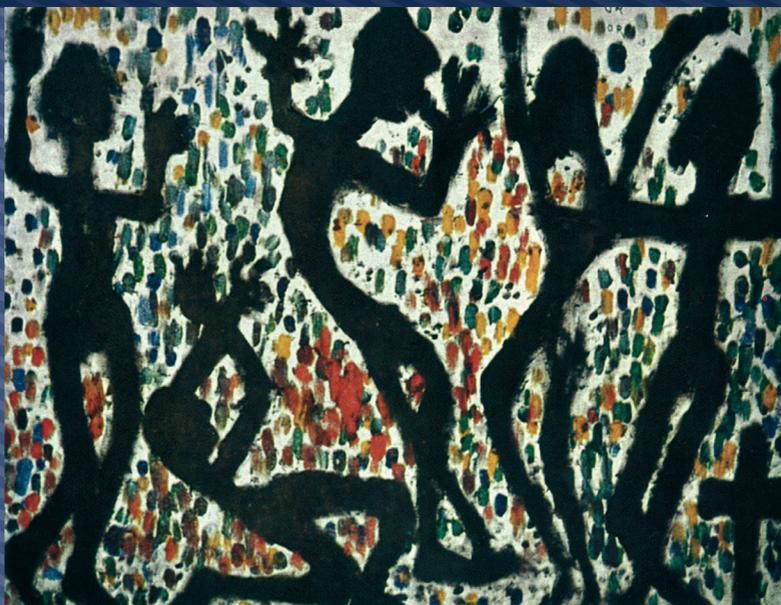


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Reviewers for this issue were:

Margit Koemeda

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Vita Heinrich-Clauer

Angela Klopstech

Helen Resneck-Sannes

Phil Helfaer

John Conger

Ruth Newton

Tarra Stariell

Letter from the Editor

Dear Reader,

Welcome to the 24th volume of *Bioenergetic Analysis*, the Clinical journal of the IIBA. This volume contains eight papers. Five of those papers are based on workshops that were given by the authors at the stimulating International Bioenergetic Conference held in beautiful Torre Normana in Palermo on the island of Sicily in 2013. Three of the papers are from Brazil, which reflects the growing involvement and influence of our South American Portuguese colleagues. The first paper, “Present Dilemma” concerns the effects of modern times on the society and individual. I attended the workshop on this topic in Sicily and found the cervical and lumbar touch technique very interesting, so be sure to read about it at the end of the article.

The second submission is a short interview of venerated International trainer emerita, Eleanor Greenlee. She speaks clearly and simply about her core values in her long career as a Bioenergetic Therapist. The third paper discusses many theories in the examination of developmental trauma and has an exposition of polyvagal theory. The fourth paper is on the phenomena of yawning. The author points to many interesting and modern views of the function of yawning, which debunk some old myths and provide fascinating new material. This author also gave a well-received workshop in Sicily. The fifth paper in this volume provides an inside view of working Bioenergetically within social clinics in Brazil, and the adaptation from a regressive to more progressive model involved in the development of the clinical program. The sixth paper reviews what Bioenergetic authors have written about attachment theory and compares modern attachment therapy with Bioenergetic Analysis, including case material. The seventh paper is an examination of current views of chronic pain, including a treatment technique designed by the author. Both these (6 and 7) papers were given as workshops in Sicily also. Finally, the eighth paper is an older one from the 1990’s,

that I asked the author to submit because it explores the value of Core Energetics in the exploration of negativity in our work. Reviewers heartily agreed with its value.

I want to thank all the reviewers for this volume. Some papers were meticulously attended to with detailed and valuable comments. I was able to utilize up to three or four anonymous peer reviewers on some papers. They generously gave their time. The authors were receptive to reviewer suggestions for revisions.. Reviewers or consultants on some papers for this volume were my co-editor, Margit Koemeda, as well as Maê Nascimento, Vita Heinrich-Clauer, Angela Klopstech, Helen Resneck-Sannes, Phil Helfaer, John Conger, Ruth Newton, and Tarra Stariell.

There was much activity in the background job of translation this year and I would like to highlight that task in this letter. We had a sad death that occurred just last month. I have relied on the volunteer help of a group of colleagues to translate our abstracts into French, Portuguese, Italian, Spanish and German. France Kauffman, who for years has provided English to French translations, not only for the journal, but also for the French community in Bioenergetics, died in the presence of her husband and children recently. We offer our sincerest condolences to her family for their loss and to her friends and colleagues in the South of France as well. With gratitude, we dedicate this volume in memory of France Kauffman.

The consequence of no longer having France Kauffman to rely on made me reach out to the French community. Even though they were in grief, Violaine de Clerk, Guy Tonella and Louise Frechette, with only a few weeks notice, were able to fill in and translate the abstracts into French by the deadline. I am very grateful to them for this service that interrupted their busy schedules.

Also, in Portuguese, I had the help of many people: I want to thank Odila Weigand, Maê Nascimento, and Leia Cardenuto, who translated their own and also other papers. A new helper, Sylvia Nunez, translated all Spanish papers. Rosaria Filoni efficiently provided all Italian translations. Many German native speakers divided the task of translating from English to German. Thomas Heinrich translated his own abstract, while Jörg Clauer, Margit Koemeda, and Bob & Barbara Lewis translated the other papers. I want to thank all these people for this task, which offers an opportunity for non-English speakers to read an abstract in their language. If intrigued by the material they can search within their community to translate the entire article on their own.

We present this edition at a time when the general psychotherapeutic community has been led into the neuroscience of the brain and many have become interested in affect regulation, either through mindfulness or other direct affective techniques. This is a good time for them to look our way, as we have a treasure trove of modern relational body-oriented techniques that are congruent with much of what is trending in the psychotherapeutic community at this time. For both the general psycho-

therapeutic and the Bioenergetic community, this volume presents some classic and modern views including theoretical and clinical material for thoughtful examination. Please enjoy these papers.

Sincerely,

Vincentia Schroeter, PhD, CBT, MFT
Encinitas, California
USA
December 1, 2013

The Present Dilemma of Psychotherapy¹

Psychotherapy at Risk

Maê Nascimento

Abstracts

English

This paper intends to be a warning for us, psychotherapists, to be carefully attuned to the huge changes presented by the cultural mutation we are going through and to get ready to adjust to the new era. It describes some of the directions where the current cultural forces are leading to, turning the human being into less reflexive and more tuned to the outside, taken by appearance and living poor and superficial relationships – with self and others. Then, it gives some suggestions towards ways to recover a deeper connection with one's real essence. Yet it focuses on and values Bioenergetics as being a great path to get there and claims that the momentum for bioenergetic therapists is to give more emphasis to help people go towards the inside in compensation for the tremendous strength of the external reality pulling us to the outside.

Finally, it brings the description of two body exercises as suggestions to work energetically with the body in order to achieve that new place.

Das Gegenwärtige Dilemma (German)

Dieser Artikel will uns Psychotherapeuten als Warnung dienen, bedächtig auf die riesigen Veränderungen einzugehen, die sich aus der kulturellen Mutation ergeben,

¹ This paper was presented at the 22nd IIBA International Conference, May 29th – June 2nd, 2013, in Palermo, Italy.

und bereit zu sein, uns der neuen Zeit anzupassen. Er beschreibt einigen Richtungen, in welche die gegenwärtigen kulturellen Kräfte laufen; sie lassen den Menschen weniger reflektierend und mehr auf das Äußere eingestellt, von der äußeren Erscheinung eingenommen und in verarmten und oberflächlichen Verbindungen mit sich selbst und anderen lebend. Dann gibt es einige Vorschläge für Wege, eine tiefere Verbindung mit seinem wahren Wesen wiederherzustellen. Es betont und schätzt, dass die Bioenergetik ein ausgezeichneter Weg ist, dies zu erreichen, und erklärt, dass der Schwerpunkt für bioenergetische Therapeuten darin liegt, den Menschen zu helfen mehr auf das Innere einzugehen als Ausgleich für die ungeheure Stärke der äußerlichen Realität, die uns nach außen zieht.

Zum Schluss beschreibt es zwei Körperübungen, die dazu dienen, energetisch mit dem Körper zu arbeiten um das obere Ziel zu erreichen.

Le dilemme moderne (French)

Cet article nous invite, nous psychothérapeutes, à être attentifs aux grands changements produits par la transformation culturelle à laquelle nous assistons aujourd'hui, et ce, afin de nous préparer à répondre à des nouvelles problématiques. L'article décrit les tendances produites par le courant culturel moderne qui pousse les êtres humains à être plutôt tourné vers l'extérieur au détriment des capacités réflexives, à vivre des relations pauvres et superficielles dominées par l'apparence et l'image, et ceci autant dans leur relations avec les autres qu'avec eux même.

Ensuite l'article propose des manières d'aider à retrouver une relation profonde avec son essence réelle. Il se centre alors, pour le mettre en avant, sur le fait que la bioénergie est une voie de premier choix pour y arriver. Il affirme haut et fort que c'est le moment, pour les psychothérapeutes en analyse bioénergétique, d'accorder une grande importance au fait d'aider les personnes à se tourner vers leur intérieur, ceci pour compenser cette énorme pression qui nous pousse à être tournés vers l'extérieur.

Pour terminer, il présente et décrit deux exercices corporels qui permettent de travailler énergétiquement avec le corps pour travailler dans ce sens.

El Dilema Actual (Spanish)

Este documento tiene el propósito de advertirnos a nosotros, los psicoterapeutas, para que nos mantengamos cuidadosamente en sintonía con los grandes cambios de la mutación cultural por la que estamos atravesando y prepararnos para la adaptación a una

nueva era. También describe algunas de las direcciones a las que se dirigen las fuerzas culturales actuales, haciendo al ser humano menos reflexivo y en más sintonía con el exterior, dejándose llevar por las apariencias y viviendo relaciones mediocres y superficiales con uno mismo y con otros. A continuación proporciona algunas sugerencias para recuperar una conexión más profunda con la verdadera esencia de uno mismo, sin dejar de enfocarse en los valores bioenergéticos como un gran medio para llegar hasta allí. Así mismo afirma que el momentum para los terapeutas bioenergéticos consiste en proporcionar más énfasis para ayudar a la gente a dirigirse hacia el interior en compensación por la tremenda fuerza de la realidad externa que nos arrastra hacia el exterior.

Finalmente, describe dos ejercicios corporales como sugerencias para trabajar enérgicamente con el cuerpo y así poder llegar hasta ese nuevo lugar.

Il dilemma presente (Italian)

Questo saggio vuole essere di monito per noi psicoterapeuti affinché ci sintonizziamo attentamente con i grandi cambiamenti determinati dal cambiamento culturale che stiamo attraversando per essere pronti ad adeguarci alla nuova era. Descrive alcune direzioni in cui ci conducono le attuali tendenze culturali che rendono l'essere umano meno riflessivo e più in sintonia con l'esterno, preso dalle apparenze e coinvolto in relazioni povere e superficiali – con sé e con gli altri. Quindi, fornisce dei suggerimenti per recuperare una connessione più profonda con la propria vera essenza. Inoltre si concentra e considera la bioenergetica come un grande percorso per arrivare ad essa e sostiene che lo specifico, per i terapeuti bioenergetici, è aumentare l'attenzione ad aiutare le persone ad andare verso l'interno compensando l'enorme forza della realtà esterna che ci tira verso l'esterno.

Infine, vengono descritti due esercizi come suggerimenti di lavoro corporeo energetico utili al raggiungimento di questi risultati.

O Dilema da Psicoterapia no Momento Atual (Portuguese)

Este artigo pretende ser um alerta para todos nós, psicoterapeutas, para estarmos cuidadosamente atentos às enormes transformações deflagradas pela mutação cultural que ocorre no momento atual e seu impacto na dinâmica psíquica do ser humano. É um alerta, também, para nos prepararmos para os necessários ajustes a essa nova era. Descreve algumas das direções para as quais as forças culturais conduzem no momento, tornando o ser humano menos reflexivo e mais voltado para fora, mais impulsivo e com relacionamentos pobres e superficiais – consigo mesmo e com

outros. Sugere, também, algumas medidas para restaurar a subjetividade e a conexão do indivíduo com sua real essência. Focaliza, ainda, a Bioenergética como um excelente caminho para atingir esse objetivo e conclama os terapeutas bioenergéticos para realizar os ajustes que se fizerem necessários. Como um exemplo dessa proposta, sugere que se enfatize ajudar a pessoa a ir em direção a seu interior, em compensação à tremenda força da realidade externa puxando para fora.

Prologue

As a first step, allow me to tell you a short story, which came to my mind just when I was reflecting upon our daily professional practice in these present days. It made me feel restless and brought up many issues and questions. The scene I will describe shows us a piece of a regular day of a psychotherapist in his daily practice, in a minute alone between two sessions.

He closes the door behind a client who left his office and all of a sudden, he feels taken by many doubts and a huge insecurity. Had he kept the real unconscious meaning of that woman's slip, which led her to that fit of anxiety? Had he made it right by presenting her with an interpretation referring to her father when she became so upset and went berserk? Was the interpretation correct? In order to appease his mind he decided to share the issue with a colleague, someone close to him with whom he used to communicate about his findings and thoughts over his clients unconscious contents (and also over his own). Having some minutes left before the next client, he took his iPad and quickly typed an e-mail to that friend, explaining the whole situation and asking for his view on the matter. So he wrote:

“Dear Breuer, I have reached a crucial moment with Ana O.: she went crazy and had a fit of fury when I mentioned her father...Her reaction caught me by surprise and I have felt desponded: do you think I ran too fast with her? Do you think that perhaps I should not have brought her father into the conversation? Please let me know as soon as possible, perhaps at the time of your next break.

Kind regards,
Your friend Freud”

Now, how does this story sound to you? Does it seem likely?

Can you figure out Freud, as we know him, living and attuned to the modern world instead his own time (end of the XIX century – beginning of the XX century) and its customs?

The answer is NO!

The fantasized scene though brings us the urge to face the great dimension of the radical cultural changes we are going through and their impact over people's personality and way of living.

I. Concepts in Mutation

1. The XX Century

Knowledge comes from a combination of human being's needs, opportunities and resources at each moment of History. The scope of this knowledge sets out the paths to be taken and the patterns of thoughts and behavior.

Getting back to Freud, as a fantastic scientist, a talented writer and a genius in his findings as he had always been, could we imagine his theories and letters being typed quickly on iPads? Would he conceive, nowadays, a theory about the unconscious? Would he explain the psychic dynamics through drives and repression? Would he elect sexuality as the central pillar of his theory of our mental functioning, around which all defenses rise – building up different personalities, depending on how they had been structured?

And again, the answer is *NO*.

It is pretty well known that the human's way of thinking and behaving are defined by a set of rules and social values at a certain moment. Thus we cannot isolate Freud's theories from the severe and restricted patterns of his surrounding morality: the extreme value of modesty and prudence, the hiding of the body and its restrained expression. Hence limiting, containing and forbidding were predominant values in that culture and were essential for Freud's framing psychic dynamics with concepts such as unconscious, drive and repression. His main concepts were absolutely attuned to that "cultural spirit". From the collective point of view, societies were extremely rigid and isolated from each other, since distances were really large and the available forms of communication, very slow. The socio-economic system was defined as a patriarchal society.

From 1960 on, cultural changes start to go faster and real revolutions take place, the first of them being the sexual revolution. Through this radical change, women take control over their bodies and can freely choose their partners regardless of marriage. This brand new achievement helped to increase their self-esteem and their aspiration for getting jobs and taking part in the business area. This is when women got out of

their homes and roles of housewives and mothers were given a secondary place since there were promising new horizons they could now dream of.

2. The XXI Century

As we get closer to the third millennium, technology develops immensely and computers get to be crucial, first to the corporative area, then to people's lives. This is when the era of globalization gets started: in this condition all that happens around the world in all fields can be shared and communicated in "real time". The world as a consequence becomes much smaller by accessible information. Everything can be exposed to everyone and that is the beginning of the "global village" – which is linked by the virtual web, the internet. People's connection to the internet has then become a social mechanism of inclusion/exclusion, since everybody feels compelled to participate in social networks sharing about last minute events, new trends and so on. No one dares *not to be* part of this system because if they do they will be out and excluded. Nevertheless when people get related to "everybody" in the net by being in on up-to-date fashion, by speaking the "internet language" and by possessing all objects imposed by the market, they miss the opportunity to express their subjectivity, which is not important from the point of view of belonging to the global village. Everyone there communicates in the same language and talks about the same matters, so differences are not valuable. This makes an enormous impact on both individual and collective psychic functioning, and this is so huge that it surpasses the scope of a simple transformation and becomes a real "*cultural mutation*". This is a concept developed by the eminent French psychoanalyst Charles Melman to describe the present wave of changes. As he says,

"This is not a natural, progressive change in social environment but a radical transformation never seen before: a real 'cultural mutation' which seems to give birth to a 'new psychic economy'". (Melman, 2003, p. 11)

The "new psychic economy" perfectly fits the present economic system – the so called liberalism with its absence of mechanisms of regulation for the new emergent drives: *possessing and accumulating*. The market with no boundaries is sovereign – despising old generational values and references, changing the meaning of life and work and bringing greed for possessing everything that is offered in order to bring immediate satisfaction. Melman adds:

“Is not the liberal ideal in favor of mutual enrichment making exchanges free of any regulatory rules? We see here a dual relationship free from obstacles which affects psychic dynamics. It is true that this connection to a system with no limits makes the task easier.” (Melman, 2003, p. 28)

Considering such cultural scenery, crucial issues come to us who are interested in understanding human behavior:

What is left of the person’s connection to real essence if what really matters is a massive consuming of everything that allegedly provokes immediate satisfaction to be shared among all “net friends”?

How much time does this person devote to be in touch with his own thoughts and feelings concerning everything he goes through in his daily life? Can this sacred moment of a deep and intimate connection with oneself remain in the midst of the hallucinating rhythm of external demanding?

The answers to those questions will only come up if we look carefully into the “new human being” from those new perspectives.

II. The New Human Being

1. The Person Towards the Outside

The new psychic economy shows a completely different man from the one Psychology had been studying up until thirty years ago. Freud posed sexuality as the axis of his theory about psychic dynamics because sex at that time was hidden and forbidden, thus to be repressed. According to him, sex was always there, but in the unconscious – the reservoir where all drives got stored. Today, however, the objects of drives are no longer in the unconscious: they are in the reality itself. Says Melman:

“Is there any room left for the unconscious in a world where we are provided with unlimited freedom to express anything we want, being so exposed as if we were in a strongly illuminated stage, no need of repression? In the new psychic economy, the unconscious is not that place which keeps the pleasure we used to pursue along our entire lives – not anymore. From now on the object is found in the reality.” (Melman, 2003, p. 40).

According to this point of view, limits are no longer active and drives can be satisfied any time and anywhere. Furthermore we miss the father’s authority which used to set

limits and boundaries. On the contrary, the father, today, is very often treated like a friend among others – a status to which he voluntarily submits allegedly to be closer to his kids. The sexual drive itself no longer serves as a pattern for all other drives and gets a status similar to any other vital needs like eating, needing water, protection, etc. Thus it can be satisfied by making use of any of the numerous objects advertised in the media by the market. About the present situation Melman states:

“Progress has been the source of unlimited freedom: no other society has ever known such a free expression of all drives, such easy opportunities for choosing a partner ... It is perfectly clear that everybody is allowed to publically get satisfaction for all passions and further more, for asking recognition, acceptance and even legalization for them, including sex changes. Yes, this is a time of amazing freedom but at the same time absolutely sterile for thinking; yet, thinking has never been so rare as it is now.” (Melman, 2003, p. 29)

Thinking and reflecting are not as valuable in our culture as they used to be. Instead, what is valuable is everything regarding image, external appearance, or whatever can be shown off. For example, we can see how successful the reality shows are that we see on TV as well as the videos posted on internet sites like You tube, showing people in their daily lives, in scenes going from the most ordinary to the most bizarre. There is no privacy anymore, quite the opposite: it seems like a person’s existence is only legitimate if it is displayed and approved by the (anonymous) crowds who watch the performances posted in the digital media and in social networks (Facebook, Twitter and others). Anyway, people only exist if they show off, if they expose themselves revealing everything.

Regarding this picture, some questions come to mind. Where are our personal views, feelings and emotions- all things provoked by others that raise so many sensations and fantasies? Is there a real person behind the one who is showing off in performances? Who is this person?

Besides the loss of subjectivity and loss of limits to the individual’s public exposure, we can also see the increasing loss of respect and reverence to the sacred, as in death, for example. Sometimes death is considered only as a circumstance to be explored. When speaking about an exhibition of human anatomy, which was composed by human corpses filled up with a special kind of plastic, Melman reports,

“This ‘anatomic art’ exhibition has to do with searching for absolute authenticity – in other words, not an approach through representation but through the object itself. If things keep going this way, the mark of this cultural mutation will be the erasure of the hidden place which holds the sacred, meaning that place where sex and death are held.” (Melman, 2003, p. 20)

Regarding sex losing its old significance I have just read in a newspaper about an American photographer who is making an exhibition² with photos he took of his mother making love with different young men. She posed for him.

It sounds shocking and it seems to reveal a brand new status of sex in human's psychic economy – which, for the moment is absolutely vague and inscrutable.

The failure of setting limits and contention is involved in the crescent level of violence in behaviors for eliminating immediate discomfort and frustration. Without much thinking, mothers throw their babies out in bags, kids kill their parents out of intolerance to their setting limits, and spouses murder partners that do not submit to them and so on. Those scenes are fully described every day in the newspaper. The bullying, which is also a kind of violence that quickly spreads over all kinds of relationship (including social networks) come from not being able to cope with frustration and differences in people's daily lives; there is no repression, it is like: "I want it now!" or "If you stay in my way I will eliminate you!". Emotional coldness leads to violence, which comes from losing limits.

2. Consuming and Satisfaction

Another factor playing an essential part in the new human dynamics is *money*. It has come to be central in people's lives, but not in the sense which it had in the past as a value in retribution for people's abilities and resources applied to work. Today it comes with two main goals: *consume and accumulate*.

Axel Capriles, a Jungian psychologist and Phd in Economics, brings out a pretty bold proposition over this issue. He says:

"The role of sex proposed by Freud in the last century has been usurped in the present world by the money complex." (Capriles, 2003, p. 27).

Besides being a much desired object, money is nowadays responsible for many emotional malfunctions. People's most incredible fantasies have been associated to money, which definitely determines "who we are" in modern society. Money allows us to buy all sorts of things pushed by the market even when we do not need them. Moreover, the more superfluous objects one can buy the higher one's status, power and prestige is on a social scale.

2 Leigh Ledare, "Hard truths: Photography, Maternity and Identity" – Photographer's Gallery, London

In the XIX and XX (at the beginning) centuries the manufacturing process was guided by principles and values based on the collective social wellbeing. Nowadays the main goal is consuming and searching for references outside, on others approval, which makes someone important in their social environment. Capriles says,

“Quite differently from people towards the inside from the past, who had their behavior modulated by a set of internalized ideals, people towards the outside of the modern consuming society need desperately others approval and directions.” (Capriles, p. 81).

3. Money and New Pathologies

It is amazing how engaged people are in this new life style. Working has become the central axis in their lives, although not motivated by providing personal growth and professional realization (besides means), but by making more and more money to allow for more consuming. For an overcrowded world increasingly concentrated in urban areas the “essential items” for living in big cities – food, a house to live, health, education – have gotten more and more expensive. Fighting for jobs, which are getting rare and precious, is also a daily routine: people do whatever it takes to keep them and devote big amounts of their time and energy to corporative demands. Such situations plus women’s determination on getting recognition for their professional capacity have provoked a radical change on family structure and dynamics. Both men and women spend a big amount of time in their lives investing in their careers and start to think about having kids close to their forties. As a consequence they will be older parents, with less energy available to fully be with their children and always too busy to give them proper affective nutrition. So we can see that children are taken away too early from their mothers to be passed on to professional caretakers while mother and father are away, fighting to keep their jobs since competition is one of the most valued attributes in this economic system. Thus money has become people’s main goal and also acts as an intruder in all types of relationships. It is there, sometimes in a silent way, in interpersonal unwritten contracts, setting boundaries and acting as a hidden trigger ready to evolve into interpersonal conflicts (between husband and wife, between parents and their kids, between friends and so on). Capriles says,

“Money can actually be the straightest way to the darkest areas of personality. Like Freud finding in dreams the real access to the unconscious – where traumas and sexual

problems remain locked, the money complex is the '*via reggia*' towards human insanity." (Capriles, p. 131)

Considering the great importance of money for the male's sexual identity and potency, losing it can be devastating and provoke a decrease in self-esteem leading to deep depression. Although this connection (manliness equals money) is very well known, new scenery evolves from women's emancipation: the burden upon contemporary women's shoulders for showing their intelligence and abilities by working and making money has increased considerably. They have been pushed to show their competency through economic independence by which they gain a sense of self-value. This situation makes a strong impact on family dynamics and causes many distortions in children's behavior. One very common result today is ADD (Attention Deficit Disorder) to which doctors used to prescribe Ritalin to make children slow down. What could be the possible meaning of this disorder? Melman's view about it says that all energy of women is invested in working and social relationships leaving no room for their children. He says,

"When you talk with that mother you can clearly see that her child does not have a room in her psychic economy. She has organized her life in a way that no trace of motherhood can disorganize the instances she cares for, those ones regarding the needs of an active, intelligent, and socially successful woman." (Melman, 2003, p. 98)

Nevertheless there lives the danger: one cannot say that this woman has really abandoned her home. She has learned how to make everything work well at home and to guarantee good care for her children. What this home might miss, however, can be associated with the emotional distance that becomes the mark of the mother-child affective relationship (and later that of father-child). We have been learning that the first relationship with the primary caretaker early in life sets up a relationship pattern based on continuity and constancy. What happens then from now on?

III. Implications for the Clinical View and Psychotherapy

1. New Development Paths

The new socio-cultural conditions (or this cultural mutation) raise some crucial questions about the clinical approach and about the practice of psychotherapy.

For instance:

- How will the children be who are born in the third millennium, considering those fundamental changes in their familiar and affective structure?
- How will the children be who are born from homosexual or transsexual couples or as an “independent production” made by a single parent through artificial insemination?
- What references will those different arrangements provide in terms of identity and subjectivity?
- How will those babies develop being passed on so early in life to professional caretakers and not having much opportunity of getting close to their mothers in that kind of special interaction?

Based on research, Neuroscience states that the human brain has a very intense developmental phase at the very beginning of the baby’s life coming from the mother-baby interaction. Alan Schore, a famous neuroscientist, says that when attachment is severely compromised we get inefficient brain organizations regarding affective regulation and coping with stress, producing malfunctioning in a child’s mental health. He says:

“Development may be conceptualized as the transformation of external into internal regulation. This progression represents an increase of complexity of the maturing brain systems that adaptively regulate the interaction between the developing organism and the social environment. The experiences necessary for this experience-dependent maturation are created within the attachment context, the dyadic regulation of emotions. More specifically, as outlined in the previous paper, the primary caregiver of the securely attached infant affords emotional access to the child and responds appropriately and promptly to his or her positive and negative states. She allows for the interactive generation of high levels of positive affect in co-shared play states, and low levels of negative affect in the interactive repair of social stress, i. e., attachment ruptures.” (Schore, 2001b, p. 3)

How can we think of the brain’s development process in third millennium babies? Perhaps they will be born provided with the finest abilities to handle computers and other complex technological gadgets (we can observe that children are able to handle games and other technological products very early in their lives). But what can we say regarding their relational abilities? How about learning to leave in the world as a differentiated human being when there are not enough meaningful connections to help them develop individuality? What will be, in the long term, the consequences of lacking limits, of dissolving the authority figure, so far embedded in the father?

What happens to the third millennium young people who are connected to

hundreds of virtual friends through social networks (Facebook, Twitter) but do not develop personal relationships that could bring the learning of handling differences, of tolerating frustration, of dealing with conflicts and sharing feelings? It seems that people are increasingly alone and the consequences of that may be harmful for the progress of their being and soul. This seems to also be the view of Daniel Siegel, of Interpersonal Neurobiology and founder of Mindsight Institute, when he answers a question asked by one of his newsletter readers:

Question: “How are the Internet and our digital age affecting the human mind?”

Siegel: “At our recent gathering at the Wisdom 2.0 conference in San Francisco, we addressed this question by exploring how individuals are connecting in ways that do not support a deep sense of being seen or felt by others. And so, as Sherry Turkle puts it, we are ‘alone together’ and ironically people feel more isolated than ever. IPNB views the mind as both an embodied and relational process, and so in many ways these constrained communications are not just shaping the mind, but they are creating a more externally focused way of living that can create more stress, less meaning, and more loneliness in our world. At the conference, we were seeking creative ways to alter this trend and help the mind and our relationships become more integrated.” (Siegel, 2013).

2. Some of the Modern Clinical Forms

It is not in the scope of this paper to list and describe many new clinical forms. However, I will refer here to two of the classic and very well known pathologies seen under this new perspective.

A. Depression

Depression was, in the past, associated with losing value in the eyes of the other – this other being filled with the projected quality of being idealized.

Today we have a new situation: the sense of human dignity related in the past to a value based on one’s own attributes is focused in present times on the individual’s mercantile value. This means that he is valued by as much as he is able to consume and his self esteem is directly associated to his level of economic power. Melman says:

“The specificity of economic exchanges leads to one’s commercial value being related to random circumstances not related to intrinsic and personal qualities. For instance the creation of a new technology might make useless one’s talents and attributes. Today, struggling for recognition is a daily task based upon one’s participation in social, com-

mercial and mercantile exchanges. That is why depression is so common in the present day.” (Melman, 2002, p. 98)

B. Hysteria

In the classic form of hysteria (very rare nowadays) there were very complex somatic expressions coming from repressed demands, which would never get satisfaction. Today a form of hysteria (very common) comes with all types of theatrical performances of hysterical behavior. As Melman points out,

“In traditional hysteria there was a theatricality which we see nowadays in this modern trend of coming in and performing on the show ... the main goal is to prove that everyone can participate on the show and to become an artist.” (Melman, 2002, p. 102)

A form of collective hysteria has also become very frequent.

“It begins with people’s existences, which are not acknowledged as such; then they create a group with only one voice for being listened to in their claiming” (Melman, 2002, p. 102).

We can see once again in those descriptions that subjectivity seems no longer to be present and that those qualities, which make a person unique do not seem as meaningful as they used to.

3. Changes in the Clinical View

Considering such radical changes we must also revise psychotherapy principles and statements. The way we knew it, as a long term and slow self-knowledge process may no longer fit in this moment when everything happens fast and focused and such is also the client’s expectation. On the other hand, since we work for the person’s connection to a private inner space where he can feel “home” and which keeps his own self and uniqueness – I feel strongly that we can not accept the shallowness and lack of subjectivity of modern society. We must help the person to recover intellectual capacities and life experience to think, create and make choices instead of just consuming, resembling and yearning for others approval as a condition for his existence. Thus the challenge for us, therapists, is helping people to keep alive and safe those attributes which essentially differentiate humankind from all the other living beings.

IV. New Propositions for Bioenergetics

The great difference of body therapies in general and of Bioenergetics in particular is the integrated body-mind perspective, the personality building and expressing on both levels as a functional identity, an original concept by Wilhelm Reich³. From this point of view health can be seen as a harmonic functioning of both aspects – psychic and somatic. The integration of these processes around the purest expression of the person's core is his *self*, which is exclusive and unique. Alexander Lowen says,

“The bioenergetic therapy joins the principle of activity on a somatic level to an analytical procedure on a psychic level. The method's unity is granted by putting the focus upon the character which expresses both aspects of personality – psychic and somatic.”
(Lowen, 1977, p. 52)

Let us remember though that Lowen – as well as his contemporary colleagues used to work with repressed contents to unveil what was behind his clients' blockages and restrictions. Thus he claimed freeing a body that had been captured by chronic tension (provoked by repressive mechanisms) by recovering its natural flow of energy. In order to get there he created many body exercises aiming at the client's expression of their deepest emotions and feelings: screaming, kicking and crying were some of those exercises.

We must keep in mind that this was in perfect accordance to the XX century patterns where repression was the cornerstone of psychic life.

In the XXI century, though things are pretty different and, reflecting the radical changes of the “*cultural mutation*” the body expresses absence of limits and boundaries. Attuned to the principles of liberalism the body is presently something you show off with no shame or prudence and this is part of the “new human being” who seeks all the time for satisfaction and external approval. The present body acts and expresses itself with superficiality and artificiality, showing a fake appearance of a “free” body. Our culture values above all what is on the exterior thus the “perfect” body has the standard that is requested by the market and that follows all rules of consuming.

We see now a body that is “built” from the outside that is sculpted by all sorts of diets, by a “bodybuilding” that brings together parameters of the ideal shape, by plastic surgeries and clinical procedures with promises of a “dream-body”.

3 “The concept of Functional Identity ... only means that muscular attitudes and character attitudes have the same function in the psychic mechanism: they can replace each other and influence one another. They, basically, can not be apart. They are equivalent in their roles.” (Reich, W. – A função do orgasmo – Ed. Brasiliense, 1977, pp. 230)

How could we believe then that this apparently free body represents the real self of the person if it is grounded in a standard, which is imposed by corporations that profit immensely from everything that this body consumes?

The problem is that people do not seem really alive in their bodies and do not recognize as being their emotions and feelings emerging from places they do not recognize. They live as if their bodies were just a shell for someone emptied of his subjectivity. *So if in old times the body could not express itself freely, nowadays it expresses something vague, lost, with no identity.* People's disconnection with their core or self is growing bigger and when they feel unhappy they tend to seek relieve on the most external surface and this of course does not work at all. Furthermore, unhappiness only increases and they probably will not feel better unless they dig deeper inside to make a connection to the inner self. So how do we deal with the body of the present time? How can we help it with the search for its own authenticity and its most true expression?

V. Man Towards the Inside

1. Considering Restoring the Inner World Prior to Expression

It might look like a paradox when we say that the person must plunge deeply inside himself in order to be able to express his real being but that seems to be the only path for getting there. The body is an excellent vehicle for making this journey and Bioenergetics offers a wide range of possibilities to provide this approach. Just to mention two of its main cornerstones – *grounding and breathing*: they are both essential when we want to help the client get in touch with his sensations, emotions and feelings.

Grounding is one of the most important concepts created by Lowen. It is a crucial condition for the client when working with the body for it is responsible for keeping him connected on one hand to his inside world and on the other hand to external reality. About the matter Lowen says,

“We start with the legs and feet because they are the basis to support the ego's structure. But they play another essential part: through our legs we keep contact with the only invariable reality in our lives – the floor or earth” (Lowen, 1977, p. 101).

This rooting is absolutely necessary when we deal with energetic processes for the client's recognition of his own contents and for elaborating them.

The other fundamental aspect we must focus in any bodywork is *breathing* because its malfunction is at the root of most distortions of the individual's connection with his self. Through breathing the blocked energy can retrieve its natural flow and movement can be restored, so the attention to it must always be pointed out to the client.

Of course this is not new for any of us, bioenergetic psychotherapists. But there is one thing that from my point of view should be reassessed. As I see it, although Lowen's propositions allow the client to be aware of his feelings, they give emphasis to the *expression* of those feelings – this is clearly implied in his proposed exercises. This sight could be considered absolutely compatible with his time when body language was severely restricted by rigid moral values.

Nevertheless considering the radical cultural changes, perhaps we could think about approaching the body from another perspective. Nowadays, personality (as well as the body) suffers from different distortions coming from excessive exposition and too much focus on appearance – thus mostly turned to the outside. For this reason I think that now, the emphasis might be redirected to the opposite direction, allowing the person to come away from the exterior, going from the outside appearance to the interior, to his real self. Then when we are sure about the client restoring the connection with his inner world, we can think about helping him to express himself. I see this as a spontaneous and cyclic movement in the natural functioning of the human being.

2. Two Body Touches for Restoring Connection to Inner Self

I would like to suggest two body touches created by DEP (Dinâmica Energética do Psiquismo), a therapy school that aims for the expansion of consciousness, and the integration of spirituality in people's unitary being. It works with all human dimensions, helping to get out of the identification with the ego and increasing connection with the personal and spiritual self. Theda Basso, founder of this school says,

“When the therapist touches the client he must have the conscious intention of radiating energy to help the client with his process of moving the flow of energy and at the same time to stimulate conscious awareness of this flow, mainly his emotions.” (Basso & Pulstilnik, 2001, p. 39)

A. Lumbar touch

The therapist must be at the client's side so that he can observe his reactions and ask him from time to time what is going on.

