generations in the room, as some issues do have strong intergenerational dynamics.

I gently allow my attention to *notice obvious somatic splits and character structures* that might be associated with the family history, e.g. rigid or flaccid musculature; oral chest and masochistic lower body; schizoid body with huge angry coat-hanger shoulders; one foot turned at a marked angle compared to the other; the left (feminine?) side of the body markedly different from the right (masculine?) side, but again I hold these somatic guesses lightly and wait.

Lens Six: Intuiting an Image or Metaphor

Most importantly, I try to *intuit an image or metaphor* that captures two things: the person's "struggle to be" and the "ineffable Self" of the other. This is more than empathy (Orange 2009, p. 88); it is seeking to find the common humanity we share as fellow-human beings; it is recognizing their struggle to maintain their deep integrity; it is being open to what Bob Lewis (2008) calls the "inner resonance of inchoate secrets", that Reich called "the indefinable residue beyond reach", and Spinoza (Damasio 2003, p. 36) and Levinas called the "conatus essendi" – the struggle of existing or being.

Sometimes this deeply sourced movement comes as an image, picture, symbol or metaphor. These primitive images can come from the "not-yet-said" somatic and sensory experience of the patient and/or from myself. This "body to body" immediate imagery can be quite powerful, perhaps tapping into the collective unconscious or the deeply personal unconscious and our capacity to dream, e.g. a black spider crawling up/down inside someone's spine; a raven holding a baby in its reptilian claw and pecking at her innards; not being able to be found in a Saharan sandstorm; an insect bursting its cocoon and starting to spread its wings; the struggle not to be annihilated in a psychic black hole, etc.

Lens Seven: The Patients Ability To Use A Somatic Framework To Understand Their Psychological Problems

As the person starts to unfold their story over the first few sessions, *I introduce the possibility of using Bioenergetic techniques* to help them understand themselves from

a somatic point of view as well as from a psychological one. Of course some patients may not be able to understand themselves from a psychological perspective, let alone a somatic perspective, and I have found that introducing some Bioenergetic experiences, such as simple grounding, can give them an awareness about their psychological experience of not being fully present to themselves or others as well as teaching them about somatic awareness.

Firstly, I *teach the person to ground*, using a variety of methods, e.g. tennis ball, knee bends, aligned stance, grounding in a chair, or Lowen's "feeling the earth" rocking. I get them to place their feet in the aligned position and to note how that feels; I ask them to experience their energy rise up into their head when they take an in-breath and lock their knees, and then to notice what happens when they soften their knees on the out-breath. I note which foot they first put the ball under, usually the right foot, but sometimes the left. I listen to what they notice after their foot goes back on the floor, e.g. often they notice their leg is lighter, foot is flatter, and sometimes this awareness is quite dramatic and other times hardly anything is noticed. I always ask them for their experience of the exercise, leaving a lot of space for after-thoughts.

I frequently ask them *what they are experiencing in their upper chest, diaphragm and tummy* or other parts of their body. There is often one area that is repeatedly identified, e.g. pain in the sternum, swirling stomach, strain around the eye sockets, buzzy 3rd eye area and tight across brow, tight soft palette in throat, electric energy in feet that can't be discharged, or a pain in the widow's hump (C7).

I teach the patient *to be aware of and value their embodied experiences*, e.g. by the use of towel to externalize contractions in shoulders, throat, diaphragm and to allow themselves to express spontaneous words. Often there is suppressed grief, which then takes time to understand and process. Sometimes there is an "aha!" experience which helps them on their journey of "identifying with their contractions" (Hilton 1989, p. 60), e.g. "I feel very angry when I hold my head on the left hand side, but relational when I turn it round to the right".

Often patients identify themselves as feeling "anxious". I sometimes teach them that anxiety may be a suppressed feeling, and that the four "primary colors" of emotions are sadness, anger, fear and joy. I then say, "if you had to guess which of these feelings was just under the surface of the anxiety, which one/s would it be, sadness, anger, fear or joy?" I am continually surprised by patient's ability to identify which feeling it is, and which feeling is layered underneath the first feeling, e.g. "I feel angry, but there is a huge sadness underneath that." I teach them that "shame" is not a feeling but a state, and I reframe shame as a biological reaction to the "loss of connection with the good" (Maley 2006) and may show them the "Shame Compass" (Nathanson 1992, p. 312). People can usually identify their withdrawal, their negative self-criticism and

their over-doing it (-aholic) behaviors of the "Shame Compass" and find it helpful that there is a systematic way to describe their confusing experiences.

At times I ask the patient if they would be *willing to explore a Bioenergetic position as a diagnostic tool*[8], e. g. to see what happens if they lay over the physio ball and squeeze it when they get an impulse arising from their stomach. This can allow the person to release their grief or their anger and to find the words that express the emotion more deeply without the shame of eye-to-eye contact. I ask permission to put a supportive hand on their back, if this seems right, or I may be down on the floor my head close to theirs in support.

I am sometimes quite *interactive and spontaneous in creating techniques*, e. g. changing physical distance between us, using objects, such as a towel, to engage in a tug-of-war to help explore relational patterns they are stuck in. This sometimes leads to being quite playful with the patient and having a good laugh. I believe it is often useful to help a person contact their aggression before their grief, and I will use leg gravity drops, followed by heel kicks to help them evoke spontaneous words. These words are often psychic puns, e. g. "effort" becomes "F#@* it", "wait – weight", "avoid – a void", "hole – whole", "I want to get ahead – a head", "infinite – infant", etc.

Vincentia Schroeter and Barbara Thomson's new book, "Bend Into Shape" (2011) is packed with techniques that can be used to help patients access their psyche/somatic realities. John Conger's "The Body in Recovery" (1994) is another great resource for techniques that are well integrated into a rich theoretical bedrock of Reichian, Bioenergetic and Jungian approaches.

Personal Acknowledgement

Whatever skills I might have developed, I owe much to the senior members of the IIBA who have trained me or have been my therapists. Bennett Shapiro, ever the student of Lowen's energetic concepts, has spent years meditating on Lowen's first and major book, *The Physical Dynamics of Character Structure,* later re-published as *The Language of the Body.* Over the past 10 years Bennett has been kind enough to share with me his explorations and the myriad techniques he has creatively developed, allowing me to "road test" these techniques with my patients. From Bennett I have learned many techniques for working with rigid and flaccid structures, and for energizing the somatic resistances (the demonic forces) that defend the inner sanc-

8 My thanks to Eleanor Greenlee, who showed us how to encourage experimentation in Bioenergetic therapy.

tum of the natural child. From Eleanor Greenlee, I have learned to get the patient out of the chair and to begin with grounding, to read and follow the energy of the body in a courageous way, to suggest experimentation using the language of invitation and encouragement, but mostly to respect the holding patterns that the patient has developed to preserve their integrity. From Bob Lewis I have learned the power of allowing the alchemy of the defenses to work even when they are terrifyingly demonic, and to risk the wise-foolishness of following the patient into the labyrinth of their "inchoate secrets". And from Bob Hilton I have learned the need for the exquisite following of wherever the patient needs to go and the therapeutic wisdom of respecting the patient's insights into my own therapeutic narcissism – and also the final paradox of remaining totally available when at the very end I have absolutely nothing to give.

Workbook for Students

As a result of this voyage of discovery, my partner and I organized the above material into a Workbook that clinical-level students used to develop their skills at the beginning level of becoming Bioenergetic practitioners. For reasons of space and layout, the Workbook itself cannot be reproduced in this article, although the content will be included.

Diagram 2 is a reproduction of the Workbook page for Lens 2: "LISTENING TO KEY WORDS". Each page of the Workbook was formatted into sections as follows: *Title:* the particular lens; *Tasks:* the tasks for the therapist to follow; *Notes:* a space for the therapist's observations; *Background Ideas:* bullet-point information on the subject matter; and *Notes:* a second space for notes following the exercise and discussion with the patient.

The Workbook was used by thirteen students over four days of training. For the first one and a half days, the students worked in pairs, one student being the "therapist" and the other the "patient". The "therapist" worked through each page of the workbook with the "patient", completing the tasks as described. On the afternoon of the second day three pairs of students formed a group with one local trainer, and the other three pairs grouped with the second local trainer. Then the "therapist" from each pair of students did a piece of therapy with their "patient" in front of their group members and local trainer, using the information from the notes they had made while looking through the different lenses.

The act of "Putting it all Together" helped integrate the skills the "therapist" had been practicing in the separate exercises. After they had completed a piece of therapy lasting

1. LISTENING TO KEY WORDS

FIND THREE KEY WORDS OR PHRASES

TASK:

- **The therapist reads the 'Background Ideas' below.**
- **The therapist asks the client what brought her to therapy and her goals. (10 minutes)**
- **The therapist does not say a word, but just attentively listens and attunes to what is said.**
- **After the client has finished speaking, the therapist reflects on what has been said and writes down <u>three key words or phrases</u> that seem to be central to the client's story and goals. (2/3 minutes)**
- **The therapist shares these words with the client, and they discuss the accuracy of the words. (5 minutes)**

Notes: The three key words or phrases:

-
-
-

Background Ideas:

- *Words convey a person's embodied personal, social and cultural experience, past, present and future.*
- *Silence may also express 'the not-yet-said' experiences for which there are no words.*
- *Listen to 'key words and phrases' the person uses to describe their problem and their goal*
- *Listen for 'hot cognitions' (ideas that strike you as significant, and full of conscious or unconscious meanings).*
- *Listen to 'how' they tell you (defensive, shamed, wordy) and the speech rhythms or 'prosody' (Schore), e.g. crescendos/decrescendos, pauses, rushed, flowing, loud, soft, etc.*

Notes: (space for any other notes I wish to make)

Diagram 2

about 20 to 30 minutes, they received constructive feedback from their peers and trainer. The students then reversed roles for days three and four, following the same format.

The feedback from the students was positive. They were struck by how powerful silence could be. They were also impressed at how a maximum amount of information could be obtained from a minimal number of key words or behaviors. They felt empowered by a roadmap that was not overly prescriptive and yet gave them enough structure to practice being a therapist without undue anxiety about "what do I do now?" In subsequent workshops over the next six months, each student worked therapeutically in front of the whole training group in the presence of an International Faculty member, and the gain in confidence and skill was obvious. The basic framework of 'how to be a Bioenergetic therapist' was in place, and each student was able to adapt this to his or her own level of development. It was gratifying to witness students start on their journey of becoming Bioenergetic therapists and to start to take heed of Bion's advice that *"you must learn your techniques and theories so thoroughly that you can forget them."*

The Workbook Contents

Lens One: The Eye of the "I".

There is no exercise included here to help students elaborate their own values, although it would not be difficult to facilitate a group discussion to achieve this. It was not done at the training workshop as the emphasis was on skill development, rather than on having a broader-based discussion on values.

Lens Two: Listening to Key Words

Task: Find three key words or phrases

- The therapist reads the "Background Ideas" below.
- The therapist asks the patient what brought her to therapy and her goals. (10 minutes).
- The therapist does not say a word, but just attentively listens and attunes to what is said.
- After the patient has finished speaking, the therapist reflects on what has been said and writes down three key words or phrases that seem to be central to the patient's story and goals. (2–3 minutes).

➢ The therapist shares these words with the patient, and they discuss the accuracy of the words. (5 minutes).

