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Vincentia Schroeter, Margit Koemeda-Lutz, Mãe Nascimento (Eds.)
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The Clinical Journal of the
International Institute for Bioenergetic Analysis

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Maê Nascimento (Eds.)

Bioenergetic Analysis

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Letter from the Editor

This 2018 volume marks my final year at the helm of *Bioenergetic Analysis*, and I am happy to pass the job to the next team of editors, Leia Cardenuto, Garry Cockburn and Maê Nascimento. This volume has six articles. The first paper follows the history of sexuality in psychoanalysis and implores us to bring somatic work with sexuality back into our clinical practice. The next paper explores empirical validation of the bioenergetic concept by using research on Reich's orgone box. A new technique that may rewrite traumatic memories is offered in the third paper. The fourth paper is a short essay examining human skulls to promote the relevance for somatic therapists of attending to the "historical body". The concept of aggression in relation to bioenergetic theory and treatment is provided in the fifth article. The sixth and final paper provides new clinical techniques using "biospheres", which are various size rubber balls. I want to thank the authors, the team of reviewers, the editors and all the translators of abstracts. For the first time, the abstracts will be translated into an additional language, Russian, to be coordinated by Svetlana Dinaburg. The entire volume will be translated into Spanish, coordinated by The Madrid Institute of Bioenergetic Analysis (IMAB).

As I say farewell I will also include a note from Margit Koemeda, who is also leaving. Margit was chief editor before me, she passed the baton to me, and I pass it to Leia, Garry and Maê, who generously agreed to stay on the editing team for continuity. It has been a labor of love – lots of hard work, some papers taking 20–30 hours of work each but it has also been enriching to be steeped in the richness of content, helping me think and learn. I also found it satisfying to copy-edit and make some pieces more readable to English speakers. When translations were introduced, that added more work but also more visibility. In the spirit of inclusiveness and diversity we endeavor to spread modern Bioenergetic ideas to a broader audience.

I so enjoyed the editing sisterhood with Margit and Maê over these ten years. I inherited Margit's excellent system of organization to keep all tasks manageable. Thank you, Margit. I could always rely on both Margit and Maê for candid, hon-

est, bold yet constructive criticism of papers, which gave our reviews integrity. In strong disagreements, we kept going until a decision was reached. We had to deal with the occasional disgruntled or hurt author, when they faced criticism or rejection. We strived to handle those difficulties with compassion. Remember to get your papers in for the 2019 volume between June 1st and September 1st, 2018. Please send them to Leia Cardenuto at leiacardenuto52@gmail.com.

The next IIBA conference will be in Lisbon, Portugal in 2019.

A Warm Farewell to all my Bioenergetic Colleagues,

Vincentia Schroeter, PhD
October 25, 2017

Farewell Statement from Margit

I am resigning from the editorial board of Bioenergetic Analysis after almost 15 years.

When John Conger after eight years announced that he wanted to resign as Editor-in-Chief, Hugo Steinmann who at that time was president of the IIBA, asked me if I was willing to take over. I owned all issues of *Bioenergetic Analysis* from its beginning and appreciated having available this collection of articles from my bioenergetic colleagues. Since I also had some experience of working in editorial boards of two European journals, I accepted. In fall 2003 I was appointed to be the new editor.

In Europe we believe books should be issued by a professional publishing company rather than self-published; therefore I asked if the Psychosozial-Verlag would be willing to do this for us. A contract was negotiated and signed. And since 2005 *Bioenergetic Analysis* appears in Gießen, Germany, by Psychosozial-Verlag.

From the beginning it seemed important to have an editorial board, which well represented our international membership. I was therefore very happy that Helen Resneck-Sannes from North America and Maê Nascimento from South America joined the board. After a couple of years Vincentia Schroeter succeeded (replaced) Helen, and after having become acquainted with the task took over the Editor-in-Chief's position. If English is the language of a journal it made sense to have an Editor-in-Chief whose native language is English. The working routines seemed to get easier that way.

Maê, Vincentia and I had a very productive time on the editorial board, always respectful of diverging opinions. As I remember, our collaboration was inspiring, supportive and insemminating. And every year we were rewarded with a new issue of *Bioenergetic Analysis*. My special thanks go to Vincentia, who from 2007 conducted our board in her very reliable, competent, unobtrusive and friendly way.

Our collaboration on the board was a pleasure to me, supported by friendship. In passing on the task to our successors, I hope the journal will continue to prosper, and that the new editors will experience the job as challenging and inspiring as we did.

Margit Koemeda
July 2017

Historical and Contemporary Psychoanalytic and Bioenergetic Perspectives of Sexuality

Lets Bring it Back into the Therapy Room¹

Helen Resneck-Sannes

Abstract: In the late 60s and 70s sexuality occupied center stage in psychoanalysis and then retreated as a focus of inquiry. The increase of claims against therapists for sexual violations, as well as the emergence of more relational analytic therapies, contributed to the avoidance of addressing sexuality in the therapy room. During this time, the psychoanalytic definition of “normal” sexuality was evolving, as well as our notions of gender. Reichian psychotherapy, and its offshoot Bioenergetic Analysis have always seen sexuality as integral to the healthy functioning of the individual. This paper translates current psychoanalytic concepts of healthy sexuality into its somatic counterparts in bioenergetic theory. A case is presented illustrating how these concepts manifest in practice. Exploring sexual fantasies and clients’ preferences for certain types of pornography is viewed as helpful for understanding the dynamics of parenting, and for clarifying transference and countertransference issues.

Key words: sexuality, psychoanalysis, Reich, Bioenergetic Analysis sexual abuse, shame, pornography, gender identification.

Introduction

Wilhelm Reich is the only person whose books were burned by the FDA. And as one psychoanalyst asked me when I was presenting Bioenergetics to an analytic group: Do you really believe that orgone energy was that threatening?” Freud believed that sex and aggression were the two most threatening drives, and the culture’s role was to manage and control them. “It was Freud who first bravely placed sex at the heart of psychic development and highlighted its destabilizing power in our psyche and hence the defenses brought into play to manage it. As

¹ Adapted from keynote address at IIBA conference, May, 2017, Toronto, Canada

one contemporary psychoanalyst has stated: “His corpus of work might even be described as the result of an internal need for regulation of the sex drive. (Lemma and Lynch, p. 2)

Reich also saw the danger of the sex drive. As we know from Sharaf’s biography (1983), Reich discovered his mother having sex with his tutor and told his father of the affair. His father began treating his wife badly, and Reich’s mother was driven to committing suicide. However, Reich believed that the problem was repression of sexuality, rather than it needing to be more controlled.

Bioenergetic analysts view that how we organize ourselves sexually plays a key role in our feelings of aliveness and in our somatopsychic organization. In *Fear of Life* (1980), Lowen states: “Sex is the most intense manifestation of the living process. By controlling sex one controls life.” (p. 122) Two factors have the greatest impact on our attitudes regarding sexuality: cultural attitudes and our attachment histories. In this talk I trace what has happened in the field of psychotherapy regarding sexuality from the 60s when sexual attitudes began to be more open, to the present. Focus is on the necessity to be alert to feelings of shame, the importance of grounding especially in relation to the pelvis, and the role of sexual fantasies in revealing attachment histories.