With the client in a grounding position (standing with knees slightly bent), touch the lumbar zone of the vertebral column between the fourth and fifth vertebrae with the index and middle fingers and the palm of your hand facing down toward the floor. The client is asked to breathe so that he can keep the focus upon what happens within himself. (See fig. 1 – note the spot indicating where to place your hand in the lumbar region).

“It is a physical touch ... that reaches the energetic flow through the nervous system and not through the bone structure or muscular layers ... This touch activates the energy through the autonomous nervous system and by resonance over the sensory and emotional fields. It also activates the perineum and the Hara⁴, facilitating an internal grounding and a deep plunging within oneself”. (Basso & Pulstilnik, 2001, p. 49–50)

B. Cervical touch

With the client in a standing grounded position, touch very gently with your middle finger the base of the neck in the occipital foramen, before the first cervical vertebrae. Your hand will be facing down toward the floor. (See fig. 1 – note the spot indicating where to place your hand in the cervical area.)

“This touch must be done with the conscious intention of activating the enervation of cranial parasympathetic which enervates the arms, lungs and heart. The aim is to relax the ego control in a way to help the person plunge into his inner being and to get more conscious.” (ibid, p. 57).

It is important for the therapist to note the position of the hands in each touch because they have to be turned to the same direction of the energy flow (down in both cases).

You can select any of those touches according to what is going on with the client. However there is a generic parameter that may be helpful in choosing one rather than the other and this would be the client’s pattern of energy charge.

“For the client with a higher energy charge who shows himself defensive, not surrendering to his feelings we select the touch which activates the parasympathetic system and promotes expansion and relaxation ... For the client with a lower energy charge who tends

⁴ “Centro Hara – by which the mother’s blood had fed us through umbilical cord and where we get our blood nutrition through our digestive process.” (Basso & Pulstilnik, 2001, p. 50)

to get easily into emotional discharge or collapsing, we select a touch which activates the sympathetic system in a way to help the client to strengthen internal grounding and to be self-supportive to the experience he goes through." (ibid, p. 63).

The reason for using these techniques when doing energetic work is based on the fact that they *create a more introspective nature helping the connection with the energy flow – and it does this without any kind of interference or suggestion coming from the therapist*. This is particularly important in these present times when the pressure over people's behavior comes from the external world, not offering much opportunity for examining alternatives before making choices. We expect that this is one new way the client can open a space to be herself with minimal interference from the therapist.

Yet, we cannot forget that the therapist always has a double task: one regarding the client and another regarding himself. During this work the therapist must be fully present with an attitude of a non-judgmental observer and listener. This means to be in his space of silence. It is the place from where the therapist gives room to the client's process without controlling it or directing it.

In a previous paper I explored the of receptivity of the therapist through attentive silence,

"The space of silence must be activated in a conscious way by the therapist. In order to get there, the therapist must focus her attention on her breathing and its route through the back along the spinal medulla ... After a few minutes of this procedure, silence and calm gradually replace the babbling caused by the usual flow of thoughts from the ego. There is where the therapist will find an empty space, cleared from all inconvenient interference, allowing her to receive information coming from the therapeutic relationship. As this flow of information is not under ego control, you get a wide range and exempt quality of perception. Since this is a non-conventional type of breathing, it requires attention to keep it focused." (Nascimento, 2005, p. 98)

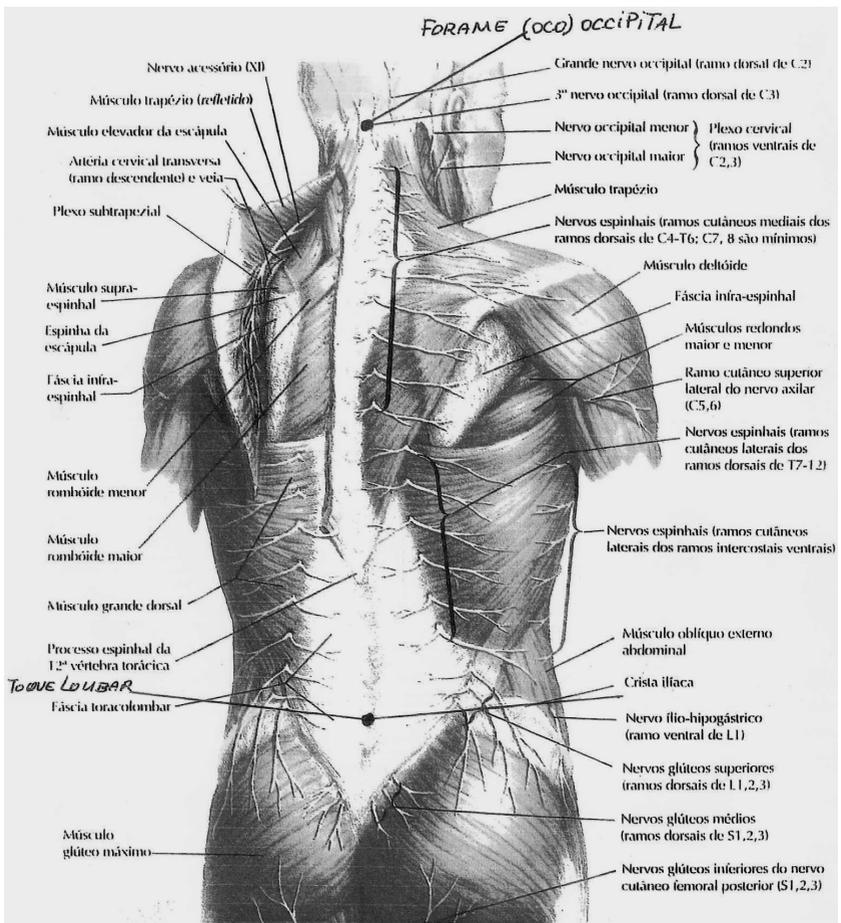
VI. Conclusion

The goal of this paper was to talk about the amazing transformations happening in the present time and some of their implications for the clinical view and psychotherapy. It surely has many more questions than answers and this can make us feel quite restless. However, if we want to follow the human being's evolution, we must review our classic concepts and be ready to make the necessary changes in order to expand our knowledge and to help in our clinical practice.

Although Bioenergetics is a great psychotherapeutic approach it may also need some

adjustments in time, so we, bioenergetic therapists should not be concerned about making changes and creating new alternatives to deal with the body and with relational aspects. Some of the Lowen's concepts – like *grounding*, are essential for working with the body, as I think they will always be. On the other hand by reviewing the theory and adding fresh and new ideas to Bioenergetics we will certainly be honoring its founder.

Our biggest challenge as professionals devoted to learning about the human being is to figure out how we can contribute to restore and preserve what is his real essence: his ability to reflect, to make choices and to be in relationships. When those aspects are in balance, we can be sure that the energy is moving in its natural flow and that we will be watching a healthy person.



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Interview with Eleanor Greenlee

John Conger

Abstracts

English

The following is an interview done by trainer John Conger of his mentor, IIBA trainer emerita Eleanor Greenlee from Northern California, USA. She speaks very simply of the value of staying grounded and present in her role as therapist. Eleanor says the goal is to, “Feel yourself and be present, see the other person and what they experience. If you are present with them, they tell you everything.”

Interview mit Eleanor Greenlee (German)

Das folgende Interview hat der Trainer John Conger mit seiner Mentorin, der in Nordkalifornien beheimateten, emeritierten internationalen IIBA-Trainerin Eleanor Greenlee, geführt. In einfachen Worten spricht sie darin über die Bedeutung, die es für sie hat, in ihrer Rolle als Therapeutin gegroundet und jederzeit präsent zu bleiben. Das Ziel ist, sagt Eleanor: „Nimm Dich selbst achtsam wahr – und nimm die andere Person und ihre Erlebensweise wahr. Wenn Du anderen Personen ein achtsames Gegenüber bist, werden sie Dir alles mitteilen.“

Interview d'Eleanor Greenlee (French)

L'article qui suit est un interview réalisé par John Conger, formateur de l'IIBA,

auprès de son mentor, Eleanor Greenlee, formatrice émérite de l'IIBA vivant en Californie du nord. Celle-ci parle en toute simplicité de l'importance de demeurer enracinée et présente dans son rôle de thérapeute. Eleanor dit que le but, c'est «de sentir ce qui se passe en soi, d'être présent, de voir l'autre personne et ce qu'elle vit. Car si vous êtes présent avec eux (les clients), ils vous diront tout».

Entrevista con Eleanor Greenlee (Spanish)

La siguiente entrevista la realizó el entrenador John Conger con su mentor, la entrenadora émérita de IIBA, Eleanor Greenlee del norte de California de los Estados Unidos. Ella habla de una manera muy sencilla del valor que tiene el estar arraigada y presente en su papel como terapeuta. Eleanor dice que dicha meta consiste en “sentirse a uno mismo y estar presente, ver a la otra persona y lo que experimenta. Si usted está presente con ellos, le cuentan todo.”

Intervista ad Eleonor Greenlee (Italian)

Quella che segue è un'intervista fatta dal trainer John Conger alla sua mentore, la trainer emerita dell'IIBA, Eleanor Greenlee della California del Nord, USA. Eleanor parla con semplicità del valore di essere radicata e presente nel suo ruolo di terapeuta. Sostiene che l'obiettivo è “sentirsi ed essere presente, vedere le persone e quello che sperimentano. Se siete presenti con loro, vi diranno tutto”.

Entrevista com Eleanor Greenlee (Portuguese)

O que aqui se segue é uma entrevista feita pelo trainer John Conger com sua mentora, a trainer émérita do IIBA Eleanor Greenlee da California do Norte, Estados Unidos. Ela fala com simplicidade do valor de permanecer grounded e presente em seu papel de terapeuta. Eleanor diz que o objetivo é „sentir que você está presente, ver a outra pessoa e o que ambos experienciam. Se você está presente com eles, eles lhe contam tudo”.

Prologue

Many years ago, (1978–82) Eleanor Greenlee was my therapist. I had been through a few years of Reichian therapy, which was not always a good fit. Of course I learned

from the work, but did not feel encouraged by the constrictions it represented at that time. In 1978, I ran into Michael Conant and Eleanor Greenlee who, while pitching a training program, assured me that in Bioenergetics, we talk too. I had, during the “golden age” of Northern California Bioenergetics, exposure to the brilliant best of the trainers, but for me Eleanor Greenlee had a style that most suited my own disposition.

Over the years, my work and thought has matured around basic principles like the therapist, first and foremost, being present and grounded in my body as the basis for reading, moment by moment, the subtle shifts and the deep drift of the energetic current occurring between each client and ourselves. I teach that our evolutionary bodies were talking up a storm long before the gene for speech, *Foxp2*, showed up about 120 thousand years ago. I teach my students to listen and to talk in those languages prior to verbal speech. Often enough, our client’s body chats or grieves or trembles, as childhood drama seeks a better balance.

Looking back, I do feel proud about exercises I have brought forth and my emphasis on listening somatically as a training focus. But I find myself laughing, because I have been putting words to the basic style and principles that Eleanor instilled in me by her approach and presence--no fancy words about something, but her flawless awareness of the moment’s interplay, her unflinching modesty and love that awakened and touched my work.

I studied with the best and have been blessed by her professional passion for Bioenergetics. Eleanor has taught all over the world, year after year, because she has always been a great teacher and human being. Nevertheless, Eleanor has retired finally to her garden and her friends. Only a few weeks ago, I visited her and our talk magically became an interview. I spontaneously and with some delight wrote down our conversation as it happened. I feel happy to express my gratitude to a woman who changed the direction of my life.

Interview

J: What do you consider most fundamental to your practice of Bioenergetics? Has either character structure, reading energy or relationship, for instance, been dominant?

E: To me the most important concern for the therapist is to feel yourself and be present, seeing the other person and what they express. If you are present with them, they tell you everything. Some people follow a formula rather than following the flow, the experience.

J: When you say formula, are you referring to character styles?

E: Yes.

J: When is it appropriate to teach character structure?

E: Probably in the second or third year, but not year one, because you blind people to the language of the body.

J: So how was Al Lowen about character structure?

E: I think he recognized, he knew that his basic approach was too hard for everyone. They needed a list, a formula. But at the same time, I learned so much that I know from Al about the language of the body. He was methodical, but always present, and always reading the body. He would say, “Not what people say, but what they do.”

J: So your preference first and foremost is to teach the language of the body before teaching character structure?

E: Absolutely. It’s a terrible mistake to teach character before the second or third year. If you tell the client that the left shoulder is higher than the right, they don’t feel seen for who they are. They need to feel seen first. I am not sure where I learned this approach first. Earl Cramer was my first teacher and he was present and made me feel that who I am was important, not character structure. Then it was Al Lowen who taught me. Cramer was a very sensitive, caring man. You two are alike. You both put feelings first and everything else is second. When people get angry, some people react rather than see the pain underneath the anger.

J: What did you like best about Al Lowen?

E: Well, he had some personality difficulties, but he was a master at reading the language of the body. He was able to read like no one I have ever seen. When he wrote that book, he wrote it from his heart. He knew exactly what he was talking about. In a strange way, I loved and respected him for what he built and how he searched for answers. That book, *The Language of the Body*, was the greatest book of them all.

J: I would like to ask you some questions about yourself. For instance, in what countries have you taught Bioenergetics?

E: All over Europe, New Zealand, the US and Canada. I would go any place people wanted me to go. My fear was that they would want a “technical” experience. I gave them something else. Instead, I was a reader of the body. Al thought to be a public figure, you had to be a certain way, and I wasn’t like that. But then he was the master of the language of the body.

J: What else do you want to say?

E: I have been trained in other forms of therapy but Bioenergetics is the one that reaches the heart. It touches people and they feel seen. People say to me, “you

see me.” It is the secret of contact. It embarrasses and shames them but not in a bad way, but moves them sometimes to tears, rather than defensively. I’m so glad you write. I like who I am coming from, my position. I feel like I have to watch what I say, that it is important what I say.

J: Working in different cultures, were there any cultural differences that showed up in your work?

E: Bioenergetics gets underneath the skin when you meet each person. The rest doesn’t matter because they feel seen and heard and touched.

J: I would like to ask you some questions about your early life. Where were you brought up?

E: All over, but Astoria, Long Island was the primary place. I didn’t have a place. My family was broken up as a young child. I pretty much had to take care of myself. People loved me though.

J: Who was your favorite person?

E: My aunt Estelle, my mother’s sister, who was strange. Most people didn’t appreciate her. She was an alcoholic and divorced. But she would hold me in her lap. She had a great capacity to love. She had a hard life and she knew how to love.

J: How old were you then?

E: She was the first person that loved me. My mother was in pain and beaten, with values she couldn’t live up to. My Aunt Estelle was someone who could sit with you as if no one else was important. I was on some level her child. She couldn’t have her own child. People didn’t like her because she drank and had boyfriends.

J: It sounds like she became your model for how you work with people.

E: Yes, I think you are right. I experienced her just as you said. She loved me and cared about me very much. I felt like my Aunt was my mother.

J: Where were you at 18, beginning your adulthood?

E: I was graduating High School in New York City where I was raised, but all over.

J: Who was raising you?

E: Never one person. My mother was a beautiful woman and for her, the most important thing was to be beautiful, but my Aunt Estelle was my mother. I always felt so safe with her. My mother who was more stable and secure was not my “mother”, although I know my mother loved me.

Well you know when you get around your children, something happens, the presence of love. Your heart is so filled with love for them. I learned it from Aunt Estelle. She was the youngest of the two sisters.

My mother was pragmatic and had a job. She got married and had a child.

J: What job did she have?

E: Primarily she was a waitress in restaurants. She wanted to be a good mother but she didn't love like her sister.

J: Tell me about your father.

E: Joe Grippi, the best father. My father loved me a great deal but he had a life of his own, not like he slighted me ever. He was so delighted on the phone whenever I called. He took care of me when my mother and father broke up. My dad was a very traditional Italian man, a ladies man, but I was always his daughter. When I came by, there was always a twinkle in his eye. He was a sweet Italian man.

J: What did you do at 18 years of age?

E: I was scared and frightened. I didn't know what to do, but I had a sense of myself. I knew I was a survivor. Aunt Estelle carried me through my childhood.

J: What did you do when you got out of High School?

E: I met Robert, the love of my life. I met him dancing. I loved to dance since I was 16 when my mother took me to a Polish dance place.

J: Your mother was Polish?

E: Yes my mother was Polish. I used to speak Polish. I spent summers in Pennsylvania with my Aunt Josephine and my Uncle Louie. My uncle Louie was very gruff but he taught me how to fish. He showed me how to bait the hook, catch the fish, kill it, cook it and eat it.

J: I get the feeling his own children didn't want to do all that?

E: Oh yes, they didn't want to fish at all! My grandmother was Polish and German and only spoke Polish. I went to church with her each week, a Polish church. My mother's parents were raised in Europe. My grandfather was a brilliant, educated man. When he came to this country, he opened up a shoemakers shop. He was always so grateful to be here, because the Germans took over Poland and he was glad to get out. He was a very loving man. That's where my aunt Estelle got it from, her loving nature.

J: When did your grandfather die?

E: I was there, a great loss. I was 13. My grandparents had a house in Pennsylvania, and the grandparents lived on one side, and my aunt and uncle on the other side of the house. My grandfather spoke English. They got out of Poland just in time before the war got worse, with their life.

J: Were they Jewish?

E: I don't know. They were Catholic. Hitler was just incarcerating all sorts of people and making them work in his factories. My grandfather was very well educated. I remember him with shoe polish all over his body and clothes and he talked like a professor. We would sometimes put together a box of clothes to send to my father's sister and we would sew it shut.

I met Robert dancing at Loreleis. We lived in Astoria, Long Island and Lorelies was on 86th street in the City. My mother took me there, but then she allowed me to go on my own. My mother loved dancing too. I met Robert there. We fell in love. He was a sailor on board ship, an aircraft carrier. He told me that he asked one of his friends where to go to meet nice ladies and they said the Lorelie. He was unusual there, a sailor in uniform. He asked me to dance and after that, I never danced with anyone else. He was always there beside me. He was such a superb dancer, people would move aside when we danced. I was good too.

J: When did you get married?

E: In 1952.

J: Then what happened?

E: He got shipped to California. I got on a train to California. That was considered very bold and dangerous then for me to travel alone. We didn't make love until the night we got married. We got married before we went to California. Then he got relocated. We lived in Oakland. He went overseas. I got a job. Then we bought this house in Walnut Creek. He went to Cal and became an architect, his dream, and we had children.

We married in 1952 and divorced in 1956. Then I went to school and became independent. It was cloudy times. I was shocked and naive. I had a house and children. I was shocked that Robert was fooling around. I got into therapy and went to school. It was a very painful time. I was Catholic and thought that was it, marriage and family. I couldn't handle it. I got in touch with myself. I went on to be a therapist.

About the Author

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Analysis of Developmental Trauma

Homayoun Shahri

Abstract

English

In this paper, a model that attempts to integrate ego psychology, drive-conflict theory, somatic psychology, object relations, and self-psychology in analysis of developmental trauma, is presented. Latest findings of neuroscience are presented to support the proposed integrated model, and it is shown that, based on this model, character structure can be viewed as a result of developmental trauma. Formal definitions of emotions, feelings, and affects based on the theory of complex dynamical systems and energy exchange, as well as neuroscience are presented. The importance of shame in formation of developmental trauma is also discussed and supporting material from neuroscience is provided. The complementary nature of conflict psychology and psychology of the self, within the proposed integrated model, is discussed with implications to body psychotherapy in general and bioenergetic analysis in particular.

Key words: complex dynamical systems, developmental trauma, neuroscience, object relations, polyvagal theory

Analyse von Entwicklungstraumata (German)

In diesem Beitrag wird der Versuch unternommen, Ich-Psychologie, Trieb-Konflikt-Theorie, somatische Psychologie, Objekt-Beziehungs-Theorie und Selbstpsycho-

logie in ein Modell zur Analyse von Entwicklungs Traumata zu integrieren. Jüngste neurowissenschaftliche Befunde werden herangezogen, um dieses vorgeschlagene integrative Modell zu unterstützen. Und es wird gezeigt, dass auf der Grundlage dieses Modells Charakterstrukturen als Entwicklungs Traumata aufgefasst werden können. Basierend auf einer Theorie von komplexen dynamischen Systemen und Energieaustausch wie auch auf den Neurowissenschaften werden Emotionen, Gefühle und Affekte formal definiert. Die Bedeutung der Scham bei der Entstehung von Entwicklungs Traumata wird diskutiert und ebenfalls durch neurowissenschaftliche Befunde belegt. Die komplementäre Beziehung zwischen Konflikt- und Selbstpsychologie in diesem vorgeschlagenen integrativen Modell wird mit ihren Implikationen für die Körperpsychotherapie im Allgemeinen und die Bioenergetische Analyse im Besonderen diskutiert.

Le trauma développemental (French)

Cet article présente un modèle dans lequel l'analyse du trauma développemental est tentée en co-intégrant diverses approches: la psychologie du Moi, la théorie des conflits pulsionnels, la psychologie somatique, la relation d'objet, et la théorie du Soi. Un tel modèle intégratif s'appuie sur les résultats les plus actuels des neurosciences et permet de comprendre que la structure caractérielle peut être l'expression d'un trauma développemental. Les définitions formelles de l'émotion, du sentiment et de l'affect, fondées sur les travaux des neurosciences et sur la théorie des systèmes dynamiques complexes et des échanges énergétiques, sont ici présentées. L'importance de la honte dans la formation du trauma développemental est également discutée en se fondant sur l'apport des neurosciences. La nature complémentaire de la psychologie du conflit et de la psychologie du Soi au sein du modèle intégratif proposé est discutée, ainsi que les implications qui en résultent pour la thérapie psychocorporelle en général et pour l'analyse bioénergétique en particulier.

Trauma del Desarrollo (Spanish)

Este ensayo presenta un modelo que intenta integrar la psicología del ego, la teoría del impulso del conflicto, la psicología somática, las relaciones de objetos y la psicología de uno mismo en el análisis del trauma del desarrollo. Los últimos descubrimientos de la neurociencia apoyan el modelo integrado propuesto y muestran que, basado en este modelo, la estructura del carácter puede considerarse como un trauma

del desarrollo. También se indican las definiciones formales de las emociones, sentimientos y apariencias basadas en la teoría de los sistemas dinámicos complejos y el intercambio de energía, así como de la neurociencia. Igualmente se plantea la importancia de la vergüenza en la formación del trauma del desarrollo y se proporciona material de apoyo de la neurociencia. La naturaleza complementaria del conflicto de la psicología y psicología de uno mismo, dentro del modelo integral propuesto, se expone con implicaciones de la psicoterapia del cuerpo en general y los análisis bioenergéticos en particular.

Il trauma evolutivo (Italian)

In questo saggio è presentato un modello che tenta di integrare la psicologia dell'Io, la teoria della pulsione/confitto, la psicologia corporea, le relazioni oggettuali e la psicologia del Sé nell'analisi del trauma evolutivo. Vengono proposte le ultime scoperte delle neuroscienze per sostenere il modello integrato proposto ed è dimostrato che, in base a questo modello, la struttura del carattere può essere considerata un trauma evolutivo.

Sono presentate definizioni formali di emozione, sentimenti e affetti basati sulla teoria dei sistemi dinamici complessi, dello scambio energetico e delle neuroscienze.

È anche posta attenzione sull'importanza della vergogna nella formazione del trauma evolutivo ed è fornito del materiale di supporto proveniente dalle neuroscienze. È discussa la natura complementare della psicologia del conflitto e della psicologia del sé all'interno del modello integrato proposto e le implicazioni per la psicoterapia corporea in generale e l'analisi bioenergetica in particolare.

Trauma de Desenvolvimento (Portuguese)

Neste trabalho é apresentada uma integração da psicologia do ego, a teoria do impulso-conflito, a psicologia somática, as relações objetais e a psicologia do self, na análise do trauma de desenvolvimento. As últimas descobertas da neurociência são apresentadas para apoiar o modelo integrado proposto, e se coloca que com base neste modelo, a estrutura caracterológica pode ser vista como trauma de desenvolvimento. Definições formais de emoções, sentimentos e afetos baseados na teoria dos sistemas dinâmicos complexos de troca de energia, como também a neurociência são apresentados. A importância da vergonha na formação do trauma de desenvolvimento também é discutida, com o apoio do material trazido pela neurociência.

A natureza complementar da psicologia do conflito em relação à psicologia do self, dentro do modelo integrado proposto é discutida, com implicações para a psicoterapia corporal em geral e a análise bioenergética em particular.

Introduction

The notion of trauma that I will discuss in this paper is the chronic traumatic experience of a child during his various developmental stages, as his needs are frustrated, he faces perceived existential threats or suffers from contact deprivation, as he is not seen for who he is, or he is seen as an object for the satisfaction of his parents' narcissistic needs, etc. The effects of trauma are rarely acknowledged and are often neglected. Trauma can alter the individual in his or her core, and affects all aspects of his or her life. Trauma changes the way an individual interacts with his or her environment, his or her flow of information, and flexibility of response to the surrounding. Trauma may change the body (boundary) of the individual, making it rigid at times or flaccid at other times, resulting in a loss of motility and limiting the individual's life and aliveness. It may also change the shape and functioning of the internal organs. Trauma may change the individual's metabolism of energy, and exchange of energy with the environment. Traumatized individuals are prone to primitive self-protective responses when they perceive certain stimuli as a threat, if they have not recovered from the traumatic experience. Once sensory stimuli triggers past traumatic events, the emotional brain activates the old habitual protective responses resulting in reduction of homeostasis (the ability to self-regulate). This paper is organized as follows: I will first introduce the definition of complex dynamical systems, which is important for formulating my thesis. I will then present formal definitions of emotions, feelings, and affects. I will next introduce a short introduction to polyvagal theory based on the work of Porges (2001). The analysis of developmental trauma is introduced next, followed by concluding remarks.

In order to understand the effects of trauma, it is helpful to start from the basics, that is, from the definition of systems, since all living organisms can be considered as dynamical systems in the most general sense of the term. A system can be viewed as a group of interacting, interrelated and interdependent elements, and bounded processes. Systems transform inputs that are consumed into outputs that are produced. Systems are characterized by their boundary, which separates them from their environment or surroundings. This boundary may be real or notional but it defines a finite volume within which the system operates, and exchanges energy or matter with its surrounding. Systems are also characterized by their internal laws of functioning. A general system model is shown in Figure 1. Systems can be open or closed.

The dynamical system concept is a formalization in which the behavior of the system is said to be dependent on the time and position of the system in space. Complexity in a system indicates how relationships between parts give rise to new behaviors and how system interacts and forms new relationships with its environment and surrounding. Complex systems are open and dynamical, and tend to be self-organizing. Self-organization is the process by which the system may form a structure or pattern in its behavior without an external entity or element imposing it. This structure or pattern forms from the interaction of elements that make up the system and result in self-organization.

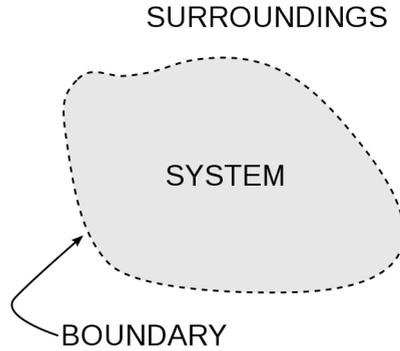


Figure 1: Basic System Model

Living systems are considered subsets of all systems. Living systems are by definition complex and self-organizing that have the special characteristics of life and interact with their environment (open). This interaction with the environment takes place by means of information (entropy) and material-energy exchanges. Living systems can be as simple as a single cell or as complex as humans. Living systems, aside from basic energy and matter exchange with environment, interact with their surrounding via their emotion, feelings, and affects (all of which contain energy and information). I will briefly introduce emotions, feelings, and affects in the next section.

Emotions, Feelings and Affects

All living organisms from single cell amoeba to humans are born with innate abilities evolved to solve the basic challenges of life. These challenges include: finding sources of energy; incorporating, consuming, and transforming energy and matter; maintaining a chemical balance of the interior compatible with the processes of life; maintaining organism's structure by repairing damage; defending against external treats (Damasio, 2003). Living complex systems tend to move toward homeostasis, that is self-regulation and stability.

At the top of the processes that promote homeostasis are the emotions and feelings. Emotions and feelings are the crown jewel of the self-organizing and self-regulatory functioning of the complex living system of more evolved organisms (Damasio, 2003).

Emotions in their simplest form correspond to the energetic states of the body. “Emotions are actions or movements, many of them public, visible to others as they occur in the face, in the voice, in specific behaviors” (Damasio, 2003, p. 28). Emotions are primarily communicated by nonverbal behavior, such as facial expression, eye contact and gaze, tone of voice, body posture and motion, and timing of response (Siegel, 1999). “Emotions represent dynamic processes created within the socially influenced, value appraising processes of the brain” (Siegel, 1999, p. 123). Elsewhere Siegel (1999) states: “Emotional processing prepares the brain and the rest of the body for action” (p. 125).

Feelings in their most basic form are perception of emotions or body states (Siegel, 1999). Damasio (2003) gives the following definition: “[...] a feeling is the perception of a certain body state of the body along with the perception of a certain mode of thinking and of thoughts with certain themes” (p. 86). As an example consider the sight of beautiful scenery, which may change our body state, perhaps to a state of relaxation, resulting in the emotion of joy. This emotion may then be perceived as the feeling state of happiness.

It is also possible to think of the spectacular scenery mentioned above, which changes the body state, and results in a feeling. This is called the as-if-loop, that is, it is as if we are actually observing the scenery. This is the essence of empathy, to which we will come back. In an experiment discussed by Damasio (2003), various pictures depicting different emotions were shown to subjects. Subjects were then asked to indicate when they actually felt something, then their brain activity was recorded using PET (Positron Emission Tomography) scan. Certain areas of the brain then lit up. These areas are those that are related to body maps and mapping of different parts of body – mostly right somatosensory cortices. Also areas of brain corresponding to mirror neurons lit up, as well as areas of the prefrontal cortex. Electrodes were also placed on the facial muscles of the subjects that were recording electrical activities on the facial skin of the subjects. Interestingly, before the subjects indicated that they felt something, there were imperceptible facial muscular movements in the subjects, recorded by the electrodes. It seems that these tiny movements were needed by the right somatosensory cortices to feel the emotion related to the pictures observed by subjects. It also seemed that prefrontal cortex is involved in the as-if-loops as also suggested by recent studies in mirror neurons in both humans and animals (Damasio, 2003).

Siegel (1999) defines the “affective expression” or simply “affect” as the external revelation of internal emotional states (body states). Conscious awareness of affects also results in feelings. It is also important to note that feeling our emotional states, that is being conscious of our emotions, offers us the flexibility of response based on our past experiences and history in interacting with the environment. However, we

need the innate drives to get the ball rolling. It should also be noted that the limbic system participates in the enactment of drives and instincts and has an important role in emotions and feelings (Damasio, 1994). In summary, we can think of feelings as mental sensors of the organism's interior, that is, mental sensors of the energetic states (emotions) of the body, as we experience life from moment-to-moment.

I will now discuss the process by which our organism mobilizes for action (energetically) that is the expression or enactment of drives and instincts. This mobilization for action is described in polyvagal theory discussed by Porges (2001), which I will briefly present in the next section.

Polyvagal Theory

Before I introduce the polyvagal theory, I will first briefly discuss the human nervous system in order to introduce the prerequisites to understanding the polyvagal theory. The human nervous system is divided into two branches: the peripheral nervous system, and the central nervous system (spinal cord). The peripheral nervous system is further divided into somatic-sensory nervous system, and the autonomic nervous system. The somatic nervous system is further divided into motor (efferent), and sensory (afferent) nerves. The autonomic nervous system is divided into two branches, the parasympathetic nervous system and the sympathetic nervous system.

The parasympathetic nervous system has two main components: the first branch is controlled by the dorsal vagus nerve, "... characterized by a primitive unmyelinated visceral vagus that controls digestion, and responds to threats by depressing metabolic activities and is behaviorally associated with immobilization and freeze behavior" (Porges, 2001, p. 123). The second branch is controlled by the ventral vagal nerve and is unique to mammals, and according to Porges (2011):

"The VVC has primary control of supradiaphragmatic visceral organs including the larynx, pharynx, bronchi, esophagus, and heart. [...] In mammals, visceromotor fibers of the heart express high levels of tonic control and are capable of rapid shifts in cardio-inhibitory tone to provide dynamic changes in metabolic output to match environmental challenges." (p. 160)

The other branch of the autonomic nervous system is the sympathetic nervous system (SNS). The sympathetic nervous system is capable of increasing metabolic output and inhibiting the dorsal vagus nerve, thus increasing mobilization behaviors necessary for fight and flight (Porges, 2001).

The more primitive life forms use the unmyelinated dorsal vagal complex (DVC), and the sympathetic nervous system to modulate cardiac output and mobilization, or freeze responses. Mammals on the other hand, in order to survive, had to tell the difference and distinguish a friend from a foe, determine and evaluate the safety of their environment, and communicate with their community. Ventral vagus complex (VVC) is the response to these evolutionary needs. The myelinated ventral vagus complex characterizes our social engagement system, which is responsible for facial muscles (emotional), eyelid opening (looking), middle ear muscles (extracting human voice from background noise), muscles of ingestion, muscles of vocalization and language, and head turning muscles (Porges, 2001).

In more primitive life forms (pre-mammals), the dorsal vagal complex and the sympathetic nervous system have the opposing functions of decreasing and increasing cardiac output respectively, and thus modulate mobilization. In mammals, with the evolution of the ventral vagal complex, the cardiac output is modulated without the engagement of the former more primitive systems. Thus activation of the myelinated vagal system can result in temporary mobilization and expression of the sympathetic tone without requiring the activation of sympathetic or adrenal system (Porges, 2011). The ventral vagal complex, therefore, acts as a break on cardiac output, capable of rapid changes in heart rate, resulting in mobilizing or calming the individual. Polyvagal theory (Porges, 2011) proposes a hierarchical organization of autonomic nervous system. When a system higher in hierarchy fails, then a more primitive branch of the autonomic system engages. We thus have the following: At the top of the hierarchy is the ventral vagal complex (VVC), a mammalian signaling system for motion, emotion, and communication. The second complex in the hierarchy is the sympathetic nervous system (SNS), which is an adaptive mobilization system engaged during fight or flight behaviors. Finally, the dorsal vagal complex (DVC) is the immobilization system (Porges, 2011).

Figure 2 shows the three zones of arousal and the window of tolerance within which the social engagement system (ventral vagal complex) is activated. When someone is hyper-aroused, the person experiences too much arousal to process information effectively, and is usually overwhelmed and disturbed by intrusive images, feelings, affects, and body sensations. When the person is hypo-aroused, he/she experiences something different, namely, a downward modulation of emotions and sensations – a numbing, a sense of deadness or emptiness, passivity, and possibly paralysis. On the other hand, people with a narrow window of tolerance (the middle region in Figure 2), experience fluctuations in emotions and feelings as unmanageable and dysregulating. Most traumatized people have a narrow window of tolerance, and can easily shift into hypo/hyper- arousal states by normal fluctuations in arousal (Ogden, Minton, & Pain,

2006). It is also very important to mention that the states depicted in Figure 2 are not mutually exclusive, in that one can simultaneously be both hyper-aroused, and hypo-aroused – which would be experienced as being highly aroused (ready for action) but unable to move. It is also possible to be in the optimal zone of arousal (activation of our social engagement system) yet experience elements of hypo/hyper-arousal. Also I must note that the boundaries between these zones are not very rigid, and depend on, among other things, emotional state (energetic state) of the mind- body.

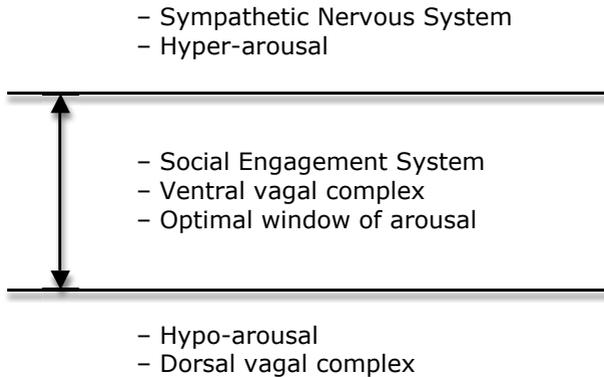


Figure 2: Optimal Window of Arousal

Developmental Trauma – Analysis

I will start by briefly describing drives – which are the biological core of motivations and actions. The term drive refers to and is based on the principle that organisms have certain physiological needs that when not satisfied, a negative state of tension is created. When a need is satisfied however, the organism returns to a state of homeostasis and relaxation, and the energy of the drive is reduced.