Background Ideas:

➢ Words convey a person's embodied personal, social and cultural experience, past, present and future.
➢ Silence may also express "the not-yet-said" experiences for which there are no words.
➢ Listen to "key words and phrases" the person uses to describe their problem and their goal.
➢ Listen for "hot cognitions" (ideas that strike you as significant, and full of conscious or unconscious meaning).
➢ Listen to "how" they tell you (defensive, shamed, wordy) and the speech rhythms or "prosody" (Schore), e.g. crescendos/decrescendos, pauses, rushed, flowing, loud, soft.

Notes:

➢ Write down any personal learning from doing the exercise and discussion with patient.

Lens Three: Looking at Body Language

Task: Identify Three Key Somatic Communications

➢ The therapist reads the "Background Ideas" below.
➢ The therapist asks the patient about a recent difficult experience that is related to the problem and therapeutic goals above. (10 minutes).
➢ The therapist does not say a word, but just empathetically looks at the patient, and without trying too hard, lets herself notice the body language.
➢ After the patient has finished speaking, the therapist reflects on the experience and notes three key somatic communications, e.g. the use of hands, the way she holds her body or head, that seem to be central to the patient's story. (2–3 minutes).
➢ The therapist shares these with the patient, and they discuss the relevance of the observations. (5 minutes).

Background Ideas:

➢ What is the patient's body language telling you? What message do you get?

- Is the head held at particular angles when talking about emotive issues, e.g. level, down, stops at a particular place, e.g. looking to the left or right, during intense communication?
- How are they in their eyes and forehead? Present, distant, fixed, somewhat dissociated? Are the edges of their eyes smiling, sad, angry, joyous, fearful, narcissistic, shamed, mixed?
- How are they in their mouth and jaw? Tight, sad, angry, fearful, joyful, bitter, disgusted?
- What's happening with their breathing? Breathing or not? In chest or tummy? Favouring in-breath or out-breath? Perhaps they find it hard to "take-in" reality, or are they needing to "expel" pain and anxiety.
- What is their musculature like? Rigid, flaccid, toned, or mixed?
- What is happening with their hands, arms and legs in relation to the rest of the body- e.g. still, restless, expressive?

Notes:

- Write down any personal learning from doing the exercise and discussion with patient.

Lens Four: Sensing

Task: Identify non-verbal communication by listening to your own somatic reality

- The therapist reads the "Background Ideas" below.
- The therapist asks the patient to talk about their overall therapeutic journey in dealing with their issues. (10 minutes).
- The therapist does not say a word, but is "sensing" what is happening for the patient by listening to his or her own somatic and energetic reality, and to what feelings are evoked.
- After the patient has finished speaking, the therapist notes three key sensory/feeling experiences that she herself has experienced while the patient was talking. (2–3 minutes).
- The therapist shares these with the patient, and they discuss the relevance of the observations. (5 minutes).

Background Ideas:

- What feeling is the patient expressing or not (sadness, anger, fear, joy, shame.)?
- Are they over-contained or flooded with feeling?

- Do they have high, medium or low energy in their communication?
- What do I think/feel/sense is happening in various parts of their body?
- What am I experiencing inside myself (sadness, numbness, can't think or breath, flooded or confused, find myself wanting to talk, irritable, tight in chest or throat)?
- Is there an "elephant in the room" – a sense of something inexpressible, intangible and hard to experience?
- Do I feel "in-tune" on energetic, sensory, emotional, feeling and cognitive levels?

Notes:

- Write down any personal learning from doing the exercise and discussion with patient.

Lens Five: Family and Social Landmarks

Task: Identify key family/social landmarks

- The therapist reads the "Background Ideas" below.
- The therapist asks the patient to talk about their family of origin and any childhood or adolescent issues that might be relevant to their therapeutic journey. (15 minutes).
- The therapist just listens without talking, and notes to herself some key family patterns that might be relevant to the patient's current characterological and somatic issues.
- The therapist writes down three key patterns. (2–3 minutes).
- The therapist shares these with the patient and discusses their relevancy. (10 minutes).

Background Ideas:

- Family of origin, number of siblings, patient's age, patient's birth order, where grew up, parent's current status, e.g. together, separated, deceased.
- Usually allow detailed family history to evolve in the course of therapy – but not always.
- Current social situation: family, partners, children, flat-mates, and occupation.
- Is there anything else important to share, e.g. friend committed suicide.
- Family patterns: dysfunctional roles and traumas; symptoms indicate "child" was triangulated into parental system; ongoing parental issues and relationship; attachment issues; oedipal issues; cultural considerations, e.g. what are the key family values in this person's culture, e.g. place of women in Arab cultures, mother/son relationship in Indian culture.

- Sexual history: family attitude to sexuality, 1st sexual experiences, sexual preferences and orientation, history of intimate relationships, traumatic sexual experiences.
- Trauma history: personal to patient; intergenerational traumas, e.g. WWII, migrations; death of siblings; family breakdowns; domestic violence and abuse; substance abuse; mental health issues.
- Are the patient's somatic, characterological holding patterns reflective of the family history- e.g. hollow chest, swollen musculature, splits in body?

Notes:

- Write down any personal learning from doing the exercise and discussion with patient.

Lens Six: Intuiting an Image or Metaphor

Task: To intuit and image or metaphor that captures both the patient's characterological stance and their effort to express their "true self"

- The therapist reads the "Background Ideas" below.
- The therapist asks the patient to breathe quietly and to share in a relaxed way some thoughts about what they would really like to achieve from their therapeutic journey and what its been like living with their difficulties. (10 minutes).
- The therapist does not speak, but just breathes in time with the patient, staying present to the patient, and without trying too hard, the therapist lets herself notice any images, symbols or metaphors that arise in her own imagination (fantasy), or from her unconscious (phantasy).
- After the patient has finished, the therapist notes down any image, metaphor or story that has come to mind. This may be quite a fleeting thing, so breathe and allow it gently to emerge. (2–3 minutes).
- The therapist shares this with the patient, and the patient may wish to share any of her own images, and they then discuss what emerged. (5 minutes).
- Therapist then checks, how has this process been for the patient, e.g. whether there are any feelings arising from the overall process that still need to be talked about.

Background Ideas:

- "Character structure" both restricts our capacity to be fully present in the world, and yet provides a way for us to express ourselves creatively.
- What do you intuit about the other's struggle to be, or their character?

- What sense do you have of the "ineffable Self" of the other, i.e. their full potential?
- We can intuit these by finding a deep common humanity and having a deep concern for the other. We may be able to find an "inner resonance of inchoate secrets" (Bob Lewis); "the indefinable residue beyond reach" (Reich).
- Sometimes the patient's struggle and their unreachable, inchoate Self can be communicated to us through images, pictures, symbols or metaphors.

Notes:

- Write down any personal learning from doing the exercise and discussion with patient.

Lens Seven: Body Reading

Task: To identify differences in the natural and stressed positions

- The therapist reads the "Background Ideas" below.
- The therapist asks the patient to stand in a natural position. As therapist, what do you notice about the patient? (e.g. width of feet apart, angle of feet, knees locked or bent); any obvious splits (top/bottom, L/R)? what are you feeling in your own body as you observe the patient's body?
- The therapist helps the patient to ground and move into the aligned position (feet parallel, knees slightly bent) and gets patient to report any differences from their natural stance.
- The therapist asks patient to charge/stress the body by "bow & bend-over", then return to aligned stance. What do you as the therapist observe? What parts are tight, hot/cold, energised? Does the person have more ease/difficulty breathing-in or breathing-out? (e.g. a short in-breath and a big out-breath).
- Have the patient sit in a relaxed way, while therapist writes notes on observations. (2 to 3 minutes).
- The therapist then asks the patient about her experiences, and then shares her observations in a sensitive manner. Discuss. (10 minutes).

Background Ideas:

- Somatic defences are revealed through areas of tension, pain, temperature and misalignment in the body.
- Psychic defences are evident in the various defence mechanisms, e.g. denial, projection, intellectualization, splitting, somatisation, etc.

- Character structure is comprised of the overall defence structures in the psyche and body.
- Stress energy and anxiety travels inwards to the core/gut, and goes upwards into the head, locking the diaphragm and reducing the capacity to breathe. Getting energy to go down into the legs (leg drops/kicks) and increased breathing reduces the subjective feelings of anxiety.
- The "externalization" of somatic tension, e.g. in chest, through the use of twisted towel and increased breathing with sound or words such as "tight", can help the patient get in touch with suppressed sadness, anger or fear.

Notes:

- Write down any personal learning from doing the exercise and discussion with patient.

Putting it All Together

Task: Putting it all together

The therapist reads the "Background Ideas" below.

- The therapist does a piece of work with the patient in a group situation, which incorporates the learning from the previous exercises. (NOTE: Don't try to consciously remember – trust your implicit memory (unconscious competence) and the energy of the encounter to guide you – and breathe!!).
- The suggested shape of the work is as follows:
    a. Warm-up: the therapist and patient do a brief review of their work, check out "what issue or bodily sensation feels real or on-top right now", and decide on the focus or goal of the work.
    b. The therapist helps the patient to ground.
    c. Energize either the whole body, or the contraction, or the part that feels most alive.
    d. Work with what emerges, joining the "language of the body" and the narrative. It is helpful to keep in mind whether patient has rigid or soft structures (musculature), or a mixture. In other words, are you working with resistance and surrender (rigid structures), or with the need for boundaries and contained/grounded self expression (flaccid structures), or both?
    e. Help the patient with closure –e.g. finding a crystallized statement they can share with the therapist. It is important to give quiet space and time

for a strong experience to be integrated, as freed-up somatic and psychic energy keeps subtly resonating even though the words have stopped. Check they are ok to end.

Background Ideas[9]*:*

- A good piece of therapy will have the Reichian "wave" shape: 1) tension; 2) charge; 3) release of the charge; 4) coming to rest.
- There are two types of "self-consciousness" when working: 1) "My god, I don't know what is happening or what to do next!!"; 2) "I'm not sure what is happening, just relax and wait for the energy of what is happening to show me what comes next".
- Grounding: lots of techniques to choose from – simple alignment, rocking onto heels/ball of feet, tennis ball, bend one knee at a time.
- Energizing: – again lots to choose from: 1) Total body: bow/bend, jump up/down, over stool, over ball, kicking on mattress, hitting with racket; 2) Contracted part (e.g. throat, sternum, diaphragm, between shoulders): a) "externalize" the tension with twisted towel, breathe and express the physical experience, e.g. "tight!" b) exaggerate the contraction and its opposite, e.g. stick jaw right out and retract it in; 3) "Most alive" part: get patient to amplify this aliveness by moving from that place and following their aliveness with bigger movements.
- "Rigid structures"- energize the resistance, e.g. twist towel, saying "NO, Neveeerr!" and then surrender to what is underneath (usually sadness, fear, anger, or shame); "Soft and early structures" – build boundaries and support the right to be, e.g. a) holding cushion in front of body; or b) breathing-in as push hands out; and/or c) phrase: "I caaaannn have myself!!"
- Four types of supportive language: 1) Empathetic ("that must have been awful for you"); 2) Enquiring ("what are you feeling?" to someone lost in thoughts; "what are you thinking?" to someone lost in feelings; "what's happening now?" if person is silent and you don't know what is happening); 3) Encouraging ("Can you say that a little louder?"); 4) Explanatory ("I'd like to put my hand on your back to offer support. Is that ok?").
- It is important to develop your own style. This takes a long time, so be kind to yourself.