The following concepts are key when discussing sexuality from a Bioenergetic perspective.

1. Reich’s concept of orgasmic potency is a yardstick for health in that it describes the capacity for aliveness and pleasure in life.
2. Lowen’s (1980) addition of the concept of grounding enables a person to take a stand to feel his bodily separateness.
3. Bodily boundaries enable the client to merge and recover his separate bodily integrity.
4. Opening the blocks in the body in the presence of a highly skilled Bioenergetic therapist reveals to the person his needs and emotions that he has cast out, enabling him to be in as much contact with his deepest self and to experience as much as he can of his partner’s emotions. Baum (2016) has elucidated the requisites for creating the optimal environment for this deep work. Bioenergetics therapists are skilled in knowing how to support the diaphragm through the terror of the heart and pelvis opening and flowing together, enabling feelings of passionate love, which is sometimes a roaring train and other times a sweet melting.

History

Let’s go through a little history about how Bioenergetics, with its emphasis on emotional expression and sexuality came to be popular and then retreated from a prime position on the therapy stage. By the mid 1960s the Kinsey Report had

been published and its findings disseminated. Birth control was widely available, as well as mind altering drugs, great music, economic prosperity, and feminism. Without the fear of pregnancy or HIV, cultural attitudes regarding sexual expression loosened. Reich's ideas were attractive because they promised freedom to discover our real selves, separate from the culture's restraints. However, the culture was still saying that sexuality was dangerous and women's role was to create boundaries.

I remember when I told my parents my sophomore year of college, that I wanted to move off campus and needed their signature, my father first accused me of wanting to put a red light in front of my door, and then the next day offered to help me get birth control pills. I was in love but not certain I was ready to have sex yet. Fifteen years later I entered Bioenergetic therapy and training. I remember when I first felt the sweet vibrations emanating from my pelvis, trying to work its way through the block at my shoulders. My therapist told me that this was my energy, and that it belonged to me. I had been masturbating since the age of 4 and enjoying orgasms, had been active sexually since the age of 21 years, and had been married 5 years and had given birth. However, I began to cry, as for the first time, I really felt that this energy was mine. Of course, there lies the danger. If I felt that this was my sexual energy, how was I to control it, and to keep it from being expressed when it shouldn't? After all, the culture had told me that I am a woman and I must set boundaries. There was that ominous red light problem. As the sexual charge increased, the more shame I felt with my desire not to manage it. I asked my therapist what she thought about shame and she replied: "that it was just a racket that parents run on their children". My parents did not want to shame me, but there it was. I felt terrible, so, I decided to explore it: How it was held in my body? What were its early manifestations? In 1981 I published my article: "Shame, Sexuality, Vulnerability". Shame had not been explored much before then in the psychological literature, so other authors began calling me, wanting to talk about it.

In 1988, my friend, Ellen Bass published the book: *The Courage to Heal* (which I helped edit, but only the body work section). It alerted the culture to the widespread occurrence of sexual abuse. She has a statement in the book, which sounds innocent enough:

"If you don't remember your abuse, you are not alone. Many women don't have memories, and some never get memories. This doesn't mean they weren't abused. If you think you have been sexually abused, you probably have." (p. 81)

This became the sentence that caused a public outcry. During those subsequent years, many women and men for the first time began to tell people about their sexual abuse histories. Even before the book had been published, I was inter-

viewed by a magazine and asked how many of my clients reported sexual abuse. I went through my notes. It was 80% of women. I was asked if that seemed disproportionately large. I had never even thought about it before then. Interestingly, if I look at my cases now, it is probably only 35% of women and 10% of men.

After the book was published, therapists were alerted to the sexual abuse they had been missing. I had clients coming in reporting that previous therapists were telling them that they had been abused and as a somatic therapist, perhaps I could help them recover their memories. No memory of a sexual abuse incident emerged, although somatically the clients were experiencing the same bodily sensations and emotional fears of clients who had a memory of at least one specific incident of sexual abuse. Two parenting events were a parent, who was also violently punishing them. Now, we know from working with the body that two things flood the pelvis: Sexuality and aggression. And as I mentioned previously, Freud believed that these were the two most difficult and potentially dangerous drives to control.

I then published the article: "A Feeling In Search Of A Memory", which was immediately picked up by the Utne Reader. I state in that article:

"The current debate in the field of psychotherapy and child abuse is a difficult one. The question is: Can therapists know about a client's sexual abuse before the client is aware of it? Several of my clients have seen therapists who decided that they had been sexually molested. The therapists began to work toward enabling the clients to retrieve the abuse memories. One client produced memories for the therapist. Later, in therapy with me she admitted that these events could never have really happened. For the others, no memory ever emerged. All of the clients became more and more confused and ashamed of their sexual feelings.

No memory of sexual abuse ever emerged because there was no incident. These clients had all grown up in families in which boundaries weren't respected. Many of them were emotionally flooded by one of the parent's needs. The threat of violence was present, often from a parent who was also seductive. They grew up in an atmosphere of emotional and sexual abuse, but there was not a physical incident of sexual abuse to be remembered. There was no memory because there was no incident." (1995, p. 97-98)

The culture, especially the therapeutic field had become hyper vigilant to issues of sexual abuse. Therapists were being reported to licensing boards for sexual violations and day care centers were being closed due to charges of sexual abuse. The False Memory Association was formed. Bob and Virginia Hilton published the book: *Therapists at Risk* (1996) to help us navigate this territory.

Current Views

Alan Schore's writings (1997, 2003) and the findings from neuroscience directed the field to focus on the non-verbal events that happen during the first three years of life. Many therapists took refuge here, for now the focus was infantile issues rather than adult sexuality. And as Mann warns us: "When sexuality is too hot to handle, therapists may resort to mentally de-sexualising their own and their patient's bodies, thereby compounding problematic body-mind splits and heightening the danger of acting out erotic desires" (Mann, 1997, p. 10 in Harding)

Awareness of the effects of shock trauma, flooding, and disassociation became hot topics, and many of us studied treatment modalities for working with trauma. Treating shock trauma is now included in our training curriculum.

Self Psychology (1) and Object Relations (2) became of interest, along with Martha Stark's analysis of a One person, One and a half person and Two person therapy. (3)

1. *Self Psychology* is a modern psychoanalytic theory. Its clinical applications, were conceived by Heinz Kohut in Chicago in the 1960s, 70s, and 80s, and is still developing as a contemporary form of psychoanalytic treatment. In Self psychology, the effort is made to understand individuals from within their subjective experience via vicarious introspection, basing interpretations on the understanding of the self as the central agency of the human psyche. Essential to understanding Self psychology are the following concepts: empathy, alter ego/twinship and the tripolar self. Though Self Psychology also recognizes certain drives, conflicts, and complexes present in Freudian psychodynamic theory, these are understood within a different framework. Self Psychology was seen as a major break from traditional psychoanalysis and is considered the beginnings of the relational approach to Psychoanalysis.
2. *Object relations* is a variation of psychoanalytic theory that diverges from Sigmund Freud's belief that humans are motivated by sexual and aggressive drives, suggesting instead that humans are primarily motivated by the need for contact with others – the need to form relationships.
3. *One person therapy*: The therapist as expert, separate from the relationship and interprets the client's feelings and behaviors. *One and a half person therapy*: The therapist empathically mirrors the client. *Two person therapy*: *The therapist is an active participant in the relationship.*

Classical bioenergetics is a One person therapy, with the analyst as expert offering interpretations and techniques. With a Two person therapy, the therapist is a part of and deeply affected by the process. Many of us were working with personality disorders and our clients were feeling ashamed and flooded by the Bioenergetic

work. We had already begun to reshape our interventions, so that the analyst openly acknowledged her part in the process. However, to work this way has its risks, especially if you are working with sexuality. You are no longer an unmoved observer of someone's energy opening.