According to the theory, the energy of the drive tends to increase over time and needs to be expressed to avoid the state of negative tension. Drives can also be considered as the psychic quality that cannot be further analyzed by introspection (Kohut, 1978).

I will now present a model, based on the work of Wilhelm Reich, that seems to clarify the means by which developmental trauma takes shape. This model is based on drive theory (or conflict theory), and can also point to therapeutic strategies. With this in mind I will now introduce a diagram taken and adopted from Reich (1980).

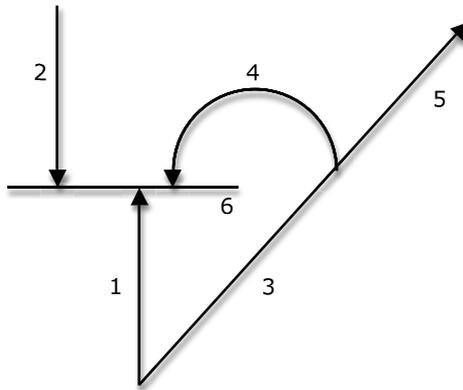


Figure 3: Drive, Repression, and Identification

This model, in a slightly modified form, has also been discussed by Hilton (2008) in great detail.

This diagram (Figure 3) depicts a drive which seeks expression by moving toward external objects (segment 1), which then comes into conflict with a frustrating force from the outside world (segment 2). This counter-force may include parents, school, society, and other authoritarian forces. It can be seen that the content of the prohibition of the drive comes from the outside world, but the cathexis (energy) with which prohibition is maintained comes from the energy reservoir of the individual himself. Under the influence of the pressure exerted from the outer world an antithesis develops within the person, a dissociation or cleavage of a unitary direction of the drive (expression) that causes one drive to turn against another drive (segments 3, and 4). The one and the same drive splits in two directions, one that goes toward the world and seeks expression in an alternative way, and one that turns against itself (segments 3, 4, and 5) (Reich, 1980).

A question arises, namely, in the absence of the repressive force from outside world (segment 2), how is the repression maintained by the drive that turns against itself. The answer seems to be the armor (segment 6). Where the two meet (drive, and environmental frustration), there is the formation of the armor in the form of muscular blocks, and physical tensions that keep the drive from expressing itself. The energy that maintains this block comes from the drive itself, which now has turned against its original goal. This is a simplification; as in reality the armor is layered, and a warded off drive wards off more deeply repressed impulses and drives. Thus the armor develops as muscular blocks and tensions in accordance with the portion of the drive that has turned against itself. One could then postulate that the stronger the defense (segment 4), the thicker the armor will be (segment 6).

Another question that arises is: how does the splitting of the redirected drive happen, and how is it experienced. The point, at which the split takes place, is named *psychic contactlessness* by Reich (1980), which he defined as the point in which the therapy seems to have reached a point, where nothing moves anymore. Subjectively, Reich (1980) states that an “inner deadness” is experienced by the individual at this point, or a state of “no contact” and isolation is perceived.

In his book *Character Analysis* Wilhelm Reich (1980) writes:

“Originally, character analysis conceived of psychic armor as the sum total of all repressing defense forces; it could be dynamically broken down through the analysis of the formal modes of behavior. Later it was shown that this concept did not embrace the psychic armor in its totality; indeed that it probably overlooked the most important factor. We gradually came to see that even after the formal modes of behavior had been completely broken down, even after far-reaching breakthroughs of vegetative energy were achieved, and un-definable residue always remained, seemingly beyond reach. One had the feeling that the patient refused to part with the last reserves of his narcissistic position and that he was extremely clever in concealing it from himself and from the analyst” (p. 310–311).

Reich (1980) believed that the origin of this psychic contactlessness stemmed from childhood experiences, and he further said (my paraphrase): “In order to heal the patient’s psychic contactlessness, the patient needs to be understood, and he needs to feel understood” (p. 319).

This *psychic contactlessness* occurred in a relationship with a caretaker early in life, and it thus needs to be resolved in a therapeutic relationship. Hilton (2008) says: “It has been my experience that this psychic contactlessness, the result of the client’s narcissistic position, can only be dissolved within a healing therapeutic relationship” (p. 94).

Thus it can be concluded that simply reducing the strength of the armor (segment 6) and some release of the impulse is not enough, as a residue still remains, which will still maintain the armor. One must simultaneously work on this residue which Reich called psychic contactlessness to achieve full healing. Reich mentioned that the patient needs to be understood and he also needs to feel that he is understood. This is what Hilton (2008 & personal communications, February 2009) calls the “healing therapeutic relationship”. What is the neuroscientific basis for the statement: the healing therapeutic relationship can heal psychic contactlessness? I will try to give an answer based on recent findings in neuroscience and polyvagal theory.

A drive (impulse) is formed in the organism resulting in increasing arousal mediated by the ventral vagal complex (VVC – social engagement system) which increases cardiac output thus increasing the individual’s energy to act, resulting in a different energetic state (emotion) and its perception which may be a good feeling (feelings).

This drive may then be frustrated by the environment (caretaker, etc). The organism will then block the expression of the drive by mobilizing the dorsal vagal complex (DVC) to immobilize the action that is in the process of taking place. This process is shown pictorially in figure 3. The perception of this shift from activation of the social engagement system (VVC) to the freeze system (DVC) is experienced as shame. Siegel (1999) points out:

“Shame is thought to be based on the activation of parasympathetic system (to an external NO!) in the face of highly charged sympathetic system (an internal Let’s go!). It’s as if the accelerator pedal (the sympathetic branch) is pressed down and then the brake (the parasympathetic branch) is applied.” (p. 279)

Although experience of shame is evidently inevitable and perhaps necessary for socialization of children, parents do not need to use shame intentionally as a strategic form of parenting (Siegel, 1999). In my opinion, parents and society must undo the damaging and malignant long lasting effects of shame, through re-establishment of the empathic contact and relationship. I will come back to this toward the end of this paper.

Schore (1994) writes: “Shame is experienced as an interruption, and it functions to impede further affective resonance and communication” (p. 206). Shame in general is associated with elevated parasympathetic system activation following the activation of sympathetic system (Schore, 1994). I must point out that recent research in Polyvagal theory (Porges, 2011) points to activation of DVC branch of parasympathetic nervous system (PNS) following the activation of VVC branch of PNS, as the cause of the experience of shame. However, the reader should understand and be clear regarding the process and perception of shame.

Schore (1994) elaborates on the state of shame and writes:

“This misattuned relational transaction triggers gaze aversion, a response of hiding the face – to escape from this being seen or from the one who sees – and a state of withdrawal. Under the lens of ‘shame microscope’ which amplifies and expands this negative affect, visible defects, narcissistically charged undesirable aspects of the self are exposed. It is as though something we were hiding from everyone is suddenly under a burning light in public view. Shame throws a ‘flooding light’ upon the individual who then experiences – a sense of displeasure plus the compelling desire to disappear from view, and an impulse to bury one’s face or to sink, right then and there, into ground, which impels him to crawl into a hole and culminates in feeling as if he could die. The sudden shock-induced deflation of positive affect which supports grandiose omnipotence has been phenomenologically characterized as a whirlpool – a visual representation of a spiral

and as a flowing off or leakage through a drain hole in the middle of one's being. The individual's subjective conscious experience of this affect is thus a sudden, unexpected, and rapid transition from what Freud called 'primary narcissism' to what Sartre described as a shame triggered 'crack in my universe'" (p 208).

The source of feeling of contactlessness, the inner deadness, the illusive psychic energy then becomes clear. It is shame, which has also been discussed in detail by Helfaer (2011, 2006). Thus, following the shame state – coming out of DVC activation, the individual creates a positive self-image to reactivate its energy or arousal (segment 5 in Figure 3) – while simultaneously creating a mental image (body map) of the drive and ensuing frustration of it that resulted in the shame state, in an effort to avoid its repetition (segment 4 in Figure 3), thus identifying with the environmental frustration. This mental image is eventually saved in the orbitofrontal cortex. When later in life the circuits of posterior sensory cortices and in temporal and parietal regions are activated due to an emotionally competent stimulus (ECS) that created shame in the past, the prefrontal circuits that hold records pertinent to the same category of events become active (Damasio, 2003).

It is noteworthy at this point to distinguish between shame state and humiliation state. The latter occurs when elevated parasympathetic (DVC – in this case) system is accompanied by heightened sympathetic system (Schore, 1994). When the environmental frustration involved contempt and angry-rejection then humiliation results. Kohut (1978) refers to this as narcissistic rage. Schore writes:

“[...] there is now strong clinical evidence that shame-humiliation dynamics always accompany child abuse. Narcissistic personality disorders who have difficulty modulating rage typically present a background with a parent who humiliates the child by harsh, continuous, or massive exposure.” (p. 207)

Shame, however, as discussed above, results when the nervous system shifts from arousal (VVC – complex) to hypo-arousal (DVC – complex). Thus, the dorsal vagal branch of the parasympathetic nervous system is always involved in shame and humiliation. Humiliation is particularly important to study and pay close attention to, since it involves both branches of the autonomic nervous system, and as I discussed one can draw an analogy to driving a car. It is as if one foot is on the gas pedal, and the other on brake simultaneously. The danger is that if the ego strength is not sufficient, rage (aimless – disconnected – ungrounded anger) could break through the armor and result in destruction, devastation, and even murder – that is if the individual is not grounded, does not have strong boundaries, or does not possess a strong enough

containment for his impulses and emotions. Another important feature of shame is avoidance of mutual facial gaze – due to deactivation of VVC. Shore (1994) writes: “[...] visually-induced, shame-mediated neurohormonal signals are registered in the orbitofrontal cortex, known to contain neurons with the unique feature of having receptive fields that specifically include the central area of the visual field” (p. 214).

A further insight can be gained from the school of object relations, which is a psychodynamic theory within the psychoanalytic theory. The theory describes the dynamic process of development and growth in relation to real others (external objects). The term “objects” refers to both real external others in the world, as well as internalized images of others. Object relationships are formed during developmental phases through interactions with the primary caregivers. These early patterns can be changed and altered with experience, but frequently continue to have a strong influence on one’s interactions with others throughout life. The term “object relations theory” was formally introduced by Fairbairn in 1952. In contrast to Freud, Fairbairn believed that instinct are primarily object seeking (Freud believed instincts are pleasure seeking). Infant internalizes the object (as well as the object relations), and splits the object toward whom both love and hate were directed, in two. The good object (idealized) representations are important and are necessary to go on in life. The bad (frustrating, repressing) object is further split into two, namely the repressive object, and the exciting object. Ego identifies with the repressive object (anti-libidinal self), and keeps the original object seeking drive in check. Ego also identifies with the exciting object (libidinal self) and seeks exciting objects in the world. From this description it can be readily deduced that the anti-libidinal ego is segment 4 in Figure 3, and the libidinal ego is segment 5 in the same Figure (Guntrip, 1971).

Fairbairn (1952) states:

“At this point an important consideration arises. Unlike the satisfying object, the unsatisfying object has, so to speak, two facets. On the one hand, it frustrates; and on the other hand, it tempts and allures. Indeed its essential ‘badness’ consists precisely in the fact that it combines allurements with frustration. [...] In his attempt to control the unsatisfying object, he [the infant] has introduced into the inner economy of his mind an object, which not only continues to frustrate his need, but also continues to whet it. He thus finds himself confronted with another intolerable situation – this time an internal one. How does he seek to deal with it? [...] He splits the internal bad object into two objects – (a) the needed or exciting object and (b) the frustrating or rejecting object; and then he represses both these objects.” (p. 111)

This process is shown in figure 4. Note that in the absence of environmental frustration (segment 2 – shown with dashed line), the individual identifies with the frustrating force, introjects it and acts it out as shown in segment 7.

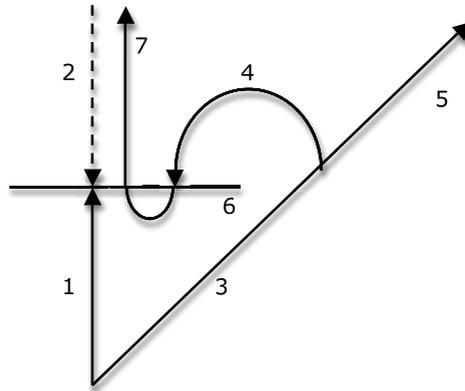


Figure 4: Acting out – Old Object Relations, and Introjects

Let us consider what happens when the expression of a drive faces environmental negativity in more detail. The immediate response of the young human is to go into shame response – that is a shift from VVC activation to DVC. If the young human has a relatively cohesive and intact self, then he readily identifies with the source of environmental negativity. If the self is, however, not cohesive, then how does the young human rise up from the shame (creating a positive self image) when empathic response from the environment is absent? Self psychology (Kohut, 1971; Kohut, 1977; Kohut, 1974; Kohut, 1984) provides the answer. The young human seeks merger with archaic selfobjects (inner perception and experience of objects that are not part of physical reality but of psychological reality; Kohut, 1984) that can mirror the young human, or those who are the source of idealized power and strength, or finally those who are essentially like him (mirroring, idealizing, or twinship selfobjects). This is what segment 5 in Figure 3 represents. This is the aspect of the drive that seeks expression in an alternative way, according to Reich (1980), which is the same as libidinal ego according to Fairbairn (1957), or the false self, or finally the narcissistic self. The result of course is defects, disturbances, or distortions of the self, which is posited by self psychology (Kohut, 1984) to be the cause of nearly all forms of psychopathology in that all flaws of self are due to disturbances within self-selfobject relationships in childhood. Self psychology further posits that in the presence of a healthy self, drives are not experienced in isolation, but as an integrated part of the healthy self (Kohut, 1984). Kohut (1971) argues that narcissistic disturbances of the self are due to failure of empathy of the childhood selfobjects. When the child's self is not cohesive, then frustration and repression of drives result in seeking archaic selfobjects in life. These archaic selfobjects are sought to either

mirror the individual (resulting in grandiosity), or as idealizing sources of strength and power, or as essentially alike replicas of the individual. Narcissism is thus the complementary aspect of early childhood conflicts.

Kohut (1971) argues that narcissism has its own line of development, which was also implicitly argued by Lowen (1985).

Kohut (1977) argues that depth psychology requires two complementary approaches – that of conflict-drive psychology and that of self psychology. He sees man's functioning in two different directions, the direction of activity of his drives, and the direction of fulfillment of his self. The man who lives his life within the pleasure principle and his drive activities, Kohut (1977) names: the guilty man; and the one who seeks to express the pattern of his nuclear self and who strives beyond the pleasure principle, Kohut (1977) names: the tragic man. These two men represent the two poles of the structure of the self. These two poles of the structure of the self can be seen in Figure 3. If the self is relatively cohesive, then the child's response to environmental frustration and repression of drives, results in formation and internalization of parental introjects (identification with frustrating object) and later the child becomes the guilty man who lives within the conflicts of expressing and taming of his drives. If the self, however, is not cohesive (due to severe failure of empathic selfobjects), the environmental negativity results not so much in formation of a strong punishing superego in the form of internalized parental introjects, but in the child seeking archaic selfobjects with whom he can merge to be reaffirmed. This child, thus, becomes the tragic man, who is in search of his self. The complementary nature of the guilty man and the tragic man indicates that both are present in an individual simultaneously, albeit in different degrees. This points to complementary narcissistic line of development and the drive-conflict based line of development.

Lowen (1985) argues that the patients he is seeing in his office do not manifest the neurosis of earlier times, instead, he is seeing problems associated with inner emptiness, frustrations, unfulfillment, and lack of feelings. In other words, he is seeing individuals affected with defects of the self. Kohut (1978) also indicates that he is not seeing patients whose complaints are about unresolvable inner conflicts. He argues that his patients are suffering from deprivation of give and take (optimal frustration) with an environment that is empathic and understanding of their needs which help him get rid of his infantile grandiosity and help him to become more self-confident and to be an active participant in the adult world. It is important to view developmental trauma in light of these changes in the presenting issues of patients and clients. If indeed, this shift from conflicts to disorders of the self has taken place in recent times, what are the corresponding changes in the body? This is a question that I do not claim to be able to fully answer. I can however, theorize that one would

not expect the character armor, in the form of muscular contractions or flaccidity (Marcher & Fitch, 2010), to be as strong. One may expect that the character armor might have shifted somewhat to a disconnection from the body and its sensations. No longer is the client with disorders of the self, as aware of his feelings and sensations as the conflicted client of the older times. This client with disorders of the self, instead of being haunted by his punitive and punishing superego, may be more haunted by a sense of emptiness which motivates him to seek ever-continuing excitement in order to avoid depression. His senses, feelings, and emotions may not be integrated within the totality of his personality, thus he is prone to acting out, helped by weakening of his muscular armor. Kohut (1977) points out that in the absence of a cohesive self, drives become isolated and become powerful entities of their own. I can also theorize that our work, perhaps, needs to be centered more around integration of feelings and sensations than release of repressed drives. The self needs to become more cohesive and integrated, which in turn necessitates a more relational and empathic approach in our work than ever before, as elaborated in great detail by Hilton (2008). Tonella (2011) also discusses the importance of restoration of expression of the self through the therapeutic relationship and Clauer (2011) suggests that in the presence of an insecure sense of self, there is a need to develop the basic self functions.

One can imagine the interplay of the forces of drives, and their adaptations in a mother-father-child triad (M, F, and C respectively). Figure 5 below depicts such a triad. For the sake of clarity I have not shown the interplay of father's introjects on the child, nor have I shown the various other interactions of mother's introjects and those of the father with the child. It is clear, based on Figure 5, how the psyche of the child is shaped to a great extent by the caretakers who repress the child's drives, instincts, and impulses, as well as the child's caretaker (parental) introjects, and formation of the false self (or narcissistic self). This is how developmental trauma propagates, and continues across generations.

Of course, one cannot expect only one drive to be frustrated. In reality, many drives are frustrated and blocked in various degrees. Thus, when studied closely and carefully, one observes patterns of behavior resulting from the sum-total of frustration of drives and their adaptations. One can think of this sum-total as the developmental trauma, which is also known as "character structure" (Reich, 1980, Lowen, 1971, & Lowen, 1994). Character structure functions as a filter that together with its neural correlates, filters the behavior of individual in response to external or internal emotionally competent stimuli. The individual, thus, is not free to respond to his/her environment in a way that is most advantageous to his/her organism, but his motility and expression is limited by the functioning and operation of this filter. The interested reader should convince him/herself that the body-proper has imprints of all the traumas that the

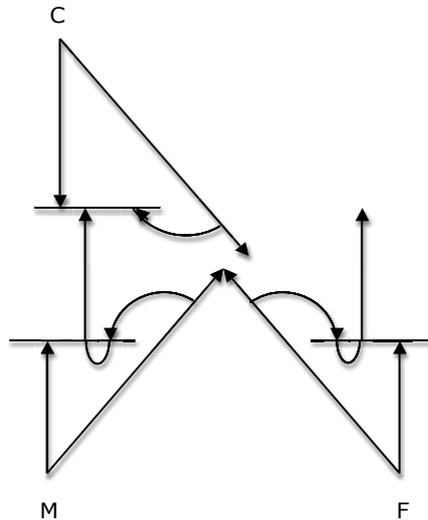


Figure 5: Mother-Father-Child Triad

individual has endured. And we, as bioenergetic therapists, know very well that the posture, shape of the body-proper, expression of eyes, facial expression, tone of voice, interpersonal interactions such as handshakes, as well as viscera all speak to and of the past history of the individual who might have suffered trauma(s). I again must emphasize that most clients, these days, do manifest significant disorders of the self, which need to be considered accordingly. In other words, our traditional model of character structure may need to be augmented with disorders of the self.

The imprints on the body resulting from developmental trauma can be studied to gain an understanding into the nature of trauma itself, as well as pointing to treatment strategies. These imprints also are indicators of the way the individual's energy system filters impulses and drives. Thus they also indicate the way the individual metabolizes energy. Thus similar to amoeba, the body of human child contacts if frustrated or traumatized chronically and harshly and maintains a shape that is indicative of the trauma suffered by him or her, or loses contact with its body. Trauma leaves its imprint on the young human body.

The Case of Sean

Sean is a 22-year-old man, born in an affluent family who was referred to me by a colleague about a year ago. He has a brother that is about 4 years older than him. He

and his family immigrated to the United States about 12 years ago. Sean's father is businessman and travels quite often. He has been away from his family, sometimes for months at a time, for as long as Sean can remember. His mother stays home and is described by Sean as being depressed, which is concerning to him. Sean is a tall and handsome man with a rigid structure. When he first came to my office, he spoke very softly and quietly, almost whispering, and at times he covered his mouth with his hand as he spoke, and avoided eye contact. Sean has a very set jaw, which is slightly forward, as if he is in a constant state of defiance. Sean's presenting issues were lack of motivation, having no sense of direction in life, and not knowing what his passions are. He was also mildly depressed, but did not have much anxiety. He was spending most of his days sleeping and smoking marijuana at nights. At times he attended college but never did well and never was serious about his studies, despite the fact that he is a very bright man. Sean has had quite a few relationships but indicates that he has never loved any of his partners. Sean had about one and half years of cognitive behavioral therapy before coming to my office.

Therapy with Sean started slow. Almost from the very beginning I started working with Sean on the body level. Initially he could not feel much in his body, and he was not feeling much at all. He could only, and barely, identify if something felt good or bad. Our work started by getting Sean to feel his body and becoming aware of his sensations and deepening his breathing as his breathing was very shallow. We also worked on grounding, as Sean was very much in his head. We also had to work on setting boundaries, and saying "NO". Sean found out later in therapy that saying "NO", to him meant possible loss of contact and love. As the work progressed, Sean began to show up late to our sessions, and at times did not show up at all without calling to inform me of his absence. This behavior was highly correlated with the building of therapeutic relationship. In other words, any time that a strong bond was developing between Sean and I, he would behave in the ways that I mentioned, as if he wanted to disappoint and frustrate me so that I would reject him (just like his former therapist did). Interestingly, as he felt my frustration, he would take on a pleasing role, only to follow it with more disappointment. I brought up his behavior in a session to process and analyze it, and it became apparent to Sean that this is what he does with his parents, friends, even college professor who were kind to him. He did not know why he engaged in this behavior of disappointing others who are nice to him.

I worked very intensely with Sean's sensations and feelings. He became aware of a deep sense of shame that he carries with himself in that he has not been able to live up to his parent's expectations. But his odd behavior of frustrating and disappointing others continued. He found a job and was terminated because of this behavior, even though his manager was fond of him. A few months ago, he came to the session,

after about a month of absence, with excitement and mentioned that he found a job several weeks ago, and that he has become friends with a few people in the company, and realized that he was repeating his pattern of disappointing them which nearly got him fired. Having worked on his sensations and feelings for many months, I felt he was ready to go deeper. I asked Sean, what sensations he was aware of when someone was deeply fond of him. He said that he felt a strange sensation similar to anxiety in his stomach and his chest. I asked him to stay with those sensations and see what he felt was going to happen. His response was quite interesting. He said he felt he would enmesh with people who liked him, and that he would not exist as himself anymore! The meaning of his odd behavior thus became clear to him. He would disappoint and frustrate those who cared for him, only to push them away in order to maintain some sense of self. Over several sessions he became aware of his early childhood memories in that he had to lift his mother's mood by cheering her up, and pleasing her. But then she would not let go of him. All he could do was to disappoint and frustrate her in order to get away from her, so that he could have some sense of self. He was stuck in a major dilemma: he had to cheer up his mother to receive contact and love from her, only to have to push her away to maintain some sense of self and thus lose contact, which was not acceptable to the young boy, and therefore began pleasing her again to receive contact ... He was stuck in a loop! Our work still continues, but Sean has been able to maintain his job for several months, has fallen in love for the first time in his life, and plans to go back to college when he discovers his passions. He no longer disappoints and frustrates those who are close to him and/or fond of him, and has become much more responsible in his life. My work with Sean was mostly concentrated on his sensations and feelings in order to strengthen his sense of self. Interestingly, Sean's Oedipal conflicts are now beginning to surface, which we are currently working on. This case clearly indicated the need to engage in both psychology of the self and conflict psychology, but the body and the relationship were always in the center, and the work with body through breathing exercises, grounding, and working on integrating sensation and feelings were instrumental in this client's progress in therapy. Of equal importance was building the therapeutic relationship in which Sean could feel that I (the therapist) would not abandon him, and he also tried hard, as he mentioned in one of his recent sessions. It was the containing of his feelings and emotions within the therapeutic relationship and the consistent work on his body that allowed Sean to slowly dissolve his defenses and develop a deeper sense of self. What was also crucial in his therapy was his idealization of me along with optimal frustration on my part within the therapeutic relationship – in that I did not push him away when he frustrated me, but stayed with him, which helped him to finally separate from his mom.

I will end this section by quoting Kohut (1978):

“The child’s drives are opposed originally by the prohibitions of the parents. If these prohibitions are of non-traumatic intensity, the child incorporates the parents’ drive restraining attitudes in the form of innumerable benign memory traces ... As a result of having introjected many experiences of optimal frustration in which his infantile drives were handled by a calming, soothing, loving attitude rather than by counter-aggression on the part of his parents, the child himself later acts in the same way toward the drive demands that arise in him.” (p. 370)

“The most important source of a well-functioning psychological structure ... is the personality of the parents, specifically their ability to respond to the child’s drive demands that non-hostile firmness and non-seductive affection ... If a child is exposed chronically to immature, hostile, or seductive parental reactions ... then the resulting intense anxiety or overstimulation leads to an impoverishment of the growing psyche.” (p. 371)

Conclusion

In this paper, a model that attempts to integrate ego psychology, drive-conflict theory, somatic psychology, object relations, and self psychology in analysis of developmental trauma, was presented. Latest findings of neuroscience were presented to support the proposed integrated model, and it was shown that, based on this model, that character structure could be viewed as developmental trauma. The importance of shame in formation of developmental trauma was also discussed and supporting material from neuroscience was provided. The complementary nature of conflict psychology and psychology of the self, within the proposed integrated model, was presented with implications to body psychotherapy in general and bioenergetic analysis in particular.

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Yawning

Grounding by the Inner Stretch Pattern

Thomas Heinrich

To Willi Liebe and Henry Meinhard

In Memory of David Campbell and June McDonnach¹

Abstracts

Alexander Lowen emphasized the importance of changes in the body as a main goal of a body oriented psychotherapy. He focused especially on breathing and vibrating as involuntary movements and keys of changing and supporting a person's grounding. Although yawning as another involuntary movement that shows a lot of changes on a body level, it is not in the center of Bioenergetic work yet. In my practice, yawning became an important and welcomed sign of therapeutic process and development which helps guide me through Bioenergetic sessions.

The article will give some information about the current scientific findings and neurobiological aspects of yawning. A little study according to a simple yawning exercise gives data of self-experience of participants. Following phenomenological methods, new hypotheses of the reason and the purpose of yawning are presented. Some therapeutic implications, such as how the yawning of the client and of the therapist can be used in the process of a body-oriented psychotherapy, conclude the paper.

Key words: yawning, Bioenergetic Analysis, parasympathetic nervous system, dura mater, Turgo effect

1 I have to thank Angelika Wenzel-Mentrup a lot, who helped me to bring this article in a receptive form and my partner Bernhard Meier, who supported me a lot during the time of preparing the presentation and the article.

Das Gähnen (German)

Alexander Lowen betonte die Bedeutung von körperlichen Veränderungen als ein zentrales Ziel einer körperorientierten Psychotherapie. Er legte dabei besonderes Gewicht auf die Atmung und die Vibrationen als unwillkürliche Bewegungen und Schlüssel für Änderung und Verbesserung der Erdung einer Person. Obwohl Gähnen eine weitere unwillkürliche Bewegung ist, durch die sich vieles auf der Körperebene ändert, ist es bisher nicht im Bioenergetischen Arbeiten angekommen. In meiner Praxis wurde Gähnen ein wichtiges und willkommenes Zeichen des therapeutischen Prozesses und der psychischen Entwicklung, das mir Orientierung in Bioenergetische Sitzungen gibt.

Der Artikel informiert über den aktuellen Stand der wissenschaftlichen Ergebnisse und neurobiologischen Aspekte des Gähnens. Eine kleine Studie über eine einfache Gähnübung fügt Erkenntnisse aus einer Selbsterfahrungsgruppe hinzu. Phänomenologischen Methoden folgend werden neue Hypothesen über die Gründe und Zwecke des Gähnens entwickelt. Einige therapeutische Implikationen, wie das Gähnen der Klient_innen und Therapeut_innen in der körperorientierten Psychotherapie genutzt werden kann, beenden diesen Artikel.

Le bâillement (French)

Alexander Lowen a souligné le fait que l'un des objectifs fondamentaux de la thérapie psychocorporelle concernait les changements intervenant au niveau du corps. Il s'est particulièrement centré sur les mouvements involontaires tels que la respiration et les vibrations, essentielles pour qu'une personne développe puis entretienne sa capacité d'enracinement. Bien que le bâillement soit également un mouvement involontaire et qu'il soit suivi d'un ensemble de changements au niveau corporel, il n'est pas encore au centre de la pratique bioénergétique. Dans ma propre pratique, le bâillement est devenu un signe important et de bienvenue concernant le processus thérapeutique et son développement, un signe m'aidant et me guidant au fil des séances de thérapie.

Les résultats scientifiques actuels et les aspects neurobiologiques concernant le bâillement sont décrits dans cet article. Une petite étude présente ensuite les données d'une expérience vécue par des participants à la suite d'un simple exercice de bâillement. Puis de nouvelles hypothèses phénoménologiques envisagent les motifs à l'origine du bâillement ainsi que ses buts. Enfin, quelques perspectives thérapeutiques, telles que la manière d'utiliser le bâillement du client ou du thérapeute au sein d'un processus thérapeutique psychocorporel, concluent cet article.

El Bostezar (Spanish)

Alexander Lowen destacó la importancia de los cambios en el cuerpo como el objetivo principal de una psicoterapia corporal orientada. Se centró especialmente en la respiración y la vibración como movimientos involuntarios y claves para el cambio y apoyo del arraigo de una persona. Aunque el bostezar es otro movimiento involuntario que muestra muchos cambios al nivel corporal, todavía no se considera un aspecto central en el trabajo bioenergético. En mi consulta el bostezar se convirtió en un símbolo importante y bienvenido en el proceso terapéutico y de desarrollo que me ayuda como guía en las sesiones bioenergéticas.

El artículo le proporcionará información sobre los hallazgos científicos actuales y los aspectos neurobiológicos del bostezar. Un pequeño estudio relacionado con un simple ejercicio del bostezar aporta datos de la experiencia personal de los participantes. Siguiendo los métodos fenomenológicos, se presentan nuevas hipótesis acerca de la razón y el propósito del bostezar. El ensayo concluye que ciertas implicaciones terapéuticas, tales como el bostezar del cliente y del terapeuta se pueden utilizar en el proceso de una psicoterapia orientada al cuerpo.

Sbadigliare (Italian)

Alexander Lowen ha sottolineato l'importanza dei cambiamenti nel corpo come principale obiettivo di una psicoterapia corporea. Si è concentrato soprattutto sulla respirazione e sulle vibrazioni come movimenti involontari e chiave di cambiamento e sostegno al grounding.

Benché lo sbadiglio sia un movimento involontario che evidenzia molti cambiamenti a livello corporeo, non è ancora centrale nel lavoro bioenergetico. Nel mio lavoro di terapeuta, lo sbadiglio è diventato un segnale importante e ben accolto del processo terapeutico e del suo sviluppo e un'utile guida nelle sedute di bioenergetica.

L'articolo fornirà alcune informazioni sulle attuali conoscenze scientifiche e sugli aspetti neurobiologici dello sbadiglio. Un piccolo studio su un semplice esercizio di sbadigli fornisce una conoscenza sull'esperienza di sé dei partecipanti.

In base a metodi fenomenologici, sono presentate nuove ipotesi della ragione e dello scopo degli sbadigli. Concludono il saggio alcune implicazioni terapeutiche, come per esempio quanto lo sbadiglio del paziente e del terapeuta possono essere utilizzati nel processo di psicoterapia ad orientamento corporeo.

Bocejando (Portuguese)

Alexander Lowen enfatizou a importância de mudanças corporais como o objetivo principal da terapia baseada no corpo. Ele enfocou principalmente a respiração e a vibração como movimentos involuntários, e chaves da mudança e do apoio ao grounding.

O bocejo, como qualquer outro movimento involuntário expressa muitas mudanças a nível corporal, no entanto ele ainda não é central no trabalho corporal. Na minha prática, bocejar se tornou um sinal importante e bem-vindo no desenrolar do processo terapêutico, e tem ajudado a me conduzir durante as sessões de bioenergética.

Este artigo traz algumas informações sobre as atuais descobertas científicas e aspectos neurobiológicos do bocejar. Um pequeno estudo sobre um simples exercício de bocejar nos oferece dados da experiência pessoal dos participantes. Seguindo os métodos fenomenológicos, novas hipóteses sobre o significado e o propósito do bocejar são descritas. Como conclusão, são apresentadas algumas implicações terapêuticas, tais como, de que maneira o bocejo do cliente e o do terapeuta podem ser usados no processo de uma terapia corporalmente orientada.

1. Introduction

Bioenergetic Analysis came to my attention as an approach following the research and therapeutic work of Wilhelm Reich, about whom I had to present a paper during my study of Psychology at the University of Koblenz-Landau/Germany in the early 1990s. Reich's approach of a body oriented based psychotherapy fascinated me a lot. It evoked my curiosity about the connections between soul and body, or to speak more precisely, the connections between the psychological and physiological processes in humans.

Starting with my own Bioenergetic Analysis in 1992, I always remained curious at the impact of responses of the autonomic nervous system in the therapeutic process. But it took me another decade before I had my first orgasm reflex during my own Bioenergetic therapy. This happened when I worked with my Bioenergetic therapist, Willi Liebe, who gave me a special deep tissue massage, called Body Soma, taken from the work of Ida Rolf.

In 1990 I started to give workshops in bodywork, which I first co-led and later on led with Henry Meinhard. Giving these workshops, for the first time yawning became an issue: At the beginning of the workshops we invited the participants to yawn at any time they felt the impulse to do so. The reason, we knew at that time was that

yawning releases the masseter, which was thought to be the leading muscle for the voluntary movements. To let go this muscle should improve involuntary movements. Involuntary movements were supposed to be induced by the autonomic nervous system. The following yawning should be a way to change the processes on that level during bodywork.

At the preconference workshop of the International Conference of the IIBA in Buzios in 2009, Heiner Steckel quoted Alexander Lowen that a process in therapy should have to show a difference on the breathing and the vibrating level, otherwise it won't be sustainable. This was a good summary of Lowen's approach and a helpful orientation in my work in the following years.

Working with Bioenergetic analysis since 1997, I have a special focus on the signs of the autonomic nervous system. I have observed quite frequently, that clients start to yawn during a session. If they start to do so, they don't yawn only once, but a couple of times. Sometimes they yawn half a session or even longer. Some clients start to yawn when they enter my office and some of them report that they start yawning even earlier, while preparing themselves for the upcoming Bioenergetic session.

After yawning, clients feel calmer; conflicts aren't as dramatic as before. In the following time, I started to suggest an exercise of yawning to a client, if he or she seems to be under stress, and I prove similar effects as observed before with others.

But yawning didn't start only in clients during the Bioenergetic sessions. It happened to me as a therapist as well, that I got impulses to yawn during the sessions. After a period of trying to suppress these impulses, I brought my impulses into the sessions. So I found out, that I got those impulses usually, when the client didn't breathe in a proper way.

In the following time I started to examine the issue more scientifically. My aim was to understand more clearly the meaning of yawning in the Bioenergetic process, that we can use it at best as a method as part of our conceptual work as Bioenergetic therapists. My findings will be the content of this article.

First, I will present the results of the scientific research on yawning, followed by a little study done by my own in a Bioenergetic workshop, which includes a little exercise for the Bioenergetic work on yawning as well. After this, I will develop a new hypothesis on the meaning of yawning, which I built upon my more phenomenological analysis of the yawning movement. The end will be heralded by some therapeutic implications on yawning.