9 Bennett Shapiro, David Boadella, or Eleanor Greenlee created many of the therapeutic techniques in this section.

Note:
These exercises are designed to teach some of the basic skills required in the beginning stages of the therapeutic process. They can help lay a foundation for the more advanced skills and knowledge required to work through the resistances and transferences which both Freud and Lowen have identified as essential to the psychotherapeutic process (Lowen 1971, p. 6f.).

Copies of the Workbook can be requested from the author by email.

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Lowen's Energy Concept

A Neurobiological Explanation and Redefinition

Christa D. Ventling

Abstracts

English

Alexander Lowen, founder of bioenergetic psychotherapy, placed great emphasis on working with the body. By this he understood various forms, ranging from the more gymnastic types of exercises to those involving stress positions, making a person get to sometimes physically feeling an earlier traumatic experience and thus reaching new insights. Lowen called the process, "energy through exercise". His concept is, however, confusing, as exercising in whichever form requires energy and does not synthesize energy – unless one assumes the creation or existence of a form unknown. The reflective outline below tries to clarify this by searching the literature and concludes that the synthesis of specific neurohormones could be responsible for creating that special feeling of elation experienced by the person involved in such an exercise.

Key Words: Lowen's energy concept, exercise and new energy, energy redefinition, neurohormones

German

Alexander Lowen, der Begründer der bioenergetischen Psychotherapie legte großen Wert auf die Arbeit mit dem Körper. Darunter verstand er verschiedene Formen; sie reichten von mehr gymnastischen Übungen bis hin zu Stresspositionen, die bei manchen Menschen dazu führen, dass sie körperlich frühere traumatische Erfahrun-

gen wieder erleben und dadurch zu neuen Einsichten gelangen. Lowen umschrieb diesen Prozess mit "Energie durch Übungen". Sein Konzept ist jedoch verwirrend, insofern, als Übungen welcher Art auch immer, Energie benötigen und nicht Energie synthetisieren – außer man postuliert die Schaffung oder Existenz einer noch unbekannten Form. Die folgenden Überlegungen versuchen, dies mittels einer Literaturrecherche zu klären und kommen zu dem Schluss, dass die Synthese von spezifischen Neurohormonen dafür verantwortlich sein könnte, dass Personen, die solche Übungen machen, ein besonderes Hochgefühl erleben.

French

Alexander Lowen, fondateur de la psychothérapie bioénergétique, a mis beaucoup d'emphase sur le travail avec le corps. Par cela, il comprenait des formes variées, allant de types d'exercices plus gymnastiques à ceux comportant des positions de stress, amenant une personne à sentir au niveau physique une expérience traumatique plus précoce et ainsi parvenir à de nouvelles intuitions. Lowen nommait ce processus "énergie à travers exercice". Son concept est, cependant, troublant car faire des exercices sous quelque forme que ce soit demande de l'énergie et ne synthétise pas d'énergie – à moins que quelqu'un suppose la création ou l'existence d'une forme inconnue. Le cadre de réflexion hormones spécifiques peut être responsable de la création de cette sensation spéciale d'élation (extase) expérimentée par la personne engagée dans un tel exercice.

Spanish

Alexander Lowen, fundador de la psicoterapia bioenergética, enfatizó el hecho de trabajar con el cuerpo. En relación a ello, entendía que había varias posibilidades que iban desde los ejercicios más gimnásticos a los que tenían que ver con posiciones de estrés, facilitando que una persona conectara con una situación traumática temprana y alcanzara nuevos insights. A este proceso Lowen lo denominó "energía a través del ejercicio". Su concepto, sin embargo, es confuso ya que la práctica del ejercicio físico en cualquier modalidad requiere energía y no sintetiza energía- a menos que uno asuma la creación o existencia de una forma desconocida. La reflexión que sigue intenta clarificar este punto con una búsqueda bibliográfica y concluye que la síntesis de neurohormonas específicas puede ser la responsable de crear esta sensación especial de alegría experimentada por la persona implicada en dicho ejercicio.

Italian

Alexander Lowen, fondatore della psicoterapia bioenergetica, ha posto grande enfasi sul lavoro corporeo. Con questo intendeva varie forme, partendo dagli esercizi più vicini alla ginnastica a quelli che comprendono posizioni di stress che avvicinano la persona a sensazioni corporee che richiamano esperienze traumatiche precoci e che quindi rendono possibili nuovi insight. Lowen definiva questo processo "energia attraverso l'esercizio". Questo concetto è, comunque, confuso, dal momento che fare esercizio comprende tutte quelle attività che richiedono energia e non la creano – a meno che non si presuma l'esistenza o la creazione di una forma sconosciuta. La riflessione che segue cerca di chiarire ciò esplorando la letteratura e conclude che la sintesi di specifici neuro-ormoni potrebbe essere responsabile della creazione di quelle particolari sensazioni di eccitazione sperimentate dalle persone coinvolte in tali esperienze.

Portuguese

Alexander Lowen, fundador da psicoterapia bioenergética, deu grande destaque ao trabalho com o corpo. Dentro deste conceito ele incluiu diversas modalidades, variando de exercícios relacionados com ginástica a outros que envolvem posições de stress, levando a pessoa, às vezes, a vivenciar fisicamente uma experiência traumática precoce e a realizar novos insights. Lowen denominou esse processo "energia através do exercício". No entanto, seu conceito confunde, pois fazer exercícios, em qualquer modalidade, requer energia e não, sintetiza energia – a menos que se suponha a criação ou existência de alguma forma desconhecida. A reflexão que se segue tenta clarificar essa questão, pesquisando a literatura e conclui que a síntese de neurohormonios específicos poderia ser responsável pela criação do sentimento especial de elação, experimentado pela pessoa envolvida nesse tipo de exercício.

Introduction

Alexander Lowen provided us with a concept based on various forms of working with the body, which he called "energy through exercise" (Lowen 1975, Lowen & Lowen 1977). Whether we engaged in early morning exercises at conferences or became more body-conscious through a unique technique of our therapists, we all remember this special feeling with which we walked away afterwards, that of an inner happiness, a balance between soul and mind, even of elation. Lowen called it

energy resulting from the physical activity and for all these years none of his students questioned the validity of this statement, why should they, as just about all of them had experienced it personally. The questioning comes from other sides: from other psychotherapy schools, from University psychiatry departments and from health organisations. They want more than a theoretical statement, the quest is on for a concrete validation of the concept.

Origin of the energy concept

Let us turn to Wilhelm Reich for a moment. He had the idea that psychoanalysis resulted in something very positive happening to that person. In fact he thought that it was cosmic energy that entered the body of the client. By following this direction of passively picking up energy, he got sidetracked with his orgone theory. Nothing happens when we remain passive. Lowen, however, took the idea of energy and connected it to an active physical state. He wrote in many of his books how in a healthy body energy flows and that this flow is blocked when muscles are suddenly contracted as e.g. it happens in a shock situation, or are permanently contracted as a result of trauma (Lowen 1958, 1972, 1978, 1980). Lowen believed that especially traumas from early childhood result in a contraction of parts of the sympathetic nervous system, due to a contraction of the muscles which are innervated by this system, over which we have no active control. However, this system is activated through our emotions.

Lowen said that unblocking such "stuck" systems would then let the energy flow again. To achieve this, bioenergetic psychotherapy has at its disposal many techniques, in part verbal, in part physical (Lowen & Lowen 1977; Dietrich & Pechtl 1995). Some such interactions are very mild, e.g. where the therapist merely perceives a recurring gesture of the client and can make the client aware of this, who often can bring it together with something that happened in his life. Such an insight on the part of the client can already change something in his body. Other interactions are more aggressive or better called cathartic: such as kicking, hitting a foam rubber block with a bat, or screaming at the top of the lung, where in each case the client goes to the very limit of his physical capacity. A client with a shallow breathing indicates to the therapist that he lives with a minimum of oxygen, barely surviving and that he has a serious blockage in his chest. Appropriate exercises, e.g. the "breathing stool" Lowen invented can help here, as the thoracic muscles are stretched and almost automatically the breathing is increased. And then last but not least are the many exercises which basically all have in common that we afterward we *feel* that we have a body, not just *know* it. Increasing body consciousness has a beneficial effect per se, in that we simply

feel better, quite apart from very specific effects like that of feeling grounded, better connected to reality, stronger in dealing with daily problems.

There is absolutely nothing wrong with these therapeutic interactions on a physical level, e.g. making the client do a certain physical activity or exercises. This is not the problem of the energy concept. *The problem of the energy concept is the statement of Lowen and his followers that "exercises give us more energy" and that this statement is neither explained nor further explored in a systematic way.*

The present generation of bioenergetic therapists however, must face up to reality (Carle 2002). Reality means that recognition as a psychotherapy school by Universities and/or Health Agencies depends strongly on the quality of the theories and the empirical validation of these concepts. Bioenergetics has deficits in these areas. In this article I wish to deal only with one of these deficits, i.e. with the energy concept and what is missing there.

What biochemistry teaches us

Let us remember that using our muscles to work requires energy and the harder the work the more energy it requires. However, our muscles can only work for a limited time before they are exhausted. Consider the simple test of standing on one leg: some of us will collapse after a very short time, others will last longer but in the end, nobody is on one leg any more, having no energy left, we have a choice of collapsing or getting back on both legs. To stand on one leg, we must contract the leg muscles very strongly to hold this position. These muscles are part of the striated muscles that are under voluntary control. The energy for the contraction comes from ATP (adenosine triphosphate) inside the muscular cells. ATP is a small molecule with 3 phosphate groups attached one behind the other. The hydrolysis or splitting off of each phosphate group in turn releases a high amount of energy. ATP is the universal currency of free energy in biological systems – it is the principal immediate donor of free energy. It is being supplied through the metabolism of glucose. When we do mechanical work or exercise we automatically breathe more and deeper, the oxygen we breathe in is used for burning glucose and when it is gone, our body turns to glycogen (which is a storage form of glucose) and burns it. There exists a number of other compounds with a high phosphate group transfer potential that our body will use whenever mechanical energy is required. One of the most important ones is creatine-phosphate, which upon hydrolysis splits off a high energy phosphate. When all reserves are gone, we collapse. Why is it then that in spite of the physical exhaustion we feel good, sometimes even to the point of feeling elated, sort of on top

of the world?' Lowen claimed it as new energy. However, it cannot be the type of physical energy mentioned. Recent research dealing with emotions and mood states has offered at least an opening in re-thinking the energy concept.

What neurobiology teaches us

The emotional benefits of exercise were already praised in antiquity, but evidence for these claims is only slowly coming in. Exercise provides a vehicle for many non-specific therapeutic processes, including physiological benefits of mobilisation and psychological benefits of self-mastery and social integration. Effects related specifically to exertion include anxiolytic and antidepressant action, but also resistance to physiological and emotional consequences of psychological stressors.

Many investigations exist dealing with the effect of physical exercise on the sensitivity to stress, to anxiety and depression (Byrne & Byrne 1993; Salmon 2001). Dozens of articles demonstrate stress-reducing, anxiolytic or antidepressant effects in people who have not asked for these benefits. Most explore the effect of continuous training and long-term exercise activities and only a few deal with the immediate effect of an exercise session, be it aerobics, jogging, swimming etc.