Target (2105) states:

“It appears that psychosexuality retreated from analytic focus at about the same time and rate that transference issues started to occupy the centre ground. Possibly sexuality was easier to focus on when the treatment was shorter, when the relationship with the therapist was not the central focus, when the patient's attachment to the analyst was most easily understood to be part of their illness, and the therapist behind the couch did not expect to get involved.” (p. 58)

Therapist Stance Working with Sexuality

It behooves you then as the therapist to be more aware of your own sexual energy, and to work on yourself, to be as open and conscious as possible. This is especially true, as we now know from Alan Schore's writings, that what transpires between the therapist and the client is often unconscious and non-verbal. Our comfort with our own bodies and sexuality is a pre-requisite to work with another's sexuality.

So after all of this: Again, what do we know of as healthy sexuality? For Reich the measure of health was to achieve orgasmic potency, “The Big O”. One definition of healthy sexuality could be a body that has a capacity to slowly vibrate into finer and finer movements until they become like subtle electricity and the body is enveloped in streaming, “The big O”. For a brief period of time the body/mind split is healed.

Although Reich believed that the charge begins in the pelvis, he was writing about more than genital arousal. He was talking about an energetic charge that is first manifest as vibrations or a tingling sensation, which travels up the spine through the shoulders freeing the arms to reach for connection and to push away to create boundaries. It travels up and down the legs, like a balloon needing a string and a hand to hold it, seeking for a way to move down and up from the ground in a wave pattern, moving our head back as the lower spine seeks contact with the ground and our legs seek a boundary to hold them. It comes up the front of the belly and chest and up to the jaw and out the eyes, freeing the eyes to be soft or hard, to push away or pull back, to show love, passion, longing, hurt, anger and sadism. Yes, we need to take responsibility for our sadistic impulses, feel the pleasure of our anger, to feel it in our bodies, and to have a choice whether to contain it or express it and to decide how we wish to do that.

The “big O” isn’t only about sex. These vibrations or tingling sensations are important for regulating our arousal system. Reich believed that we have more energy than is needed, in case of fight/flight. If that energy isn’t discharged, it becomes anxiety, sometimes so intolerable that physical symptoms and illness occurs. We know how valuable it is to release that energy, especially in dealing with trauma. Levine (1997) and Berceci’s (2008) somatic interventions for the treatment of trauma are based on Bioenergetic theory and techniques, which they both studied.

However, it is not that easy to reach the Big O and certainly difficult to sustain. My experience is that I have achieved it rarely and for only brief periods of time. I notice that my clients and I unconsciously stop the flow. Even though the sensations are pleasurable, familiar muscle tensions and holding patterns reassert themselves. Our attachment history has informed our bodies that it is not safe to be this open. It is too painful to have the expression of our needs and impulses denied again and again, so our bodies contract so that we are unaware of these frightening emotions, our desires for connection and the need for boundaries. To re-experience that rejection again and again would be intolerable, so we prevent ourselves from consciously knowing of them. We may be in state of chronic hyper- or hypo-arousal without awareness that another way of living in our bodies is possible. Not knowing our needs, we aren’t able to take care of them. Lack of awareness of our anger can cause it to burst through explosively. Chronic muscular tensions cannot only make it unpleasant to feel our bodies but also lead to health problems. Of course this is a very shortened minimal description. To see how they apply in Bioenergetic therapy, see Angela Klopstech (2000).

However, lying on the floor and streaming isn’t sufficient for healthy sexuality. The “Big O” is an experience of a person alone, not in relationship. Healthy sex is relational, for as Lowen (1975) says, “It is illogical to write about sex without discussing its relationship to love” (p. 27). Our relationship to sex and love *are formed in our early attachment relationships.*²

Target (2015) lists the following attributes as necessary for what she refers to as “normal” sexual relationships.

“First the relationship must allow opening one’s mind to another’s projection, an experience of safe attachment interactions allow each partner to accept being both separate and fused with one another ... Secondly, normal sexuality requires a reliable sense of the boundary of the physical self. This is blurred in intense sexual pleasure, in which the bodies may feel merged or interchangeable, and there must be confidence that the sense of self can be restored. Thirdly ... genuine desire on both sides is essential. Fourthly,

2 Resneck-Sannes (2012) outlines the developmental processes of attachment and love, and how they are attended to in a Bioenergetic analysis.

heterosexual excitement may be underpinned by an unconscious fantasy of also possessing being the gender of the partner.” (p. 54)

Target mentions an experience of safe attachments as necessary. We know that to rear children with healthy sexuality, we must provide a positive mirror, beginning in infancy and throughout childhood. Children must neither be favored nor victimized by either parent, but must be the third, separate from the parental unit. Tucillo (2006) states that the relational dynamic between the parents has a profound impact on the child's sexuality and, in particular, on her eventual sexual relationship.

“Children learn to relate to others through their parents relationships. Much of this trauma and pathology becomes imprinted, embedded in the unconscious and, although a young adult may vow never to repeat the mistakes of her parents, nevertheless, she often finds herself mired in similar relational traps ...” (p. 74)

For healthy sexuality it is necessary to be separate, to feel the charge and to take possession of it. If not, the person remains in a symbiotic merger with the other. As I quoted Target previously, you can't merge and lose your boundaries with another unless you are separate.

Bioenergetic Work on Sexuality

One of the principles of Bioenergetics is to first help the clients find their ground, to feel stable standing on their own two feet. As Lowen states in *Fear of Life* (p. 8): “One's feelings of security and independence are intimately related to the function of his legs and feet. These feelings strongly influence his sexuality.” It follows then that for clients to experience separateness, they must be able to stand, feeling supported by their own legs. It is often necessary to assist them in finding where the pelvis should be held in relation to the rest of the body. The client often needs support from the therapist to be able to manage this new stance.