I hope this article can demonstrate how the current ideas of Helen Resneck-Sannes, Margit Koemeda-Lutz and Bob Lewis, presented in last year's issue *Bioenergetic Analysis*, about combining neuroscientific knowledge with Bioenergetic work can be transmitted into single practical issues (2012).

2. Theories and Research on Yawning

Descriptive Aspects of Yawning

Coming from a phenomenological view on science, developed by Edmund Husserl (1859–1938) (Lamnek, 1988; Graumann & Metraux, 1977), it is remarkable that the descriptions of the movement of yawning in scientific literature vary a lot. There is Andrew C. Gallup's very short characterization of yawning "by a large gaping of the mouth and eye closure, accompanied by a deep inhalation of air and a shorter expiration" (2010) on the one end. A lot of other authors follow, who add different single aspects to the latter. On the other end, one of the most comprehensive definitions of Gregory T. Collins and Jose R. Eguibar concludes the row.

Collins and Eguibar integrate definitions of different authors to:

"Yawning is a phylogenetically conserved behavior ... defined as a paroxysm of the respiratory circle characterized by a standard cascade of movements over a 5- to 10-second period with 3 distinct phases. Yawning is initiated by a wide opening of the mouth with an ample, slow and deep inspiration, followed by a brief interruption of ventilation fluxes once the thorax is full (the so-called acme state, which is often accompanied by limb stretching and eye occlusion) and concluding with a short expiration, accompanied by the relation of all participating muscles. In the case of humans, yawning is also accompanied by a great expansion of the pharynx and larynx and a maximal abduction of the vocal cords, with inspiration occurring essentially through the mouth. Although the duration of a yawn in a given individual appears to be fixed, it can be modulated voluntarily. Furthermore, it is important to note that yawning is also accompanied by an opening of the eustachian tubes, a brief lowering of hearing acuity as well as the opening of the stomach cardia resulting in an influx of intragastric air that is responsible for the sensation of abdominal fullness occasionally associated with yawning. Thus yawning should not be thought of simply as the opening one's mouth, but rather a generalized stretching of muscles, particularly those of the respiratory tract, such as the diaphragm, intercostals, and those of the face and neck" (2010).

But even this definition is not complete. For example, Phoenix and Chambers observed that during yawning a spontaneous penile erection can occur (1982), which inspired some researchers to think about the connection between yawning and sexuality (Seuntjens, 2010).

In addition, yawning is not only a movement in humans, but also in all mammals, probably *in all vertebrates* (Walusinski, 2010a). It can even be observed in fish.

The *first yawns* in life show up between 12–14 weeks' gestational age (de Vries, Visser & Prechtel, 1982). With approximately 25 vs. 7–8 times per day, yawning is significantly higher in preterm infants during the final weeks before term age than in adults (Baenninger, Binkley & Baenninger, 1996). In babies, yawning is often an isolated event and not integrated in more complex movement activities. This is appropriate to the developmental stage of the nervous system at that age (Giganti et al., 2002). Occurring more rarely in the first years of life, the yawning rate increases, when children start kindergarten, and becomes even 5 times more, when they start school life (Koch, Montagnier & Soussignan, 1987). The last increase is seen due to the learning process of writing and reading (Chouard & Bigot-Massoni, 1990).

The *mean frequency* of yawning in adults is about 7–8 times per day, half of them before and half of them after sleep. This mean number of yawning differs a lot between individuals (0–24 times per day), which seems to be dependent on sleeper types: the frequency of yawning is increased in long sleepers (Giganti & Salzarulo, 2010) and evening sleeper types (Zilli, Giganti & Salzarulo, 2007).

During adulthood the frequency of yawning decreases again. Zilli, Giganti & Uga found a decrease of the yawning in the morning and the mid-afternoon in elderly (2008).

The *circadian rhythm* of 7–8 yawns per day is distributed even 4 times before and 4 times after sleep. That makes approx. 232.000 in a whole life. There is a *gender issue* in animals (male macaques yawn twice as often as female (Shino & Aurelli, 1989), but not in humans.

Yawning has a *social issue*. In the most cultures yawning is not socially accepted. In western culture, a yawning person is seen as being tired or, even worse, impolite because showing to be bored by the counterpart. In Arabic culture, yawning helps Satan to enter the body, while in India, bad spirits are seen as doing the same (Walusinski, 2010c). Also in Japanese culture, yawning is improper. In South America, other parts of Asia and Central Africa, yawning seems to have a more positive connotation: if somebody yawns there, it means another person is thinking about the yawner.

Yawning is *contagious*. From age 4, human beings can be influenced to yawn, if another person is seen or heard yawning (Anderson & Meno, 2003). So this happens even to blind people, but autistic or schizophrenic people are not contagious about yawning. Contagious yawning is not limited to species: even dogs are contagious to the yawning of their master (Joly-Mascheroni, Senju und Shepherd, 2008)

Giganti and Salzarulo differentiate the spontaneous yawning from the contagious *type* and found hints that the origin of those types must differ too (2010). There is voluntary yawning as a third type of this pattern: Like breathing we can surrender

to the spontaneous or to the contagious movement or on the other hand evoke the movement consciously.

Today, the *neurohormonal base* of yawning appears to be established following Walusinski. He understands yawning as a marker of activity in D₃ dopamine receptors (2010b). Especially the hypothalamus, mainly its paraventricular nucleus, is involved in triggering yawning (Giganti et al., 2010; Collins & Eguibar, 2010). The neurotransmitters, which work in yawning, are the same as those that influence emotions, moods, and the appetite as hormones.

A dose-dependent increase on ACTH, α -MSH, Oxytocin, Acetylcholine, Nitric Oxide, excitatory amino acids or glutamate increases the frequency of yawning.

A dose-dependent increase of endorphin or GABA decreases it.

A dose-dependent increase of Serotonin, Dopamine or Adrenergic agonists can result either in an increase or decrease of yawning – depending of its different receptor types (Collins & Eguibar, 2010).

Collins & Eguibar point out that there are “3 distinct neural pathways involved in the induction of yawning, as well as the hierarchical order through which these different neurotransmitter systems interact to regulate yawning” (p. 90). Oxytocin and Acetylcholine seem to be in a higher position of controlling the yawning process (2010).

It is not clear yet, if these distinct pathways have a connection to the different types of yawning, i. e. spontaneous, contagious or voluntary.

Theories on Yawning

For sure, yawning has a function. Otherwise, we wouldn't have developed such a complex program during our phylogenesis. But beside the previous findings of the scientific research over the last decades, the *purpose* and the origin of yawning are not discovered yet. There are some theories about them- some of them proved negative, some with some evidence. And the purpose of yawning might probably not have one cause.

Disproved theories:

- Yawning increases the oxygen level in the blood

Robert Provine refuted this thesis by Hippocrates wrong: A higher level of carbon dioxide in the air given by a breathing mask improves the rate of breathing, but doesn't improve yawning, as more oxygen diminishes the breathing rate, but doesn't diminish the yawning rate (1987).

- Yawning wakes up the brain, i. e. increases brain or autonomic activity

Guggisberg et al. proved this thesis wrong: People in a dark room yawn more, but are not more awake or feel less sleepy after yawning (2007).

Guggisberg, Mathis & Hess didn't find either any specific autonomic activations or increased arousal levels after yawning in their supervision of articles to that issue. So they conclude that the data do not support an arousing effect of yawning or a role in regulation of vigilance or autonomic tone (2010).

Current theories:

- Thesis 1: Yawning is a sign of sleepiness in the sleep-wake transitions and modulates the arousal processes

Almost all authors refer to this thesis with a lot of proofs and no counter-evidence till today. Their definitions aim at the neuromuscular aspect of yawning, which leads today's paradigm on yawning (Walusinski, 2010b, Giganti & al., 2010). Nevertheless, it is not clear why there is not only yawning when getting tired, but also when waking up. In addition, it remains unclear why yawning in the morning is usually combined with stretching and yawning in the evening is not (Provine, 2005).

- Thesis 2: Yawning eliminates the difference between pressure of the inner and the middle ear

Travelers by plane yawn during landing to open the Eustachian tube. So it might be one function of yawning to eliminate the difference of pressure in the inner and the middle ear.

- Thesis 3: Yawning cools down the brain

Gallup and Gallup illustrated that persons with a cooling compress on the forehead or during nasal breathing are less contagious to yawning persons on pictures than persons without (2007). So they built up the hypothesis, that yawning helps to cool down the brain, if the cooling mechanisms by blood circulation and nasal breathing aren't enough. Shoup-Knox et al. could demonstrate that the brain of a rat is 0,12°C warmer before yawning and the same amount lower after it (2010), which would be 25% of the circadian variance in brain temperature among humans. Even though there is ongoing evidence for this hypothesis (Corey, Shoup-Knox et al., 2012), there is no proof either that the temperature of the brain itself is cooler during this experiment, or that the blood flow in the brain is quickened by yawning.

- Thesis 4: Yawning occurs when boredom is rising.

Robert Provine could prove that boring texts facilitate yawning (1986).

- Thesis 5: Yawning helps with handling psychic tension/stress

There is anecdotal evidence that people dealing with tension caused by challenges, such as high performance athletes or parachutists, yawn more before coming into action. But also hosts of a dinner party use yawning. It helps them

to keep their level of arousal higher, when they get tired and can't go to bed because of their guests (Dumpert, 1921, Seuntjens, 2010).

- Thesis 6: Yawning is a kind of social communication: “I am hungry!”; “I want you to leave!”; “Your presentation should come to an end!”

Macaque alpha-males yawn after conflicts with other male animals, as if they want to communicate: “There is no reason to be preoccupied. All is fine” (Paulkner & Anderson, 2006).

- Thesis 7: Yawning is contagious to empathetic persons

As mentioned above, children start to be able to yawn and to be empathetic at the same age of 4. (Anderson & Meno, 2003). Findings in neuroimaging of contagious yawning support this thesis. In his analysis of the current studies in this field, Platek comes to the conclusion that, “each study shows activation in cortical association areas that have been indirectly linked to theory of mind and/or self-processing” (2010, p. 110).

- Thesis 7: Yawning harmonizes groups

An important issue is referred to by Karl von den Steinen (1855–1929). Following Eibl-Eibesfeld, von den Steinen described in a book published in 1892 the observed behavior of the Baikiri, a tribe in Central Brazil, “If they seemed to have had enough of all the talk, they began to yawn unabashedly and without placing their hands over their mouths. That the pleasant reflex was contagious could not be denied. One after the other got up and left until I remained with my dujour” (1975). This anecdote assumes that yawning helps to synchronize a group to strengthen the bonding in a group.

The latter thesis shows the social aspect of yawning, which contrasts with the first ones concerning the organic level. But giving an overview on all these theses, it seems that yawning creates balances:

- An inner organism balance of physical forces like pulls or trains and pressures, of metabolic regulation, e.g. of different neurotransmitters, temperature of the brain, sleep-wake transition or sleepiness.
- An inter organism balance of interpersonal tensions, different moods and impulses like it is known in Bioenergetic Analysis as attunement.

3. Study Including an Exercise on Yawning

In a Bioenergetic workshop for gay men in spring 2013, 8 participants were asked to answer some questions about their experience before, while and after a little exercise on yawning.

The exercise is an effective therapeutic intervention, because of its developing yawning reaction and therefore because of the benefit in wellbeing and body awareness within the clients. It starts with a body perception, which takes almost 5 minutes, while lying on a mattress following the questions below, asked by the therapist:

- How is your contact with and the *support* from the floor?
- How deep do you feel the *breathing* movement in your body?
- What kind of *other sensations* do you have inside your body?
- How do you perceive the *surroundings*?
- What kind of *thoughts* are passing through your mind?
- What kind of *mood or emotion* are you in at this moment?

Then, the clients are invited to explore what happens if they open the mouth widely and inhale deeply. If they start to yawn, they shall stay with that and wait for an ongoing yawning process. If not or if the yawning stops after the first movement, they can try to repeat the little exercise with the next impulse to breathe in: to open the mouth widely and inhale deeply.

The following questions can be asked by the therapist to guide the client's perception during the exercise:

- Which parts of the head are involved in the movement?
- Which parts of the neck and the shoulder girdle are involved?
- Which parts of the chest are involved?
- Which parts of the belly are involved?
- Which parts of the pelvis are involved? (This question wasn't asked during the study.)
- Do you feel effects of the movement elsewhere?

This part takes another 5 minutes. Afterwards, the clients can be asked the questions about their body perception from the beginning again.

Results

As mentioned above, the participants of the workshop run through the previous exercise. The participants answered the questions according to their experiences before and after the exercise by paper and pencil directly afterwards. The summarized and translated statements are listed in tab. 1).

Level	Before	After
<i>Body in general</i>	Lower and upper back are pressing steeply on the floor	Body rests in total on the floor
	Belly is up	Lot of activity in the belly
	Tensed	Very relaxed
	Heavy pelvis	Lighter in total
	Cold feet	
	Slightly relaxed	
	Pelvis, shoulders strong	Pelvis, shoulders more evenly, till to the hands perceptible, easy perceptible 1 arm, 1 leg
		Back, legs and heels are heavy, placed "deeply" on the mattress
	Heavy pelvis and head	Body feels evenly heavy, weight is distributed evenly
<i>Support</i>	1. Hips, 2. Shoulders, 3. Head	Body as a whole, feet and arms very heavy
	Head, Pelvis, No support: feet/thighs, lower leg, spine	Ribcage, thighs, weight of the whole body evenly on the floor
	Heavy head, light feet	
<i>Breathing</i>	Till the lungs/upper belly	Till the abdomen
	Column fill to the navel	Ribcage in total, apexes of the lungs fill to the pubic bone
	Only fill to the stomach	Deeper
	Lower back pain	Even relaxation, all evenly heavy, relaxed jaw
	Arm	Belly, shoulders – arms
		Floats till the thighs
<i>Other sensations</i>	Green	Blue
		More in one
		More than nothing
	Slightly separated areas	Balanced, complete, swinging hydraulically
<i>Emotions/mood</i>		Serene
	Neutral till grey	Welfare/green
	Welfare, warm	Alive, awake welfare
<i>Thoughts</i>		No spinning head
	Some thoughts	No thoughts
	In the here, with the exercise and in the following week	Totally with me
	Distracted	With my cold feet
	Effort, rising terrain	Why is yawning considered as a bad style?

Tab. 1: Summarized and Translated Statements of Bioenergetic Clients during the Yawning Exercise

During the process of yawning three participants described the following sensations:

- Opening of the sinuses, flow of nasal mucus
- Eyes are watered and nose is running
- Vibrating chest and belly

To make it clear: This little study doesn't claim to be an experiment following statistical standards. There is more missing than a control group. But it can give a first impression of the effect of yawning on a level of self-experience. In sense of the phenomenology of the perception of Merleau-Ponty (Herzog, 1992), these data are on a corporal (body) level and therefore important for developing an hypothesis.

Summarizing the data according the principles of quality content analysis (Mayring, 1993), it becomes clear, that the participants felt more relaxed, even in a weight perspective, which allows the conclusion *on a body level*, that yawning helps to get more grounded, i.e. to reduce the tonic function of the muscles. This is confirmed by the description of a deepened breath. This does not have to mean that there is a bigger oxygen supply now, but the stretching of the breathing muscles might make them function better, so breathing is balanced and needs less effort.

On an *emotional level* or level of mood, the men felt more (of a positive) welfare, in a more vivid sense, which could be a hint, that the distribution of tension and blood circulation is harmonized, probably in the whole body. This could be provoked by less difference of tension in the muscles and the fascia, where the receptors of muscle spindles and Golgy receptors are located – the interoceptive organ.

The descriptions of the *cognitive level* show a slowdown of the activity in the frontal cortex. This is the part where our conscious thinking takes place.

4. New Hypothesis on the Meaning of Yawning

Looking on the definitions of yawning, even the one of Collins and Eguibar (2010) seems to me that even some anatomical and physiological aspects are missing. The approach of phenomenology taught me to look very openly at people, things, and other issues in the world, trying to forget the knowledge and theories about the object. Eidetical reduction of its aspects helps later to find the essence (Wesensschau)(Lamnek, 1988).

Being more open with the perception of the yawning movement, it contains not only the movements which are listed by Collins and Eguibar (2010). In addition, the eyes get watered. But this doesn't happen during a strong closing of the eye alone, pressing the lids together, but during a single whole yawning movement. A running

nose might be a result of the same process; the watering of the mouth by the parotid gland during yawning is another issue. So yawning doesn't seem to be restricted on the neuromuscular system, but seems to have effects also on the gland system.

Since yawning is a phylogenetic induced process, we have to suppose that yawning has an important function. Checking the innervations of the involved muscles and glands, it gets clear that they are all enervated by the entity of nerves which don't come out of the vertebrae, but of the brain itself, particularly the brain stem. These so called cranial nerves are forming the upper parasympathetic branch of our autonomous nervous system (PSNS).

While the movement pattern of yawning seems to be the reaction of the firing of the upper parasympathetic pole, the vagus nerve as one of those nerves enervates the inner organs of digestion. Colling and Eguibar (2010) pointed out, that even the opening of the stomach cardia is part of the yawning process. The sensations of the participants self experience in the little study haven't been found in any of the definitions about yawning. But their descriptions on the body and emotional level could be affected by the enervation of the vagus.

In addition, it is assumed that the lower pole of the PNS is involved into yawning too. In a self experiment, the beginning of the yawning movement can be perceived as an upcoming tension in the lower lumbar spine. This fits also the observed penile erection during yawning by Phoenix & Chambers (1982). As follows, yawning as a sign of parasympathetic innervations would restart even the organs of excretion and reproduction.

In summary, the yawning must be a sign for a strong parasympathetic enervation (often called a paroxysm, see for example, Collin & Eguibar, 2010), after having been sympathetically enervated before being quiet for a while. If this sign is repeated frequently like in a cascade, it is telling: now it is time to take a rest, to digest, refill the batteries.

This hypothesis isn't herewith contrary to the view of Guggisberg, Mathis & Hess (2010) that yawning doesn't play a role in regulation of vigilance or autonomic tone, as mentioned above. Parasympathetic activation is by itself an activation and not a lack of activation, as can be seen in a full yawning, which activates almost the whole body. Of course it is to be proven, but it is also to hypothesis, that after a longer cascade of yawns, there might be found a difference in muscular tension or breathing volume.

Another aspect of yawning was started by professional singers. For them, the purpose of yawning is self-evident: Singers use the opening function of yawning to find more resonance in the sinuses of the head. Observing precisely, the tensing of the neck muscles in the back and of the laryngo-pharyngeal muscles in the front, during the yawning movement, seem to have a sucking effect on the cavity of the head. As

follows, the head gets more volume. In order to increase the volume of the head, the sutures of the skull must move. According to school medicine, this isn't possible, because the sutures are grown together and don't move at all after age one. But it seems that yawning has an opening effect even on these sutures, so Osteopaths and Rolfers® in contrast to school medical doctors work on these sutures and seem to be able to move them effectively.

Considering the breathing aspect of yawning, it seems that probably all muscles for the movement of breathing-in are included. Of these, the scalene muscles, the sternocleidomastoid, the pectoralis minor, the external intercostals are lifting the ribs. In turn, this lifting of the ribs opens the space between the vertebrae, which elongates the thoracic spine in the long run. The diaphragm and its posterior part, the crura, pursue the yawning movement further down to the belly and the lower abdomen, by pressing the visceral organs there to the front, which is sensible during yawning too, if one's awareness is focused on these parts too.

If stretching in a lolling or pandicular manner and yawning is going on together often at least in the morning, there could be a similar purpose in both. We loll our body to make our extremities longer, which means we stretch first of all our muscles and myofascial web. During history, mankind developed different systems to perfect this stretching as, for examples Yoga or Bioenergetic stretching exercises. If this lolling kind of stretching helps us to regulate our tension in the superficial layers of our body, why shouldn't yawning do the same on a deeper level?

As we experienced, yawning has an effect on the muscles of the head, the cervical region, and the ribcage. By the strong contractions of their muscles, even the organization of the inner organs is influenced during yawning: The opening of the head by raising the roof of the mouth and simultaneously stabilizing the neck, refers an elongation or widening of the content of the cervical region and the skull. The lifting of the ribs elongates the thoracic spine and its contents too. The main contents of the skull and the spine are the brain and the spinal cord, which are enveloped by the dura mater, their connective tissue, which is part of the fascial web or fascial organ. The dura mater is fixed on several points in the cavity of the skull and the spine, this is the falx cerebri in the roof of the skull; at our third eye and on the opposite on the back; the occiput and finally at the foramen magnum. In the spine the cord is fixed at C2 and S2. At the level of S4, the dura mater exits the spine and is fixed around the coccyx. Following this, we could assume that yawning gives a stretching impulse at least to the upper and the middle part of the dura mater in the skull and between C2 and S2, which is the part of the spine where the sympathetic nervous system (SNS) leaves the spinal cord. Even this elongation is little compared to the stretch of the dura during bending forward as in the Bioenergetic elephant (elongation of the dura 2 cm)

or bending backward as in the Bioenergetic bow (elongation of the dura 7,5 cm). It might have an Turgor effect on the spinal cord by its repeated and autonomic manner. The Turgor effect describes an osmotic fluid exchange supported by pressure or pulling. According to Jean-Pierre Barral and Alain Croibier, longitudinal stretches of the dura mater can have these effects on nerves and also in the spinal cord. This movement can get important when the nerves get under compression due to mechanical forces, venous swelling, and psychological stress (1999). So the movement of the cavity of the brain and spinal cord could have a direct effect on the nervous system to harmonize its conditions of function.

But if we can consider that the brain and the nervous system are slightly elongated mediated by the dura mater and the spine, we can consider that even the connective tissue of the ribcage and of the lungs, the heart and the rest of the cardiovascular system of the chest is stretched by the deep inhale during yawning. The same is to be considered for the peritoneum and the connective tissue of the organs in the belly by the contraction of the diaphragm and the crura. So it is assumed that the organization of the inner organs in total is influenced during yawning.

This connective tissue or the fascial “organ” of our body has the function to give form or structure to the body, storing water, and preventing damage from the body by external forces. It consists of collagen fibers, which lengthen by the forces from outside, but not by itself as muscles can do. That means fascia is shrinking constantly. One sign of this process is the observable shrinking in elderly people, another that we feel immobile and shorter in the morning (after – almost – not having moved during the night), and a third that we can’t move the whole range after being in shock or having to stay in bed over a longer period because of (for example) a disease. Moving ourselves helps us to get longer again. Lolling or stretching techniques help us to do this lengthening in a more precise and effective way. This would make it clear why we don’t yawn only before going to bed. Yawning then helps to prepare the body for sleeping in a more balanced kind of state that improves the quality of sleep. But in addition, yawning in the morning helps us to balance the shrinking impact on the fascia during the night. Consequently, *yawning would be a vegetative response to the systemic shrinking of the visceral fascia of the three cavities of the human body as the stretching movement of pandiculation is for the myofascia of the extremities.*

Collagen fibers are not only produced and thrown out of the cells into the extra cellular space. They are especially built up around muscles, which have become a more tonic than a moving function. We as bioenergetic therapists work especially with these “frozen” muscles. So we have to consider the fact that the characteristic tensions in our body, which form our personal character structure, are more formed and held in the fascial web than in the muscular system. This might be an argument,

that people who are conscious about their own character structure and have worked on the different levels of emotions, relationships, and muscles, might not be freed in total on a body level but still feel restricted in their body. Yawning as a fascia related movement might change the inner parts of the character structures, if its potential input is raised up regularly.

If yawning reduces or balances the tension in the dura mater, it could be assumed that it also has an effect on the brain activity, which seems to be confirmed by the changes of the different hormones by yawning. So it could be assumed that a change in the fascial web could have a direct (by the Turgor effect) and indirect influence (by the brain) on the metabolic system as well. Even the thermoregulation of the brain could be a result of the stretch of the dura. Following Amontons' law about the relationship of pressure and temperature in chemistry, substances under pressure get warmer or in contrary, if the pressure decreases, substances get colder.

Arriving at thermodynamics we start to get into the field of somatic related energy, a home match of Bioenergetic Analysis: Yawning takes pressure out of the system, so it functions in a more fluid, less blocked way.

The change of mood or even emotions could be understood as the result of the widening in all the three cavities.

Of course, this hypothesis has to be proven as well.

To sum up, if the yawning movement is a sign of a change in the autonomic enervation from sympathetic to parasympathetic, whose purpose is to restore the organism, the effect of yawning would be the balancing of the tensions in the three body cavities and therefore a better functioning of the different life related functions of organism metabolism, reproduction, and growth.

To take a new look at the contagious aspect of yawning with these hypotheses, the presumed social purpose of yawning would be improved: In a sympathetic attitude vertebrates are in an awake or even alert state and can fight or flight in a split second. Communication in this state is characterized by goal-oriented and a more cognitive focused view on an issue. The switching of the autonomic enervation by yawning to a parasympathetic one starts a more relaxed and restoring state of being. Communication then is characterized by empathy and by a space giving peripheral views on an issue within a similar swinging or – as Bioenergetic therapists would call it – attuned vibrating dyad or group.

If the basic function of yawning is to lengthen and widen the visceral structures in our cavities on a body level and to harmonize and attune interpersonal behavior on a social level, it makes sense that working with yawning during Bioenergetic sessions should be very effective. The last section compiles a catalog of its therapeutic implications.

5. Therapeutic Implications of Yawning

Implications for the Personal Level of the Client

Following the above considerations, yawning during a Bioenergetic session helps to *balance* the client on a

- physical (balance of tension in the muscular and fascial system),
- neuronal (change from the SNS to the PSNS)
- metabolic physiological (balancing the levels of hormones and neurotransmitters) or energetic
- emotional and
- cognitive level.

Hence spontaneous yawning during a Bioenergetic session appears as a sign of release according to the current theme, which is being worked on. Perceiving yawning helps the therapist to orchestrate the session – knowing better when to set a pause or to go on.

Because it is a *natural process* to evoke a phylogenetic program, a client can provoke and use yawning easily, without learning a new choreography as body exercises normally are.

This is not only important to clients who have intellectual deficiencies. At least at the beginning of Bioenergetic therapy, a lot of clients don't have a good relationship to their bodies and they are not good in coordinating movements. Hence, complex exercises lead them into feelings of incompetence, which disturb their way toward joyful and trustful Bioenergetic work.

The Bioenergetic approach with its wide range of exercises and the will to change something on the behavioral, emotional and body level of the client runs the risk of giving permission to acting out. This is particularly dangerous in the work with clients with a narcissistic theme or a *psychopathic* structure. In the work with those clients, the proposal of exercises is often inadequate or even contraindicated. Yawning works here as an expression of “doing nothing”, letting go, not controlling anymore. And it is normally not practiced by those clients! The lack of empathy which is sometimes found in those clients might let them yawn less. It can be assumed that provoking a yawn in the session can fill this deficit, as has been my experience in the work with those clients.

The work with yawning is very helpful too with clients who are *traumatized* strongly in their early childhood. They suffer from a strong sympathetic arousal, which is

covered and controlled by a parasympathetic freeze by a second arousal of the dorsal vagus nerve, the leader of the PNS in their body (Porges, 2003). This kind of a holistic tension, which includes all levels of the physical, metabolic physiological, emotional and cognitive can get a big relief by yawning. It helps here as a very effective stabilizer to find the way into the ventral vagal enervation again. As a genetic programmed pattern, this way is most easily accessible at any time. In a Bioenergetic session with traumatized clients, it can be used as a grounding exercise at the beginning of a session because of its effect of release and sensing weight, after which it is possible to work further on other themes.

The *inner stretch* function of yawning on the cavities has a deep impact on the whole system, although it is so simple. Following this connection and because of the effect on the *fascial net*, regularly reinforced yawning can change the character structure of the client – and of the therapist as well.

Implications for the Therapist-Client-Relationship

Because of its *empathetic* quality, the common yawning of client and therapist *attunes* them on a similar psycho physiological level, which is helpful to resonate and to understand each other on a body, an energetic and an emotional level, and in the long run probably even on a cognitive level.

Frequently done, this builds up a base of an egalitarian relationship, where the client can see the therapist's involuntarily impulses. Because the attunement does not only go one way, it is also a resource for the client to feel the therapists state of being, when she or he is in an PNS state, that is when she or he is relaxed and with less control. The yawning therapist is a good model for the client, to see how she or he can ground herself or himself, if there is too much tension.

Because of the *system* quality of a developed and bonded therapist-client-relationship, the yawning of the therapist can help the client to *regulate* his or her inner tension. This is well known in body therapies as HNC (human neuro cybrainetics) or in Rolfing® as Structural Integration. By repeated use, the client can learn to regulate her- or himself by yawning and in the long run by other tools.

Because of the empathetic quality of yawning, *impulses to yawn* in the therapist can be a sign of too much tension and of restrictions in the breathing pattern of the client, which can be worked on further.

Because of the *taboo* aspect of yawning, working with it and allowing it with at least Western, Arabian, Indian, or Japanese clients can be an opener to other themes around morality or prohibited actions like opening the voice, expressions

of fear, love/attachment, anger or to prohibited perceptions like weakness in the therapist.

The interpretation of the therapist's yawning by the client is a good source to work on the client's *transferences*. Does the client think that the therapist is bored, tired, or has suppressed anger, if she or he yawns?

The interpretation of yawning as a *counter transference* of being bored or getting tired as a defense mechanism of impulses of aggression have to be reflected very carefully according to the above explanations. Of course, these are possible inner psychological processes, but as found in other issues, the more simple solution, which the regulation function of yawning on a physiological level for systems in this case is, is usually the one which works.

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Creativity and Grounding in a Liquid World

Building and Maintaining a Social Clinic in São Paulo, Brazil

Léia M. Cardenuto

Abstracts

English

After more than 14 years dwelling with the challenges of a Social Clinic in Focused Bioenergetics we intend to share our experience with the bioenergetic therapists community. In all those years we have learned much about the difficulties of establishing a line of work suitable to use the bioenergetic approach with troubled people in troubled social environments, in particular those outside of our consumer society. We had to rely more on a progressive approach than on a regressive one in order to bring the analytical process to a successful outcome, consistent with the focused bioenergetics method we adopted. In this process we did not abandon our psychoanalytic-based approach, but humbly adapted our understanding to terms that could be agreed between therapists and clients, establishing what we call the symbolic universe sharing. We were very moved by the theme chosen for the present¹ conference, “The grounded body as a safe place in difficult times”, and felt we should attend. This is the first time a conference addressed exactly our difficulty. The new concepts that were developed during this process will be presented.

Key words: social clinic, liquid modernity, focused bioenergetics, visibility, consistency

¹ The IIBA conference held in Palermo, Sicily in May, 2014, where this paper was presented.

Kreativität und Grounding (German)

Nachdem wir uns über 14 Jahre lang mit den Herausforderungen der fokussierten bioenergetischen Behandlung in einer Sozialen Ambulanz gestellt haben, möchten wir unsere Erfahrungen mit unseren bioenergetischen KollegInnen teilen. In all den Jahren haben wir viel über die Schwierigkeiten gelernt, geeignete Arbeitskonzepte für die Anwendung des bioenergetischen Ansatzes bei psychisch belasteten Menschen in gestörten sozialen Umfeldern zu implementieren, vor allem für Menschen, die außerhalb unserer Konsumwelt leben. Wir mussten uns mehr auf eine progressive als auf eine regressive Herangehensweise stützen, um den analytischen Prozess zu einem erfolgreichen Ergebnis zu bringen, in Übereinstimmung mit der fokussierten bioenergetischen Methode, die wir uns zu eigen gemacht hatten. Bei diesem Prozess haben wir die psychoanalytisch fundierte Herangehensweise nicht aufgegeben, aber wir haben unser Verständnis bescheiden an Begriffe angepasst, auf die sich TherapeutInnen und PatientInnen einigen konnten, wodurch wir ein so genanntes gemeinsames symbolisches Universum etablierten. Das Thema, das für die Konferenz in Palermo gewählt wurde, berührte uns sehr: „Der geerdete Körper als sicherer Ort in schwierigen Zeiten“. Und wir hatten das Gefühl, wir sollten teilnehmen. Zum ersten Mal spricht eine Konferenz genau unsere Schwierigkeiten an. Es werden die neuen Konzepte, die wir in diesem Prozess entwickelt haben, vorgestellt.

Créativité et enracinement dans un monde fluctuant (French)

Après plus de 14 ans à faire face aux défis posés par une Clinique sociale dont l'axe principal d'intervention est l'analyse bioénergétique, nous souhaitons partager notre expérience avec la communauté des thérapeutes en analyse bioénergétique. Durant toutes ces années, nous avons beaucoup appris relativement aux difficultés que peut représenter l'instauration d'une modalité d'intervention appropriée en analyse bioénergétique auprès d'une clientèle perturbée vivant dans un environnement également perturbé, en marge de notre société de consommation. Il nous a fallu faire appel à une approche davantage progressive que régressive de manière à pouvoir mener à bien le processus analytique, en accord avec la méthode axée sur l'analyse bioénergétique que nous avons adoptée. Dans ce processus, nous n'avons pas abandonné notre approche fondée sur la psychanalyse, mais nous avons humblement adapté notre compréhension à des termes pouvant faire l'objet d'une entente commune entre les thérapeutes et les clients, instaurant par là même ce que nous appelons l'univers symbolique de partage. Nous avons été très touchés par le choix

du thème de ce congrès (*N. d. T. il s'agit du 22^e congrès de l'IIBA à Palerme, en juin 2013*), «Le corps enraciné, un lieu de sécurité dans des temps difficiles», et nous avons senti qu'il nous fallait y assister. C'était la première fois qu'un congrès prenait en compte le type de difficulté que nous rencontrons. Les nouveaux concepts qui ont été développés durant ce processus seront présentés ici.

Creatividad y Arraigo en un Mundo Líquido (Spanish)

Después de más de 14 años dándole vueltas a los desafíos en una Clínica Social en Bioenergética Enfocada, pretendemos compartir nuestra experiencia con la comunidad de terapeutas bioenergéticos. En todos estos años hemos aprendido mucho acerca de las dificultades para establecer una línea de trabajo conveniente que utilice el enfoque bioenergético con personas afligidas en ambientes sociales dificultosos, en particular aquellos fuera de nuestra sociedad de consumo. Hemos tenido que recurrir a una aproximación más progresiva que a una regresiva para lograr un resultado exitoso en el proceso analítico, consistente con el método de enfoque bioenergético que hemos adaptado. Durante este proceso no hemos abandonado nuestro enfoque psicoanalítico, sino que hemos adaptado humildemente nuestro entendimiento a las condiciones que se pueden acordar entre los terapeutas y clientes, estableciendo lo que llamamos el universo simbólico compartido. Nos conmovió el tema que se escogió para la Conferencia actual “El cuerpo arraigado como un sitio seguro en tiempos difíciles” y sentí que debíamos asistir. Esta es la primera vez que una conferencia abordaba exactamente nuestra dificultad. En este ensayo se presentan los nuevos conceptos que se desarrollaron durante este proceso.

Creatività e grounding in un mondo liquido (Italian)

Dopo più di 14 anni in cui ci siamo cimentati con le sfide di una Clinica Sociale ad orientamento bioenergetico desideriamo condividere la nostra esperienza con la comunità dei terapeuti bioenergetici. In tutti questi anni abbiamo imparato molto sulla difficoltà di stabilire una linea di lavoro adatto ad utilizzare il metodo bioenergetico con persone in difficoltà, appartenenti ad ambienti sociali difficili, in particolare quelli al di fuori della nostra società dei consumi. Abbiamo dovuto fare affidamento più su un approccio progressivo che su uno regressivo al fine di ottenere risultati positivi, coerenti con il metodo bioenergetico che abbiamo adottato. In questo processo noi non abbandoniamo il nostro approccio basato analiticamente,

ma con umiltà abbiamo adattato la nostra comprensione a termini che potessero essere di concordati tra terapeuti e pazienti, stabilendo ciò che chiamiamo condizione di un universo simbolico. Siamo rimasti molto commossi per il tema scelto per il presente convegno, “Il corpo radicato come luogo sicuro in tempi difficili”² e sentivamo di voler partecipare. Questa è la prima volta che una conferenza affronta esattamente le nostre difficoltà. Verranno presentati i nuovi concetti che sono stati sviluppati nel corso di questo processo.