Exercise is no doubt a form of physical stress and therefore we would expect to see changes in those neurotransmitter systems[1] that are causally implicated in behavioural adaptation to stress. Noradrenergic and opioid effects of exercise have particular implications for understanding clinical effects. Each has been invoked as an explanation for psychological effects of exercise: noradrenergic systems (= endogenous hormones related to adrenaline) have been suggested to substantiate antidepressant effects and opioid (= endogenous hormones, so-called endorphins, opiate – like substances because of their sedative action) activation has been invoked to explain mood improvement (Grossman & Moretti 1986). Brain norepinephrine levels are depleted by swimming (Barchas & Friedman 1963) and forced running (Gordon et al. 1966); while long-term regimes of swimming (Ostman & Nyback 1976) or running preserved or increased brain norepinephrine levels (Brown & van Huss 1973; Brown et al. 1979; Dishman et al. 1997).

1 A word of caution: Neurochemical correlates appear mostly in the brain and sometimes also in the blood system. An analysis of ***brain*** constituents is feasible only in animal experiments, whereas analysis of ***blood*** constituents can be carried out in humans. However, the blood-brain barrier controls what substances go from brain to blood and vice-versa. Blood data are therefore not representative of the brain. Brain data come from animal experiments, are extrapolated onto humans and assumed to be equally valid.

The opioid mechanisms in effects of exercise are of particular interest. Stress is known to activate central and peripheral opioid systems and this accounts for some instances of the "high" or even analgesia feeling. Spontaneous exercise shares these effects, increasing endogenous opioid activity in the peripheral and central nervous system (Harber & Sutton 1984, Thoren et al. 1990). Opioid mechanisms were implicated in mood improvement by running in regular runners because naloxone, an opioid antagonist, attenuated this effect (Allen & Coen 1987; Janal et al. 1984). Many studies have linked the positive mood resulting from exercise to endorphin production.

Research in neurobiology of the last years has produced evidence of the existence of brain-made small molecules, called endorphins to be sent out to specific organs with highly specific functions (Pert 1997) – an example is oxytocin sent out in high amounts after an orgasm. It is an endorphin with multiple function as it is also produced at the end of pregnancy where it induces the contractions, is maintained during delivery where it acts like an endogenous opiate by diminishing the pains and after the birth together with the hormone prolactin maintains the milk production during the period of lactation.

The immediate effect of exercise is, concomitant with the feeling of physical tiredness, a feeling of elevated mood, a feeling of optimism and of increased liveliness and vitality (Turner et al. 1997). Some neurobiologists call it simply *mental energy* (Arnot 2000). Regular exercise is well known to have a beneficial effect on the well-feeling of a person, it is also an excellent method for decreasing tension and stress because both rob us of mental energy. During regular exercise the hormones adrenaline, noradrenalin and cortisone, produced in the adrenal cortex, all rise in the blood stream. In addition to other effects these hormones act on a structure called the amygdala that could be called the "mood thermostat". The lower the activity of the amygdala (as shown by a Positron Emission Tomography (PET) scan), the higher is our mood. During depression, levels of these hormones decrease which led researchers to believe that these hormones are instrumental in the positive effect of exercise on mood.

Exercise increases breathing, which allows more blood flow to the brain and allows more oxygen into the brain, which is the key to it all. We have all heard of the euphoria attached to exercise as claimed by runners who extol the "high".

The precise conclusions from all of the above are these:

Exercise diminishes muscular energy and elevates our mood

Must we redefine Lowen's energy concept? No. It is perfectly valid, but should be renamed for the purpose of precision. Must we start serious highly scientific research in order to find out what this mental energy is? We should, but most of us are not

qualified to do it properly. Would it suffice to take over the term of "mental energy" from the modern neurobiologists? Yes, by all means. I would endorse the latter very strongly. If we could agree to call it mental energy and explain it on the basis of the neurobiological findings, the energy concept could be understood by psychotherapists of other schools and it would add to our credibility.

In my mind this would be the simplest and wisest solution. We can trust the neurobiologists that in due time they will have analysed the molecules which hide behind the name of mental energy.

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About the Author

Christa D.Ventling DPhil, lic.phil (M.Sc) got her doctorate in biochemistry at the University of Oxford GB, followed by over 25 years in medically oriented basic research at various University Medical Schools in the USA (Iowa City, IA, The Johns Hopkins University and the University of Maryland, both in Baltimore MD). She then returned to Switzerland to continue in basic research at the Friedrich Miescher-Institute of then Ciba-Geigy, now Novartis, Basel. More than 50 publications resulted from this time. From 1983–1987 she studied psychology at the University of Basel graduating with a M.Sc. degree. She went on for a psychoanalytical and body-oriented training in Bioenergetic Analysis and Therapy (BAT), was certified in 1995, became a member of the teaching staff of the Swiss Bioenergetic Society (SGBAT) in 2000 and a supervisor in 2005. She runs a private psychotherapeutic practice since 1990 and continues her scientific interest in psychotherapeutic topics. She carried out a major investigation on the efficacy of BAT for which she received the Prize for the best Research in 2002 by the US Association for Body Psychotherapy. She is the editor of "Childhood Psychotherapy: A Bioenergetic Approach" and of "Body Psychotherapy in Progressive and Chronic Disorders", published in 2001 resp. 2002 by Karger, Basel. She has two grown children and three grandchildren.

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The Merciless God of Gravity and the Organism's Humble Reply

Arild Hafstad

Thrown into a world ruled by Gravity – a blessing or a curse?
Standing on two feet is a new awakening.
Standing on my own two feet is gaining strength from within.
Living from inner balance is gaining Selfhood.

Abstracts

English

Gravity is one of the four basic forces in nature. Life forms must adapt to gravity pull. This paper addresses two questions: 1. *In life forms, how does gravity work and how is it basically handled?* 2. *What are the advantages of gravity integration, the organismic response we have inherited from nature?* Historical contributions from A. Lowen, P.M. Helfaer, S. Keleman and Ida Rolf along with new knowledge are shortly reviewed. The principle of *biotensegrity* is presented as a feasible mechanism for organismic anti-gravity regulation. Implications for the field of bioenergetics at both the cell level and for the human organism as a whole are presented. *What are the advantages of gravity integration, in the form of biotensegrity?* Tensegrity structures in the body have the valuable property of self correction in response to gravity. By serving as a soft yielding response, tensegrity manages to integrate gravity as a resource for vitality and energetic economy. Also it promotes organismic unity and is involved in the healing function of bioenergetic flow and pulsation. This examination shows above all one crucial fact: Since human beings stand erect on two feet, variation in postural *balance* becomes a variable that makes a great difference. Balancing capacity is a resource that makes a difference from the individual cell to the person as a whole. We may suspect that even at the level of *Social Self* balancing capacity is a source of integration and healing.

Key Words: Gravity adaptation, Tensegrity, Bioenergetic economy, Self Regulation, Organismic balance

German

Die Schwerkraft ist eine der vier grundlegenden Kräfte in der Natur. Alle Lebensformen müssen sich an die Wirkung der Schwerkraft anpassen. Dieser Beitrag widmet sich zwei Fragen: 1. Wie wirkt die Schwerkraft auf lebendige Organismen und wie gehen diese grundsätzlich damit um? 2. Welches sind die Vorteile einer Integration der Erdanziehungskraft als natürliche und erblich angelegte organismische Reaktion? Frühere Beiträge von A. Lowen, P.M. Helfaer, S. Keleman und Ida Rolf werden zusammen mit neueren Erkenntnissen kurz referiert. Das Prinzip der "Biotensegrität" wird als ein wirksamer Mechanismus organismischer Regulation gegen die Schwerkraft vorgestellt. Implikationen für die Bioenergetik, sowohl auf der Zellebene als auch für den menschlichen Organismus in seiner Gesamtheit werden erwähnt. Welche Vorteile bietet die Integration der Schwerkraft in Form von "Biotensegrität"? "Tensegritäts"-Strukturen im Körper haben die wertvolle Eigenschaft der Selbstkorrektur als Reaktion auf die Schwerkraft. Indem sie als eine weiche, nachgiebige Antwort funktioniert, gelingt es der "Tensegrität", die Schwerkraft als eine Quelle von Vitalität und energetischer Ökonomie zu integrieren. Auch fördert sie die organismische Einheit und ist an der heilenden Funktion bioenergtischen Fließens und Pulsierens beteiligt. Die vorliegende Untersuchung zeigt vor allem ein zentrales Faktum: Da menschliche Wesen aufrecht auf zwei Füßen stehen, werden Unterschiede in der posturalen Balance zu einer sehr bedeutsamen Variable. Die Fähigkeit, sich im Gleichgewicht zu halten, ist eine Ressource, die von der individuellen Zelle bis hin zur gesamten Person eine Rolle spielt. Wir dürfen annehmen, dass sogar auf der Ebene des sozialen Selbst, die Fähigkeit, sich immer wieder ins Gleichgewicht zu bringen, eine Quelle der Integration und Heilung darstellt.

French

La gravité est une des quatre forces de base dans la nature. Les formes de la vie doivent s'adapter à la force de la gravité. Cet article pose deux questions: 1. *Comment, dans les formes de vie, la gravité fonctionne-t-elle et comment est-elle traitée?* 2. *Quels sont les avantages de l'intégration de la gravité, et de la réponse organismique que nous avons hérité de la nature?* Les contributions historiques de A. Lowen, P.M. Helfaer, S. Keleman et Ida Rolf en même temps que le nouveau savoir sont brièvement repris. Le principe de la *biotensegrity (?)* est présenté comme une mécanisme possible pour la régulation de l'antigravité organismique. Les implica-

tions pour le champ de la bioénergie au niveau à la fois de la cellule et à celui de l'organisme humain comme un tout sont présentées. *Quels sont les avantages de l'intégration de la gravité, dans la forme de la biotensegrity?* Les structures de la tensegrité dans le corps ont la propriété précieuse de s'auto-corriger en réponse à la gravité. En étant utile comme réponse conciliante, la tensegrité parvient à intégrer la gravité comme une ressource de vitalité et une économie d'énergie. Il promeut également l'unité organismique et participe à la fonction de guérison de la pulsation et du flux bioénergétique. Cette observation montre avant tout un fait capital: depuis que les êtres humains se tiennent debout sur deux pieds, la variation dans *l'équilibre* postural devient une variable qui fait une grande différence. L'aptitude à l'équilibre est une ressource qui fait une différence de la cellule individuelle à la personne comme un tout. Nous pouvons imaginer que même au niveau du *Self Social* la capacité d'équilibre est une source d'intégration et de guérison.

Spanish

La gravedad es una de las cuatro fuerzas básicas en la naturaleza. Los organismos han de adaptarse a la atracción de la gravedad. Este artículo desarrolla dos preguntas: 1. ¿En los organismos, cómo actúa la gravedad y como se maneja?2. ¿Cuales son las ventajas de la integración a la gravedad, la respuesta organísmica que hemos heredado de la naturaleza? Se revisan las aportaciones históricas de A. Lowen, P.M. Helfaer, S. Keleman e Ida Rolf, junto con aportaciones nuevas. El principio de biotensegridad se presenta como un mecanismo capaz para la regulación organísmica antigravitatoria. En el campo de la Bioenergética, hay implicaciones tanto a nivel celular como del organismo en su conjunto. ¿Cuales son las ventajas de la integración de la gravedad, en forma de biotensegridad? Las estructuras de Tensegridad en el cuerpo tienen la valiosa propiedad de la autocorrección como respuesta a la gravedad. Utilizándose como una suave y flexible respuesta, la tensegridad es capaz de integrar la gravedad como una fuente de vitalidad y de economía energética. También promueve la unidad organísmica y está relacionada con la función sanadora de la pulsación y el flujo bioenergético. Este reflexión muestra fundamentalmente un hecho crucial: Desde que los humanos se sustentan de pie, la variación en el equilibrio postural se convierte en una variable que implica una gran diferencia. La capacidad de equilibrio es un recurso que diferencia la célula individual de la persona como totalidad. Podemos pensar que incluso a nivel del Self Social, la capacidad de equilibrio es una fuente de integración y curación.