Case Presentation

The pelvis needs to be allowed movement to provide charge and energy. Sometimes it is cocked back and held in the charged position, and tensions block the full swing of the pelvis into the discharge position. It is as if the person has one foot on the gas and one on the brake. Recently, a male, I'll call him Joe came to

therapy reporting ongoing panic attacks that had begun after his wife separated from him. He couldn't sleep and a psychiatrist diagnosed him as bipolar. However, he had never had these symptoms before. When I began to ask him to focus on the sensations in his body, he described feeling intense activation beginning in his chest and rising up his back and up to the top of his head. The area of his heart felt tight and ached. I told him that he was describing the pathways opened in kundalini yoga. He then told me that he had attended a kundalini retreat a couple of years ago, and it seemed that these either were, or had become habitual pathways for the energy in his body. First, of course, I helped him ground, finding the support that his own legs could give him. As Baum (2017) says: "Modifying the stance, like the effect of considering a new way of looking at something about which one has always had a particular attitude, creates the possibility for new experience, new ideas, new images, and new solutions." (p. 27)

After Joe found his legs and grounded, we did some simple boundary-setting exercises. Next, I encouraged him to move his pelvis. It was arched back, and he found it difficult to let go of the tension. He held a fully charged pelvis, but couldn't release during the thrust. All that charge created a great deal of anxiety, confirming Reich's theory. When trying to release his pelvis, he lost his ground and needed support from my hands on his upper back and on his chest to keep centered. While standing there, he reported a memory. One time, when he was 18-years-old, someone spiked his drink at a party with a hallucinogen. He came home and was very frightened. His father was generally passive, and his mother let him know in many ways that Joe was superior to his father. My hand on his upper back reminded him of that time when his father was providing support and calming him. His mother came home and found them together. She yelled at his father, grabbed Joe and dragged him upstairs to his bedroom, locked the door and climbed into bed with him. As he told me this story, he became aware of how enraged he was with his mother and how frightening it was to feel that. I removed my hands from his chest and back and stood in front of him. I offered him the palms of my hands and encouraged him to move his pelvis and push against me with his hands, enabling him to feel the power to set boundaries. I continued the contact with my hands while he pushed, since without the contact, he lost his ability to ground. His mother encouraged his sexuality. In fact she flooded him with so much charge, that it became difficult to ground. Also, there was no safe release.

Joe could not report an incident of sexual abuse but was caught between his mother's use of him to meet her own narcissistic needs, including sexualization of him, and the negation of his father as an idealizing object. He was caught in an Oedipal triangle that charged his pelvis in a way that was frightening to him.

After that session, he was able for the first time to take a stand during the mediation sessions with his wife and set limits on how she was treating him. He also began having his first good nights of sleep in months. This was important as

he said his anxiety was about not being able to sleep and not being able to sleep led to more anxiety. So being able to sleep offered him a great deal of hope.

Joe did not enter therapy with sexual issues but the somatic interventions were useful in enabling him to recover feelings regarding his mother, which in turn enabled him to be more assertive, to set boundaries, and discharge some of his anxiety. However, like most of our interventions, this was not a one-session cure. Several weeks later he had trouble sleeping again and was experiencing anxiety about his relationship with his current girlfriend. He reported frightening nightmares of being held sexual captive by his girlfriend and her father. Joe still has a tendency to lose his ground, especially with women to whom he becomes attached. He will need to lose and recover it many times before that learning solidifies. However, under stress, Joe like the rest of us will return to his defensive position. But he now is aware of it and is able to find a solid ground for himself. After 21 sessions, he no longer needs the Ativan medication to sleep.

Shame and Sexuality

Not all clients enter therapy ready to stand on their own and be separate. As infants we need a caretaker to survive. If that caretaker doesn't respond contingently to the infant's needs or threatens abandonment when the child tries to individuate, the client will be unable to separate from the introjected mother. To do so would mean death. In this case infantile issues need to be addressed before opening the sexual charge.

Another pitfall of opening sexual feelings prematurely is the following. When sexuality is opened before the person has dealt with feelings of shame, he or she either self attacks or attacks the other (the therapist) to protect against the "bad self". You may be working with infantile blocks as the patient lies on the mat, encouraging a full pelvic release. But later the adult is frightened by the charge and the sexual impulses that have emerged and may have feelings of shame. This is especially true for issues regarding sexual abuse. Sexual abuse often opens the genital charge before the victim can contain it. The charge is over-whelming and frightening; and to make matters worse, the victim usually blames him or herself for the abuse, and experiences intense feelings of shame.

"Shame is an emotion that is not readily shared. Rather the person wants to hide and cover the feeling to prevent further exposure of inadequacy. Because of this reaction, the person may internally separate from the therapist." (Resneck-Sannes, 1991, p. 11)

This is a critical moment because if the shame is not immediately addressed the client will be left feeling that he or she is bad, which may lead to a self attack,

i.e. cutting, over-eating, drugs or attack on the other (the therapist) to protect against the “bad self”. The therapist who opened these feelings must be bad. He or she is the perpetrator over-stimulating the client.

Empathy, mirroring, supporting, challenging and analyzing the therapeutic relationship are needed to treat sexuality. Lowen emphasized to always support sexuality. We need to support it because of the shame and feelings of inadequacy that surround it. It is such a sensitive part of ourselves that we need to bring to the therapy all of our therapeutic skills, including our knowledge of how energy moves through the body, especially through the pelvis.³

Developmental Charge and Sexual Expression

Another important contributing factor that Bioenergetic theory brings to the therapy process is the analysis of how developmental charge is held in the body. The belief is that the charge comes into the pelvis in a more differentiated way between 18 months to 3 years.

Reich (1971) made it a point to investigate his clients’ fantasies during masturbation. So, at some point, when the relationship is solid and I’m fairly certain that the question will be received well, I ask my clients what they fantasize about when having partnered sex or masturbating. I do this, because I want to know how they were parented during this time. As I have said, physical aggression charges the pelvis. Children who were physically punished during that time (not necessarily beaten, but swatted on the butt), or harnessed, or confined to a playpen, often have sado/masochistic fantasies during sex or masturbation. One client was literally tied to his crib when he was young, as his parents were afraid he would wander through the house and hurt himself. He liked being tied up during sex, and deep inside, he felt his charge was too much for others. When he had a therapist who avoided discussing his sexual practices, it confirmed that belief. Another client’s father spanked her very hard. He also dressed her in a French Maid costume when she was 8 years old, so physical aggression and sexuality were merged. She had fantasies of being spanked during sex. She was over-stimulated by her father and entered therapy wanting treatment for alcoholism. Once the drinking was under control, she became a compulsive eater, and then finally she became a sex addict. After three years of therapy, she could take a stand and ground on her own. She was able to differentiate her own body’s arousal from her father’s sexualization, which had flooded her. She was free from the need to use alcohol, food, or sex to calm herself.

3 Resneck-Sannes (1991) elucidates the psychological and somatic manifestations of shame, focusing on sexuality and sexual abuse with examples of how to work with it therapeutically.

If women are told that their sexual feelings might be over-whelming and that men might have a difficult time containing them, i. e. leading to rape, they report fantasies of being irresistible and captured, so that they aren't responsible for what follows and can avoid feeling ashamed for wanting sex.

There are as many variations on themes as our wonderful fantasy life will allow. I include Internet videos to be an important part of a client's fantasy life that also need to be investigated. I have treated many men who have come to therapy suffering from secondary impotence. The men I treated were all able to masturbate successfully, which I encourage. It is always good to keep the equipment in working order. Each of them experienced harsh rejection and criticism from their partners during sex. The pelvis was tucked under, like a dog with its tail beneath its legs, muting both the charge and specifically the aggression that would follow the resentment at being treated badly. As Murray (1986) says in her article: The necessary therapeutic intervention was when she helped her client see "his impotence as an expressive act by his body, through which he told his wife how he felt about her behavior." (p. 249).

Some of these men turned to Internet sexual videos, which the culture has labeled as pornographic. When questioned about what they were watching, the story line was clear. The women in these videos were all enjoying receiving and giving sexual pleasure. Fantasies are a rich resource of material and I encourage them not to be overlooked when working on attachment issues.