Criatividade e Grounding em um Mundo liquido (Português)

Depois de mais de 14 anos lidando com os desafios de uma Clínica Social em Bioenergética gostaríamos de partilhar nossa experiência com a comunidade terapêutica bioenergética. Durante estes anos aprendemos bastante para criar uma maneira de trabalhar que pudesse trazer a bioenergética para a população mais afetada socialmente e mais necessitada, aqueles que se encontram à margem da sociedade de consumo. Tivemos que nos basear em uma abordagem mais progressiva do que regressiva, para conseguir um bom resultado, consistente com o método da bioenergética focada que adotamos. Neste processo, não abandonamos a base psicanalítica da nossa abordagem, mas adaptamos nossa compreensão a termos e conceitos que pudessem ser compreendidos tanto pelos clientes quanto pelos terapeutas, estabelecendo o que chamamos de universo simbólico compartilhado. Ficamos muito mobilizados pelo tema deste congresso³, “The grounded body as a safe place in difficult times”, e achamos que deveríamos comparecer com nosso trabalho. É a primeira vez que um congresso trata exatamente das nossas dificuldades. Os novos conceitos que desenvolvemos durante esses anos serão apresentados.

1. Introduction

During more than 14 years we developed a Social Clinic in Focused Bioenergetics, within the IABSP (Bioenergetic Analysis Institute of São Paulo). In all those years we have learned a lot about the difficulties of establishing a line of work able to adapt the bioenergetic approach to troubled people in troubled social environments, in particular those who live apart from our consumer society.

2 La conferenza dell'Ilba che si è tenuta a Palermo, in Sicilia, dove questo lavoro è stato presentato

3 Congresso do Ilba em Palermo, Sicilia, Maio, 2013, onde este trabalho foi apresentado.

We had to rely more on a progressive approach than on a regressive one in order to bring the analytical process to a successful outcome, consistent with the focused bioenergetics method we adopted. In this process we did not abandon our psychoanalytic-based approach, but humbly adapted our understanding to terms that could be agreed between therapist and client, establishing what we call the symbolic universe sharing.

In this paper we describe the concepts and exercises that were developed during this process. As bioenergetic therapists, we developed a way of understanding the human being as an individual who has certain basic needs that have to be met, for her/him to be able to completely express her/him self.

We will be talking about psychological and physical needs, always. Of course, some of those basic needs will be provided with more or less ease depending on the environment. We cannot say that those needs depend entirely on environmental or cultural matters, as for example the need to feel safe.

Sigmund Freud, in his late work called "Civilization and its discontents", locates the basic human conflict as being between his impulsive animal nature and the repressive rules of civilization. This can be described as the difficult choice between the protected life in community and the life in the wilderness, with no comfort or assurance, but without the conventions and boundaries of society.

The sociologist Zygmunt Bauman describes this process as a challenge that I summarize as "how to be grounded in a Liquid World". He states that we trade our feeling of liberty for the feeling of safety, but in that trade we lose our ability to deal with the new and the unexpected.

Bauman's Liquid World can be described as the place where jobs have no security; velocity dominates communications; relationships appear to be safer when virtual; and bonds get insubstantial. In this Liquid World old icons and ideals are replaced by consumer needs. Paradoxical dilemmas bring discontent: people fear solitude, but also fear relationships. Consumerism is accompanied by feelings of emptiness. Seek for rapidity leads to the consumption of anxiety taming drugs.

From the point of view of individual psychology, safety as a basic need has been much more studied after the works of Melanie Klein, Winnicott, and many psychoanalysts that continued Freud's work. On the other hand, over the last 100 years Social Psychology has been studying the way individuals react to the effects of political instabilities and wars.

Some countries live in a permanent state of insecurity, and war is not the only threat because there is misery and violence everywhere. This situation hits everybody; no matter if poor or rich, but the poor have fewer resources do deal with their problems. When we began our work at the Social Clinic, the main purpose was to look at these

people through the Bioenergetic Approach to help us do our job in helping them. The task was not easy and we came by many difficulties, but learned a lot too.

We were very moved by the theme chosen for the present conference “The grounded body as a safe place in difficult times” and felt that we should attend. This is the first time a conference addresses exactly our difficulty.

Zygmunt Bauman, who was mentioned above, may not be new to some of you. He is the sociologist who describes well the actual state of bonds. That is why he is so important for psychotherapists, because we deal all the time with bonds and their vicissitudes.

In order to achieve a perception of increased safety, urban communities started physically building high fences, or walls, around them enclosed in high-security condominiums, which apparently offered the sought after safety. Those walls, instead of protecting against fear, increased the lack of safety. The need to create a security perception comes from the feeling that “others”, different from “us” can harm us.

This is one of the basic strategies of global capitalism. Beyond social class discrimination, discrimination against immigrants, exiled from their own cultures in search for better opportunities, is now the major threat in large metropolitan areas. They are part of the “industry of the fear” that nurtures these differences, while offering security equipment and higher walls.

Bioenergetic therapists face those problems in several guises: frequent panic crises, professional insecurities, fear of relationships, and at the same time, fear of solitude. In our practices we deal with those situations as individual problems, but we know they have very clear social sources.

2. Threats to our Creativity

According to Wilhelm Reich, true satisfaction comes from the orgasmic surrender and from the balance between love, work, and knowledge, given that this work is a meaningful and freely chosen activity. From that alternating process between pleasure and work, our energy will flow, without blocks, in an ideal world.

Today, some nostalgic souls can see their old icons losing their strength. That creative energy, responsible for many social changes, is being traded for consuming desires, and at the same time, bonding and commitments traded for virtual relationships, apparently easier to achieve and sustain, in insubstantial nets of belonging, where nothing is asked and you can connect or disconnect with just a click.

Speed begins to be considered an important asset, but at the same time, a tiring effort, as Bauman points out. Promising to conduct us to constant movement and

free flow of energy, *Speed* pushes us to “run” after our desire, our relationships, with no permanence, showing that breaking up is easy, and thus bringing more anxiety to our life in the modern liquid world. Speed, changing, flow, can be virtues or vices.

Desires change and can become all consuming, resulting in: “to have” in order “to be”, to live to be able to consume, and people seen as products. This can generate more anxiety and anguish that have to be calmed down by consuming even more. The risk of being excluded from the world of consumption is perceived as a risk of ceasing to exist, which builds anxiety, and if you fear that, you will get more and more anxious and ill, increasing the toughness of the characterological armor.

Another way to look at this is to understand the problem of consumerism as a neurotic process, as being a form of exclusion that keeps people apart from the creativity process. Hector Fiorini, a psychoanalyst, author of several books about psychotherapy techniques, is a Professor at the University of Buenos Aires, Argentina, (his country), and gives supervision also in Spain and Brazil. His texts about creativity help the understanding of these matters. He attributes the excessively psychopathological approach of psychoanalysis to the lack of emphasis in the “healthy” psychic processes, which he calls “forces that manifest themselves as tendencies, like tendencies to health, to grow, to development, to change, to acquire new abilities or new identity elements, tendencies that may be individual or of a group” (Fiorini, “Estruturas e Abordagens em Psicoterapias” p. 9). For him, creativity may be viewed as the effect of a system of drives and psychic dynamics that push in the direction of the unconscious mind. He says that we could imagine a different psychic mechanism that would drive the creativity process, something distinct from the Freudian principles of Pleasure and Reality, that would be something intermediate, closer to what Winnicott describes as transitional space (Winnicott, “Playing and Reality”, 1972).

Social Sciences analyze insecurity from the perspective of being excluded from consumption, i. e., loss of material prowess, of job, generated by the “liquid modernity” where the worker is discardable and there is no security. The feeling of insecurity is enhanced by the fact that the modern citizen has “unlearned” to be creative, and the search for new solutions in troubled times depend on the ability to be creative. Fiorini cites Lowen, who, in his book “Pleasure”, emphasizes the hypothesis of the existence of basic dynamic processes, or unconscious, as always present in healthy persons.

Lowen believed that the pleasure of creating something was more important for the human being than passively consuming something created by others. He states that creativity is a natural human process; but that it can be blocked when vital flows are also blocked.

The “globalitarian world”⁴, is a threat to our creativity. The pleasure to create, or produce something, seems wan compared to the offer of renewed pleasures associated to the goods to be consumed. How do you compare writing a small text, a verse, accomplish a good therapy session with your client (or your therapist), cook a new dish, with buying a new smart phone, or a new multi-pixel camera, or computer. The pleasure of the acquisition may not be so complete but feels much safer than doing things by oneself. The paradigm of security is to be home, safe and protected, and making virtual contacts to anybody, anywhere, anytime. That is something computers and phones can promise and deliver, anywhere, guaranteed. Real contacts at body level are considered as potential threats to some people. They fear getting contaminated, losing their individuality, and, in the end, their precious freedom.

We should listen to the modern slogans very carefully. We can join them, but with restrictions. We must develop ourselves without losing our character, and some of the so-called “modern appeals” are fakes that hide old schemes of subjugation and imprisonment.

Another author that deals with the theme of Modernity is Italo Calvino, who wrote the “The Nonexistent Knight”, an excellent portrait of a rigid character, and also “The Cloven Viscount”, about ambiguity and character splits in schizoid and psychopathic personalities. In his last work, “Six Memos For The Millennium” he establishes some paradigms for contemporary literature that seem to fit well into psychotherapy. He sets premises built to resist the impoverishment of the language. He states, “only literature can build the antibodies against the expansion of the language plague” (Calvino, 1994). Those premises may serve us well and will be presented next.

3. Six Proposals for this Millennium

Calvino listed six virtues to guide not only literature, but also every human creative manifestation, which would act as antidotes against authoritarian globalization.

They are:

- Lightness
- Quickness
- Exactitude
- Visibility
- Multiplicity
- Consistency

4 “Globalitarian world” – term created by Milton Santos, Brazilian geographer, in his work “Território e Sociedade” (Territory and Society), 2000.

These premises were to be presented for the first time in a talk at Harvard University, but this talk was prevented by his untimely death. They constitute a set of ethical, more than aesthetical, propositions and so should be of interest to be employed in psychotherapy. Calvino's language, although literary, constitutes an interesting way to illustrate the ideology that founded our Social Clinic.

3.1 Lightness

Calvino's paradigm is the myth of Perseus and Medusa, whom Perseus killed by cutting off her head. In this version of the myth, Medusa had a woman's head on a dragon's body, with snakes for hair, and was feared since her gaze turned whoever looked at her into stone. Only a hero could defeat her, and Perseus, already famous for other feats, was aided by the Gaias. They lent him winged sandals, which could take him up to Medusa's height. From up there, his plan was to cut her throat with his sword, without looking at her, using the reflections on his polished shield to guide his blow. And he did so. As the legend goes, later he carried her head in a bag and used it as a weapon by showing it to his enemies. Perseus' lightness: without this feature, his winged sandals lifting his weight, Perseus would not be able to accomplish his feat. The myth of the petrifying gaze, that immobilizes and kills, is still alive in our unconscious.

Reich created the concept of body armor, our counterpart to the idea of turning into stone. Following this parallel with the myth, we can say that Freud, Reich, and Lowen, to fight against the stiffening of the society, proposed a lightness-based solution. Psychotherapy creates the possibility of changing the point of view, as if we had winged sandals to hover and look at what is dampening our spirit from another angle.

What follows is a case from one of our therapists.

The client was a doctor from a children's Intensive Care Unit, who developed a multiple sclerosis that prevented her from doing most activities, including her work. She lived with her parents, who both had mental problems and all were supported by her social security income. They were all compulsive collectors and the lack of space at the house was so intense that she could not even stretch on her bed to sleep. When she arrived for therapy she could not be touched, so intense were the pains in her body. The therapist was at a loss, but during a supervision session with Liane Zink she related how sad she was by the unkempt look of the patient, who was not even able to comb her long, straight black hair of Japanese progeny. The supervisor suggested to the therapist that she comb the patient's hair during the session. This elicited a deep intimacy between them, allowing for several confessions and catharses that led to

changes in both the patient and the therapist. This may be an example where a light approach succeeded in dealing with a heavy situation.

Lightness may not be enough to deal with all the complexities we find, and Calvino's second proposal may be useful for other purposes.

3.2 Quickness

Calvino tells us about short stories and jokes, and how they combine themes so diverse and intense, with such rhythm and flow that they seem to be enhanced by the spare use of words.

Concerning psychotherapy we can ask: how to deal with themes that are frequently very disturbing during the period of one session.

Reich believed in the logic of the function of the orgasm, where all living bodies should obey an energetic flow regulated by this function: excitation-charge-discharge-relaxation. The flow of a sexual intercourse, of a song, of a conference, or even of a therapy session is, to Reich, something that can be scientifically observed, like a mathematical function that evolves with time. Going back to the Greek myths, what type of time would that be, Kronos or Kairos? Would it be Time of the clock, with passing minutes and hours, which are inexorable and represented by Kronos, devourer of his own offspring; or Time for transformation represented by Kairos, who rules the change of seasons and the organic flows?

Liquid modernity takes away from us the time of Kairos while throwing us in the arms of Kronos, the ravenous god. It is hard to be precise and choose the correct timing for a decision. We always seem to be not perfectly ready. Questions we ponder are: When to consider a task finished, how to interrupt a defensive verbose speech, how to conclude a therapeutic process.

3.2.1 Addressing The Time-Limited Problem of Social Clinics at SAPS

We are a department of the IABSP. As in other bioenergetic institutes, we deal with training of bioenergetic therapists in Brazil. The majority of these students already has, or intends to have a private practice. In Brazil the social security does not provide psychotherapy at low cost for all people who need it. At the same time, several professionals finish their training and don't have clients to initiate their practice. To try to fill the gap between professionals and clients we started a Social Clinic at the IABSP, in a model that exists in various Institutes that offer graduate courses. They are called School Clinics, and their motivation, sometimes, is only to provide clients for the students to practice with.

To create the SAPS, Serviço de Atendimento Psicoterapêutico Social, (Social Psychotherapeutic Service) we based our work on the experience we had at other institutions. In all of them there were some difficult problems to solve. First, in some of these clinics, the client was not the priority; the training process of the students was the priority. This prioritization led to overlooking some aspects of the therapeutic process. For instance, serious problems can happen when the client is not ready to finish the therapy but the therapist finishes his/her training, and the patient is transferred to another therapist. An example of this situation happened in one of these institutions, where the patient was passed from one student to another as the groups graduated. There was a particular patient who had been in treatment for eight years, and was already an expert on the several possible diagnostics he had during this period. What shocked us was not his cleverness about his process, but the fact that, in all those years, he had not been able to improve his condition at all.

As a corollary of this problem, we had to deal with the time frame with limits. So we had to create a method with a time limit, that could help prevent the client staying in therapy for good, not only for his well being, but because he is not supposed to please the therapist in need of a client.

As we started to study the field, we noticed that there is a great amount of literature about brief therapeutic intervention, but our interest was captured by the idea of focused therapy, as proposed by Hector Fiorini, cited above. From his supervisions we understood that to work in a focus-based way requires being attentive to the social environment of our clients, their family, group and society.

In a Social Clinic we believe that we are bound to consider the therapeutic process from the point of view of the client. Also, we believe we should always be careful not to be confounded by the task of teaching psychotherapy to the students, and maintain very clear boundaries, settings and therapeutic agreements. These themes take us to the exactitude.

3.3 Exactitude

Calvino illustrates this theme with Maat, goddess of measure and justice, represented by a feather, which, even though lightweight, unbalances the scale toward the pan where it rests.

The concept of focus, basis of the focused bioenergetic therapy, aims to join both virtues of quickness and exactitude, which must work together so that the intensity of the intervention is not lost. Accuracy in tuning the focus, in the diagnosis, and,

finally, in the development of the treatment, are the keys to optimize the time of a psychotherapy (H. Fiorini).

3.3.1 Addressing Brief Therapy in the Social Clinic at SAPS

Of course some cases are not suitable for brief therapy. We try to sort those out in our assessment during the initial interview. For instance, when we spot a borderline personality or some other problem that will need much more attention than we can offer, we refer the case to other clinics. It is not always that one can evaluate a patient in one interview, and we have had some cases that needed a different approach, like seeing them more frequently and for more than one year, and we learned a lot with them.

We offer individual sessions to our clients, 50 to 60 minutes in duration, in weekly sessions, during one year. The choice of this period was arbitrary, but we wanted to span a whole period in the patient's life (a complete cycle of seasons, holidays, anniversaries, etc.), while keeping a time limit. We divide this period in 4 "moments": 1) focus and bonding; 2) building new grounding and experiencing; 3) accomplishing and maintaining new achievements; and 4) preparing client and therapist for the ending of the relationship and departing. Those moments will be described in more detail below.

There is also a fifth moment that we call "follow up", because we ask our clients to come back for interviews 3, 6 and 9 months after the therapy is finished to report about how they are doing.

As did Reich, who searched for the best intervention for each specific case, Lowen also looked for technical accuracy in each specific exercise. Developing characterological maps helps in understanding the dynamics of each particular situation, and in identifying the different character types. The search for accurate diagnosis makes use of theoretical and practical instruments, like body reading, energetic reading, and character analysis.

3.4 Visibility

Calvino makes use of many metaphors, and one of his favorites is that of the movies as places we can visit and at the same time be transformed. Movies are made in a way that makes us feel like both actors and spectators of our lives, and of others lives as well.

Before starting to work at a social clinic, we asked ourselves about our role in our client's lives. Our psychoanalytic background led us to believe that psychotherapeutic

processes are endless, and our need for this kind of self-knowledge, unlimited. We are not able to suppose that other people can do without it, and although they have small budgets, their other resources may not be poor.

We learned that to build a focus we must not only listen to the client's complaint, but also try to see him/her in his/her own context, and try to build a common understanding. We developed the concept of symbolic horizon sharing, based on the philosophical concept of "fusion of horizons" of Hans-Georg Gadamer, a 20th century philosopher.

3.4.1 Moment 1: Focus and Bonding Using Symbolic Horizon: Case Example from SAPS Clinic

Building a focus using symbolic horizon sharing can be illustrated by the following case: a therapist brought to supervision the problem she was having with a client, a young woman working as cashier at a parking lot. The client came to see her, referred by a male friend that had lent her Lowen's book, a translation of "The Physical Dynamics of Character Structure". She came to her first session with that book in hand, said she had read it and showed her annotations. Her complaint was to be able to have orgasms, the way Dr. Lowen said they should be.

The therapist heard her story and noticed that the patient was in a vulnerable situation. She worked at a parking garage where her boss abused her. They had intercourse in very inadequate places, as cars, staircases, etc. She lived in a small house with her son, a six-year old boy, and some neighbors that used to ask for her sexual favors. She told the therapist some stories that made the therapist wonder if the boy was also being abused, because the client had to leave him with those same neighbors to go to work.

The therapist was in a difficult situation because she could not accept the client's demand, to her it seemed totally disconnected. She presented the case in supervision, and we suggested that she ask her patient about the meaning of "orgasm" to her. When she explained, the therapist noticed that what she really missed was to be well treated, brought to a nice and clean place, where she could feel like a human being. That understanding brought the therapist much closer to the client, their symbolic horizons became much more attuned, and the process developed.

The process of Focused Bioenergetics is divided into four moments, with the duration of, more or less, three months each. The first moment is when therapist and client meet and try to build a focus for the therapeutic process. To do that we use our ability to build a common symbolic horizon, which is necessary to establish a focus.

The focus is built over the client's complaint and the mutual understanding of the client's problem, together with character and body reading, enhanced by the use of

the somagram technique⁵. This is the task of this first moment. As an example, in the case described above the client and therapist agreed that the focus should be on the possibility to build better ground for the client, so she could live in a less threatening situation. The therapy ended before one year, when the client moved to a smaller town where she had relatives to help her with her son.

3.4.2 Second, Third, and Fourth Moments

In the second moment we deal with the strengthening of a bond to allow for surpassing difficulties that can emerge: transferences, counter-transferences, collusions, etc. This process will take some sessions, even months, and this will be done with the help of psychoanalytic understanding, body consciousness and bioenergetic exercises.

During the third moment we try to help the patient consolidate new defenses, postures, and states of well being.

Then we move to the fourth moment when we deal with the farewell. Since the beginning the patient knows that the work will end in one year, but, although we hope it is not abrupt, we know that separations are always difficult and need time to be dealt with. Sometimes, many things happen in that phase that make it difficult to end the therapy in one year sharp, and we extend it some more. What we expect is that the patient perceives that he/she is already walking by him/herself, using all he/she has learned, and that usually reinforces the positive aspect of the separation. In cases of patients with borderline characteristics he/she might need more time with the same therapist or we might refer the patient to group therapy.

During the whole process a multi-professional team that involves supervisors, psychiatrists, group and family therapists, etc. supports the therapist. This directs us to Calvino's next proposal.

3.5 Multiplicity

Calvino proposes that the modern novel can be used as an encyclopedia, a method for achieving knowledge and mostly as a net of connections among facts, people, and experiences. He does not accept that to make the world orderly, to get rid of the apparent mess, we must lose the world's intrinsic complexity.

Ilya Prigogine, the 1977 Chemistry Nobel, says: "A Science that proceeds

5 Somagram: This technique that joins body consciousness and drawing is based in the work of Stanley Keleman, and integrated to our bioenergetic techniques. Zoca Freire, Lucia Magano, Karin de Marwal and Marina Pedroso have already presented it at international conferences.

analyzing everything in fragments, small portions, isolating objects cannot deal with complexity orders”.

3.5.1 A SAPS Case Example of a Complex Process

The patient was brought in by his father, who was also a Clinic patient. The son had just turned 18 years old and was under disciplinary measures, accused of being a pedophile because he had pictures of adolescents on his computer, and was linked to a pedophile net on the web.

It was not a case for a focused therapy in one year, but it was an example of the involvement of a lot of professionals, from SAPS and other institutions, that were able to deal with the case. His family situation was chaotic and he had several compulsive behaviors, such as Internet, food, drink, and a specific kind of social phobia. His insecurity increased when he was arrested and kept under custody for a week, and this was noticed in the media. After that he seldom left home. Each monthly contact with the judge made him worse. He started to cut himself in the arms and legs, and twice attempted suicide by taking rat poison. Once he tried to jump from a 10th floor balcony.

His parents divorced when he was 10 years old and were not able to agree about the way to educate him. Both parents, after divorcing, lived with their respective mothers, and admitted, during a family therapy session, that the mothers decided everything they did, including the marriage. They both agreed that their son had been neglected but they accused each other. Limits proposed by one of them were ignored by the other and the son manipulated the situation in order to avoid responsibilities. He lived with his mother and his grandmother, to whom he had been “given” when she had lost her son, the patient’s uncle, a victim of AIDS. After one year of individual and family therapies, the situation changed completely. His mother’s mother left the city and he went to live with his father’s mother. Both his parents live alone. He has more autonomy and responsibility at his new home with his father’s mother.

In several moments along the process we had to assemble the professionals that were involved, like the patient’s psychiatrist, his father’s therapist, and the family’s therapist, all of them from SAPS. Besides those, we also contacted the psychologist responsible for his disciplinary measures, in order to articulate our actions. He started to feel more secure, and brought his parents to his therapy when he felt the need. His weight had reached 132 kg, but managed to lose 15 kg and is preparing for a bariatric surgery. He still does not want to work with his body, but in the last two years he did not attempt suicide or cut himself, resumed his studies and finished high school. A complex case like this needed a network of professionals that, as a team, could provide the patient with the “tonic envelope” described by Guy Tonella (2011).

To the multiplicity of themes, we responded with a multiplicity of resources. But it is not always possible to find such an ample integration. Sometimes we have to rely only on the consistency of our work.

3.6 Consistency

This is the part in his work (consistency) that Calvino did not write. He died before he could finish the job. But such an admirable intent should not be left incomplete and we can humbly try to imagine what he intended with this proposal. Probably the origin of the vocabulary will help.

Consulting the dictionary we found that consistency responds to two possible understandings. *“As synonym of conformity in the application of something, which is necessary for the sake of logic, accuracy or fairness.* The other meaning has more to do to our Liquid World, because the dictionary defines consistency as *the way in which a substance, typically a liquid, holds together; thickness or viscosity.*” The origin of the term is the late 16th century, denoting permanence of form.

As a liquid trying to get some form we began, in 1998, as a small group at the IABSP discussing new bioenergetic approaches, and we were interested in social and political questions, concerned with our country’s problems. Guided by Wilhelm Reich’s principles of intervening on the social scene through our knowledge and drive to help, we started to organize the seeds of a Social Clinic.

To our knowledge, the first psychoanalytic social clinic was Vienna’s Psychoanalytic Policlinic (Roudinesco and Plon, 1997, p. 802). It was founded by Sigmund Freud in 1922, and was the place where W. Reich began his work as first assistant, and started to build his “Analysis of Character”, which is considered his main work. Here are the difficulties Reich had to face, in his own words (my translation), “The consultations schedule was always full of people. There were industry workers, office clerks, students and farm workers. As we became known around the community, the need for psychotherapy was so intense that we almost could not attend to them all. Each psychoanalyst had agreed to give one daily session for free. But that was not enough...Later on I convinced the analysts to give a monthly contribution in money. I wanted to employ one or two physicians, to justify our title of Clinic. At that time, we believed that the treatment required one session a day, for at least six months. One thing became suddenly clear: psychoanalysis is not fit to be applied to the masses. The idea of preventing neurosis was not yet a purpose, and nobody could say anything about it.” (Reich, *A Função do Orgasmo*, 1978, p. 72/73)

3.6.1 Consistency and the Current Status of SAPS

To be able to attend more people than our private practices would allow, we started, at IABSP, to build a network of therapists that were interested in giving therapy in a non-profit setting. As the work began, we understood that the client needed to pay for his therapeutic process. Not to pay the usual prices we charge at our private practice, but after some time with the help of some social workers, we were able to define a social fee table, based on the client's financial situation.

At the beginning we thought we would attend very poor people. In fact those poor never showed up. Probably because their needs of basic things were more urgent and even to come to our place could be a difficulty. In fact we attend people that thought about psychotherapy as something they would never be able to get.

The patients pay something between 5 to 20% of a regular session. Eighty percent of this goes to the therapist as his fee. The SAPS retains the rest (20%) to build a fund. With this percentage we were able to bring H. Fiorini to Brazil, but as he knew about the social nature of the project he charged much less than he is used to charging. Some Bioenergetic trainers coming to Brasil were asked to give us each one supervision session. They always gladly agree, and when they knew about the project, never asked for a fee.

We are now 40 therapists, 10 CBTs, 6 trainers and supervisors, and 24 students of the third and fourth years of the course (bioenergetic training in IABSP is a 4-year process). Each therapist belongs to a small group of supervision, with 3 to 7 colleagues. Those groups are conducted by some of our supervisors, and each therapist can see up to 4 patients, beginning with one, for one year. After this first period he/she can apply for more patients. The supervisors do not charge any fees, and are rewarded just by being part of the program. We meet every month for case discussion and seminars, and those reunions are the opportunity to have all the members together and to discuss institutional themes that cannot be worked out at the small groups.

To be part of the social clinic is voluntary, but it became a beautiful way of teaching bioenergetics to our students. More than that, it gives them the sense of being part of something bigger, of being able to use their abilities to help others, which is very rewarding. As all the supervisors are trained in supervision and are also trainers at our Bioenergetic institute, the hours the students are supervised at the SAPS count for their CBT (certification as Bioenergetic Therapists) process.

These days the majority of our students are members of SAPS. Our methods and protocols are not new, but the way our work was organized was able to attract the students and give them a sense of belonging. That is why we consider creativity as the propeller of our jobs. The Social Clinic is a place where our students are trained in the

psychotherapeutic process. But we have other activities also, related to outreach, like, for instance, assisting students in low-income public schools in the area. For our institution, consistency is what is needed to ensure that these processes will not be abandoned as soon as our students feel secure about their professional skills. Therapists come and go, some stay, but the Institute remains, and so remains SAPS. As examples of continuity, we can cite the project's work with groups of adolescents at a nearby public school, which have been going on for almost five years and the four-year experience with exercise classes being given to the clients of a public mental health day-hospital. Some of these patients were also followed with somagrams to estimate their changes and development.

Consistency also takes us to sustainability, related directly to grounding, which is one of our main concepts in bioenergetics. Our grounding at SAPS is felt as our desire to be part of processes where we can be socially useful.

In all these cases, a geographer that was cited above, Milton Santos explains what moved us to continue this social work. He says: "To oppose the belief that we are small and can do so little, compared to the enormous task the globalitarian world proposes, there is the certainty that we CAN produce the ideas that allow the world to be changed."

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Integrating Regulation Therapy and Bioenergetic Analysis

Vincentia Schroeter

Abstracts

English

Attachment theorists have recently become more interested in how bodily-based processes and interventions can contribute to their interest in the emotional regulation of arousal levels. A review of current concepts and techniques in integrative regulation therapy, including their value for Bioenergetics, will be examined. The literature of recent writings on attachment within Bioenergetics will be provided, along with a clinical vignette utilizing both approaches. The paper proposes that the Bioenergetic community answer the call to promote a somatic-energetic approach to the larger psychotherapeutic world.

Key words: integrative Regulation Therapy, arousal maps, somatic-energetic approach, insecure attachment

Regulationstherapie und Bioenergetik (German)

In letzter Zeit interessieren sich Bindungsspezialisten zunehmend dafür, in welcher Weise körperlich verankerte Prozesse und Interventionen an der emotionalen Regulation des Erregungsniveaus beteiligt sein können. Es wird hier ein Überblick über aktuelle Konzepte und Techniken der integrativen Regulationstherapie gegeben und deren Wert für die Bioenergetische Analyse untersucht. Der Artikel gibt einen Überblick über die neuere bioenergetische Literatur mit Bezug zur Bindungsthematik.

tik und verbindet in einer klinischen Fallvignette beide Ansätze miteinander. Diese Arbeit spricht sich dafür aus, dass die Bioenergetiker/innen ihre körperlich-energetische Sichtweise der psychotherapeutischen Weltgemeinschaft zur Verfügung stellen und damit deren Interesse an körperbasierten Prozessen beantworten.

Thérapie de régulation et analyse bioénergétique (French)

Les théoriciens de l'attachement se sont intéressés récemment à la manière dont les processus et les interventions de type corporel pouvaient alimenter leur réflexion en ce qui a trait à la régulation émotionnelle des niveaux d'excitation. Nous passerons ici en revue les concepts et les techniques ayant présentement cours dans le domaine de la thérapie de régulation intégrative, et nous examinerons également leur valeur en regard de l'analyse bioénergétique. Nous présenterons également des références à des écrits récents en analyse bioénergétique portant sur le thème de l'attachement, de même qu'une vignette clinique dans laquelle les deux approches ont été utilisées. L'article suggère enfin que la communauté d'analyse bioénergétique devrait répondre à l'invitation de promouvoir l'approche somatique-énergétique auprès de l'univers plus large de la psychothérapie.

La Terapia de Regulación y Bioenergética (Spanish)

Los teóricos del tema del apego se encuentran recientemente más interesados en cómo los procesos corporales y las intervenciones pueden contribuir al interés en la regulación emocional de los niveles de excitación. Se examinan los conceptos actuales y técnicas en terapia de regulación integrativa, incluyendo el valor que aporta en la bioenergética. Se proporciona la literatura de los últimos escritos sobre el tema del apego en la bioenergética, junto con una viñeta clínica en la que se ponen en práctica ambos enfoques. El documento propone que la comunidad bioenergética acuda a la llamada que promueve un enfoque somático-energético en un mundo psicoterapéutico más global.

Terapia della regolazione affettiva e Bioenergetica (Italian)

I teorici dell'attaccamento, di recente, si sono maggiormente interessati a come i processi e gli interventi corporei possono fornire un contributo al loro interesse per la re-

golazione emotiva dei livelli di arousal. Sarà presa in esame una revisione dei concetti attuali e delle tecniche nella terapia di regolazione integrativa, tra cui il loro valore per la Bioenergetica. Sarà fornita una panoramica degli ultimi scritti bioenergetici sull'attaccamento, insieme a una vignetta clinica che utilizza entrambi gli approcci. Il saggio propone che la comunità bioenergetica risponda alla chiamata per proporre un approccio corporeo-energetico al più vasto mondo della psicoterapia.

Terapia da regulação e bioenergética (Portuguese)

Os teóricos do Apego recentemente tem se interessado cada vez mais em conhecer como processos e intervenções baseados no corpo podem contribuir para seu interesse na regulação emocional dos níveis de ativação. Uma revisão dos conceitos atuais e técnicas da terapia integrativa da regulação, inclusive seu valor para a Bioenergética, será examinada. Será fornecida uma literatura dos recentes escritos sobre Apego, dentro da Bioenergética, bem como uma vinheta clínica utilizando ambas abordagens. O artigo propõe que a comunidade Bioenergética responda ao chamado para produzir uma abordagem somática-energética destinada ao mundo mais amplo da psicoterapia.

Introduction

I am interested in the interface of Bioenergetics and the latest advances in attachment theory and I recently completed a ten-month NCAR (Newton Center for Affect Regulation)¹ training on integrating affect regulation theory into psychotherapy. Regulation therapy² (referred to in the rest of this paper as RT) is not a school of therapy but the current state of the evolution in the past decade of attachment theory. Allan Schore states,

- 1 Ruth Newton, PhD, is a clinical psychologist in San Diego specializing in attachment and affect regulation theories in interventions from birth through adulthood. She has been a member of Allan Schore's study group for affective neurobiology since 2004, is the author of *The Attachment Connection* (a book for parents on raising secure children) and organized and supervises an extensive treatment program using dyadic therapy for homeless parents and children at St Vincent de Paul Village. Dr. Newton is the originator and developer of *Integrative Regulation Therapy*, a brain-based focus on emotional security, which is the topic of her new book, *Scaffolding the Brain: A Neurobiological Approach to Assessment and Intervention*.
- 2 After my training with NCAR, Dr. Newton changed the name from Regulation Therapy (Schore's term) to integrative Regulation Therapy, in order to emphasize her contributions including the integration of right and left brain in regulation.

“The current interest in effective bodily-based processes, interactive regulation, early experience-dependent brain maturation, stress, and non-conscious relational transactions has shifted attachment theory to a regulation theory.” (Schoe 2008)

This paper will examine theory and concepts from RT to investigate their possible value to Bioenergetic Analysis, (referred to in the rest of this paper as BA) and explore where Bioenergetics may inform RT especially in the area of the “current interest in effective bodily-based processes”, referred to by Schoe above.

Methods and Materials:

1. Literature review of BA writers on attachment
2. Regulation Therapy: concepts and clinical value of RT for BA
3. Bioenergetic Analysis: relevant concepts and clinical value of BA for RT
4. Clinical vignettes using language of both RT and BA

I. Literature Review

A. Introduction: Reich, Lowen and Bowlby

Wilhelm Reich was a psychoanalyst in the 1930's to 1957, whereas Alexander Lowen and John Bowlby were contemporaries, who developed their theories in the next generation, from late 1950's through the 1980's. Reich was part of Freud's inner circle in Vienna. Although interested in affect, Freud disagreed when Wilhelm Reich wanted to move his patients into affective expressive work as a way to work through their neurosis. In a book that was mandatory in psychoanalytic circles years ago called *Character Analysis*, Reich created various personality types or character structures that could be observed in the carriage and motility of the body (1933).

Reich was interested in helping adult patients achieve their fullest potential as “genital characters.” Reich admitted that in his day, in relation to the emotional development of the infant, “we know very little about it.”(Cinotti, p. 94), so his eye was trained on adult function with undeveloped knowledge of infant mental health.

Alexander Lowen expanded Reich's character types in *The Language of the Body* (1971). These categories showed how neurotic styles looked in the overall movement and structure of the body; how the energy economy both maintained a homeostasis and employed defenses; and how each type was based on a different sort of disturbance in early nurturance. Both Reich and Lowen operated from a drive conflict model. The

theory is that working through the conflict on a body level will free you to pursue your dreams and find more joy. This is different from Bowlby, who is working from a relational model. Bowlby turned his eye to the development of infant-mother bonding. Ainsworth saw what deficits looked like in her secure versus insecure organizations of infants. So attachment was based on a relational and deficit model.