Italian

La gravità è una delle quattro fondamentali forze naturali. Le forme di vita debbono adattarsi alla pressione gravitazionale. Questo scritto affronta due problemi: 1 – Come funziona e soprattutto come viene gestita la gravità nelle forme di vita? 2 – Quali sono i vantaggi dell'integrazione gravitazionale come risposta organismica che abbiamo ereditato dalla natura? Vengono trattati brevemente, insieme a nuove conoscenze, i contributi storici di A. Lowen, P. M. Helfaer, S. Keleman e di Ida Rolf. Viene presentato il principio di *biotensecrità* come meccanismo utilizzabile per la regolazione anti gravità del corpo.Vengono presentate le implicazioni che ha nel campo dell'analisi bioenergetica sia a livello cellulare che a livello dell'organismo umano nel suo insieme. Quali sono i vantaggi dell'integrazione della gravità, nella forma della biotensecrità? Le strutture di tensecrità presenti nel corpo hanno la preziosa proprietà di autocorrezione in risposta alla gravità. Funzionando come una delicata risposta di cedimento, la tensecrità agisce per integrare la gravità come risorsa per la vitalità e l'economia energetica. Promuove inoltre l'unità dell'organismo ed è coinvolta nella funzione curativa del flusso e della pulsazione bioenergetica. Questo scritto presenta soprattutto un aspetto cruciale: da quando gli esseri umani stanno eretti su due piedi, la variazione nell'equilibrio posturale assume una rilevanza tale da fare la differenza. La capacità di mantenersi in equilibrio è una risorsa che appare importante sia per la singola cellula che per l'intera persona. Possiamo ipotizzare che anche nella capacità di bilanciamento del Sé sociale sia fonte di integrazione e cura.

Portuguese

A gravidade é uma das forças da natureza. Todas as formas de vida têm que se adaptar a essa força. Este artigo trata de duas questões: 1. *Como atua a gravidade nas diferentes formas de vida, e como se lida com ela?* 2 – *Quais as vantagens da integração da gravidade, a resposta organísmica herdada da natureza?* Contribuições históricas de A. Lowen, P.M Helfaer, S. Keleman e Ida Rolf são revistas juntamente com um novo conhecimento. Apresentamos o princípio da *biotensintegridade* como um mecanismo viável para a regulação orgânica anti-gravidade. Apresentamos as implicações para o campo da Bioenergética a nível celular e para o organismo humano como um todo. *Quais as vantagens da integração da gravidade na forma de biotensitegridade? Estruturas* de *tensintegridade* têm a propriedade de auto-correção frente à gravidade. A *tensintegridade* age, como uma resposta suave, no sentido de integrar a gravidade como um recurso de vitalidade e economia energética. Promove, também, unidade

organísmica e está envolvida na função de cura do fluxo e pulsação bioenergéticos. Este exame nos mostra um fato crucial: desde que os humanos ficaram eretos sobre seus pés, a variação no *equilíbrio* postural torna-se uma variável de grande influência. A capacidade de equilibrar-se é um recurso que faz a diferença, da célula individual para a pessoa como um todo. Podemos suspeitar que, mesmo a nível da capacidade social de auto-equilíbrio, é um recurso de integração e cura.

Introduction

Just like the life-giving oxygen, taken in by our breathing, gravity is always here and as such, easily forgotten. In this paper I will attempt to bring gravity into our focus and ask how it really works on us. Then I want to investigate how we adapt to gravity as human beings. In particular, I like to look at how gravity and adaptation to gravity are involved in bioenergetic processes.

Gravity is one of the four basic forces in nature. The electromagnetic, the strong and the weak nuclear forces are the others. Gravity is an *energy* that draws molecules and masses towards other physical masses. The attractor force is proportional to the amount of mass. The earth is the mass that attracts us most, so we are pulled in the direction of the core of the earth. To see its force, hold a bottle of water and release it from your hand. See how it falls to the ground and is shattered by *the energy released* from gravitational pull. Humans have about the same mass/weight ratio as the bottle. If you stumble and fall you experience the released gravitational energy when you hit the ground. Inside us all the liquids in our body are attracted towards the ground. The liquids would make our feet look like big balloons if it was not contained and prevented from pouring down. What opposes gravitation? Nothing really can, the only rearrangement possible is to distribute its effects more evenly. So the problem is only half solved since by redistributing the liquids, we create an *internal pressure* equal to the energy of the gravitational pull. Multidirectional pressure inside a container adds to the unidirectional pressure toward the earth. This has a bioenergetically interesting effect: *Containing pressure is containing energy*. By containing energy it is transmuted from the distant pull of the core of the earth to an energy owned by you and me. Is it a blessing or a curse? It might become integrated as a bioenergetic resources or it can be a slow working stress – creating slow or sudden breakdown. We are under real and constant pressure. Only creatures living in waters can escape its pull since water pressure partially neutralizes its effect. For all life on land, gravity has to be handled right now with an organismic answer, *a response*. If this response is insufficient, gravity has the upper hand, burdening and demanding and even deforming or breaking the organism down.

On the other hand, if gravity is met with an effective organismic response, gravity is integrated with the *form* of the organism and its *bioenergy*. The mastering of gravity then *turns into an advantage*, a resource in the life process. More specifically, what is shaped and constantly renewed is a precise and sensitive balancing and utilizing of the gravitational energy within all aspects of the organism (Keleman 1971). This sensitive balancing ideally aligns the body segments nicely and economically. However, misalignments do happen in us all, creating various contracted postures that we need to study (Schroeter & Thompson 2011).

In my opinion, there are at least six questions about gravity that beg to be answered within a bioenergetic framework:

1. In life forms, how does gravity work and how is it basically handled?
2. What are the advantages of gravity integration, the organismic response that are operating?
3. Are there any specific characteristics of how gravity is integrated in the Human form?
4. What are the consequences for Human bioenergetic dynamics and its effect on human vitality and development?
5. What kind of role does gravity integration play in development of the Self, is it just a curious detail or of major importance?
6. How and to what extent is gravity integration a source of energy for personal fulfillment?

These are the questions I set out to explore. Thematically, the questions easily group into three pairs. The four last questions have to be set aside for the time being.

Gravity never rests or grants anyone the slightest break from it. Let us investigate how the world of living forms, including ourselves found a way of obeying the merciless *commandment* from the God of Gravity: *"Find a way of living with me or cripple and perish"*.

Several persons have addressed this issue. Alexander Lowen (1958, 1972, 1988), Stanley Keleman (1971, 1975) and Ida Rolf (1977) were in the front.

Alexander Lowen started in the late 1940's to develop his concept of *grounding,* which I believe was a major breakthrough in understanding human nature. Lowen said that the energy swings between the two ends of the organism. "This swing as the basis of the reality principle is the cornerstone of all bioenergetic principles and therapy" (Lowen 1958). He states that it is as if the energy of the human lifts the whole front end of the organism off the ground and brings the posterior limbs into a new and different contact with the earth. Grounding is the foundation for a sound sense of reality. In the grounded state the legs are able to vibrate, the feet are felt and sensitivity for

one's own being is improved. The bioenergy system is also grounded like an electrical circuit, allowing discharge through the ground. At the same time there is a deep fear in humans to let down and to fall (Lowen 1988). He saw that humans in their hope for improvements and restitution create a swing of energy upwards away from the ground, which leads to a temporary state of elation. But this upward pull is bound to collapse sooner or later. Bioenergetically, the collapse leads the upward driven energy back to the center of the organism. "Keep down and allow a movement towards the earth and the lower half of the body", he said. This will disrupt the elation-collapse dynamics. One can only allow this if there is *a feeling* of standing on solid ground. I believe this is the same thing as finding peace with gravity. The sense of reality rests on feeling the impact of gravity. Related to this is the ability to feel the impact of gravity in the center, which is the lower belly. Lowen said that in a grounded state, the legs and feet become active, felt organs of contact. He considered the lower belly "the seat of Life". Feeling this seat of life is the basis for "inner directedness" and the capacity for faith as a deep inner conviction. According to Lowen, only such faith has true sustaining power (1972, pp. 49–50). Grounding is essential to selfhood. When the person has the capacity for grounding, this allows for streaming and melting sensations deep within the organism, a sure sign of vitality. Grounding serves to release or discharge the excitation of the human organism. When grounded, due to the dynamics of charge/discharge, one can experience an energetic pulsation up and down in the body. Lowen even stated: *"this upward surge of feeling from ones roots in the ground is the bodily counterpart of all spiritual feeling. It's the basis of all religious experience. It is the miracle of life moving against gravity and feeling its own surging force"* (Lowen 1972, p. 57).

Philip Helfaer (1998/2006) follows Lowen's description and attempts to describe in more detail some of the energetic relationships and developments related to grounding.

Helfaer used the term *pulsatory grounding wave.* Grounding "is a way of describing and conceptualizing a pulsatory wave that is the energetic foundation for the integration of the upright human organism standing in its environment. Grounding describes the organism's energetic relation to the ground, that is, to the stress of gravity."

The conditions for the pulsatory wave in standing are different from when lying down. In standing, an excitatory wave pulsates between the head and tail while simultaneously forming an energetic relation with the ground. Standing in the stress of gravity, the organism must inevitably mobilize whatever character traits are present. This represents an extra expenditure of energy and a source of energy drain. Also, it represents a distortion of the relationship to the ground and therefore to reality. Vitality, grounding and the sense of reality, are based on having liveliness and charging ability at both ends of the energetic swing between pelvis and head, and between

pelvis and feet. The head and pelvis function as two containers. They can build up and hold energy until the right moment for action and discharge. Helfaer stated that *grounding, sexuality and selfhood are functionally and developmentally interrelated*.

Stanley Keleman (1971, 1975) was one of the early students of bioenergetics. He saw deeply into the human *form*, pointing out the significance of gravity in forming human structure and energetic flow. He sensed that the upright position evokes a condition of *instability and unsureness*. He thought that *the gaps between* stability in standing and in walking became an evolutionary origin of consciousness. Consciousness he wrote, *"is the pause between actions which is intensified by man's unstable erectness"* (1971, p. 8). The unsureness of the vertical position is difficult to bear, creating rigidities that produce fantasized security. Maturation and personal growth is contrary to this, based on *feeling the unsureness* of the erect position and a growing into the feeling of somatic life: *"Life lives itself as it expresses itself in the experiencing, developing deeper and deeper contact with itself and with the world"* (1971 p. 9). Keleman personally experienced that discovering anti-gravity dynamics was opening the process of finding aliveness. There is an experience of *"being held off the ground and at the same time a going-toward-the-ground. It is a dynamic pulsatory to-and-fromness that is the essence of being erect and moving"* (1971, pp. 9–10). Aliveness can only come by accepting insecurity and discontinuities in life. Aliveness to him was sensed as streaming in the core, which he compared to "deep, hot coals".