Culture and Sexuality

Along with our early relational experiences with our caretakers, cultural attitudes impact how sex is experienced in the body/mind. The definition of normal sexuality has gone through many changes. In the last few years homosexuality and transgender identification are no longer considered sexual perversions. In fact, transsexuals have shown us that gender and sexual attraction are fluid. A woman may be attracted to women and find that the lesbian community provides a safe mirror for connection to her self. When her partner decides to become a man is she still a lesbian or is she now heterosexual? Does she have to give up her lesbian community, in which so much of herself is identified? In this context the labels lose their meaning. Gender is no longer a two-option choice. It also means that the ideal couple doesn't necessarily need to be represented as a heterosexual unit. But then again, how many of us hold our parents' unions as ideal standards of relatedness?

Homosexuality is no longer considered perverse. It does bring some problems of its own in terms of marginalization by the culture, homophobia and shame. In fact homophobia impedes the ability to have normal sex, as it interferes with the capacity for imagination during sex of being the gender of the other. Normal sex-

uality is about being grounded and separate enough in your own body and sense of self that merging and losing body/mind boundaries is pleasurable. For healthy sexuality, we must be able to move from passive surrender (reception) to assertive aggression (thrusting). We need to take on both roles in our imagination. As we receive the penetration in our body/minds we also hold the role of the penetrator, feeling welcomed inside, imagining being touched while touching the other and reveling in the sensation.

Conclusion

In the last year I asked several Bioenergetic male therapists if they work with sexuality. Many said that they stopped because they were afraid of litigation. De-sexualizing our clients is often shaming to them, encouraging them to turn away and negate the very part of them that provides the life force, a sense of joy and power in the world. Therapists who are unaware of how sexuality functions in their own psyches are unable to effectively mirror their clients' sexuality and are in danger of acting out in the therapy room. However, working with such an integral vulnerable part of the self has its dangers. Virginia Hilton (1987) has written:

“How can we, who haven't resolved our own conflicts, offer those who come to us an ideal relationship for working through their Oedipal/sexual problems? We can't. Hopefully, we can be *aware enough* of our own issues and how they may impinge on the relationships, so as to keep them out of the way, and clear enough about the nature of the task so as not to simply recapitulate the initial trauma. We can acknowledge our limitations, and seek help for ourselves through therapy and supervision, accepting the fact that we never outgrow the need for such help.” (p. 216)

Lets bring sex back into the therapy room.

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Abstracts

German

In den späten 60-er und 70-er Jahren des letzten Jahrhunderts spielte die Sexualität eine zentrale Rolle in der Psychoanalyse und wich dann wieder aus dem Fokus der Forschung. Die Zunahme von Klagen gegen Therapeuten wegen sexueller Übergriffe, wie auch das Aufkommen stärker beziehungsorientierter analytischer Therapieansätze, trugen zu einer Vermeidung der Thematisierung von Sexualität im Therapiezimmer bei. In dieser

Zeit entwickelte sich die psychoanalytische Definition von „normaler“ Sexualität, ebenso wie Gender-Konzepte. Reichianische Therapieansätze, insbesondere die Bioenergetische Analyse haben Sexualität immer als integralen Bestandteil individueller Gesundheit betrachtet. Der vorliegende Beitrag übersetzt aktuelle psychoanalytische Konzepte von gesunder Sexualität in seine somatischen Entsprechungen in der bioenergetischen Theorie. Ein Fall wird vorgestellt, der zeigt, wie sich diese Konzepte in der Praxis manifestieren. Die Exploration sexueller Fantasien und die Vorlieben von Klienten für bestimmte Arten von Pornografie werden als hilfreich erachtet für ein Verständnis der Dynamik in der Kindererziehung wie auch für eine Klärung von Übertragungs- und Gegenübertragungsthemen.

French

Vers la fin des années soixante et soixante-dix, la sexualité constituait un thème central en psychanalyse, puis éventuellement, l'intérêt de la recherche s'est porté sur d'autres sujets. L'augmentation des plaintes pour inconduite sexuelle à l'endroit de thérapeutes, de même que l'émergence de thérapies analytiques de type davantage relationnel, ont contribué à l'évitement de thèmes de nature sexuelle dans le cabinet de consultation. Durant cette période, la définition de la sexualité "normale" évoluait, de même que notre conception du genre. La psychothérapie reichienne ainsi que son prolongement dans l'analyse bioénergétique ont toujours considéré la sexualité comme faisant partie intégrante d'un fonctionnement sain chez l'individu. Cet article vise à transposer les concepts psychanalytiques contemporains relatifs à une sexualité saine dans son équivalent somatique, en ce qui a trait à la théorie en analyse bioénergétique. Une vignette clinique vient illustrer comment ces concepts se manifestent dans la pratique thérapeutique. L'exploration des fantasmes sexuels de même que les préférences des clients pour certains types de pornographie est considérée comme étant un élément utile à la compréhension des dynamiques du parentage, de même qu'à la clarification des enjeux transférentiels et contre-transférentiels.

Italian

Alla fine degli anni sessanta e settanta la sessualità era centrale nella psicoanalisi per poi ritirarsi dall'essere il focus della domanda. L'aumento delle denunce contro i terapeuti per violazioni sessuali, nonché l'emergere di terapie analitiche più relazionali, hanno contribuito ad evitare di affrontare la sessualità nella stanza di terapia. Durante questo periodo, la definizione psicoanalitica di sessualità "normale" si è andata evolvendo, così come la nozione di genere. La psicoterapia reichiana, e l'analisi bioenergetica che ne è derivata, hanno sempre visto la sessualità come parte integrante del sano funzionamento dell'individuo. Questo articolo traduce i concetti psicoanalitici attuali di sessualità sana nel senso corporeo della teoria bioenergetica. Viene illustrato un caso che illustra come questi concetti si manifestano nel lavoro terapeutico. Esplorare le fantasie sessuali e le preferenze dei clienti per alcuni tipi di pornografia è considerato utile per comprendere le dinamiche genitoriali e chiarire le questioni transferali e controtransferali.

Portuguese

No fim dos anos 60 e 70, a sexualidade ocupava o posto principal na psicanálise, mas depois disso, retrai-se como foco de questionamento. O aumento de queixas contra terapeutas, por assédio sexual, assim como a emergência de terapias analíticas relacionais contribuíram para se evitar a abordagem sexual no contexto terapêutico. Ao longo desse período, a definição psicanalítica para a sexualidade “normal” evoluiu – assim como nossos conceitos de gênero. A psicoterapia reichiana e sua derivada Análise Bioenergética sempre consideraram a sexualidade como parte integrante do funcionamento saudável do indivíduo.

Este artigo traduz conceitos psicanalíticos atuais de sexualidade saudável em seus aspectos somáticos, na teoria bioenergética. Apresenta também um caso clínico que ilustra como esses conceitos se expressam na prática. Considera a exploração de fantasias sexuais e das preferências dos clientes por certos tipos de pornografia, como fatores que ajudam na compreensão das dinâmicas dos cuidados parentais e para esclarecer questões transferenciais e contra-transferenciais.