This paper will assume a basic understanding of the work of John Bowlby, who founded attachment theory with the discovery that an infant is born with the instinctual capacity to behave in ways that attract a bond to a primary caretaker. Bowlby found that when the instinctual need to maintain proximity to the attachment figure is threatened, separations from mothers cause major emotional stress and a predictable pattern of response. The pattern is for the infant to seek mother by expressing *protest* and if she doesn't respond then go into *panic*, then to *depression* and finally to *despair*. Spending too much time experiencing these negative affects creates defensive maneuvers to lower the pain threshold. Lowering the pain comes at the cost of narrowing the range of expressiveness or aliveness. These negative or "dysregulated" states, when not soothed by self or other may result in some form of psychopathology. Bowlby coined the term, "internal working model" to characterize the primary relationship pattern from childhood that becomes the individual's template or model for how relationships work in the future (Bowlby 1969–1982).

B. Bioenergetic Writers on Attachment

Most writers I'm familiar with write in English or have English translations. Most are second and third generation BA practitioners.

The recently deceased couple, David Campbell and June McDonough were the pioneering parents of Attachment Theory within the Bioenergetic community, creating rich Bioenergetic techniques to explore infant attachment issues.

Robert Hilton wrote a book and coined the term "relational somatic psychotherapy" to present his extensive body of work promoting an intersubjective approach, integrating people like Winnicott and distancing himself from the sometimes one person model of Reich and Lowen. Hilton emphasizes that we "offer the patient breakdown and repair and understand through the body our relational method, making Bioenergetics a real somatic-relational process." (p. 93) This comment incorporates how modern BA stays with the person of the client through breakdown of defenses and repair of early wounds, while staying in the relationship.

Guy Tonella traces our development over the years from conflict, to deficit, to an attachment model. In 2008 Tonella reformulated these paradigms in BA. He ties in

Reich and Lowen's original character types with attachment styles. He sees schizoid character type as avoidant attachment and oral character type as preoccupied attachment. However, I feel there is room for discussion as these two systems learn to interact and continue to develop further.

Bob Lewis (2012) makes a succinct statement of Allan Shore's main theory, "(As a) delineation of the right brain to right brain, infant-caretaker dialogue, which lays down neural circuitry of affect regulation. The child's attachment experience, Schore proposed, has been hard wired into his right limbic system as model of relationships to come" (p. 117). In summary Lewis states, "Neurobiology helps by affirming the brain changing power of the right-right brain attuned dialogue that is at the basis of our Bioenergetic work." He referred to Siegel discussing aspects of the brain that become the "resonance circuitry." In a paper titled, "The psychosomatic basis of premature ego development", Bob Lewis (1981) coined the term, "cephalic shock" to refer to the infant's need to pull up and away with it's head in response to the preverbal trauma of having a mis-attuned borderline mother. This follows Winnicott's concept of the false self but refers specifically to the bodily basis of the mind/body split at the base of the skull.³ Pye Bowden, while on a panel at the 2013 IIBA conference in Sicily, said that we (BA therapists) "Live in the limbic", meaning we focus on this right to right brain emotional connection between us and our clients.

Much of Margit Koemeda's (2012) paper is on what we have learned from neuroscience. Two points related to attachment are the following. She reports on Bauer's research, which shows that interpersonal relationships influence somatic processes-reaching as deep as the regulation of gene activity-in prenatal, infancy, and less so in adults (p. 63). The second point is that attuned early positive bonding protects stress genes from over-activity in later life. Similar resources as parental bonding and love may influence our patients epigenetic functioning in a way that they become less vulnerable to stress and increase resilience in coping with life.

In Helen Resneck's (2012) paper on neuroscience, attachment and love, she states that, "... the neuroscience literature is complete with findings regarding attunement, down-regulating and emotional regulation (with) face to face and eye contact; but there is little mention of holding and touch ... emphasis is placed on mind to mind interactions and little importance is given to what happens below the head"(p. 13)

Christa Ventling (2001) edited a book, *Childhood Psychotherapy, a Bioenergetic Approach*, which includes clinical work with infants and children that involve holding and touch.

3 All Robert Lewis's papers, many of which follow cephalic shock and developments in attachment theory and neuroscience are available free for download on his website: www.bodymind-central.com

I want to pick up on this point that neuroscience ignores holding and touch or what goes on below the head. Even though RT pays attention to the presentation of the body, particularly eye contact and voice prosody, they have no hands on techniques. RT considers therapy a “re-entrainment of earlier poor entrainment” (Newton 2013). Neuroscience brought us the brain, its operation getting clearer with each new animal or human research project, but BA brings the relational-somatic-energetic-muscular system that can also be an essential element of re-entrainment. The current thinking is that “any therapy not including the neuroscience of the bodyworld is weakened” (Newton 2013). I propose that any therapy not cognizant of the somatic reality of these neuroscientific findings, including ways to work on an energetic-somatic plane with the client, is weakened. It may be time for BA to shout, “Hey, look at this part of the elephant”. What part of the elephant? The body and the brain! We look at the body, as seen in the muscular holding patterns that result from early emotional wounds and become manifest in the personality. We incorporate addressing these holding patterns through direct work with the body within a relational matrix. We also look at the brain in BA. One aspect of neuroscience, for example, is to measure and view stress responses as they appear in fMRI’s. There are studies showing that Bioenergetic exercises lower cortisol levels, as measured in the brain. BA has also traditionally focused on the right to right brain connection between the therapist and client as well as expanding the right (limbic) emotional capacities of the client.

II. What RT Offers BA – Concepts and Clinical Value

My goal is to introduce some of the mechanisms of RT and then compare those to BA. It is beyond the scope of this paper to elaborate in detail on all concepts and treatment interventions of the RT model. Indeed, RT has developed careful and extensive techniques for infant-parent dyads, for children and parents, for adult couples, and for therapist and adult client. Here is a definition of RT from Ruth Newton:

“Regulation Therapy is not a therapy model per se but is instead a neurobiological, evidence-informed scaffolding for assessment and intervention that incorporates brain anatomy and the robust neuroscience that supports the primary role of the right hemisphere in emotional regulation.” (p. 4)

The main focus in RT is to assess the attachment experience of the client. In learning these seven areas while training at NCAR (Newton, 2013), I came up with an acronym, ALAS-DID, meaning, “*Alas, I did* become my truest self.” The goal of RT

is to help the client find and develop their most authentic self. I will use a short description of these seven areas of assessment to provide the reader an overview of RT, both theoretically and in terms of treatment. In discussing each one, I will fill in supportive material from other sources.

1. *Attachment based on narrative and history.*
2. *Left hemisphere understanding related to mirroring.*
3. *Arousal organization in ANS (autonomic nervous system).*
4. *Soothing dysregulated states-how the client does this.*
5. *Developmental tasks that are incomplete and ensuing defenses.*
6. *Instincts resonate as a sign the client feels their embodied truth.*
7. *Desires or hopes based on what the client loves or finds intensely interesting.*

1. Attachment

Attachment is an evolutionary driven biological system designed to protect the infant (animal or human) from predation (Bowlby, 1969/1982). Infants need to be supported in the natural flow between moving toward the primary attachment figure when they need protection, soothing or nurturance and moving away to explore what excites them in the world. This rhythmic developmental movement between connection and exploration etches a template in the brain for how to be in the world with another person. Based on the quality of parental response to this natural movement, neural networks are laid down that become unconscious attachment/entrainment patterns that predict later behavior.

Most clinicians are familiar with the work of Mary Ainsworth, who defined the secure and insecure attachment models from her research (Ainsworth 1991). I find it useful to view charts that illustrate the model of secure and insecure attachment. I offer three figures. The “circle of security”(FIG 1), was designed to help parents visualize dynamics and become more attuned to their toddlers. Their second “limited circle of security”(FIG 2), includes miscuing and defensive postures. This can be compared to the Hilton diagram in BA, which shows how blocks in optimal response from the environment create specific defensive structures. (in Sieck, 2007, p. 52).

From her observations of observing infants and primary caretakers in the “strange situation”, Ainsworth was able to develop a code for various “organized patterns of attachment”(secure, insecure-avoidant, insecure ambivalent/resistant). A “disorganized pattern” was added later by Mary Main (1990). Disorganized attachment is thought to represent the untenable position of a stressed infant seeking soothing, while being terrified of the caregiver. Figure 4 shows the descriptions of the infant and then

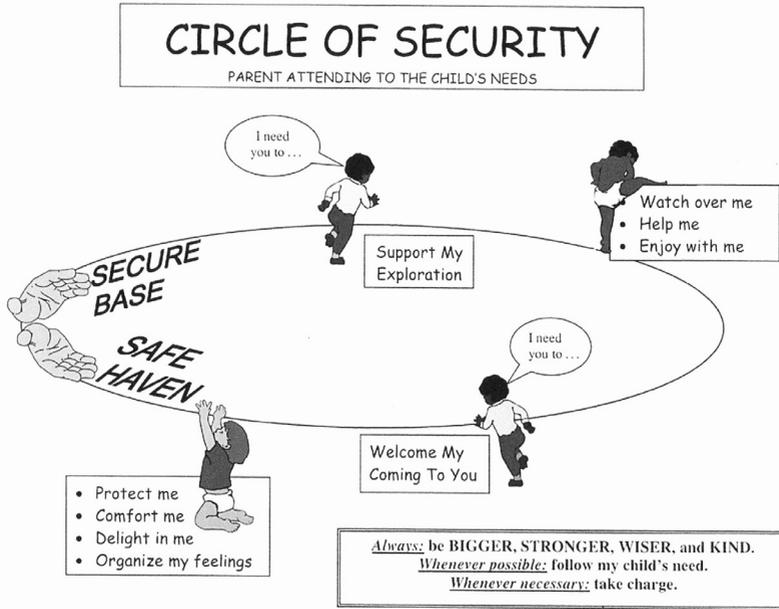


Figure 1. Circle of Security (©Cooper, Hoffman, Marvin, & Powell, 2000)

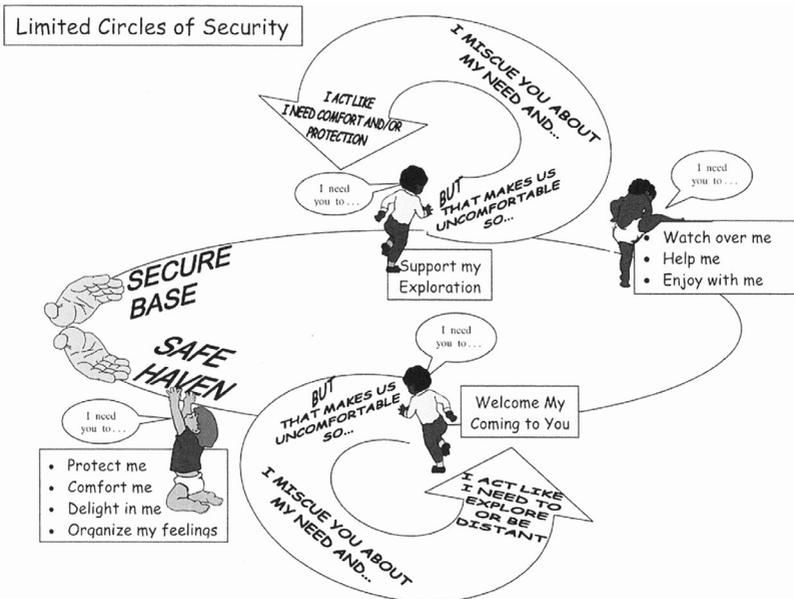
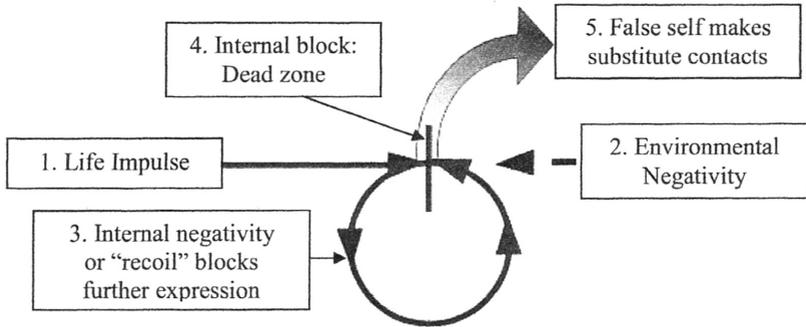


Figure 2. Limited Circles of Security (© Cooper, Hoffman, Marvin, & Powell, 1999)



The diagram shows how the original impulse in the person (1) is frustrated (2) and the energy of that impulse doubles back on itself (3) to stop further reaching. It is like touching a hot stove and recoiling back. The result is a deadness, apathy and inflexibility (4); an estrangement from the world that is compensated for by what Reich called substitute contact and what Winnicott would later call the false self (5).

Figure 3. Hilton Diagram

extrapolates to adult attachment. Adult patterns emerge mostly from client report of the Adult Attachment Interview (AAI) (Hesse, 1999).

The BA therapist may wish to view attachment patterns and compare with BA character types. Although Guy Tonella makes a case for Pre-occupied matching Oral character type and Dismissive matching Schizoid (Tonella, 2008), I feel there are more detailed nuances in the six BA character types that are not accounted for by the simpler three insecure types. Each character type can be seen in relation to a childhood dynamic that creates a belief system shown in number 5 in the Hilton diagram, what he calls here, “false self makes substitute contacts.” I will make an attempt at hypothesizing some formulations based on the limited circle of security (see figure 2). In some ways all character types have issues with both the top (encouraged exploration) and the bottom (welcomed nurturance). But generally it may be useful to view some character issues in relation to exploration versus nurturance. The top of the circle is the secure base that encourages exploration. Both the Masochist and the Borderline were discouraged from exploring so they would be longing to have there exploring supported. They would make “false connections” by miscuing by seeking contact, as in figure 2. The other character types had a conflict with being nurtured in an appropriate way. The Schizoid was rejected, the Oral did not get enough nurturing, the Narcissist was not welcomed when vulnerable and the Rigid’s innocent love was exploited. They would make “false connections” by miscuing and acting more distant or independent. These are just beginning ideas of mine

Adult state of mind with respect to attachment	Infant strange situation behavior
<p>Secure/autonomous (F) Coherent, collaborative discourse. Valuing of attachment, but seems objective regarding any particular event/relationship. Description and evaluation of attachment-related experiences is consistent, whether experiences are favorable or unfavorable. Discourse does not notably violate any of Grice's maxims.</p>	<p>Secure (B) Explores room and toy with interests in pre-separation episodes. Shows signs of missing parent during separation, often crying by the second separation. Obvious preference for parent over stranger. Greets parent actively, usually initiating physical contact. Usually some contact maintaining by second reunion, but then settles and returns to play.</p>
<p>Dismissing (Ds) Not coherent. Dismissing of attachment-related experiences and relationships. Normalizing ("excellent, very normal mother"), with generalized representations of history unsupported or actively contradicted by episodes recounted, thus violating Grice's maxim of quality. Transcripts also tend to be excessively brief, violating the maxim of quantity.</p>	<p>Avoidant (A) Fails to cry on separation from parent. Actively avoids and ignores parent on reunion (i.e., by moving away, turning away, or leaning out of arms when picked up). Little or no proximity or contact-seeking, no distress, and no anger. Response to parent appears unemotional. Focuses on toys or environment throughout procedure.</p>
<p>Preoccupied (E) Not coherent. Preoccupied with or by past attachment relationships/experiences, speaker appears angry, passive, or fearful. Sentences often long, grammatically entangled, or filled with vague usages ("dadadada," "and that"), thus violating Grice's maxims of manner and relevance. Transcripts often excessively long, violating the maxim of quantity.</p>	<p>Resistant or ambivalent (C) May be wary or distressed even prior to separation, with little exploration. Preoccupied with parent throughout procedure; may seem angry or passive. Fails to settle and take comfort in parent on reunion, and usually continues to focus on parent and cry. Fails to return to exploration after reunion.</p>
<p>Unresolved/disorganized (U) During discussions of loss or abuse, individual shows striking lapse in the monitoring of reasoning or discourse. For example, individual may briefly indicate a belief that a dead person is still alive in the physical sense, or that this person was killed by a childhood thought. Individual may lapse into prolonged silence or eulogistic speech. The speaker will ordinarily otherwise fit Ds, E, or F categories.</p>	<p>Disorganized/disoriented (D) The infant displays disorganized and/or disoriented behaviors in the parent's presence, suggesting a temporary collapse of behavioral strategy. For example, the infant may freeze with a trance-like expression, hands in air; may rise at parent's entrance, then fall prone and huddled on the floor; or may cling while crying hard and leaning away with gaze averted. Infant will ordinarily otherwise fit A, B, or C categories.</p>
<p>Summarized from Main, Kaplan, & Cassidy (1985) and from Main & Goldwyn (1984, 1998). Descriptions of infant A, B, and C categories are summarized from Ainsworth, Blehar, Water, & Wall (1978), and the description of the infant D category is summarized from Main & Solomon (1990). From Hesse (1999). Copyright 1999 by The Guilford Press.</p>	

Figure 4. Infants in Strange Situation and Adult Attachment Styles

to explore this connection. I realize that this does not fit the dynamics of all people, and I welcome a discussion on this topic in BA circles. It is beyond the scope of this paper to further explore these similarities and differences, but as we continue to research and delve into detail about how the body and brain respond to nuances of attachment, we will possibly make progress on these connections in theory. The next figure shows percentages of patterns of attachment according to geographic areas. Since we have an international IIBA community, I thought it would be interesting to include this graph (FIG 5). Notice that Israel and Japan have the highest percentage of secure and lowest percentage of preoccupied responses. It would be an interesting discussion to examine these patterns in relation to culture.

Attachment Categories in Adulthood N = 10,550			
<i>North American Nonclinical Mothers</i>			
Dismissive 16%	Secure 56%	Preoccupied 9%	Unresolved 18%
<i>European Nonclinical Populations</i>			
Dismissive 25%	Secure 52%	Preoccupied 11%	Unresolved 12%
<i>Israel/Japan Nonclinical Populations</i>			
Dismissive 18%	Secure 66%	Preoccupied 4%	Unresolved 12%
<i>Non-English Speaking Nonclinical Pop. (Dutch, Swedish, German, Italian)</i>			
Dismissive 20%	Secure 58%	Preoccupied 9%	Unresolved 13%

Figure 5. Patterns of attachment according to geographic areas (Bakermans-Kranenburg & van Ijzendoorn, 2009)

2. Left Hemisphere

The RT therapist examines the nature of the client’s verbal (left hemisphere) conceptual understanding of his/herself that relates to mirroring or lack of mirroring in early childhood. The left hemisphere is conceptual, linear, logical, and verbally conscious. It abstracts from the context and builds a concept for what is occurring in reality. So it “prefers what it knows” and compares to generate a single solution with “a tendency...to deny discrepancies that do not fit its already generated scheme of things” (McGilchrist, 2009,

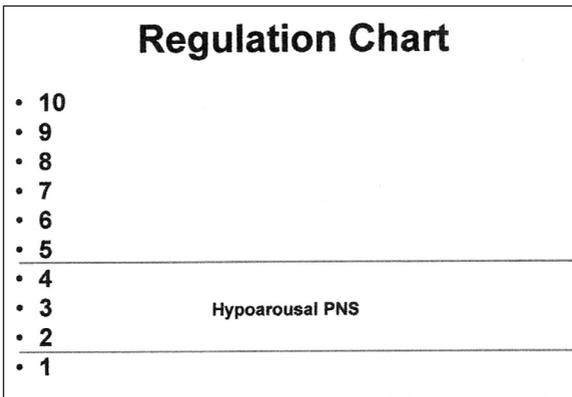
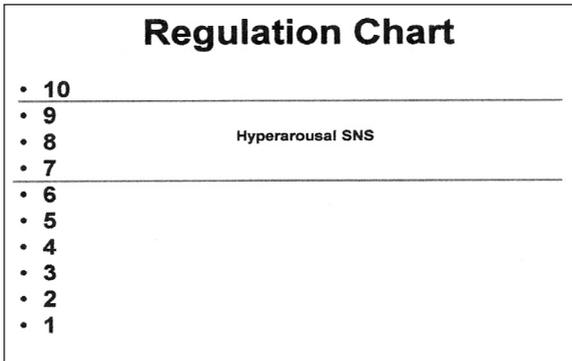
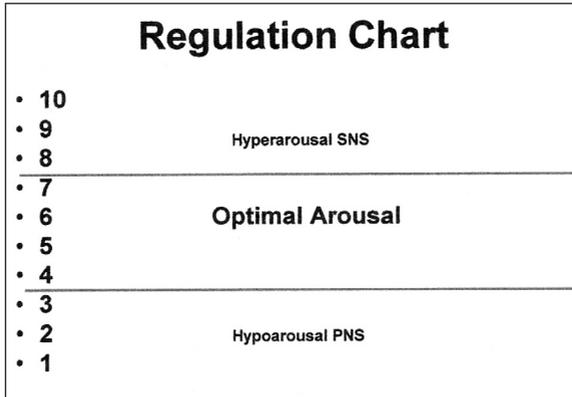
in Newton, 2013). From this we can see that the pressure of the left is to make things fit what it already knows. So we tend to match our worldview to our early mirroring.

The fundamental contribution of Allan Schore has been his focus that our subcortical limbic brain communicates to the right hemisphere to carry the emotional communication to others. Schore (1994, 2001a, 2001b, 2002, 2003b in Newton, 2013) has stressed throughout his work that the quality of the attachment relationship is directly associated with the health and connectivity of the right brain. In the best possible worlds, the left (linear, cognitive, language) should “be in service of the right” (Newton, 2013). That means we honor our true sense of self emerging from the right and the left should ideally help us manage our feelings. The RT therapist also relies on “narrative”, or the content and speaking style of the client to assess some of the possible distortions that the left created out of the poor mirroring of the right.

The degree and style of incoherence helps them measure type and style of attachment. Some trauma organizations are continually and chronically hyperaroused, like in PTSD. However, some trauma organizations spend much of their time in the PNS, (in the dorsal vagal-immobilized), where it is difficult to think. Margit Koemeda (2012) points out the effects of stress on memory. She reports that in addition to (increased) cortisol, stress releases other transmitters noxious to nerve cells, such as adrenaline, noradrenalin, and glutamate. Increased cortisol and glutamate concentrations in the brain can cause cell decline, especially in the hippocampus, which is responsible for memory functions. So, since stress affects memory, this helps explain why some traumatized people can't produce a coherent narrative about their past. Assessing a coherent narrative may not be as valuable for the Bioenergetic Analyst, but it is valuable to appreciate what neuroscience shows us about how our stories reveal us.

3. Arousal Maps

Probable maps are a unique feature of integrative Regulation Therapy created by Ruth Newton. In iRT, creating probable maps of the ANS is based on assessment of the emotional arousal system of the client. I find this is a very useful tool. When I was studying infant mental health in the 1990's the arousal chart was a bell curve (Lillas, 1998). This has been replaced by a hierarchical model. The figures here indicate the optimal range in the center, and the SNS (hyperaroused) at the top and PNS (hypoaroused) at the bottom. The client can aid in creating their map, as they understand their emotional reactions in the world. The first map shows a pattern of secure (or “earned secure”, as it is called when therapy has helped a client create a healthier arousal pattern). This is FIG. 6 (all arousal maps from Newton 2013) with the optimal arousal in the center. These



Figures 6 (Optimal Arousal); 7 (Hyperarousal); and 8 (Hypoaroused)

maps are used to record the general hypo or hyper arousal system, as well as the narrowness or width of the range of behavior. FIG 7 and FIG 8 are patterns of hyper then

hypo arousal. It is explained to the client that these maps “are just biology” to reduce blame and the client often can immediately appreciate the need for down regulating (from for example, the high activated anxiety of hyperarousal) or up regulating (from, for example, the debilitating depression of hypoarousal).

I also find it useful to use Maunder-Hunter (see FIG 9). They drew this in a chalktalk that can be found on YouTube (Maunder-Hunter 2012). I adapted it with my own expressive figures. Because it is on a graph, it allows us to see these attachment patterns on a continuum. They also (like Steven Johnson did for BA character types in 1994) created some more different labels (such as “support-seeking” for “pre-occupied”). This graph helps me appreciate that there can be mixed types (for example, symptoms of both dismissive and preoccupied) rather than a static category. Their Fearful/Cautious type should be equated to the Disorganized Pattern.

4. Soothe Dysregulated Emotional States

How the client attempts to soothe when dysregulated is the subject here. This is the world of defenses with an appreciation for arousal maps. At the far ends of hyper or hypo aroused states, the client becomes increasingly dysregulated, meaning so distressed that they need some way to soothe themselves. This is where symptoms such as overeating or rocking may occur.

5. Developmental Tasks

In this area, the incomplete developmental tasks based on early attachment, as well as the organizing principles and defenses are assessed. In BA, we do the same but refer to it as character analysis. We assess for character type, which includes both the developmental age of a major wound and the resulting adaptation as revealed in both the body and the psyche, or belief system of the client.

6. Instincts

This refers to assessing the client’s own instincts about what they feel is right and true and focusing on when their *instincts resonate* as a sign that the client *feels their embodied truth*. In RT the view is that the sense of truth comes from one’s gut feelings of what is right and this comes from a secure enough connectivity of the right hemi-

sphere bodyworld and good enough connection of the right with the left. The right brain is more connected to life and with instincts, helping clients feel their own body based felt truth. Once attuned to a resonant source (like an empathic therapist), the client can access their true affect and values. A few interesting techniques from RT are the strategic use of humor and metaphor, which are the purview of the right brain and can help gain a close alliance with the client through RB-RB connection. In BA we use breathing, grounding, charging, containing and expressive exercises to help clients regulate and feel their true self – as well as holding and supportive body contact with the attuned therapist. We may also use humor or metaphor in BA, but I find it new to view them as a right-to-right connector to increase the therapeutic alliance.

7. Desires

The RT therapist wants to increase the client's ability to live in a way based on what the client loves, finds beautiful, and is intensely interested in. In the optimal range of the arousal map, a person is both calm and engaged. When we are both calm and engaged, we maximize our potential for joy. Expanding this range allows the person to spend less time in dysregulated states and more time doing what they love. The goal in BA is the same, but put differently. Lowen (1995) wrote a book called, *Joy, the Surrender to the Body and to Life*. Lowen believes that joy is a natural state, a positive feeling of the body that gets blocked when we live in our defenses. Our defenses provide a homeostasis to fend off feared affects. The key to personal change is contact with the body to increase our capacity for joy or pleasure. The RT therapist is going to use the attuned therapeutic relationship to fill in deficits in development that then allow the client to do more of what they love. There is no real difference in the therapeutic relationship in Bioenergetics, as we also strive to help a person expand in order to reach toward their desires.

This section covered goals of RT with some response from BA.

III. What BA offers RT

A. Introduction

In his new book, *The Archaeology of the Mind*, Jaak Panskepp quotes Diana Fosha, “It is clear that psychotherapy is in the midst of an emotion revolution. The primal affective aspects of mind are no longer marginalized, but rather are recognized as the

very engines of the psyche. (Fosha et al., 2009a, 2009b).” Panskepp goes on to quote clinicians working directly with the body. Three times in the closing section of his book he calls this direct work with emotion, “novel.”

Reich introduced direct work with the body to psychoanalysis in the 1930's and Lowen developed it further from the 1950's onward. It has been refined and updated over the years to incorporate the whole self of the client. Expressing affect, as a road to deeper integration of the self is a long held tenet of BA, which has not changed with time. Even though we have expanded our views, we have never, “thrown the body out with the bathwater”. Research exists that supports the value of expression of affect and certain BA techniques as leading to healthy results. Some of that research will be referred to in the following section.

B. Research and BA

Bowlby traced the infant response in seeking (from PROTEST to DESPAIR to DETACHMENT). Between protest and despair there is panic. Panskepp reports that, “When PROTEST fails to insure reconnection, a behavioral shutdown (depression) comes into the picture to protect against the consequences of prolonged PANIC, leading to diminished indices of active separation-distress, but not fully diminished psychic pain” (Panskepp, 2011). And not fully diminished biological pain! In BA, the held-back psychic/body pain needs to be contacted and released for the energy to return to active seeking, and thus a renewal of life force. Lowen repeated often that as a society we do not cry enough, that crying cleanses the body and soul (Lowen, 1995). Research shows that crying can reduce levels of stress hormones. Proteins, such as prolactin found in emotional tears are hormones that build to very high levels when the body withstands emotional stress (Frey, 1985). So crying literally cleanses the body of stress hormones. Margit Koemeda led an unpublished study looking at hypnocardia states. There are techniques in BA by which blocks to emotional expression can be tackled. Some exercises have been shown to induce hypnocardia states. Hypnocardia states loosen cognitive control and are associated with neurovegetative regulation. Koemeda found an increase in breath volume and increased rate of exhale of CO₂ from the BA techniques of the BOW and BEND-OVER. There is list of evidence-based research on BA on the websites bioenergetics-iiba.com or bioenergetics-sciba.com. Besides the randomized controlled studies, questionnaire investigations and physiological measurements, BA has a long tradition of publishing case studies of clinical work in various periodicals or books. It is also true that, given that we are an international community, some valuable contri-

butions are in the author’s native tongue and not always available in other languages, therefore not distributed widely.

C. What We Do in BA

In this section I want to explain what we do that is unique to BA, taking for granted a relational matrix and a decent assessment. We listen to the story but also the way it is told. We see defenses, we see strengths, we see affect, we see energy – its contractions and expansions, it’s flow or lack of by looking at the body of the client. We feel in our body what it is like to be with them in the room and attune to them. We also search for ways to mobilize their energy to move through areas of blocked tension. For this we have a large repertoire of body-oriented techniques.

1. Catharsis Re-Examined

To show the philosophy of bioenergetic techniques, I have included a page from Bend Into Shape (SEE FIG 10) where three types of active bodywork are described

The seven segments will provide techniques divided into three categories:
1. The first set is for charging and/or loosening the body. Charging exercises are designed to build a larger capacity to tolerate energy in tense areas. Loosening exercises provide movement and warmth to tight muscles.
2. The second set is for containing and/or confronting the resistance. Containing exercises are designed to maximize the safety in tolerating difficult affect by fluctuating between expansion and contraction. Once a person feels safe in the containment, they can tolerate more anxiety and push further into protected or defended areas of experience. Once the expansive energy hits the block of resistance, the person goes back and forth between feeling safe in what is familiar (the contracted state) and the urge to expand into a new expression. Techniques designed to confront the resistance work to define and meet these blocks.
3. The third set is for discharging and/or working through the block. Discharging means moving energy through a block into a strong expression of emotion. When this strong expression of emotion leads to some relief and deeper insight we call it, “working through a block”.

Figure 10. Three types of active BA bodywork

(p. 266). In the discharge section it mentions, “strong expression of emotion”. This is the controversial area of catharsis. Helen Resneck-Sannes reports that Lowen got frustrated when some people thought that we get rid of feelings. He stood up in a meeting to say, “Bioenergetics is not catharsis”. Catharsis is the discharge of feelings. In character analysis certain feelings are encouraged, while at other times, affects are contained and soothed (Resneck-Sannes, 2005).

Angela Klopstech re-evaluates catharsis and examines whether it contributes to self-regulation (Klopstech, 2005). She describes Greenberg’s research that provides mounting evidence for the close connection between emotional arousal, depth of experience and change in therapy outcome. She reports on Traue’s work on the relationship between repressed emotions and health, as he advocates the therapeutic efficacy of catharsis. “Cathartic experiences in body oriented psychotherapy are characterized by a discharge of tension; a spontaneous release of chronically tense holding patterns; a release that goes with ... melting characterological and energetic defenses; and by an emergence ... of feelings that aim for expression ... The result is ... a relief, relaxation and a restoration.” (p. 117) She warns against application to fragile patients with unresolved trauma, but feels that, if done in the context of a secure and safe relationship, catharsis can often be helpful in rekindling their faith in a good enough world.

Margit Koemeda makes an argument for the neurological basis of emotionally expressive work.

“From a neurological point of view, the hypothalamus causes states of ANS excitability and reduces modulating and inhibiting influences from the cortex. Limbically dominated modes prevail – which can lead to emotional arousal, (which can) loosen affective defenses and make way for chronically suppressed emotions to be expressed ... Interacting with an accepting therapist (one who does not get angry when I express my rage ...) creates new entries in emotional experiential memory and are paralleled by physiological changes that can be traced.” (Koemeda, 2012)

This is of crucial importance as it answers in a neurological way the value of emotionally expressive work.

Nicoletta Cinotti (2012) reports that Tronick states that “conflict is felt most in the body” and that the incapacity for coherent protest is transformed into restrained and inhibited behavior. Cinotti states that from a BA point of view,

“It is inevitable there be a reference to the important role taken on by actions that ‘organize’ protest, such as kicking and hitting, accompanied by the word, ‘No’ - the ma-

nifestation of a breakdown that could not be expressed either through anger or through sadness. Helping the patient reorganize this ‘aborted’ behavior can restore the sense of self-control, which he probably has lost.” (p. 96)

As an example of catharsis, I have a client that had to endure a critical father and now suffers from having a critical boss. Although, usually averse to expressive bodywork and preferring only meditation, she found her mind wandering to angry thoughts about her boss, so that she could not feel peace during meditation. This is a case where the body is calling for some discharge of affect through catharsis. She got on a treadmill, ran fast and hard until, “I began to feel my stomach unclench and my jaw relax. Then I felt great.”

In summary, in BA we feel there is an important role for catharsis as an element in the overall healing of psychotherapy.

2. Entrainment and Tension Patterns of the Body

An important area to zoom in on is how we see defensive patterns in the action and motility of the body. Reich divided the body into seven segments, each with its characteristic expressions. For example, the thoracic segment “involves the chest including heart and lungs, as well as the shoulders, arms and hands. Under stress we feel anxious. In order to reduce anxiety, the first thing we do is hold our breath. Therefore, the thoracic segment is the first segment to be blocked – by holding in inspiration in order to reduce anxiety. The emotions and actions held back in the chest area are heartbreak, bitter sobbing, rage, reaching, and longing.” (BIS, p. 292) In attachment theory terms, “miscuing” is illustrated in “limited circle of security” (SEE FIG 2). This need to miscue creates not just a shift in belief, but also a shift in body organization. For example, if Mommy doesn’t want me to move away from her, even though I wish to go off and explore, I will show her I wish to stay near her.” Well, that showing is done on a whole body level. It is done by tightening or restricting the parts of the body that DO wish to explore. An overlay of a compliant smile covers the tight jaw and gut of annoyance in the baby who wants to go but must stay to please Mommy. The baby learns how to organize his or her attachment in a pattern that not only entrains the mind but the body. This child grows into an adult who sees the world from this early entrainment and lives in a body that contributes to this view by still holding that compliant smile, tight jaw and tight gut. Entrainment then is also found in the muscular holding patterns of the body.

D. BA Notes on RT Clinical Observation

The following is a case vignette that involves the thoracic segment, particularly the arms and their restriction in reaching for mother. In my RT training I was able to observe (through a one way mirror) an assessment of a young mother, recently released from jail, who was staying at the homeless shelter with her eleven-month-old son, who she had only been re-united with for two months. She had been in jail the first eight months of her son's life. During the observation a team met with the mother and her son to assess their rapport and create strategies to help them learn to bond. Although he was almost one year old, the child was the size of a four month old, and mildly developmentally delayed, in, for example, that he was trying to pull up to standing like a nine month old. I noticed that when he was trying to use the wall to try and stand, his mother ignored him and tried to engage him in some other activity. The child did not actively reach his arms toward his mother very much. As I viewed him from his back he looked like an old man with hunched up weak shoulders and pulled in arms. After the observation, I was told that the mother played a game where she would hand him a toy, then pull it away before he grabbed it. She would taunt him by offering and withdrawing the toy over and over. When I heard this, it fit what I saw in his body. Even at a year old, the shoulders and arms were pulled in from the stress of reaching and being thwarted.

Ruth Newton, my regulation therapy teacher, directs the team at the homeless shelter. She has designed a comprehensive program to intervene with families and strengthen their ties using the techniques from RT. But suppose this child grew up without therapeutic intervention and ends up in the office of a Bioenergetic Analyst as an adult. We would see those same pinned in arms and pulled up shoulders. As we worked to loosen or charge those arms and ask the client to reach, he would likely experience fear and resistance, based on the entrained neural knowledge that reaching does not result in getting. He might expect a sadistic response from his therapist promising contact and then pulling away. But as the charge builds, the buried anger or fear may arise. Hitting or crying, for example, could express those feelings. Beneath the block the original longing emerges and he reaches, tentatively then fully and is met with an empathic response from the therapist. He feels jubilant, having reclaimed in his body, the urge to reach that he so long ago had to deny. This is an example of restriction in the thoracic segment treated in part by an expressive Bioenergetic technique. Although unfamiliar with BA, Jaak Panskepp says the "expression of fear and anger are valuable in therapy". He concludes that, "... perhaps more directive affective approaches have not been as widely considered as they should be" (p. 354).