Ida Rolf (1977), another pioneer (Fahey 1989) developed a method of connective tissue correction known as *Structural Integration* or "Rolfing". She repeatedly stated that "*gravity is everything*" giving it decisive importance for human life. She said we need to make peace with the energy field of gravity. This energy can enhance or dissipate the energy of the individual. You cannot change the energy field, but *you* can change. Her basic understanding was that when the body works appropriately, the force of gravity can flow through. Such "flowing through" is healing. Creating an inner feeling of balance is essential to this process. It opens a more subtle and integrated awareness of being oneself. Rolfers are working to align the body segments and restore normal tone in connective tissue allowing alignment of body masses.

Other forms of somatic therapies have long put some emphasize on gravity and the dynamics of human verticality. Some of these are the Alexander technique (Dimon 1999), Osteopathy (Barral & Croibier 1999, Lee 2005) and basic body knowledge (Dropsy 1975).

These are some of the old contributions. Are there any new? Not only brain research (Damasio 2010) but also other branches of science come to our aid and bring news for bioenergetics. Contemporary cell-physiology sometimes refers to *the bioenergetic functions of the cell*, meaning mitochondria energy production (Cooper & Hausman

2009). Cell physiology is starting to integrate a field called *biotensegrity* (Ingber 2008), showing the impact of tension induced regulation in cell functioning. Also, rapidly developing new research in genetics, has confirmed that *gene-expression is influenced by gravity, movement, breathing, emotions and stress* (Bauer 2004, Cooper & Hausman 2009, Ingber 2008). These new findings document mechanisms that are relevant for bioenergetic theory. The Bioenergetic view has been confirmed by clinical observations and to some degree by research (Gudat; Ventling; Koemeda-Lutz & Peter; 2002); Nickel M. et al. (2006). Still, Bioenergetic Analysis is often quickly refuted by critics as speculative. So now is a good time for a fresh look at some findings relevant to the bioenergetic viewpoint.

One hypothesis I advocate is that gravity is an *organismic stimulant*. Observations of humans living under weightless conditions on board space vehicles have shown that we actually need gravity for physiological homeostasis. Calcium deposits in bone structure break down if the pull of gravity is absent. Also, if we are deprived of sufficient standing and upright movement, the long term effect may be osteoporosis and posture collapse. Usually, we recover quickly from such a condition as soon as we resume the vertical position of standing. Standing up against gravity then, constitutes an indispensible natural stimulation of the human species (Falk, K. 2002).

Even standing unbalanced will by and by have local deforming effects on tissue supporting posture. Standing balanced means actually feeling and responding momentarily with precision to gravity. It is clear then, that *we need gravitational stimulation* to trigger organismic maintenance of form and function. It is crucial that we can *feel* the just right balance so that we can help ourselves in getting the right stimulation. The *cultivation of felt balance* can be a valuable aid. In my own life and therapeutic practice I have come to value these observations. It has helped in shaping my understanding and practice of bioenergetic therapy and the development of the *Lively Column Exercises,* reported in an earlier paper (Hafstad 2008).

Genetics, learning and gravity

The adaptive solution to the problem of gravity has a common core shared by all species living on land: *All species grow supporting tissue*. To grow supporting tissue, animals use calcium deposits and proteins (mostly collagen) while plants utilize starch. Still, the function is the same – to build structure that can sustain gravity and other pressures. In addition to this common base, species may have particular genetic solutions to the problem of gravity specific to the physiology and habitats of the species. For instance, early human species like the Australopithecus and Homo-erectus must

have revised their genetic structure as they evolved to stabilize the upright posture that Homo sapiens has inherited (White, T. D. et al. 2009). Also, the epigenetic program that is activated as a child learns to get up on two feet must have been revised. Still, as bioenergetic therapists reading the body, we know that there is a lot of room for *life impact* to play a significant role in the shaping of posture. Oh, so many individual ways of carrying the body around! All individuals must find their own way to handle the problem of gravity in their life (Keleman 1971). The complexity of this response is ours, in every moment of our living and throughout life. Gravity however, never lets us escape the consequences of our bearing and gait.

There is one lesson laid down in every land-based organism. In every plant or animal the most energy saving basic arrangement is to raise some rigid structure or skeleton *precisely* against the direction of gravity pull. This is the first remedy to prevent disorganizing and possibly lethal effects of gravity. It is however not a sufficient solution, since other pressures like those created by wind, growth, movement and the structure of the organism, creates *other pressures that mix with gravity pull*. Even trees with a stationary trunk must have additional lateral arrangements to support its branches and leaves and to handle the horizontal impact of windy weather. Not only the macrostructure of an organism but also organs, tissues, cells and cell organelles must structure themselves to handle gravity *and* the pressure from movements and waves always running through the organism. The supportive elements therefore, must be multidirectional to meet the challenge from gravity and other pressures. What are they? How are they built? Is there a mechanism for weaving supportive tissue? Before looking into this theme I like to note two issues relevant for human beings and bioenergetics.

Gravity and human bioenergetics

First, consider the laws of energy. As mentioned at the beginning, there are four energy forces known: electromagnetic energy, a weak and a strong nuclear energy and finally – gravity. The concept of energy in physics, states that energy cannot be destroyed, only transformed. All four forms of energy can manifest themselves in the world as radiation, heat, movement, tension and electric charge. Any energetic form can get transformed into the others and so make a foundation for life processes. Energy is the basis for life. The ways the organism incorporates energetic transformations *is* bioenergy.

Secondly, we may notice that the activity of gravity underlies *bioenergetic economy*: To "fine tune" balancing of body masses in relation to gravity pull is crucial for energetic economy and energy regulation. The poorer the alignment and the more off-centered

a person becomes – the more energy and effort are required just to sustain a posture. Energy is stolen from other life tasks and breeds rigidity and tension. We lose emotional stability, ease, freedom, choice and power of judgment. Life gets heavy and it adds to negative feelings about life.

On the other hand, standing centered and well balanced stimulates processes needed for sound functioning of cells, organs and the person. Since we can observe that not only gravity but also *emotional burden* influences the human posture, it is clear that gravity gets into a complex involvement with the self. So cultivating a balanced posture may improve homeostasis and self-regulation. We can gain in vitality and selfhood.

Multidirectional supportive elements or "the architecture of life"

A major leap forward in enlightenment concerning *the basic mechanisms of counter gravity regulations* was provided by Donald E. Ingber MD, PhD in his 1997 article[1]: "*The Architecture of Life",*(Scientific American jan.1997, 49–57). Ingber discovered what he thought was an underlying principle in nature. He described a specific rule of self-assembling or self-organizing found from the molecular to the macroscopic level of any organism. He discovered this *rule of forming*, by influence from an architect, Buckminster Fuller. Fuller had made what he called *tensegrity* structures in buildings and the artist Kenneth Snelson made sculptures based on the same principle. However, it was Ingber who saw a parallel between certain buildings, sculptures and the biological world.

What Is Tensegrity?

The architect Buckminster Fuller was studying tension distribution in building construction. The term *tensegrity* does not refer to ordinary building principles but to buildings that can be very strong and stable by using lighter materials and less of them. Such a building constitutes "*a system that stabilizes itself through distribution of tensional and compressive forces balanced within the building"*. Ingber became interested in tensegrity in the1970s when his studies in biology made him understand that living forms also have an architectural aspect. Since the molecules and cells that

1 My presentation below is mostly based on this article so I will not make references in every instance. References to other sources are shown in the usual way.

form our tissues are continually removed and replaced – it is *the maintenance of pattern*, he thought, that constitute what we call life. One thing he observed in the general structure of cells was that

> "It is not the strength of the cell walls but the way the entire structure of the cell distributes and balances mechanical stresses, that makes it stable, and so becomes an integrated and flexible building module for the organism. This property is established through the principle of tensegrity".

We have seen so far that gravity is the main source of mechanical stress in land based life forms. Tensegrity structures are uniquely equipped to handle such stress. They are made of two basic components. The *first element* is a basic *tension bearing framework* made up of rigid sticks or struts, each of which can bear tension *and* compression[2]. Gravity is the basic energy these elements are dealing with. These structures are connected into triangles, pentagons or hexagons, and each stick is oriented to constrain each end to *a fixed position*, thereby assuring the stability of the structure. The *other elements of tensegrity structures are* strings that can be tensed but not compressed, much like the strings of guitars. These qualities give the system a capacity for *flexible self adjustment*. The strings stabilize themselves through a phenomenon known as pre-stress. While the sticks are structural members that can bear tension and compression, the strings are entirely different by only *bearing tension*. Even before these strings are subjected to variation in external force, they are *pre-stressed by a certain tonus*.

Tensegrity structures are built of elements that create a three dimensional space (tension and compression bearing sticks) and some elements that keep spaces together (pre-stressed strings) creating a stress-distributing integrated whole. The figure 1 is an example of the most simple tensegrity structure.

These *counteracting forces, which equilibrate throughout the structure*, are what enable it to stabilize itself. The organized whole holds an evenly distributed tensional tone. It has tension and integrity combined to form tensegrity. Tensegrity structures of both categories share one critical feature, which is that *tension is continuously transmitted across all structural members*. When a part increases its tension there will be an equal tension increase in the rest of the system, but divided on the other parts. This global increase in tension is followed by an increase in compression within certain sticks dependent on their position in the structure. In this way, the structure stabilizes itself through an energetic principle that Fuller described as:

2 Tension is energetic charge created by stretch and contraction, while compression is energetic charge from pressing together (my comment).

Continuous tension and local compression

Such combination is not found in ordinary buildings, since they get most of their stability from compression by the force of gravity. An interesting aspect of tensegrity forms is that *they spontaneously place their elements along the shortest and most direct paths between adjacent members,* creating three dimensional forms. When the shortest possible lines between two points are on a curved surface, they spontaneously arrange *geodesically.* They form like geodesic domes (figure 2). This is often the case in biological systems.

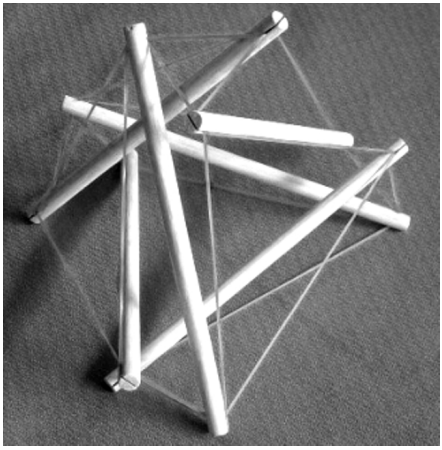

Figure 1: Simple tensegrity structure

Tensional forces naturally transmit themselves over the shortest distance between two points, so the members of a tensegrity structure find the optimum position for handling stress. For this reason, tensegrity structures offer a maximum amount of strength for a given amount of building material and energy expenditure.