Russian

В конце 60-х и 70-х годах прошлого века сексуальность заняла центральное место в психоанализе, но затем начала терять свои позиции по причине возросшего числа обвинений психотерапевтов в нарушениях на сексуальной почве, а также появления других аналитических подходов, более ориентированных на межличностные отношения. В результате, тема сексуальности начала избегаться в психотерапии. С годами понятие «нормальной» сексуальности и наши взгляды на вопросы пола эволюционировали. Райхианская психотерапия и ее продолжение, Биоэнергетический Анализ, всегда рассматривали сексуальность как неотъемлемую составляющую здорового функционирования человека. Статья посвящена тому, как современные психоаналитические взгляды на здоровую сексуальность используются применительно к телу в биоэнергетической теории. Рассматривается терапевтический случай, иллюстрирующий применение этих принципов на практике. Изучение сексуальных фантазий клиента и его порнографических предпочтений помогает лучшему пониманию динамики детско-родительских отношений, а также проясняет вопросы переноса и контрпереноса.

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The Mysterious Life Energy

On the Validity of the Bioenergetic Concept

Arild Hafstad

Abstract: The paper explores empirical validation of the bioenergetic concept by randomized controlled research on the orgone box. To improve concept validity the author anchors the bioenergetic concept in physical principles and metabolism, combined with principles from Bioenergetic Analysis. The research lends support to the bioenergetic concept by showing that “contextual” stimulation (in the orgone box) can increase free energy in the human organism, indicating influence on a human bioenergetic system. These studies show that the human bioenergetic system is under contextual influence. The orgone theory has formal weaknesses and a sound scientific strategy gives priority to examining the equipment first.

Key words: bioenergy concept, organismic viewpoint, orgone, RCT validation of a bioenergetic system

Introduction to Bioenergy

What is life and what drives the process of development and survival in the world of living beings? Are they not among the most fundamental and interesting questions to ask? Some people find questions about life and energy wonderfully attractive, at the very center of their attention. As one of those people, I just cannot stop wondering about these mysteries, as some people have always done.

In line with Ventling’s request (2013), the intention of this paper is to investigate how the Bioenergetic Concept can build Concept Validity and bring in a line of research that gives it empirical support from randomized controlled studies (RCT). It might come as a surprise that the research studies the effects of the orgone box (ORAC).

For this purpose I differentiate between *Theoretical Bioenergetics and Applied Bioenergetics*. Bioenergetic Analysis is the field of applying the study of bioenergy to psychotherapeutic work. For validation, we need to take a step

back and consider Human Bioenergy as a branch of the general study of Human Nature.

“Bioenergy” comes from two Greek words, *Bios*, meaning the world of living forms and *Energeia*, meaning force or movement (Caprona 2013). “Bioenergy” can refer to both the forces and drivers that form life and the process of movement experienced and observed in life forms.

It is no ground for questioning *if* organismic movements require energy. All movements according to physics and physiology involve some kind of energy (Frayn 2010). The study of drivers and processes of life forms are scientifically valid and is the basis for studying human metabolism, i.e. energetic transformations in organs and systems of the organism (Frayn 2010). We find the term bioenergy used in cell physiology, especially in mitochondrial energy production (Cooper and Hausmann 2009). Scientists like Deacon (2012), Saphiro (2007), Van Kranendonk, Deamer & Djokic (2017), are looking at the origin of life from an energetic viewpoint.

The bioenergetic field of study as we define it in Bioenergetic Analysis must include knowledge of metabolism but is also more than that since we study *the energy dynamics of persons*. This dynamics of persons must include a natural and cultural context. Also, it must include processes where energy and information are intertwined (Bateson 1979). In short, it is about *energetic dynamics in contextually interacting persons*.

Biochemistry and physiology have made huge leaps in understanding molecular, cellular, organ and system specific processes of human life and metabolic mechanisms necessary for its maintenance (Cooper & Hausman 2009, Frayn 2010). This scientifically validated knowledge is basic to the greater picture, how life processes fit into whole human beings, as organisms, persons and members of social groups. When we include more and more aspects of human existence, new qualities appear and integrate with basic physiological processes. These higher-level dynamics influence physiology, creating new circuits of change and balance. Recently Fina Pla (2017) has demonstrated how human relations are incorporated (involved in energetic bodily reactions). Daniel Stern (1995) has shown how these dynamics start from birth on; Antonio Damasio (2002, 2004, 2010) has shown how emotional life builds on and feeds back on metabolic processes, to mention a few substantial contributions. All these studies show that the general field of bioenergetics is necessary for comprehending the complexity of human life processes.

History: Reich and Bateson

Wilhelm Reich was a pioneer in investigating this greater picture at a time when physiology and psychology was not nearly as developed as today. It was Wilhelm

Reich (1942), who introduced the Bioenergetic concept. Academic psychology studies mental processes and the brain, but is hardly attending to the energetic and bodily conditions of the mind. The energetic models of the mind were exchanged for informational models in the 1960's and led most professionals to conclude that energy concepts had become old fashioned and invalid, quite contrary to what Gregory Bateson, one of the main thinkers behind this shift intended (Bateson 1979). So, in the human sciences we have a situation that promotes something like a collective blind spot – an inability to look for energy. This general position in the field was partly an effect of misunderstanding Bateson's work. Even though life energy is not directly observable, its work within the life process always implies movements of some sort. Gregory Bateson (1972, 1979, and 1987) stated:

“Mental processes require collateral energy. Although it is clear that mental processes are triggered by difference, and that difference is not energy and usually contains no energy, it remains necessary to discuss the energetics of mental process because processes, of whatever kind, require energy.” (Bateson 1979, p. 111).

So energy and information must occur together, simply shown by the fact that the brain consisting of roughly 2% of body tissue uses about 25% of body energy.

Bateson (1979) differentiated two energetic systems that are working inter-dependently in the life process. One is the system that uses its energy to open or close gateways; the other is the system where energy flows through when the gate is open. The first is the system of decision, difference and information. The second is the source of energy. The outcome of their interplay is circuits, coding and hierarchies of meaning, or simply mind, he says. If we follow Bateson, the rudimentary mind started long before any nerve cells or brain had evolved, since from the very start, life was both energy flow and rudimentary energy regulation (mind). It seems safe to state that life cannot exist without energy, an energy that burns like a fire that neither gets out of control nor dies out. The model seems very close to Reich's diagram of mind and body springing from a common energetic source.

Observations of Life-Energy

Empirical study needs to start with observation. We need to ask, is there really something we can call life-energy, does the word refer to something *observable and consistent*? If we close our eyes and feel into the body, we can always detect a feeling of multiple movements, patterns and qualities that leaves an impression on our present state of aliveness (Hafstad 2008). These senses, *interoception and proprioception* inform us of our internal organismic state. In addition, the external

senses enable us to perceive life in others, through the form of their movements and their emotional expressions. Further, through *the process of mirroring* we can feel the states of others (Rizzolatti, Sinigaglia, Corrado 2008). Also, there is the rather subconscious phenomenon of *attunement, resonance* and *radiation* that implies a gradual transmission of other people's bodily states into our own (J. Clauer 2016, V. Heinrich 1999, Keleman 1986). These pathways of perception are common human capacities, although persons may not be familiar with attending to them. The power of these capacities is to allow us access to actual life states, qualities of aliveness and vigor in ourselves and in others.