IV. Clinical Vignette Combining RT and BA

The following is from a recent session of an ongoing therapy of many years. It illustrates how my BA thinking is influenced by RT and provides some of the language from both points of view in examining the work. (The client's name has been changed for confidentiality).

I will describe the session, then return to comment on the elements from a BA and/or RT point of view.

Description

Sally entered the session highly anxious claiming she had been up since six in the morning dealing with one daughter's medical issues. She paced around the room, swung her arms wide and expressed how busy she was from chauffeuring three teenage daughters to school, to field sports, and helping them with homework.

I offered her a small rubber ball to roll her feet over in order to bring her energy down. Then she tried "wall-sitting". Wall-sitting often helps bring Sally's anxiety down. I empathized with her as I watched her body respond to the increased charge building during wall-sitting. Her breathing was not moving down from her chest into her lower body and her shoulders were raised. She said she felt like she wanted to disappear. I could feel her anxiety in my body and sat down to lower my sympathetic arousal. She became aware of holding fear and warned me she was going to scream to discharge some affect. She screams and reports her anxiety is now lower but still high. I feel drawn to help her relax her neck and shoulders as she struggles to manage her anxiety.

I invite her to come sit on the floor at my feet, leaning her back on my legs. I place a pillow on my lap for her to rest her head. I massage her neck and tightly lifted shoulders. Sally's neck, jaw, and forehead respond to this touch and holding. As I touch her shoulders, she is aware of a resistance. She says, "I feel a need to twist, like I need to get up and go help everybody." I had her twist and pull away so she could further embody the resistance. Then as she relaxed more she began to have images and insights. "I was depressed last week and my husband was not supportive. He is only supportive when I help the kids. It is the only time I feel seen." This had a ring of truth because she knows "being seen" is a core issue from her childhood, and she knows she risks her authenticity in attempts to "be seen" by her husband.)

Next, Sally had an urge to get up and do the bow. In her previous session, this technique helped her go from collapse to feeling her backbone and she had ended

the session in an expansive good feeling where she had confidently declared, "I own the room".

Then, I stood behind her and held her elbows from behind. She leaned forward and lifted off her heels to intensify the stretch of the bow from her chest. As the bow worked to help her feel strong, another insight emerged. She had me play her, while she imitated her mother. Her mother took care of everyone at the expense of herself. Sally looked at me with her mother's fear filled voice and said, "If I knew you wanted it, I would have placed it by the door." I felt in my body a sense like, "this woman (the mother) has no self." I told Sally my reaction and asked her to look at "your mother's face" in the mirror. She saw the fear and said, "Same as me ... I feel bad for my daughters ... (sad affect). I've been this way for 50 years ... Dad was a rage-aholic we all had to please out of fear ... My Mother's father was a raging alcoholic." My client reported that as soon as one of her children calls, "Mom" she gasps in fear and feels guilty that she did not anticipate their needs before they called. Realizing she does not need to live in anxious anticipation of her children's every need, she felt her strength and said in a firm voice, "She can wait" and took 3 breaths. Both of us could feel the authenticity of this expression in our bodies. The session concluded with her confidently declaring that she could say to herself, "She can wait" and take three 3 breaths before responding to others. She took this technique home to use when feeling overwhelmed by her children's needs.

Comments

In referring to the session above, I will repeat some of the material with comments as to the process in terms of my attending to BA and/or RT concepts.

Sally enters the session highly anxious and I observe her body as she paces and swings her arms nervously. In BA, we look to see how the tension manifests in the body. I ask her what her anxiety level is and she answers, "9". In RT we use an arousal chart to mark arousal levels. (see RT arousal chart in this paper).

I offer her a small rubber ball to roll her feet over (BA: to ground her energy; RT: to down regulate her high arousal). Then she tried wall-sitting (BA stress position). In BA theory, stress positions generally raise the tension level on a somatic plane. They *force* a confrontation between staying in the same affect with its concomitant body holdings or breaking through to a new affect and a new somatic posture. See description and illustration in *Bend Into Shape*, (p. 30). Wall-sitting often helps bring Sally's anxiety down. I empathized with her as I watched her body respond to the increased charge building during wall-sitting. Her breathing was not moving down

from her chest into her lower body and her shoulders were raised. She said she felt like she wanted to disappear. I could feel her anxiety in my body (somatic resonance). Somatic resonance is common in BA and RT, as well as other psychotherapies invested in the therapist using their own sensations to enhance their sensitivities. I sit down to lower my sympathetic arousal. She becomes aware of holding fear and warned me she was going to scream (BA: to discharge some of the anxious affect). She screams and reports her anxiety is now an 8 but still high. I feel drawn to help her relax her neck and shoulders.

I invite her to come sit on the floor at my feet, leaning her back on my legs. I place a pillow on my lap for her to rest her head. I massage her neck and tightly lifted shoulders (BA: I am aiding in loosening tight muscles; RT: The ventral vagal branch of the polyvagal nerve involves social interpersonal contact. Also in RT, this can be seen in light of an attachment need. She could not do this on her own because she had said, "I want to disappear". So she needs another to help soothe her, to help her regulate, like a return to mother as safe haven (see "circle of security" chart in this paper). Sally's neck, jaw, and forehead respond and relax in response (RT: down regulate, calm) to touch and holding. As I touch her shoulders, she is aware of a resistance (*BA: The conflict is locked in the muscle; BA: a charge is building toward tension to confront an issue locked in the musculature*). She says, "I feel a need to twist, like I need to get up and go help everybody." I had her twist and pull away so she could further embody the resistance. Then as she relaxed more she began to have images and insights. "I was depressed last week (RT: depression or stillness is in the dorsal vagal branch of the polyvagal system and can represent immobilization of the PNS) and my husband was not supportive. He is only supportive when I help the kids. It is the only time I feel seen." (Here the client is beginning to connect her attention to her children with her need to be acknowledged by her husband. A concept from RT is to strive to help the client achieve more of a true self. I could sense there was "More Self in the room", which is a term from RT. This bigger Self could be heard in the voice prosody). "Being seen" is a core issue from her childhood, and she knows she sometimes risks her authenticity (gives up her own needs) in attempts to "be seen" by her husband.

Next, Sally had an urge to get up and do the bow (BA stress position, BIS p. 26). Last week this technique helped her go from collapse to feel her backbone and end the session in an expansive good feeling where she had declared, "I own the room" (RT: The (BA) bow put her into an optimal range (see arousal chart), where she could manage affect (Right Brain) and have insights into her behavior (Left Brain).

Then, I stood behind her and held her elbows from behind. She leaned forward and lifted off her heels to intensify the stretch of the bow from her chest. (BA: BIS p. 370) As the bow worked to help her feel strong, another insight emerged. She had

me play her, while she imitated her mother. Her mother took care of everyone at the expense of herself. Sally looked at me with her mother's fear filled voice and said, "If I knew you wanted it, I would have placed it by the door." I felt in my body a sense like, "this woman (the mother) has no Self." I told Sally my reaction and asked her to look at, "your mother's face" in the mirror. She saw the fear and said, "Same as me ... I feel bad for my daughters ... (sad affect). I've been this way for 50 years ... Dad was a rageaholic we all had to please out of fear ... my Mother's father was a raging alcoholic." (For a compelling examination of intergenerational abuse, read Elaine Tuccillo's 2013 article). My client reported that as soon as one of her children calls "Mom" she gasps in fear and feels guilty that she did not anticipate their needs before they called. Realizing she does not need to live in anxious anticipation of her children's every need, she felt her strength and said in a firm voice, "She can wait" and took 3 breaths. Both of us could feel the authenticity of this expression in our bodies. We both felt joy. The session concluded with her confidently declaring that she could say to herself, "She can wait" and take three 3 breaths before responding – as a technique to try at home when feeling overwhelmed by her children's needs. This was a satisfactory conclusion.

Bioenergetically, we engaged in grounding, charging, relational work in containing (with my help), role-playing, catharsis and following the resistance on a body level into a breakthrough of affect and insight. In Regulation Therapy, she registered and down regulated her arousal, managed the affect of her right brain to have insight from the left brain, was able to utilize me as secure base, as well as re-entrain an old pattern into a new pattern that expanded her sense of Self.

Conclusion

This paper has examined the interaction between RT and BA, with literature from BA on attachment related concepts, concepts from RT, concepts from BA, a discussion of their mutual benefit and clinical vignettes informed by both systems.

RT has developed concepts and techniques for any psychotherapists to use. In my opinion, it has a valuable lens with which to view the client and useful tools to illuminate and treat the client. The following aspects of RT are of particular value: it is neuroscientifically informed, attachment based, can map the arousal system of the client, and aid in regulation and re-entrainment. It does not conflict with the current way of practicing BA.

In my opinion, BA has much to offer RT. Other psychotherapies are on a cliff about to discover that the world of the body involves the whole body, not just the nervous system. Our system of reading the body and treating the whole person is called

character analysis. We see contraction and bracing patterns in the body as a way to manage overwhelming emotions. For example, the quality of restriction in the breath can be seen as an indication of depression or anxiety; or the way the feet contact the earth indicates the degree of grounding in reality. Overall, we look at the role each segment plays in inhibiting affect and maintaining homeostasis.

In conclusion, I will answer the question RT asks BA: How does BA regulate? We regulate through therapist/client attunement and we use independent and interactive expressive techniques. We have somatic interventions for the polyvagal system by down and up regulating techniques. We can see terror “on the regulatory boundary” by observing the defense as it occurs, not just in the nervous system, not just in the words, but in the moment when the charge is there and the client wants to express a defended longing for affect and the body won’t allow it. In their pursuit of this expression, we watch them pause or stop abruptly, and we find a way through. Either the attunement greases the wheels of movement because the client feels met and/or the therapist sees the block and may come up with a hands-on technique, addressing the blocked segment in the body. After a successful intervention, the client feels some expansion and a re-integration. They feel more of a sense of self-possession, which is Lowen’s third goal in BA (1994). RT’s seventh goal is to help the client expand and live more in the optimal range where they become their truest self, following their desires into what they love. The goal of both systems then is to find more joy in life.

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From Pain and Anxiety to Pleasure

Helen Resneck-Sannes

Abstracts

English

Two definitions of chronic pain are presented and their effects on sufferers are described. One definition is of pain that is persistent even after the original insult is gone. How this type of pain affects the brain is discussed and its relationship to anxiety, post traumatic stress and other psychiatric disorders is explicated. Factors that modulate the experience of pain are presented as well as a specific somatic exercise for relieving pain.

Key words: definitions of chronic pain, prevalence, neurological processes, anxiety and PTSD, modulating pain, bioenergetic exercise for pain

Von Schmerz und Angst zu Freude (German)

Zwei Definitionen von chronischem Schmerz werden dargestellt und ihre Auswirkungen auf die Leidtragenden. Eine Definition betrifft einen Schmerz, der andauert, selbst wenn die ursprüngliche Verletzung vorbei ist. Wie diese Art Schmerz das Gehirn beeinflusst, wird diskutiert, und ihre Verbindung zu Angst, Posttraumatischem Stress und anderen psychiatrischen Störungen wird erläutert. Faktoren, die das Empfinden von Schmerz verändern, werden aufgezeigt, sowie eine besondere körperliche Übung, um den Schmerz zu lindern.

Questions de douleur (French)

Cet article présente deux formes de douleur chronique et décrit les effets de celles-ci sur les personnes qui en souffrent. L'une d'elle est celle de la douleur qui persiste après une atteinte (trauma, blessure, opération etc ...) d'origine. L'article développe ce que ce type de douleur produit sur le cerveau, et explique les liens de celle-ci avec l'anxiété, les troubles post-traumatiques et d'autres problèmes psychiatriques.

Il présente aussi les facteurs qui peuvent avoir une influence sur l'expérience de la douleur, ainsi que des exercices corporels spécifiques qui peuvent soulager cette douleur.

Dolor (Spanish)

Se presentan dos definiciones del dolor crónico y se describen sus efectos en los pacientes. Una definición del dolor se plantea como persistente incluso después de que el insulto original haya desaparecido. Explica cómo este tipo de dolor afecta al cerebro, así como su relación con la ansiedad, estrés postraumático y otros trastornos psiquiátricos. También se plantean los factores que modulan la experiencia del dolor, así como un ejercicio somático específico para aliviarlo.

Il dolore (Italian)

Sono presentate due definizioni di dolore cronico e descritti i suoi effetti sui malati. Una definizione riguarda il dolore che persiste anche dopo che l'insulto originale è passato. È discusso come questo tipo di dolore colpisca il cervello e viene spiegata la sua relazione con l'ansia, lo stress post traumatico e altri disturbi psichiatrici. Vengono presentati dei fattori che modulano l'esperienza del dolore e un esercizio corporeo specifico per alleviarlo.

Dor (Portuguese)

Duas definições de dor crônica são apresentadas. Uma definição é da dor que persiste mesmo depois que a causa original deixa de existir. Discute-se como este tipo de dor afeta o cérebro, e sua relação com ansiedade, stress pós traumático e outras desordens psiquiátricas é explicada. Fatores que modulam a experiência de dor são apresentados, assim como um exercício somático específico para aliviar a dor.

Chronic Pain: An Epidemic

Serious, chronic pain affects at least 116 million Americans each year, and many of them are inadequately treated by the health-care system, according to a new report by the Institute of Medicine. American Academy of Pain Medicine reports that more than 1.5 billion people worldwide suffer from chronic pain and that approximately 3–4.5% of the global population suffers from neuropathic pain, with incidence rate increasing in complementary to age. (Global Industry Analysts Inc. Report, 2011) Pain affects more Americans than diabetes, heart disease and cancer combined. The chart below depicts the number of chronic pain sufferers compared to other major health conditions.

Condition	Number of Sufferers	Source
Chronic Pain	100 million Americans	Institute of Medicine of The National Academies (2011)
Diabetes	25.8 million Americans (diagnosed and estimated undiagnosed)	American Diabetes Association (2011)
Coronary Heart Disease (heart attack and chestpain) Stroke	16.3 million Americans 7.0 million Americans	American Heart Association (2011)
Cancer	11.9 million Americans	American Cancer Society (2006)

Report from the American Academy of Pain Medicine (2013)

That said, I would like to explain to you my interest in this topic. It was generated after a recent visit to my spinal surgeon. As I checked in, I was greeted with: “It has been a long time since we have seen you.” I replied: “It seems much too soon to me.” Four years ago I had a one level fusion for a condition called spondylolisthesis. This is a genetic condition characterized by having a small area for the spinal cord. As we age, we tend to have bone build up along the spinal canal, which pushes the discs out against the nerves. To make more room for the spinal cord, a portion of the vertebral bone called the lamina is removed. However, without the extra support the spine can become unstable and fall against itself blocking the exit for the nerves, spondylolisthesis. I am the seventh person in my family on my father’s side to have been diagnosed with this condition, and the sixth person to have surgery. Only my younger brother has escaped needing surgery. The difference I have been told is that he doesn’t have a job that requires sitting. I waited for three years after the laminectomy, which was

unsuccessful to have a second surgery, which was a fusion. The first one had left me unable to walk and with scar tissue, which tethered my spinal cord at the base of my spine. With a series of spinal epidurals and working with myself, I was able to resume life, although restricted. I had 13 epidurals, many more than is recommended; and after three years had reached the point where I couldn't sit, walk, stand, and lying in bed was producing even more pain. Before the second surgery, I was told I had a 25% chance of being better or worse, but I decided to go ahead and have the second surgery, as I had nothing more to lose. All I wanted was to be able to drive to a restaurant and meet a friend for lunch or dinner. I came out of that surgery with chronic pain but could go on 12 mile hikes up and down mountains, stand, shop, and go out to dinner. Sitting was still iffy and many times I was told I should think about retiring. But I found a good chair for my office, and after two years of healing from the second surgery, I felt pretty good. Then, about six months ago I began to have sharp back pain with walking. Back pain has been a chronic ache, since the first surgery, but most of the pain has been from the spine landing on a nerve and sending pain down my leg. Now, I was not only having trouble with lying down and sitting, but walking was becoming painful again. I had been told that I would probably need more surgery, but I was hoping to avoid it as long as possible.

This time when filling out the pain questionnaire that one always fills out when checking in with a spinal facility, I became aware that I had more pain than many of my chronic pain patients. I began to wonder what causes people to respond to pain differently?

So, I decided to come out of the closet and give a workshop on chronic pain, which has resulted in me writing this paper. "Coming out" is a term borrowed from the sexual orientation movement. I saw myself in a similar place as first I had to admit to myself, the degree and breadth of my pain and how much it was inhibiting my life. I also am aware that by admitting my pain it increases the awareness of my disability, which as we will see later increases the perception of pain. Also, by talking about my pain I am exposing myself as a chronic pain person; and thus am risking receiving hurtful comments from people, which believe me happens a great deal to be people in pain. But, by taking this risk, I am hoping that the information presented here is helpful to both you and your clients dealing with pain.

Pain and Sleep

Patients suffering from chronic pain often find that their problems are compounded by the additional difficulties that come with insomnia and sleeping disorders. Of

those who report experiencing chronic pain (about 15% of the general U.S. population and 50% of the elderly), approximately 65% report having sleep disorders, such as disrupted or non-restorative sleep. (Lavigne and Choiniere, 2007)

In a recent study, it was found that approximately two-thirds of patients with chronic back pain suffered from sleep disorders. Research has demonstrated that disrupted sleep will, in turn, exacerbate the chronic back pain problem. Thus, a vicious cycle develops in which the back pain disrupts one's sleep, and difficulty sleeping makes the pain worse, which in turn makes sleeping more difficult. (Deardorff, 2006)

One continual comment I hear from people is that I need to sit down and rest. However, the most common condition which will cause me to what I term as hitting the wall" with my pain and need to start taking drugs are the following: I am sitting too long because I am enjoying the social time and don't want to have to stop the dinner party and the good time by leaving. Then, at night when I lie down, the nerve that has been compromised by sitting is further exacerbated by lying in a position that irritates it, which for me may be as simple as lying on my side. My calf muscle seizes, waking me from sleep. I need to get up and begin walking. If it is after 5:00 am, I go to the gym and get on an elliptical trainer and can get myself out of pain. Sometimes, I walk the halls, waiting to see if it will subside. But there are times, when the pain has been disturbing my sleep for several days, and I am so tired that I just want to lie down and rest, but lying down or sitting triggers more pain. Finally, I give in and take drugs and rest. Then, after lying around all day, I am gratefully nudged by husband to get up, get out of my pajamas and start moving again. As the acute pain subsides, I am filled with relief and gratitude that I can resume my life. So, as you can see although rest is needed, lying down and sitting can exacerbate the condition.

And pain is the imperious third party who dictates the terms of our relationships. I have lost three close friends and often find myself isolated. I can't sit, so it is at a cost for me to go out to a lengthy dinner, or a long play, or a movie, or to drive to visit a friend 21/2 hours away. In successful marital relationships most issues have to be able to be negotiated. I really didn't have many demands on my partner about how or where we spent our leisure time. Now, my back issues dictate how much we do physically and how we are able to travel. I have worked with many clients and the healthy partner accuses the one who is suffering from pain of being too controlling and self-centered. I have been able from my own experience to explain how controlled the partner herself feels by her own physical limitations. She too misses the spontaneous physical and easy connections and is grieving the loss. One of my clients was lamenting that he could no longer go off hiking or on lengthy raft trips. He knows that I was an avid athlete, back packer, and traveled to distant and primitive regions of the world. I answered that I too miss those things especially being way back in the

heights of the Sierra mountains, but I'm glad I did all I could when I could. If I had waited, I never would have had those experiences.

Definitions of Chronic Pain

One definition of chronic pain is that it is pain that lingers even after the original assault is no longer present. Another definition of chronic pain is that it is pain that is ongoing. It's nature is to wax and wane, so that sometimes it is so intense that it interferes with and even prevents activities of daily living: sleeping, sitting, preparing food, and walking. Other times it is a low hum, like a steady ache that can be tuned out especially with an interesting distraction; and with much gratitude, there are times when it is not present at all.

In trying to understand the first definition of pain, that it is pain that lingers even after the original assault is no longer present, scientists have found that the perception of pain involves far more than mere sensation. The affective and evaluative components of pain are often as important as the production and transmission of the pain signal. Brain scan studies show for the first time how chronic pain emerges as a result of an emotional response to an injury.

Apakarian (2013) says: "The injury itself is not enough to explain the ongoing pain. It has to do with the injury combined with the state of the brain." The emotional state of the brain can explain why different individuals do not respond the same way to similar injuries. Some recover fully while others remain in constant pain. Emotions may determine why some people are more likely to suffer chronic pain than others.

And other researchers, Hansen and Streltzer (2005) have found, emotional aspects are most prominent in chronic pain patients. It is no surprise then that insecure attachment leads to a higher level of anxiety and therefore a greater response to pain signals. (Meredith, Ownsworth and Strong, 2007) Overall, some psychiatric morbidity is present in up to 67% of chronic pain patients. (Scarry, 1985) Personality disorders have been found in 31% to 59% of chronic pain patients. (Charmaz, 1983)

Apakarian views pain as merely a signal in the body until it reaches the emotional brain, where brain scan studies have shown for the first time how chronic pain emerges as a result of an emotional response to an injury. Pain is registered in the body mind and handled in the same way as emotion, both of which result in elevated activity in the insula, a structure found deep inside the brain. The limbic system, where emotions are processed, modulates the amount of pain experienced for a given noxious stimulus. The emotional response to pain involves two areas of the brain within the limbic system anterior cingulate gyrus and the right ventral prefrontal cortex. These two areas respond

to both to social rejection and physical pain. (Eisenberg and Lieberman, 2004) Once a pain signal is received in these two areas of brain, two other regions of the brain begin to interact: the insula and the nucleus accumbens. If the insula, a structure deep within the brain is emotionally reactive, then the pain signal is transmitted throughout the brain. The nucleus accumbens teaches the rest of the brain how to evaluate and react to the outside world. It evaluates the signal and registers it as pain. As Apkarian says: “it may use the initial pain signal to teach other parts of the brain to develop chronic pain”.

Apkarian and colleagues recruited 39 people with clinically diagnosed subacute or moderate back pain that was persistent and had begun 1 to 4 months earlier. None had a previous history of back pain. The participants underwent assessment at the start of the study and at three more visits over the following year. During these assessments the researchers took fMRI scans of their brains and asked them to rate the level of their pain. By the end of the 12 months, 20 of the participants had recovered, and 19 continued to experience pain, thus meeting the definition of chronic pain. Apkarian and colleagues said there was a much higher level of cross-talk between the insula and the nucleus accumbens brain regions in the participants whose back pain persisted compared to those whose pain subsided. And they could see that this increased communication between the two brain regions was present right at the start of the study. When they did the analysis, they found these early scans had an 85% accuracy in predicting which participants would still be in pain by the end of the 12 months. They suggest that the more emotionally the brain reacts to the initial injury, the greater the chance of the pain becoming chronic.

The nucleus accumbens helps teach the rest of the brain how to evaluate and react to the outside world, said Apkarian, so it could be that it uses the pain signal to teach the rest of the brain to develop chronic pain.

Apkarian has tracked the effects of chronic pain and it's long term effect on the emotional and cognitive processing of the brain, and he sees it as a neurodegenerative disease. He and his colleagues also observed that the brains of the participants who went on to develop chronic pain lost gray matter density, which indicates loss of parts of the brain that are important for communication between brain cells, such as synapses that link brain cells, brain cells themselves and glial cells, that support brain cells. In other words, chronic pain degenerates the brain. So, even though the original pain-causing event is no longer present, the brain is reacting as if it is still there.

The areas of the brain reacting to chronic pain are the same areas activated in PTSD. Like sufferers of trauma, the original fear inducing event is gone but the body/mind is responding as if it is still present. The set point of arousal for people suffering from chronic pain and PTSD is very sensitive. Pain sufferers and people suffering from anxiety disorders are reactive to slight variations in emotional arousing events.

Researchers, Chialvo, Baliki, Geha, and Apkarian (2008) have found that in a healthy brain all the regions exist in a state of equilibrium. When one region is active, the others quiet down. But in people with chronic pain, a front region of the cortex mostly associated with emotion never shuts up. The areas that are affected fail to deactivate when they should. They are stuck on full throttle, wearing out neurons and altering their connections to each other.

He also found brain disturbances in chronic pain patients not directly related to the sensation of pain. Chialvo and colleagues used functional magnetic resonance imaging (fMRI) to scan the brains of people with chronic low back pain and a group of pain-free volunteers while both groups were tracking a moving bar on a computer screen. The study showed the pain sufferers performed the task well but at the expense of using their brain differently than the pain-free group. Chialvo (2008) says: When certain parts of the cortex are activated in the pain-free group, some others are deactivated, maintaining a cooperative equilibrium between the regions. This equilibrium also is known as the resting state network of the brain. In the chronic pain group, however, one of the nodes of this network did not quiet down as it did in the pain-free subjects.

This constant firing of neurons in these regions of the brain could cause permanent damage. Chialvo hypothesizes that when neurons fire too much they may change their connections with other neurons and or even die because they can't sustain high activity for so long. If you are a chronic pain patient, you have pain 24 hours a day, seven days a week, every minute of your life. That permanent perception of pain in your brain makes these areas in your brain continuously active. This continuous dysfunction in the equilibrium of the brain can change the wiring forever and could hurt the brain.

Chialvo speculates the subsequent changes in wiring may make it harder for you to make a decision or be in a good mood to get up in the morning. It could be that pain produces depression and the other reported abnormalities because it disturbs the balance of the brain as a whole. It is essential to study new approaches to treat patients not just to control their pain but also to evaluate and prevent the dysfunction that may be generated in the brain by the chronic pain.

Ways to Modulate Pain

So, what about people like myself who do suffer from ongoing chronic pain, have a known physical cause, but don't identify themselves as pain sufferers. It has been told to me several times by surgeons who have read my MRI that the degree of my disability doesn't predict my capacity to function so well in daily life. And after both surgeries my stay in the hospital was half the expected time and I was told that I re-

quired much less pain medication. So, I became interested in what I was doing that was different. By examining the literature and reviewing my own techniques I am hoping that what I have found might be helpful to others.

However, and this is very important: I do not want to minimize the amount of pain my chronic pain patients experience. Also, when my clients have a documented psychiatric history of anxiety and depression, their medical providers have sometimes either denied or minimized that their pain may be due to an underlying medical issue. Until I had my own experience with nerve pain, I too may have not really heard them and discounted the degree of their suffering and the truth of their medical concerns. Also, the comments by other people in response to people living with ongoing pain are often so insensitive that they border on the inane; and at other times are outright cruel.

One client, who manages pain everyday suffers from severe scoliosis. She has a traumatic history and I know by looking at her back, she must experience a great deal of chronic pain. She rarely complains about it other than not being able to lie on her back for long times and needing to turn on her side. I have a friend with lupus who during her flares has quite a bit of joint pain. She mentions it but rarely complains. I decide to ask myself what do we all have in common that differs from my chronic pain patients. The most obvious answer is that we are very much involved in life, and distraction is one of the best ways to handle chronic pain. Focusing one's attention on pain makes the pain worse. (Eccleston, 1995) Patients who have somatic preoccupation or hypochondriasis are overvigilant about bodily sensations. It has been found that by attending to these sensations, they amplify them to the point of feeling painful. (McCracken, 1997)

Conversely, distracting patients is highly effective in reducing their pain. Cognitive distraction where attention is directed from the right brain (pain) to the left brain also helps modulate pain. Burn patients undergoing treatments or physical therapy experience excruciating pain, even after they have been given opioids. It has been shown that these patients report only a fraction of this pain if they are distracted with a virtual-reality type of video game during the procedure. (Hoffman, Patterson and Carrougher, 2000) I wonder if using the left brain for distraction would be as effective for people suffering from head pain, as It is very difficult to focus on anything when pain emanates from the head.

The response to pain also results in guarding and immobility. This learned response to chronic pain increases muscular tension and prevents healing from occurring to the injured areas. Robert Scaer is an orthopedist and was also a student of Peter Levine. He has documented that ongoing pain after a trauma, with no physical findings is a result of the way trauma has been stored in the body. (Scaer, 2001) The body stays in a holding pattern as a result of the trauma. Releasing the holding patterns, cannot only relieve chronic physical pain, but often can remove it completely.

I was working with a client once and when she was grounding, I noticed a twist in her upper body. She didn't present as a schizoid character, so the twist didn't match her history. I questioned her regarding any accidents. At first she denied any and then remembered a ski accident she incurred four years, previously. Her shoulder had been injured and she had been using massage, chiropractic adjustments, and acupuncture, which would relieve the pain only to have it return again. After three sessions working with the holding pattern her shoulder was pain free.

Also the same structures in the brain that evaluate whether the input from the outside world is safe are the same structures that are activated in changing our set point for trauma. People with PTSD and generalized anxiety disorders are very much like clients predisposed to chronic pain. Their system is reactive to slight nuances and the goal of good trauma therapy is to calm the system down. Techniques that work with regulating trauma should therefore also be good for modulating chronic pain. My client and my friend have all worked with me in learning bioenergetics and the somatic regulation of trauma, somatic experiencing.

And, another factor that my client, my friend, and I all have in common is that we are attentive to our body and it's signals, not just the signals from pain. So, the pain is a signal that at time requires our attention but the rest of our body/mind can be engaged in more interesting activities, like writing this paper and being with good friends.

As an aside, when I told the other my client and my friend about this topic and how I saw their ability to manage pain as different from some others, they both spontaneously mentioned a friend who was constantly reacting to every nuance of pain signal in their body with alarm. I asked how their friends reacted to other aspects of their life. The answer was that they were also blown down by every slight challenge. They reacted emotionally the same way they react to pain. I have an 82-year-old client who admits any little glitch in her life causes her to be anxious and depressed. When she began having back pain and difficulty sleeping, she admitted to me that she does not have much tolerance for pain. However, I encouraged her to get an MRI and she does have significant osteoarthritis in her back and epidurals have helped eliminate her pain, at least for a time.

Now, I would like to discuss techniques of working with the body to manage pain. For me I found several things to be very helpful, and when researching this topic, I found out that my experience did agree with the science.

Most helpful, I found was an awareness of my body, both where I could find the limitations of movement and where I could return to find pleasure. When in pain, one may try to first avoid tuning in to their body at all. And left brain distraction techniques like video games do help people reduce their pain. Also, it has been found that people who listened to music for an hour every day for a week reported improved

physical and psychological symptoms compared to a control group. (Knox, Beveridge, Mitchell, and MacDonald, 2011) The participants, who had an average age of 50 were recruited from pain and chiropractic clinics and had been suffering from a range of painful conditions, including osteoarthritis, disc problems and rheumatoid arthritis for an average of six and a half years. Their ratings on pain scales were rarely under six and their worst pain exceeded nine out of ten. The music groups reported that their pain had fallen by between 12 and 21 per cent, when measured by two different pain measurement scales. The control group reported that pain increased by between one and two per cent.

- People in the music groups reported 19 to 25 per cent less depression than the control group.
- The music groups reported feeling nine to 18 per cent less disabled than those who hadn't listened to music and said they had between five and eight per cent more power over their pain than the control group.

“Our results show that listening to music had a statistically significant effect on the two experimental groups, reducing pain, depression and disability and increasing feelings of power.” (Knox et al., 2011)

Siedecki and Good (2006) state that because the experience of pain is partially subjective, altering a person's perception of their pain can change their experience of that pain. Music may disrupt the brain's “pain – stress – pain” feedback loop and in doing so alter an individual's sensitivity to pain. How might this work? We know that music effects evolutionarily old subcortical areas of the brain, thereby influencing many different psychological and physiological states. Music modulates the brain's limbic system, triggering numerous accompanying neurochemical effects. The result of these changes in the brain may be to help distract listeners from negative feelings and modify the influence of past memories associated with pain. As a further result, music may promote relaxation by inhibiting the release of stress hormones and weakening arousal of the pituitary-adrenal stress axis. The brain's opioid system may also play a role. (Renn and Dorsey, 2005). Music that listeners find emotionally engaging seems to affect the brain's opioid system, and opioids control both physical pain and the pain of social loss. (Bicknell, Bernatzk, Presch, Anderson, & Panksepp, 2011)

Recently, I attended an event where numerous dancers spoke about their experiences of teaching dance in Santa Cruz over the years. As they spoke, I remember that when in emotional distress, I would say: “When the going gets rough, I take a dance class.” So, it comes as no surprise that I would find a way to heal myself through music

and movement. After the first surgery, my ability to move without pain was limited, so I couldn't enroll in a class and follow someone else's steps. Dance classes are great, because like video games, they occupy the part of the mind that also processes pain. But I am talking about something more, about finding the place in the body that isn't in pain and being with it. After that first surgery that made even walking difficult, I would lie down in the grounded position, flat on my back and knees bent, watching the pain dissipate. As I found myself sinking into a state of relaxation, I then could find ways to move, to slowly rise up from the floor, to putting one leg slowly forward to the point of the limitation of where the pain would begin again.

I began playing music ... different kinds of music. There was music that would take me into deep emotional experiences of the heart and then there was music that came into my pelvis, and beckoned me to the joy of movement through dance. From dancing, where all movement extends from a stable core, I could begin to extend my leg to a walking position. Walking was limited and painful, but I could dance. When I speak of dance, I'm not talking about learning a series of pre-ordained steps. I'm talking about finding the dance from what emerges in you as the right movement. When injured and in pain, it is very important that the movement arises from one's internal sense of how to extend and engage. Without my training from bioenergetics, I would not have known that pleasure in the body comes from doing little but breathing and gently exploring movement. Many of us live to dance, but I learned that it is possible to also dance to live.

Exercise

Lie down on the floor on your back, legs bent, feet flat on the floor. You may find yourself listening to the music or not. You may go to sleep. That is fine. If an emotion arises, let yourself have as complete an experience of it as you are comfortable with. Holding back feeling creates tension. The goal is to let go of muscle tightness. Also, when you are deep in feeling, the parts of the brain that manage pain are processing other material and you can find relief from your pain. That said, let your body become heavy and sink into the floor. Inhale and then let go of a long slow exhale. Now, let a sound come with exhale, like a soft sigh, but don't push the out breath. Again, with each inhale and exhale cycle, let your body sink more deeply into the floor. Let all your thoughts of what happened before this minute and what will follow slowly recede.

Briefly perform a body scan, but with a curious compassionate mind. Be interested in what you find, but without judgment. We all have areas of tension and relaxation,

so just notice yours. You are where you are and that is all you can be right now. Notice the areas of tightness and tension and direct your focus to only one area. Then slowly redirect your attention to your breath and with each out breath gently press your feet into the floor. (Do this several times.)

Next perform a body scan noticing places that feel the most relaxed and the most comfortable. Let the music get your attention, and as you exhale let go of judgment worry or the need to know.

With each outbreath feel yourself sinking into the floor. Direct your attention again to one area, which is the most relaxed or the least tense and allow your full attention to be there.

Now go back to the area of tension. If it is still there find a sensation word: hot, cold, sharp. Find an image: like a tight fist, a knot.

Go back to the area of relaxation and find a sensation word to describe it, i. e. “soft”, “warm” ...

Next, if you can find an image for the relaxed part, i. e. “butter”, “water”, “bubble”, whatever.

Direct your attention again to the tense or painful area. Allow it to slowly move to the music, but just a tiny bit, just to the edge of tension or pain. Repeat the process with slow movements just to the edge. Keep extending your movement. Other parts of the body may want to become involved, your lower back, your arms, your feet your legs, your head. Move the part that calls to you but just a little bit, only to the edge of the tension or pain and then back off. For some of you, the music may be a distraction or irritating. What is most important is to: Find the part of you that is called to move and listening to the body and not pushing beyond pain and discomfort. Each time, you should find that your capacity to move will be slightly increased. If you find yourself in a state of pain or contraction, go back to the resting position and find a place that is more comfortable in you body.