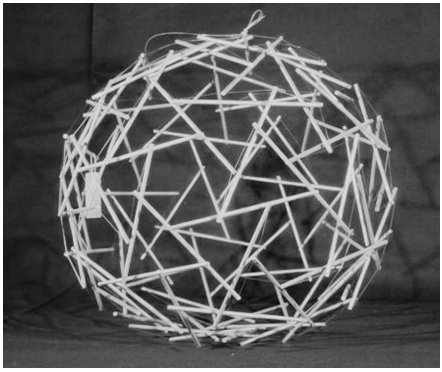

Figure 2: Geodesic dome

Biotensegrity

When tensegrity operates within life forms, it is called *biotensegrity*. The first indications that biological systems may be organized according to tensegrity occurred when Ingber and associates did cell physiology research at Harvard. Since understanding of cell processes is basic to bioenergetics, let's have a look at the cell level.

Tensegrity structures of the living cells

It's been known for decades that cells have their own connective tissue made up of *cytoskeleton, microfilaments, intermediate filaments and microtubules*. Since the 1970s it is known that cells act and interact mechanically (Cooper & Hausman 2009), (Ingber 1997). The cells connective tissue has an active role in controlling cell shape, cell regulation and gene expression. Knowledge is rapidly surfacing in this field (Cooper & Hausman 2009).

In a study in the 1990s, Ingber made a simple tensegrity model to mimic how cells keep their form from within. He made a structure of six wooden sticks and the same number of elastic strings. He also placed a similar model, as the cell nucleus, within the one that represented the whole cell. To mimic cytoskeletal connections between the nucleus and the cell, he stretched strings from the surface of the large structure to the smaller one inside. When he pushed down this cell model with his hand, it was for a moment forced into a flattened pile of sticks and string. *As soon as the pressure was removed, the energy stored in the tensed filaments caused the model to spring back to its original, roughly spherical shape.* Later he showed experimentally that his construction mimicked the known behavior of living cells: Cells change shape when they are subject to external pressure and this response is transferred to the nucleus. Internal connective tissue makes the cell adapt to external pressure, just to *regain* its form when the pressure leaves. This happens continuously in organisms *without damaging the tissue*. The cell nucleus and DNA is subject to the same response. Further, the outside anchors of the cell are pulled so that outside structures respond too, making the form of the cell and surrounding tissue a two way street. We can recognize a bioenergetic aspect of these observations. When we move or are emotionally moved, waves and pulses are continuously transmitted through the tissues, making cells change and regain shape. These are movements of bioenergy transmission. Waves are always going through healthy tissue, changing frequencies and amplitudes with our behavior and states.

A closer look at the cells tensegrity structures

Inside the cell, a crisscross network of contractile microfilaments extends throughout the cell, exerting contractile tension. They pull the cell's membrane and all its internal constituents toward the nucleus at the core and tend to round the cell geodesically (see figure 2). Opposing this *inward pull* are compressive elements, some from outside the cell and some operating inside. The compressive structures inside the cell can be either microtubules or large bundles of cross-linked microfilaments

within the cytoskeleton. The third component of the cytoskeleton is the integrators. These are the intermediate filaments, connecting microtubules and contractile microfilaments to one another as well as to the surface membrane and the cell's nucleus. They also act as wires, stiffening the nucleus and stabilizing cell shape. At the cell surface we also find *receptors* that can produce immediate structural changes deep inside the cell. By this arrangement the cell and the nucleus can immediately align in the direction of pull. So the cell, like the organism as a whole, can produce changes in state and shape. It can contract, expand, be flexible or rigid, elongate, round, etc. The cell can, by means of tensegrity, immediately adapt to pull in a way that is basically soft and refined. First, it can allow deep impact and then, redirect energy from one source to all directions, resulting in maximum energy distribution.

From this description we may conclude that cells are adapted to answer the demands of gravity. They respond in a "humble" way that smoothly distributes unidirectional gravity into tensional multi-directionality. In this way the burden is transformed into manageable levels of charge. Is it possible that this low level charge can be converted into various energetic forms?

From gravity to bioenergy

To investigate this we may chose to ask: Can gravitational mechanics enter into the world of biochemical processes? Can gravity become integrated into the processes of chemical transformations?

Gravitational pressures become a continuous tension through the body structure and reach into the cell interior, since the microfilaments and cytoskeleton are in direct connection with the connective tissue of the whole body. Tensions and compressions of bones bearing body weight are spread in waves through all connective tissue. The collagen sheets wrapping bones, muscles and organs and the fine spindle like network between the cells called the *extracellular connective tissue matrix*, makes a web reaching into all tissue. Collagen fibers have little elasticity and are electrically charged. The waves of gravitational pull are charging these structures with electrical and mechanical tension that spreads through the whole web. The web is a tensegrity structure.

How do these waves enter into the cells? Cells are anchored by *focal adhesions* in the extracellular matrix. Contractile microfilaments in the cell respond to external tension through these anchoring points by shortening and tensing. When the wave reaches the cells external anchors, the charge is directly transmitted to the cell interior: Inside the cell, microtubules are compressed at their ends by the pull of surrounding contractile microfilaments. This compression prepares a road to integrate mechanics

and biochemistry at the cellular and even molecular level. So what is the next step? We have already seen the cell's cytoskeleton change form by shifting physical forces transmitted across the cell surface. *This is the key. Cytoskeleton changes modify many of the enzymes and other substances that control protein synthesis, energy production and growth in the cell*. For instance, blood pressure and gravitational compression in bones influence genetically coded synthesis of proteins relevant to the regulation of the circulatory system and the skeleton (Cooper & Hausman 2009). To conclude, changing cytoskeleton form translates mechanical energy into biochemical processes and by that is establishing *a bioenergetic switch between gravitational and biological energy*. In a sense, this means that humans carry *a small scale dynamo inside the cells. The dynamo is able to convert gravitational energy into a kind of nutrition for bioenergetic processes, or simply stated* – gravity becomes a source of aliveness.

This mechanism can influence *gene expression* in a profound way. Chen, et al (1997), did an experiment in which living cells were forced to take on different shapes, spherical or flattened, round or square. By modifying the shape of the cell, they could *switch cells between different genetic programs*. Cells that spread flat became more likely to divide, whereas round cells that were prevented from spreading activated the programmed death known as apoptosis. When cells were neither too extended nor too retracted, they neither divided nor died. Instead they went on in a steady state manner. Thus, mechanical restructuring of the cell and cytoskeleton can be decisive to the fate of the cell. Very flat cells, with their cytoskeletons stretched, signal that more cells are needed to cover the surrounding substrate as in wound repair and that cell division is needed. Rounding indicates that too many cells are competing for space and that some cells must die. In between these two extremes, the cell is told to go on with "business as usual". Gravity can influence basic homeostatic processes in the cell governed by genetic programs.

From cell to organism influence

We have seen that gravity influence reaches into the cells and stimulates deep changes. Can these changes in cell state start a wave in the other direction, modifying the state of the whole organism? Here is one example: Many different types of tissue cells, including muscle, cartilage, blood vessels and skin, evoke a response known as *linear stiffening*. If you pull on your skin, for example, you may feel the resistance increase with the pressure you apply. Increasing external force is met with *increasing resistance*. Ingber explains that when the stress applied to integrins (molecules that go through the cell's membrane and link the extracellular matrix to the

internal cytoskeleton) increase, the cells respond by becoming stiffer and stiffer, just as whole tissues do. The local stress applied makes more of the contractile microfilaments rearrange themselves *in the direction of the applied stress.* Since gravity is constantly tugging on the organism, rearrangement occurs spontaneously to meet this force, making cells stiffen in the direction towards the earth and regulate tissue development to sustain the pressure. So we see that cells clearly adapt to pressure by growing molecular structures to sustain the way gravity influences the organism. Stiffened cells affect the whole web of the organism through the tensegrity principle of *tensing continuously and compressing locally*. They signal outwards, tensing the surrounding tissue and ultimately the whole organism. So the next time we touch a client, the pressure we apply at one spot may have a general effect at a very basic organismic level. If a person has a distorted posture, gravity impact will be unbalanced and distortion builds into the structure through linear stiffening.

When a mixture of gravity impact and emotionally induced tension patterns enters into a cell, their *combined pressure* will modify structure at the cellular level. The cell interior and the cell nucleus are at the same time monitoring and responding inward and outward. Stiffening in fear and receiving disharmonious physical shock waves will directly influence the cells and make them tense. The organism naturally stiffens to meet an expected shock (Lowen 1972). If one remains in the stiffened position, the organism does not relax and the impact of combined shock and fear is not disrupted. Locking the knees and tensing the anti-gravitational supportive muscular system more than required by gravity alone, is a response to the fear of falling when in danger. It easily becomes built into the tensegrity structures, incorporating a character pattern. Then the natural response of giving in is blocked and so are the roads to natural discharge. The functions of grounding are impaired. This kind of stiffening creates insensitivity and distortions of the natural response to gravity. At the level of individual cells, fear of letting down blurs the response to gravity. It seems to me that we now may have an explanation for our somatic character formation (Lowen 1988) ready at hand.

To sum up, physical and emotional pressure change cytoskeletal geometry, affect biochemical reactions and alter gene expression of the cell, even at the level of activating major gene programs. Gravity enters into the core of life-processes and bioenergetic processes. At every moment there is a whole-part tensional dynamic between the organism and the cells, where the cells immediately sense pressures humans are going through and even can make major adaptations. We are just beginning to learn what kind of advanced homeostatic control is operating at the cell level. Of course, the pathway of gravitational influence on life processes is only one of several influences incorporated into cell homeostatic response. For instance, different organismic states

are adjusting chemical and neuronal signals to the cells. These adjustments release chemical compounds across the cell walls and inside the cells to modify the cell state.

The intimate interaction between cells and the condition of the organism predicted by bioenergetics is confirmed by these observations.

At the organism scale

In human biotensegrity the skeleton is the compression and tension bearing structure, while the compression adjusting strings are made of connective tissue and muscles combined (Cooper & Hausman 2009).

According to the research of Ingber and his associates, biotensegrity is manifested *at all levels of the organism*, from molecules to the whole acting organism (Ingber 1998). Later investigations have confirmed the generality of biotensegrity in biology (Levine 1995, 2007). Through tensegrity, refined changes are established *below* the level of neuronal control. Many structural needs and solutions are spontaneously met by emergent self organization. Counterbalancing gravity establishes integrity. All parts and levels are adjusted through tensegrity and give the organism an option to unify as a whole. This fits well with the bioenergetic understanding that "energy flows were it can" and that the organism has a great capacity for instant self adjustment and healing if it is not interfered with from above. Also in physiotherapy and osteopathy it is well known that a tensional release in one body part can eliminate a symptom on the opposite end of the body (Meyers 2001).