So we have a perception of liveliness, but does that count as observations? In the therapy room – yes, but as scientific data? The answer is positive in a hermeneutic *qualitative* approach, which is one of two valid strategies in human sciences. In a strict *quantitative* experimental approach, the answer is no. In such cases, we need physical measures of energy, like temperature or electromagnetic charge as indications of energy level. It also would require *a theory of life energy* that can produce prediction, reliable quantifying measurement and a hypothetic-deductive strategy. It also requires randomized controlled experiments (RCT). Interestingly, a few such RCT's exist already, as we will soon come to see. A third possibility often used in psychology could be combining verbal reports of subjective experiences and physical measurements.

What Needs Not to Be Explained?

The word “explanation” means *the act of laying out in the open a pattern or plan that reveals the nature of a phenomenon*. It is easy to be trapped in the idea that first we must prove that life-energy exists. When Reich (1942) postulated the Orgone, he attempted to explain how life starts. Also, he said there is a specific form of life energy in the human organism. This challenged the whole scientific establishment and activated conflict between different camps within the body psychotherapy movement. Fortunately, we do not need to prove *the existence* of life-energy if we are careful with the formulation. Then we can concentrate on how life-energy works, i. e. its natural form.

Physicists generally admit that *we cannot directly observe energy, only postulate and infer that it exists*. The word “energy” in physics denotes “the ability to do work”. *The first law of thermodynamics*, fundamental to physics, states: “Energy can neither be destroyed nor created, only changed into different forms”. We ought to adopt the same position and conclude:

All kinds of changes in and between persons are expressions of energetic transformations. Since the energetic transformations happen through organisms, it is an expression of bioenergy. It is the notion of organism that justifies referring to the energy (the ability to do work) as biological. Our point of departure demands no more

specificity; neither do we need to prove it, since it is an axiom in physics and not an empirical statement.

The Life-process as every real process, involves particles, atoms, molecules and organic chemistry. They all must build on physical laws. This is not the same as reductionism but an acceptance of the fact that even the most complex social process happens within the frame of physical events. One might object that even physical laws stand on shaky ground these days since we do not know what 95% of mass in the universe is (Conselice, C.J. 2007). Still, we cannot ignore what we know of the physical world. A valid bioenergetic concept must be based on what is known, postpone speculative notions and entertain notions that can be put to the test.

A Broader Frame and Character Formation

An issue has been that people think it is a problem with the bioenergetic concept that we cannot directly observe *life energy*. This gives fuel to the criticism that it is a speculative and metaphysical postulate and that we are just repeating the vitalism of the eighteenth and nineteenth century. We need not fall into that trap. Instead, we may reply that this exactly parallels the situation in physics. We need a bioenergetic concept since physiological knowledge of metabolism is not sufficient to explain all the levels and interactions of energetic transformations in human life. Science needs a broader frame to see the whole picture.

Character formation is an example of such an energetic interaction that happens within this broader frame. It has relevance for studying the shifts between *free and bound energy* on the organismic to interpersonal level. In biochemistry, the building up of complex molecules is a process of binding energy, while splitting up molecules releases electrons and increases the amount of free energy in a field. The human organism is a field composed of myriads of smaller fields. The process of binding and freeing energy happens continuously and at all levels in the organisms. At the person-level, character formation restricts free available energy. People generally have a lot of energy they cannot transform. When we do bioenergetic exercises and feel energized and alive, it is not correct to say that we get more energy; it is rather that we release bound or latent energy into flow and transformation. Building *more* energy may be possible but only as a slow growth process.

The Second Law of Thermodynamics and Negative Entropy

The second law of thermodynamics states that within a closed system, any initial energetic difference moves towards zero. This law implies that the inorganic

world moves towards breakdown and destroying differences. We call this process of gradual and predictable loss of energy – *entropy*. The same tendency of decay happens spontaneously within all compartments in this world. For open systems like organisms, the tendency towards entropy is stronger and lethal if not opposed, since energy is lost to the surroundings until there is no difference between inside and outside, even the boundary decay, as in a corpse. This *downward* or falling energetic tendency in the organisms is the first fact of energetic movement in living organisms. The energy level is both continuously declining and creates a falling movement in the body in the same way as a cold-water sink and warm water surface. Notice that this tendency is also in bioenergetic movement and an essential part organismic dynamics.

Life can and must oppose entropy by increasing energetic resources. It does so by producing repair and restoring differences and differentiations. This is called *negative entropy*. It can only happen because being alive implies the ability to import energy resources and transform them through physiological steps. The human energy system seems to be rather efficient, since our daily need for nutrients is around 0.5 percent of our body weight (Frayn 2010). This reversal of entropy, necessary for survival and vigor require energy or continual work. In physiology this is accomplished by an array of biochemical arrangements like double lipid membranes, sodium pumps, Krebs cycles forming ATP, enzymatic reactions, and oxidation etc. Gene expression, hormones and the central nervous system regulate these processes. (Frayn 2010, Cooper & Hausman 2009). The investment in work pays off since it enables the organism to collect more energy than the basic physiological mechanisms require, which is a precondition for growth, differentiation, reproduction and expansion. The surplus energy plays its part in sexuality and possibly evolution. Bioenergetic processes require both upward and downward flow, building up and breaking down – binding and releasing. They can be of any form that supports survival and vigor. I have argued that gravitational energy can build structure in human life, while the same gravitational energy creates structural breakdown in the nonliving world (Hafstad 2013). Clearly, it is not necessarily a question of what kind of energy fuels the life process. Rather, life has many ways of entertaining energy, and we scarcely know them. On the organismic to interpersonal levels, Self – Regulation and Self – Respect may be abilities reaching deep into the entropic/negentropic dynamics of the organism and by that promoting vitality (Helfaer 1998).

Life-Energy and Bioenergetics

Life-energy is everywhere in the living world (bios) – flows freely, transforms, gets bound in structures, flows further, gets bound and flows again – through cells, body fluids, the whole organism, personal and social life. Theories belonging to

the Reichian and Bioenergetic tradition can contribute to account for energy at all these levels.

Wilhelm Reich (1935, 1996) and Alexander Lowen (1988 a) stated repeatedly that life is movement and pulsation. Energy tends to flow where it can, taking the shortest and most economic route. Thereby, it takes part in forming and shaping the organism, the person and the personal environment. Energy tends to pulsate – expand and contract, creating spontaneous wave movements. Humans have complexities allowing conflicting tendencies and paradoxes to occur: *ego control* conflicts with natural flow and *character structures* build defenses in the organism that binds free energy. Therefore, life energy must interact with the structures and blockages toward the easiest routes and find diminished roads through and around them. The strongest energy currents flow along the body's main axis – both between center and periphery and along the body's longitudinal axis. Reich's (1996) orgasm theory stated that the orgasm is the prime example of pulsatory phenomena related to its strong charge/discharge dynamics. He understood its function as regulation of the energy system, promoting vitality and restoring organismic unity. Lowen added grounding as a basic functional characteristic of human bioenergy. The energetic part of grounding is *the pulsatory grounding wave*, an energetic current that once stimulated by gravity and motility in feet, ankles, knees and hips – moves between the ground and the head. When this wave finds its way through the body segments, in particular the pelvis where it connects with sexuality and the thorax where it stimulates the felt heart, the full potential of life energy is expressed (Helfaer, p. 35–46. 1996).