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Abstracts to “A Core Energetics Approach to Negativity” by Odila Weigand

English

John Pierrakos had been formerly Alexander Lowen's partner in the creation of Bioenergetics. When they parted, John developed his work in the direction of integrating spirituality in therapy, researching into the relationship of energy and consciousness, energetic fields, positive and negative energies. From the point of view of psychotherapy, the character is derived from the relationship with parents, in uterine life and after birth. The spiritual view however is that our character or our negativity is the heritage we are born with in order to evolve by transforming it during our lifetime. Negative energy is but positive energy of love (contact) and aggression (progression, work, knowledge) that turned against itself. Negative beliefs sustain energy stagnation and the maintenance of blocks. This means that moving energy from its encrustations in body blocks is not enough for change. Therapy needs to clarify and explore the negative beliefs underneath body blocks. Understanding the difference between mask and lower self allows the therapist to energize the stagnant energy of the mask and help the client to own the force of the energy invested in the lower self. A fragment of a session illustrates the work of energizing the mask, expressing the lower self and incorporating a new life affirming attitude.

Key words: spirituality, negativity, energy and consciousness, negative beliefs, evolution.

Energie und Negativität (German)

John Pierrakos war ursprünglich Alexander Lowens Partner bei der Erfindung der Bioenergetik gewesen. Als sie sich trennten, entwickelte John seine Arbeit in Rich-

tung einer Integration von Spiritualität in die Therapie, indem er die Beziehung von Energie und Bewusstsein, energetische Felder, positive und negative Energien erforschte. Aus psychotherapeutischer Sicht leitet sich der Charakter von der Beziehung zu den Eltern während der intrauterinen Phase und nach der Geburt ab. Aus spiritueller Sicht dagegen ist unser Charakter oder unsere Negativität ein Erbe, mit dem wir geboren werden, um uns durch die Transformation derselben während unseres Lebens zu entwickeln. Negative Energie ist nichts anderes als positive Liebesenergie (Kontakt) und Aggression (Progression, Arbeit, Wissen), die sich gegen sich selbst gerichtet haben. Negative Überzeugungen erhalten Energiestatus und Blockaden aufrecht. Das bedeutet, dass es nicht ausreicht, Energie aus ihren Verkrustungen in Körperblockaden herauszubewegen, um Veränderung zu bewirken. Therapie muss die negativen Überzeugungen, die den körperlichen Blockaden zugrunde liegen, klären und erforschen. Den Unterschied zwischen der Maske und dem tieferen Selbst zu verstehen, erlaubt es dem Therapeuten, die stagnierte Energie der Maske zu energetisieren und dem Klienten zu helfen, die Kraft, die er in das tiefere Selbst investiert hat, in Besitz zu nehmen. Ein Ausschnitt aus einer Sitzung zeigt, wie man die Maske energetisiert, das darunter liegende Selbst zum Ausdruck bringt und eine neue lebensbejahende Haltung zu verkörpern hilft.

Core Energetics – La Négativité (French)

Originellement, John Pierrakos fut le partenaire d'Alexander Lowen lors de la création de l'analyse bioénergétique. Lorsqu'ils se sont séparés, John a poursuivi son travail dans une voie qui l'a amené à intégrer la spiritualité en thérapie, effectuant des recherches sur les rapports entre énergie et conscience, champs d'énergie, énergies positives et négatives. Du point de vue de la psychothérapie, le caractère est façonné par les rapports avec les parents, dès la vie intra-utérine et après la naissance. La perspective spirituelle considère toutefois que notre caractère ou notre négativité est un héritage avec lequel nous venons au monde de manière à évoluer en le transformant au cours de notre vie. L'énergie négative n'est que de l'énergie positive d'amour (contact) et d'agressivité (évolution, travail, connaissance) retournée contre soi. Les croyances négatives alimentent la stagnation de l'énergie et maintiennent les blocages en place. Ceci signifie que le fait de faire bouger l'énergie pour l'extraire des lieux où elle s'est incrustée ne suffit pas pour amener un changement. La thérapie doit également clarifier et explorer les croyances négatives sous-jacentes aux blocages qui se trouvent dans le corps. La compréhension de la différence entre le masque et le soi inférieur (*lower self*) permet au thérapeute d'énergiser l'énergie stagnante du masque et d'aider

le client à s'approprier la puissance de l'énergie investie dans le soi inférieur. Un segment de séance illustre ici le travail qui consiste à énergiser le masque, à exprimer le soi inférieur et à incorporer une nouvelle attitude porteuse de vie.

Corenegética – La Negatividad (Spanish)

John Pierrakos anteriormente fue el socio de Alexander Lowen en la creación de la bioenergética. Cuando se separaron, John enfocó su trabajo en la integración de la espiritualidad en la terapia, la investigación de la relación entre la energía y la conciencia, los campos energéticos, y las energías positivas y negativas. Desde el punto de vista de la psicoterapia, el carácter deriva de la relación con los padres, tanto en la vida uterina como después del nacimiento. El punto de vista espiritual sin embargo establece que nuestro carácter o negatividad es la herencia con la que nacemos, y la cual mantiene el propósito de evolucionar mediante su continua transformación a lo largo de la vida. La energía negativa es energía positiva de amor (contacto) y de la agresión (progresión, trabajo, conocimiento) que se vuleve contra sí misma. Las creencias negativas sustentan el estancamiento de la energía y el mantenimiento de los bloqueos, lo cual significa que mover la energía de sus incrustaciones en los obstáculos del cuerpo no es suficiente para el cambio. La terapia necesita aclarar y explorar las creencias negativas que se encuentran bajo los obstáculos corporales. Entender la diferencia entre la máscara y la parte inferior de uno mismo le permite al terapeuta vigorizar la energía estancada de la máscara y ayudar al cliente a reconocer la fuerza que posee la energía invertida en la parte inferior de uno mismo. Un fragmento de una sesión ilustra el cómo se puede energizar la máscara, la expresión de la parte inferior de uno mismo y la incorporación de una nueva actitud asertiva de la vida.

Coreenergetica – negatività (Italian)

John Pierrakos era stato partner di Alexander Lowen nella creazione della Bioenergetica. Quando si separarono, John sviluppò il suo lavoro nella direzione di integrare la spiritualità nella terapia, sviluppando la sua ricerca verso la relazione tra energia e coscienza, i campi energetici, le energie positive e negative.

Dal punto di vista della psicoterapia, il carattere deriva dal rapporto con i genitori, nella vita uterina e dopo la nascita. Il punto di vista spirituale, tuttavia, è che il nostro carattere o la nostra negatività sono il patrimonio con cui nasciamo al fine di evolvere, trasformandolo durante la nostra vita. L'energia negativa non è altro che energia posi-

tiva di amore (contatto) e aggressività (progresso, lavoro, conoscenza) rivolta contro se stessi. Credenze negative sostengono il ristagno dell'energia e il mantenimento dei blocchi. Ciò significa che muovere l'energia dal suo ristagno nei blocchi corporei non è sufficiente per il cambiamento. La terapia deve chiarire ed esplorare le credenze negative sottese ai blocchi corporei. Comprendere la differenza tra la maschera e il sé inferiore permette al terapeuta di energizzare l'energia stagnante della maschera e aiutare il cliente a prendere possesso della propria forza investita nel sé inferiore. Un frammento di una seduta illustra il lavoro di energizzazione della maschera, facendo venir fuori il sé inferiore e incorporare un nuovo atteggiamento che afferma la vita.

Uma abordagem de Core Energetics para a negatividade (Portuguese)

John Pierrakos foi parceiro de Alexander Lowen na criação da Análise Bioenergética. Quando se separaram, John desenvolveu seu trabalho na direção de integrar a espiritualidade na psicoterapia, pesquisando a relação entre energia e consciência, campos energéticos, energias positivas e negativas. Do ponto de vista da psicoterapia, o caráter deriva do relacionamento com os pais, na vida uterina e depois do nascimento. Na visão espiritual nosso caráter ou negatividade é a herança com a qual chegamos neste mundo, com a tarefa de evoluir espiritualmente, ao transformá-lo durante nosso período de vida. A energia negativa não é mais nada que a energia positiva do amor (contato) e da agressividade (progressão, trabalho, conhecimento), que se voltou contra si mesma. As crenças negativas sustentam a estagnação da energia e a manutenção dos bloqueios. Isto significa que apenas mover a energia de suas incrustações nos bloqueios corporais não é suficiente para promover mudança. A terapia precisa esclarecer e explorar as crenças negativas subjacentes aos bloqueios corporais. Compreender a diferença entre máscara e eu inferior facilita ao terapeuta ativar a energia estagnada da máscara e ajudar o cliente a tomar posse da força investida no eu inferior. Um fragmento de sessão ilustra o trabalho de energizar a máscara, expressar o eu inferior e incorporar uma nova atitude afirmativa da vida.

A Core Energetics Approach to Negativity¹

Odila Weigand

“There is a creative and unifying principle, towards which move all living creatures. Many honor it as God. I honor it as the God which every human being is in its Essence.” (John Pierrakos, *Core Energetics*, ch. 19, p. 216)

Body therapy, I believe, needs no longer to be known as an alternative therapy, it must occupy the proper place it conquered by its potential in helping people and by its capacity of dealing with past events through body experiences in a much more effective way than using only symbolic processes.

Core Energetics is a process for life and healing that utilizes body approaches and goes beyond the scope of many therapy methods. Core Energetics is a powerful evolutionary therapeutic approach that seeks the integration of all aspects of our humanity: emotional, physical, intellectual and spiritual. It is a very useful tool for growth and for understanding interpersonal relationships, revealing the emotional and energetic processes at the root of our feelings, thoughts and behaviors.

I have been a Reichian therapist for 18 years. I began to study Reich with a group that originated the Wilhelm Reich Association of Sao Paulo. Afterwards I completed my training in bioenergetics, and in 1986 I became a local trainer of bioenergetic groups. I have learned basic bioenergetics as a way for personal growth and to help others with Dr. Lowen and presently I am studying and deepening my understanding with Dr. John Pierrakos.

For the first 10 years after I began to study Reich and Lowen's character structures and character resistances, whenever I tried to apply this theory in sessions with clients, I felt blocked. I could not believe that pointing out their problems to them would help them change. What I mean is I could know the theory but I felt something was missing

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in terms of body work to really be able to help people change through an approach that would combine understanding, dissolving the character attitude and promoting new behaviors. I could even teach about characters. But when I tried to use the theory in therapeutic sessions, I felt blocked and what I found myself doing instead was to increase the flow of energy and try to dissolve the energy blocks through breathing, movement, expressions of feelings. To a certain extent, this produced good results.

In 1989 I attended a workshop with Bennett Shapiro, a Bioenergetic Analysis trainer from Vancouver. He had developed a deep comprehension of negativity published under the title “Giving the Devil his Due”. Finally came an instrument to work bodily with character traits. He also introduced the concept of mask, and behind it, actually the opposite of the mask, could be found what he called the devil. For me, this workshop was very important since for the first time in many years of therapy I was introduced to negative parts of myself with an accepting attitude, not a critical one. The proposition of the body work was to recognize, honor and energize my negative traits. This I could do, feeling valued and recognized myself.

In 1994, John Pierrakos began the first training group in Brazil. I began my Core Energetics training, concluded in 1998. I felt comfortable re-learning character structures in the training. I felt I could work with myself in depth, deepening those areas that were new to me in the body psychotherapeutic universe but which I felt resonated as profound truths within myself.

- Energy and Consciousness as the base for life and feelings. No more “stay out of your mind to be with your feelings”.
- The will to love as the base for inner peace and contentment as well as for lasting love relationships, not pleasure in and for itself.
- The explanation of our soul’s choice of the family we are born into, according to the difficulties we need to overcome in this life span, viewing our soul’s evolution as the primary motivation to resolve our conflicts. (Pathwork Lecture 34 – Preparation for Reincarnation). Seen in this light, the limitations imposed by our character structures can be seen as opportunities for growth, no more as an unfair joke played on people at random, either by fate or god.
- The model of “mask”, “lower self” and “higher self”. Learning to differentiate between mask feelings and lower self feelings meant a big insight for myself and my work. Learning that mask feelings and attitudes are a part “stolen” from the higher self, which is over utilized to cover our well hidden negative feelings (Lecture 43 – Three Basic Personality Types: Reason, Will, Emotion). Learning to recognize when I am in my mask by the perception of a quality of “deadness” in the contact, a lack of vitality, no matter how nice or sound the words or ideas. This perception leads to an awareness of other people’s masky interactions.

- How to enliven the mask and bring out lower self feelings, attitudes, covert behaviors, by energizing them.
- To make contact with my own and other people's higher self, in the first place, sets the ground for a safe exploration of our lower selves. The higher self is the starting point as well as the final objective. We depart from a loving place, travel through anger, hate, pain, fear, horror, shame, knowing that we can always return to that safe place where connectedness can be restored through our heart's yearning to love and be loved.
- Learning about the life task gave meaning to an almost ever-present disquiet within me. The life task, as I see it, presents itself as a sequence of tasks to be accomplished and overcome. This disquiet is what pushes me to reach out from a comfortable accommodation within familiar patterns, toward new more innovative ways of promoting growth. It was the motor that pushed me into seeking Core Energetics training.

John Pierrakos had been formerly Alexander Lowen's partner in the creation of Bio-energetics. When they parted, John developed his work in the direction of integrating spirituality in therapy, researching into the relationship of energy and consciousness, energetic fields, positive and negative energies and the meaning of evil.

John Pierrakos, on his search of spirituality, found St. George and the Dragon whose figures became the symbols of the study of positive and negative powers. Both are inseparable, the Saint on his white horse and the Dragon. In order to reach spirituality we need to integrate our Dragon instead of killing it.

I consider this concept of utter importance. I felt it was useless simply to attack character traits. The resistance became impregnable, I used to lose contact with the client, who then tried to understand intellectually the process in order to cooperate, which again resulted in resistance. Or he made endless efforts in order to change himself.

Today we have in our hands a technique to work with the body in character analysis. The question is how to make the MASK (the un-energetic outer layer) conscious and to express the TRUTH of the second layer (the lower self) where the energy is stored. This energy is tied to negative feelings, and we need to reach them without increasing defenses. We need to ally ourselves with the client. In releasing the energy held in the mask, we expand ourselves, it is a pleasurable experience. We need to ally ourselves with these denied aspects of the self, which the mask strives to hide, to include, not to exclude them. "Evil, actually, derives not from negative feelings but from the denial of feelings, both positive and negative. Every block, every disease, every feeling that is non authentic is a denial." (J. Pierrakos, 1987, p. 214)

From the point of view of psychotherapy, evil or the character are derived from the relationship with parents, either in uterine life or after birth. The spiritual view however is that our character or our negativity is the heritage we are born with in order to work and to transform it during our lifetime. Let's remember that Psychology means 'the study of the soul'.

Character structure is a paradoxical formation in its nature. Why? Character structure has the function to preserve life, but in doing precisely this, it creates blocks to the flow of vital energy in the organism. This paradoxical entity, the final result of our painful or frightening childhood experiences, in the beginning was created to save us, but later became a killer of our life energy. Now it becomes a big NO expressed in our muscular contractions as well as in our belief system.

This apparently contradictory dynamic, leads us into a serious search for our inner truth. "Deadly orgone energy generates negative beliefs. Lively, moving, vibrant energy in the body generates life-promoting beliefs. Reich taught us this relationship. In Core Energetics we learn that the reverse is also true: negative beliefs sustain energy stagnation and maintenance of blocks. This means that moving energy from its encrustations in body blocks is not enough for change. Therapy needs to clarify and explore the negative beliefs underneath body blocks." (J. Pierrakos, 1987, p. 158)

Years ago, when I began working with Reichian therapy, the prevalent idea among many body psychotherapists was that stagnant energy was something, as Reich taught, that created and maintained rigidity, blocks and character traits. We should make every effort to dismantle these traits and at the same time do body work in order to break down the armor and in so doing discharge negative energy. From the ruins, a pure and loving being should appear – the genital character – as idealized by Reich.

Long years of clinical experience have shown a different reality. Under the rigidity of character there are unexpected frailties. Instead the pure being, capable of giving and receiving love – the genital character – appeared from the ruins of our scars, our incomplete or undeveloped parts, failures, a vacuum, where development has been arrested.

A client of mine, a beautiful woman, had a cold and distant father, who had never looked at her with love. She never knew what it feels like, when you are 3 or 4, to be seen as a very precious person, as a most beloved daughter. Her father never looked at her at all. As a teenager, when she became an attractive young woman, her father never glanced at her. Her mother, when they had a quarrel, would stop talking to her for as long as 5 months. She froze. In therapy, when she worked with "reaching out", saying aloud, "I want", "I need", the energy flowed but she needed the warmth and containment of the therapeutic relationship, in order to thaw the ice. Being touched, being seen, receiving support were experiences that did not exist in her early life. They were new experiences. For her, freezing meant life, while seeking for affection took the meaning

of death. If she kept open, seeking her father's affection, this would be her death. This perception was quite true in this family. Her sister had less luck, she became psychotic.

We take a significant step in the advancement of therapy when we understand that the energy which sustains and feeds the character is something positive. The objective of therapy is to put this energy in movement and transform it and no more simply discharge it either cathartically or otherwise. Before this understanding, when therapy succeeded in dismantling the character structure, this was when big problems arose. We used to believe in dismantling, in cathartic processes, in discharging the energy that gave support to the character trait. In the process of therapy, this meant lots of suffering, depression, long periods of confusion, inability to work, dilution of the limits of the ego and of the identity, sensations of death, and even illness in some cases. Panic, so frequent these days, is the result, I think, of sudden collapse of the energy, which sustains rigid structures of defense, revealing undeveloped parts of ourselves.

To rescue the energy invested in negative attitudes is an ecological approach.

What Is This Thing Called Negativity?

Imagine a child with very authoritarian parents, a child for whom any sign of rebellion provokes bursts of anger. This child learns that the best way to survive is submission to parental will. At the same time it creates a barrier against the invasion of the parents in its internal world. This barrier built with repressed fear and anger will become a big NO to the flow of life, because its structure is a chronic contraction. It will hinder communications. In the future the person will not complain in therapy of his internal NO, but instead of timidity, of fear of rejection, he will complain of not being understood, of people saying he is aggressive even when he does not mean to be aggressive. This happens because we are in contact with the inner side of our mask. Others can see the outer side, where our anger filters through the tone of voice, rude gestures, or a cold look. If you ask a service from this person, he will hear you with attention and will probably be willing to do whatever is asked, without even checking with himself if he wants to do it or not. Inner contact with himself and with his own needs has been distorted. Fear of rejection stops him from saying NO and so his YES does not come with full involvement. He will make great effort but at the end will find a way of failing to do the service, or at least to do it incompletely. Or, in sexual intercourse just before orgasm the woman may ask her partner: "Are you sure you turned off the kitchen lights?"

The point I want to explore in this paper is the understanding of how LIFE – flow, expansion, contact – took the meaning of DEATH, and how DEATH – block, freeze, withdraw – took the meaning of LIFE.

Wilhelm Reich perceived that Evil in our culture tends to be segregated and associated with sexual and destructive impulses.

At this time of our evolution as a species, an important task is to redeem this segregated energy and reintegrate it in our lives. Reich understood this process of Evil and of Emotional Plague, but collided with the Plague in his own life. Today we know that dissolving resistances is more effective than fighting them. In my understanding this process follows some steps:

1. Perceive the paradox: the same pattern that in early life meant survival, today suffocates.
2. Recognize the effort developed in order to preserve life.
3. Value the negative forces which have been sustaining the effort up to now.
4. Re-energize this system instead of trying to eliminate it.
5. Integrate this energy and direct it to a constructive objective. Create new constructive beliefs associated with new objectives.

Evil is the result of a distortion of vital energy that turned against itself. Evil came to be associated with the devil, with lower parts, with the dark. Excluded from the consciousness, it created a territory of its own. Where? Could it be that to exclude something from consciousness is tantamount to expel it from ourselves? Unfortunately not, we did not get rid of Evil. We could only put it far away from conscious perception. Where? In our body. This territory of Evil became the blocked and segregated region below the diaphragm – in the abdomen, in the pelvis and also on the back. Lowen says we are living our truth when we are in contact with sexual energy whose seat is in the pelvis. The Easterners teach that the center HARA is the seat of body vitality and governs sexual health.

So, if the pelvis is the seat of evil, there resides also the source of life and pleasure. This “evil” needs to be freed, we must rescue this energy and reinvest it with its original meaning -- lust for life.

It sounds good in theory, but to explore this territory is the last thing we want to do, because we fear the darkness, where projected shadows took the form of monsters in childhood imagination. These monsters haunt us, but they are the guardians of our more vulnerable and less developed parts.

The Dragon In Our Unconscious

Joseph Campbell in “Power of Myth” says that we use to think that the Ego is in the center. It is a mistake. The image of evil, the snake which tempted Adam and Eve, the Dragon, are associated with the darkness and sexuality in judeo-christian civilization.

Saint George killing the Dragon is a constant action in our life. It never ends. It represents the conflict between consciousness and unconsciousness. Says Joseph Campbell: “Psychologically the Dragon represents the attachment of oneself to one’s own little ego. We are prisoners in our own dragon cave. The goal of therapy is to set free the forces of our center.” (Campbell, 1990, p. 150)

The Chinese Dragon is different: it represents the vitality of the swamps and emerges thumping its belly and roaring menacingly, says Campbell. The Chinese Dragon has an adorable quality, it liberates the generosity from the waters.

But the Dragon, for us, differently from the Eastern culture, inhabits a stagnant swamp, a region associated with energies and material from the abdomen (the masochistic swamp, stagnation). Sometimes the Dragon hides himself in a cave from where it roars menacing those who approach. Have you ever seen people with these attitudes? When the feeling of vulnerability is about to emerge, the person transfigures himself and becomes menacing? He shows the Dragon in order not to show the hidden softness of the heart, though the heart, like the princess imprisoned in the cave, craves for freedom.

“Therapy Is About Love. Love Is What Cures” says John Pierrakos. The Prince fights the Dragon to free the princess. In old histories the Dragon should be killed. In modern versions, the Dragon would withdraw and must not die anymore. It could be made the guardian of freedom, a helper of the princess, who represents the heart.

Negative Becomes Positive When Energized!

This is simple but it changes a great deal the way of understanding and doing psychotherapy.

When we are born, we are all love. That is why babies, and even new-born animals, so often awaken love feelings, they open our hearts. We remember the time before we closed our hearts. In time, we begin to create a protective layer – we needed it as children, but presently this protective layer has become our very identity. This layer is created by our frustrations which turned into anger, fears transformed into inhibition and shyness, abandonment turned into sadness. There we store jealousy, arrogance, disdain, irony, bitterness, greed, destructive competition, exhibitionism and hate, which is but frozen anger.

But if I showed myself openly with all these traits, no one would like me and, more important, I would find myself very ugly. So we build up a socially acceptable façade – amiable, helpful, the image of sweetness. Or else the mask of the tough guy who can not cry, or the serious person who works all the time.

The essence of each human being is always beautiful. It has vibrating force, pulsates in a very rapid rhythm. This quality is love. John Pierrakos, in studies with Kirlian photos showing human energetic fields, discovered that the second strongest emotion is hate. As you can imagine, the first is love.

When We Want To Deal With Our Negative Parts, First Of All We Must Recognize And Affirm The Beauty We All Possess: The Beauty Of The Soul

We carry in our unconscious a primal fear that hate can surpass love and destroy everything, as said Melanie Klein. We need to build faith in basic goodness, the perception of the loving being within us, before activating the forces of negativity.

We have two interesting questions related to therapy:

How these two protective layers operate (the social layer or the mask and the second layer, the negativity layer)? And what is their function?

First – How? By creating chronic contractions, which stop the undesirable manifestations and by giving a different, more acceptable direction to our feelings. For instance, a person says with complaining voice how “everything goes wrong, nobody recognizes me”, and so on. Underneath this socially acceptable victim role, anger, bitterness, destructivity as well as a profound fear of loving feelings exist in hidden form. This person is cruel with himself and with others because he does not permit pleasure for himself and robs the pleasure energy of others.

The second question follows – What is the function of the protective layer? The contractions hinder the flow of energy, and diminish the intensity of the impulse. This same person, when excited, could manifest virulently his hate. He can be explosive or destructive, through mordacity, for instance. As soon as he has discharged the hate, he comes back to his victim role. From this position he expects to gain sympathy, to feel himself cared for while he hooks others into trying to solve his problems. They will never succeed, but the victim at the end will be triumphant and all the others will feel drained. We are tempted to attack this behavior, maybe even become irritated with the person and try to make him change. Fearing abandonment the person will make efforts to comply, inhibiting the complaints. But keeping quiet, the person gets depressed, because his way out is now blocked, he gets stuck. His throat gets constricted in order not to speak, the breath gets shorter in order to restore the energetic balance, since now the path of discharge through complaining is blocked.

The person can even blow up, act in inadequate ways and feeling guilty as a consequence. Or else explode in a symptom, a more primitive way of discharge than the

complaining. All this happened frequently when, using Character Analysis, we had only the resource of interpreting or showing the person what he was doing.

Now, what can we do? We can energize these two parts – the external one, the social part, in general submissive and “good”, as well as the internal part, which is secret, powerful, triumphant, that part which savors its triumph in secret, which secretly gloats and thinks “nobody will catch me”, “you are not going to win over me”, “you are not going to be successful by helping me”.

Reich taught us the initial comprehension of the paradox which forms the character structure, but it was at first with Ben Shapiro in Bioenergetics and with John Pierakos, creator of Core Energetics, that I could find at the end a satisfactory answer, a technique to deal with this question. This is done without hurting nor humiliating the client, without arousing resistance – which many times emerged as somatic symptoms, because the characterological way out was blocked by the interpretation.

This is a consciousness work, the client’s conscious participation is essential.

The energy of negativity is the very thrust of life. Whenever blocked, frozen, and distorted, it turns against itself taking some devilish form.

“No matter how actually ugly some of these manifestations may be – such as cruelty, spite, arrogance, contempt, selfishness, indifference, greed, cheating, and many more, – you can bring yourself to realize that every one of these traits is an energy current that is originally good and beautiful and life-affirming. By searching in that direction, you will come to understand and experience how this is true specifically; how this or that hostile impulse is originally a good force. ... You have to fully acknowledge that the way the power manifests is undesirable, but the energy current that produces this manifestation is desirable in itself. For it is made of the life stuff itself. It contains consciousness and creative energy. It contains every possibility to manifest and express life, to create new life manifestations. It contains the best of life.” (Pathwork Lecture 184 In Thesenga, S., 1994, p. 250)

Let us illustrate with the story of Laura. She is about 30 years old, in a group session. She had had considerable therapeutic work before, she has grown as a person, has a good job, good income, and a loving boyfriend who wants to marry her. But Laura gives herself no credit for what she has achieved and lives her life anxiously, willing to flee from all that is happening in her present life.

In a group session, Laura asks to work with her difficulty in accepting the changes in her life, including the perspective of marrying her boyfriend, who already has a comfortable economic situation.

Therapist: What phrase expresses this problem?

Laura (first phrase): “If I feel pleasure in life, I die” (erroneous childhood belief).

The therapist asks Laura to ground in order to energize the legs and the pelvis and to repeat the phrase with an expression of force, making use of the tennis racket to mobilize the aggressive energy blocked in her back.

Then the therapist suggests a second phrase: “I won’t have pleasure” (to own unconscious negativity). Where did the therapist find the phrase? In the first phrase, but now the patient must put herself as an agent, taking possession of her own existence.

The patient must keep grounding and repeat the phrase “I won’t have pleasure”, mobilizing the aggressive energy in the back with the racket. (For this woman who needed to strengthen the back, the tennis racket was used, but for other clients we might suggest other therapeutic acts like wringing a towel or the falling exercise or kicking).

Now the therapist suggests that she bend over to ground and to integrate the meaning of the negative phrases into the lower body and consciousness.

While bending over, the energy goes down and flows through all the body. The negative energy has been mobilized. We can now go to the phase in which we energize the desired path, redirecting the energy constructively.

Therapist suggests (third phrase): “I open myself to pleasure”. Laura tells what comes to her mind: “I jump into the abyss of pleasure”. Laura’s phrase expresses her sensation of dying if she defies that part which said: “If I feel pleasure, I die”.

Reich showed how death anxiety appears together with pleasure anxiety. The therapist asks Laura to energize the negative phrase, repeating with strong voice and using at the same time the racket. She must keep grounding and keep repeating: “I jump into the abyss of pleasure”, as she beats with the racket.

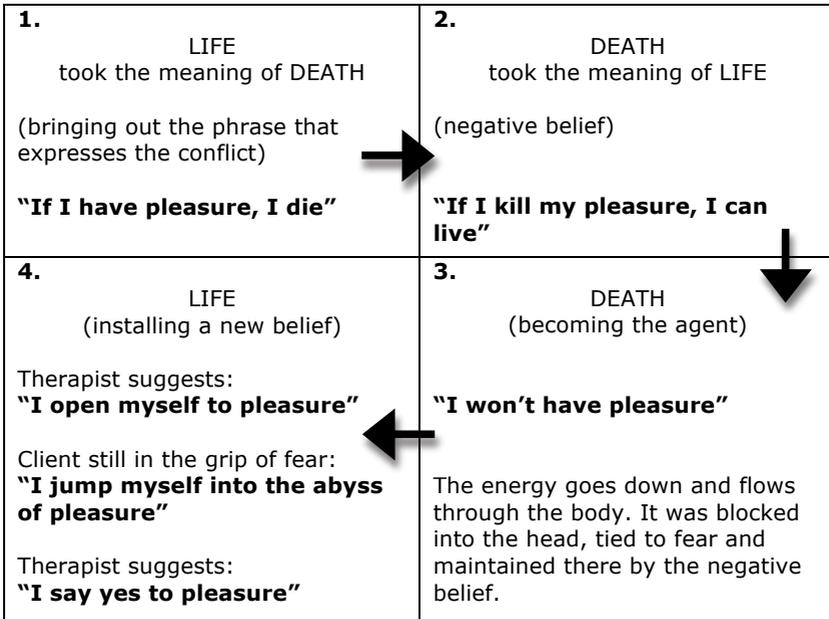
The therapist suggests a fourth phrase: “I say yes to pleasure”. After taking possession of negativity and expressing fear, this new phrase can be energized with the tennis racket. The energy has been channeled *through* the conscious ego and not surpassing the ego. The movement is now fluid, beautiful and gracious, the body opens itself and shines.

To end the exercise, ground bending over in order to integrate this energy, now associated to a new meaning.

The pleasurable expanding movement seen in Laura’s body is now connected to the vitality of the organism. As a child she had learned that expressive movement meant death because she felt threatened if it expressed pleasure. So in the child’s mind a change happened: what was life turned to be death. The child learned that she could survive if she could avoid pleasure.

How does the thrust for life turn into fear and destructiveness?

The child, when frustrated, in a first movement rebels and tries to express anger. Feeling scared, she has to inhibit this outward movement. She does it by contracting



her muscles, holding her breath and “keeping inside” the aggressive movement of reaching out.

The change occurred: energy spent in life preserving aggressive movement (reaching out and protesting) is frozen into contention, in order to preserve life. It used to be desire for life, aggressive movement outwards, the base for our movements to conquer what we need. Aggression is progression, is energy moving upwards in our back, moving outwards through the eyes, mouth, arms and legs. That is what moves us forward in life.

In this child, what used to be life, took the meaning of death (to express myself, to be who I am). What used to be death took the meaning of life, of survival (hold in, keep inside, submit). At the same time there occurs a change of meaning that accompanies the change from expressive movement into a chronic contraction. Movement is de-energized, the energy is spent in maintaining the block. The thought, “if I express myself, I will be abandoned and I die” keeps this dynamic and the primitive, childish fear, maintains this dynamic repeating itself throughout life. This is called by Freud repetition compulsion, we used to call it character resistance. It is the compulsion to recreate the childhood wound.

We need to understand and reveal these unconscious dynamics. We must energize these negative and silent thoughts and feelings, give them voice, energize their

expression, putting the energy in movement. It is of no use to pray to God to free us from temptation; that is the same as trying to exorcise, to exclude. We must energize and include.

If we energize these negative parts, the energy thaws and is transformed into life flow again. Then we can direct this flow to energize new images, thoughts and feelings that are more adequate, favorable to life.

Thoughts and feelings are conditioned by energetic factors – charge, discharge, pulsation, intensity, grounding, centering. If the energy is held and transformed, it generates thoughts, feelings and acts literally distorted. Somehow this distortion is also visible in the body. For instance the pectoral muscles, that take part in breathing, also have the function of reaching out for what I want and keeping away from me what I do not want (to give limits). This muscle takes part in the torsion of the arm too. When chronically held, shoulders and arms will be restricted, as well as breathing.

Summary

In this paper my objective was to propose a way of dealing with Character Analysis, using body work associated to verbal work, in order to deal with muscle and character blocks at the same time. I show how to bring out the unconscious meaning contained in energetic blocks, put it in phrases, energize life-negating phrases, substitute these for life-affirming phrases and put energy in these new life affirming phrases. Blocks are considered a NO to life, and consequently a form of negativity.

A child is born as loving energy, unprotected. Facing a hostile environment, all this loving, positive energy, or even aggressive energy (a child's demand for warmth and contact, fight for life, cry in order to get food, and yell when not attended) all this energy is frozen, stopped, distorted.

Negative energy is but positive energy of love (contact) and aggression (progression, work, knowledge) that turned against itself. This occurs in the development of the child and even of the teenager, but adults also create blocks.

Let us review the steps to work these delicate dynamics, avoiding new wounds to the client:

1. Make contact from therapist's loving core to client's loving core. The client must feel recognized and realize he is good, capable and valuable.
2. Recognize and energize the form and the speech of the mask.
3. Give voice to the unconscious negativity which in general says the opposite of the speech of the mask. Energize this part. Take responsibility for it.
4. Once negativity has been mobilized, consciously owned, we can access the

- vulnerable feelings of the wounded child, or the tender feelings and love from the heart. Or else the internal force that comes from the aggressive energy aimed for life. When a child is born, it needs holding, acceptance, mirroring. We can create a new belief that takes the place of an old one, and reinforce this new belief. For instance, believing that holding, acceptance and mirroring can be found in our present lives, even though they were not found in childhood. There are various possibilities of working for the cure. As the client is very open, a therapeutic environment offering support and protection is necessary.
5. The path to spirituality leads us to lovingly recognize and integrate our unacceptable parts: the cruel, evil, invasive, victim personage. We must include and not exclude these parts.

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This paper was written after the conclusion of the five years training in Core Energetics with John Pierrakos, finished in October 1998, in the city of Brasilia, Brazil.

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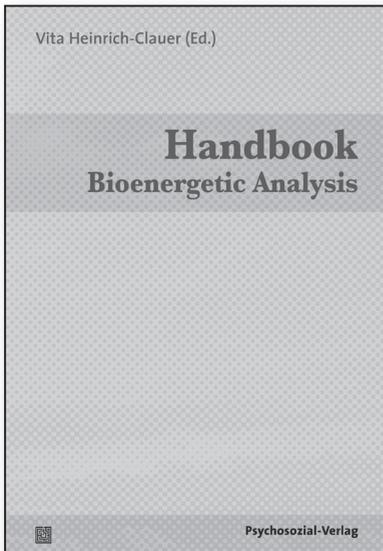
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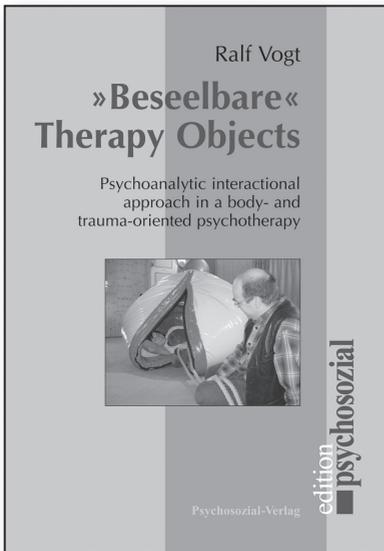


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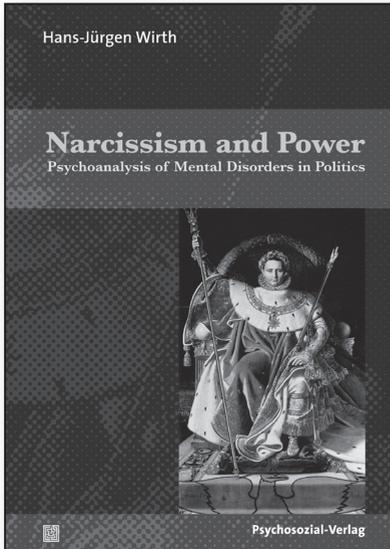


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Bioenergetic Analysis, the Clinical journal of the IIBA is published annually and is distributed to all members of the international organization. Its purpose is to further elaborate theoretical and scientific concepts and to make links to enhance 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.

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