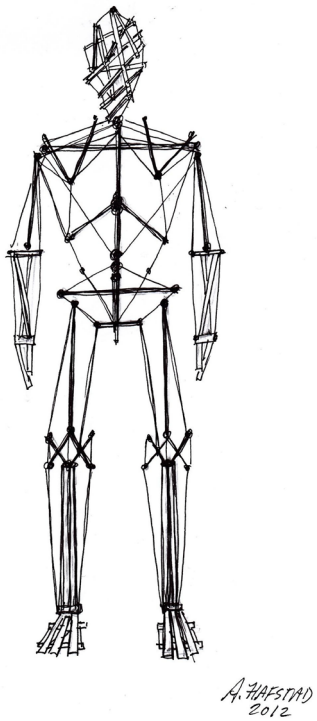

Figure 3: tentative tensegrity model of the human body

Gravity demands a response and biotensegrity organizes such an adaptive response. *"Thus, from the molecules to the bones and muscles and tendons of the human body, tensegrity is clearly nature's preferred building system"* (Ingber 1997). It is clear

that tensegrity is an elegant and powerful mechanism for organismic regulation that solves organismic needs before the nervous system intervenes. Even more, it represents a mechanism for a) bioenergetic economy; b) a speedy line for communication between parts and levels; c) a means for organismic integrity that in many ways are more efficient than the nervous system; d) its flexible structure participates in organismic pulsation and aliveness. Waves reverberate easily through tensegrity systems. Ingber found that tensegrity structures function as *coupled harmonic oscillators*. DNA, nuclei, cytoskeletal filaments, membrane ion channels and entire living cells and tissues *exhibit characteristic resonant frequencies of vibration*. Transmission of tension through tensegrity lines provides a means to distribute forces to all interconnected elements and, at the same time to *tune* the whole system as one. As Alexander Lowen pointed out from the 1950s, (Lowen 1988 a, b) the human organism is such a pulsating vibrant system.

We have seen how a basic principle in nature – tensegrity – constitutes a basis for the human energetic system where gravity plays a fundamental role. Lowen was first to put major emphasize on gravity when he introduced the principle of grounding as basic to human health and vitality. Let's consider a person.

Eve is in good balance. She stands well in her feet. The left and right are symmetrical. While she stands, body segments are aligned so gravity compression runs straight through her middle axis. From the viewpoint of tensegrity, she keeps most of the tension-compression bearing near the midline and in the lower part of the body. This means that most tension-compression is received by the bones, cartilages, and discs in feet, ankles, legs, pelvis, sacrum and the lower vertebrate. By standing so well, these structures receive a maximum of gravitational impact. They are charged up with high tension-compression. Her bones are not simply stiffened calcium structures. They are alive with some flexibility, filled with blood and cell producing marrow. They are heated from within since their metabolic activity is high. Bones have nerve ends attached. They are made of busy working cells that respond to pull in the ways we have seen above, that is, quickly adapting internal pressure; turning gravitational pressure into biochemical processes; getting the genes into expression; transmitting pulses to the tension bearing strings and sending harmonic oscillations through all connective tissue and muscles attached to the bones. So Eve holds a good charge at the bearing core. She is very vital and full of energy. Tendons and tiny muscles close to the skeleton are tension bearing strings that aid balancing against gravity. She is well balanced and makes adjusting movements with ease. This comfortable state is continuous with all tension bearing strings in her body, playing soft music on them, entering into the cells. The more peripheral bigger muscles can join in the orchestra, be available for free expressions and swift spontaneous movements.

The tensegrity model shows us human dynamics. A strong "core tension-compres-

sion charge" due to refined balancing against gravity will stimulate vitality at the core and be followed by a comfortable level of tension in the strings of muscles and connective tissue. The cells hear sweet music coming and thrive. I guess Ida Rolf (1977) would have said that the gravitational energy is allowed to go through.

When balancing against gravity is less refined or even chronically distorted, the dynamics change.

Adam got a scoliosis from losing a rib bone. It constantly brings him off-balance to the left. The gravity impact gets more diffuse and less centered, so the core tension-compression charge is reduced; the core is less stimulated, less vital; the tensional pulses from the core structure get more jerky and unstable. Supportive strings close to the core must increase their tension to secure stability and carry more of the gravitational burden. Supportive strings close to the missing rib tend to stiffen and send tensional waves to all other strings, increasing the general tension at all levels. The rest of the strings in peripheral muscles and in connective tissue tune in by tensing up. The tone of their vibrating oscillations becomes disharmonic. The cells tense too.

The interplay of tensegrity dynamics at different scales

The principle of tensegrity needs clarification at one point. The general tensegrity principle of *continuous tension and local compression* is a vague formulation. In bioenergetic analysis it is a basic observation that tensional levels through the human organism have variations and they even may seem discontinuous. There can be strong local variations and striking differences. These observations do not need to contradict what has been said so far if we consider the following examples. Think of a tensegrity structure with 10 elements and the tension of one element is incidentally doubled. The rest of the elements will distribute the same tension between them, meaning an average of $^1/_9$ of the tension increase for each. In addition, if you have ever put up a tent and tensed one of the strings attached to the ground, the rest of the tension lines in the tent will straighten up, but with variations. I guess the same will apply to the human body.

We have seen at the macro level that tensegrity can describe a basic mechanism for a person to keep his posture. It has a distinct dynamic. Tensegrity can help explain why a person is more or less rigid, more or less flexible and how central and peripheral aspects interplay. We can see that tensegrity brings a direct line between cell function and overall function – between strain-level functioning in the person and strain-level functioning at the cell level. The overall tensional aspect of a person might have its counterpart at the cellular level. It is a major breakthrough in a unified view of the human being to identify such a powerful pathway of unity.

In this paper I have attempted to answer two questions.

1. In life forms, how does gravity work and how is it basically handled?

I conclude that gravity is a major force in life that demands an organismic response. Biotensegrity is a strong candidate for serving as a basic way of organizing this response.

2. What are the advantages of gravity integration and the organismic responses that are operating?

We have seen that tensegrity has an inherent self corrective ability. Once the human organism is placed in its gravitational axis, it will inherently self-correct to find the most economic positioning of its parts. It works for alignment. Tensegrity serves as a soft yielding response, as an answer to gravity. It allows integration of gravity as a resource for vitality and energetic economy. Also, it promotes organismic unity and is involved in the healing function of bioenergetic flow and pulsation.

Still, we have seen that different misalignments are the usual state of affairs in humans (Schroeter & Thompson 2011). Also it is true that character traits always get mobilized when we stand (Helfaer 1998). Apparently, tensegrity self adjustment will never be enough to bend us into shape. Still we may ask – can we find a way to make more room for tensegrity self-correction? I believe one answer can be found in cultivating the sense of balance. Balancing capacity is a resource that makes a difference to the individual cell and to the person. Since humans stand erect on two feet, postural balance becomes a variable that make a great difference. Sensing balance is sensing the axis of gravity. It is an inner bodily sense.

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About the Author

Arild Hafstad was born in 1957 in Oslo, Norway, where he lives and works. Graduate psychologist 1983, clinical psychologist 1988, chief psychologist 1988–1993. Full time private practice from 1993. C.B.T. in 2004. President in the Norwegian Society for Bioenergetic Analysis 2006–2010. Assistant trainer in BA training group 2007–2010. Published in the European Journal of Bioenergetic Analysis 2008. Board member in The Norwegian Forum for Character Analysis. He is conducting workshops in Bioenergetic Analysis.

Book Review

Self Cure: You Can Do More For Yourself Than Your Doctor Can

Virginia Wink Hilton

There is something compelling about a book entitled, "Self Cure: You Can Do More For Yourself Than Your Doctor Can." Perhaps it is because many of us have had experiences with our health care practitioners that have been less than satisfactory. Mark J. Sicherman, who has been a physician for 50 years, agrees with that. He observes that, while he has considered medical practice to be a noble profession, in recent decades the quality of medicine in our country has declined "to the point where the whole system is in crisis" (xii). Clearly this sense was a strong motivator in the writing of this book.

Sicherman – "Jim", as he is called by those who know him – began training with the New York Society for Bioenergetic Analysis in 1982 and was certified in 1987. "This was a life-altering experience, for me personally and for my practice", he writes in "Self Cure" (p. 3). The influence of Bioenergetics is apparent throughout his book.

"Self Cure" is about the mind/body approach to health and wholeness. But it is also about the refutation of what characterizes most of current medical practice: "one size fits all".

> "Every patient who has a particular disease will be treated the same way. In contrast, my expertise has been in helping people to get to know themselves on a body/mind level. When a person achieves this self-awareness, they will know what they need in order to restore and maintain health (xii)."

Sicherman's approach to finding and embodying self-awareness is based on what he calls the "Three Pillars of Good Health: Intake, Exercise, and Going to the Source." In Part I of the book he describes and explains the importance of each area.

In addition to food, Intake includes water, air, medication, and supplements. He offers "The 7 Guidelines for Eating Well," and ultimately urges the person to, "listen to your body".

The second Pillar, exercise, extends well beyond aerobics and gym workouts. He includes flexibility and expressive exercises – even sexual exercises – for enhancing

energetic flow, techniques that are quite familiar to the Bioenergetic community. He emphasizes that, "The free flow of energy and feeling through the body is the most effective deterrent to the development of chronic disease states" (p. 37).

The third Pillar he calls, "Going to the Source." By this he means "going to that place of stillness that is present deep within each of us" (p. 48). The third pillar is "a safe haven from the stresses of daily life and in fact an antidote to the negative physiologic effects of those stresses" (p. 49). Sicherman, noting validation of meditation by numerous scientific studies, offers different techniques and discusses the problems and resistance arising around meditation practice. And, I would venture to suggest that his particular emphasis on meditation might be referred to as "body mindfulness."

In Part II of the book, a number of conditions are presented in alphabetical order, from Allergies to Urinary Tract Infections, which Sicherman believes, "are possible to prevent, ameliorate, or cure through your own initiative" (p. 65). With each condition he makes observations, based on his many years of practice as a physician and his body/mind perspective, and he gives recommendations within the Three Pillars: Intake, Exercise, and Going to the Source. He refers the reader to additional resources of exercises, meditations, and diet, which are found in Part III.

Chuck Storman, co-author of the book, is a computer engineer whose wife was diagnosed with breast cancer. He utilized his advanced computer skills to research methods believed to be helpful in stopping the illness. Diet became a central focus and greatly aided his wife's recovery. His findings are central to the Intake Pillar of "Self Cure".

In "Self Cure" Sicherman has created an accessible and valuable resource – much of it based on principles of Bioenergetic Analysis – for enhancing health and well being. I find the book to be simple, direct and profound. Frequently it provides information and wisdom that we know very well, and at the same time, it is a clear reminder of what we so often fail to put into practice. It is useful for us personally and for our clients. And I believe that Sicherman's book will have a broad appeal to persons interested in and open to the mind/body approach to wellness.

About the Author

Virginia Wink Hilton, LCSW, PhD., is a Bioenergetic therapist since 1975 (New York City)and a IIBA faculty member since 1977. She moved to Southern California in 1985, and has continued in private practice with her husband, Robert Hilton. She has published articles on gender and sexuality and is co-author of the book, *Therapists at Risk*.

Bioenergetic Analysis, the Clinical journal of the IIBA is published annually and is distributed to all members of the international organization. Its purpose is to further elaborate theoretical and scientific concepts and to make links to enhance communication and broaden our connection with other schools of therapy, as well as with academic psychology, medicine, and other psychosomatic schools of thought. The journal publishes reports on empirical research, theoretical papers, and case studies. Some local IIBA societies produce journals in their native languages. This journal has been published in English since 1985, making it the oldest journal for the IIBA.

This current volume contains tributes to three IIBA trainers who died in 2012 and one review of a self-care book written by a pediatrician, who is also a Bioenergetic therapist. There are five original papers, each from authors of different countries. Elaine Tuccillo writes about the legacy of intergenerational emotional abuse. Garry Cockburn provides concepts to help train the next generation of Bioenergetic students. Margherita Giustiniani presents a variation technique for using the Bioenergetic stool. Christa Ventling explores the use of the word "energy" in Bioenergetics. Arild Hafstad introduces the concept of tensegrity structures in relation to gravity and grounding in Bioenergetics.

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