Life-Energy and Orgonomy

One might agree these principles have served well as a model in the therapy room, which I think is what Lowen intended. He did not go much into the kind of specificities required in scientific discourse. By that, he may have avoided a serious problem. Wilhelm Reich (1948) had in 1938 on a “scientific” basis claimed to discover a life energy substance, the *Orgone* and radically reformulate his energy concept into *Orgonomy*. In general, the scientific and professional world found this move unacceptable. The orgonomy controversy led to Reich's isolation, harmed reputation, imprisonment and his death in prison in 1957. It was then and still is – a trauma to the body psychotherapy movement.

The *Orgone theory* is in my opinion still an unsettled case, neither proved nor disproved. To my knowledge, Lowen did not discuss the *Orgone* theory, but adopted the earlier Reichian model of energy. It is now 80 years since the theory was born and 60 years since Reich passed away. In the meantime there has been considerable research on the effects of the *Orgone box*. Since the issue in this paper is about clarifying the concept of Life-energy, it will not do to continue to put

the question aside. I will therefore discuss orgone theory and present a section of orgone research that is relevant for validating the Bioenergy concept.

Wilhelm Reich's first model of bioenergetic systems was based on Freud's libido drive theory. Sexual energy (libido) and life energy (bioenergetics) became synthesized and coupled with the Freudian theory of psychic defense. Simply stated, libido and bioenergy flows with restraint due to mechanisms of mastery and character defense. In 1937 in Oslo, Reich installed a laboratory, making microscopic observations of biological preparations – specimens of living tissue. He observed from these trials that the tissue radiated a blue-gray shimmer. To exclude light bulbs as a possible source of the shimmer, he put the tissue in "Faradays boxes" – cases of metallic electric leaders that insulated the insides from electromagnetic influence. He observed that this arrangement made the blue-gray shimmer *increase*. By wrapping the metal boxes with tree spoon plates, the light effect grew even stronger. By adding more shifting layers of organic material and metal, the effect still increased. This was the first Orgone box. Since he now ruled out that the light shimmer effect of living tissue in the box was due to electromagnetic charge, Reich assumed that there had to be some other atmospheric energy involved. His idea was that this energy became attracted both by the material of the box and by living tissue, passed through the organic and metal layers and became accumulated inside the box and finally in the living tissue inside. He called it *Orgone*, a form of life energy he considered available in the atmosphere and in the cosmos (Reich, 1939, 1949 a, b, c).

He assumed this specific energy spontaneously assembled and attached itself to chemical-organic matter and as such is abundant around and inside living organisms. He claimed that concentrated orgone has the additional property of pulsation and that this explains why organisms and tissue pulsate. Reich thought low organismic pulsatory capacity was a sign of low levels of orgone. He formulated the core of his theory as a physical law of organotic potential (Reich, W 1950 d, Reich, W 1951).

Strong energy fields draw its energy from weaker fields.

This law contradicts the second law of thermodynamics and is a formulation of negative entropy. Its uniqueness is *not* due to its negative entropic statement. Negative entropy is a necessary characteristic of life forms. Its originality lies in the claim that it is a common *physical occurrence, existing prior to life forms*. From that base, he thought – it influences organic synthesis and can spontaneously develop life.

According to Reich, orgone boxes build an energy field stronger than the atmosphere but weaker than the human bioenergetic field. As long as a person sits in the accumulator, she receives energy from the weaker field in the box that in turn gets its energy from an even weaker field in the surrounding air.

Reich's (1942) "discovery of the Orgone" as he called it, is not actually a discovery, but a series of observed events that begged for an explanation, which Reich offered as his orgone theory. Reich explained his observations by claiming

the discovery of an unknown cosmic substance not accounted for in physics. As a theory, it had several formal flaws.

The theory introduced an explanation hard to test and it invented a “God of the gaps” which is a pseudo explanation. It violated the law of parsimony by increasing the complexity of explanation beyond the observations and was close to inventing “a God like” prime mover.

In my view, this series of observations *only* demonstrates *the possibility* that a *contextual arrangement* of electromagnetically charged iron sheets and organic material could elevate the bioenergetic charge of living tissue. The natural course of further investigation would be to see if the observation also would hold for humans and formulate careful hypotheses close to the observations, maybe something like the following.

Contextual sheets or grids of iron can increase free energy in tissue and organisms and for some unknown reason, the effect increases when adding an outward layer of hydrocarbon material. The effect can predictably increase with numbers of layers.

A sound scientific procedure would be to then investigate experimentally if such equipment does promote vitality. First, we should investigate the peculiar dynamics of a system consisting of organism/iron/hydrocarbon layers. External explanations should wait until we are forced to entertain them. Note that the effects of the Reichian equipment are independent of explanations. We can do well for a while with experimental observation. The validity and reliability of the equipment relies only on its predictable and repeated outcome.

The main question was, *would the observation also hold for humans?*

Reich did actually follow this line by building a box in Oslo in 1937 with several layers that a person could sit in. He claimed to have replicated the effect under this condition. This was a very interesting finding.

Eighty years of trials and experiments on this matter is now available. In an attempt to get an overview of the research on the orgone accumulator, Hafstad & Meyer (2017) did a review. I only summarize findings on temperature effects here. Heat is an expression of energy and therefore may fit empirical validation of the Bioenergy concept.

Research on the Orgone Accumulator

A first step would be to examine if any unexpected energetic occurrences happen in an empty ORAC. Reich decided to measure the temperature both outside and inside an empty box, since it would be a sign of energy levels. With repeated trials he found an increased temperature inside the box of 0.5 degrees Celsius with fluctuations between 0.2 and 1.8 (T-TO effect). There are at least 10 reported trials and experiments, investigating the T-TO effect from 1949 to 1987. One of them (Demisch 1979) with only 3 probes, found no effect. Gebauer & Mischenich

(1987) did a controlled study with 100 measurements. Mean difference was 0.62 C (1% of significance). The T-TO effect is of great importance since it contradicts the second law of thermodynamics. It indicates that the box in some predictable way holds a higher energy level compared to the outside. It is not clear from the research if the T-OT effect increases with number of layers. At present there is support for the general prediction that *the temperature inside an empty ORAC will increase to a level around 0.62 C above the outside ORAC temperature.*

Critics of Orgone theory countered the finding by claiming that the difference was due to increased electromagnetic charge inside the ORAC. Reich (1939) used an electroscope to measure negative ions inside the box. He found that it took more time to charge the electroscope inside the box, indicating a lower density of free electrons in the air inside the box, so the alternative explanation did not find support. Fuckert (1985) got similar results in a controlled study using a control box. What Reich also observed was that this finding follows a daily cycle and is most prominent under high atmospheric pressure. Whether Reich's conclusion that the reduced density of negative ions inside supports the theory of atmospheric orgone is hard to say. There might be other unidentified explanations. A further clarification probably requires examination by experts on physics. The observation as such only indicates *reduced negative ionic charge inside an empty box.*

The next question is what happens with temperature increase when a person sits in the ORAC. This is highly relevant bioenergetic research, since the amount of heat emission from the human organism must reflect general bioenergetic mobilization.

Hebenstreit (1995) made such a measure in a double-blind study (N=62). When comparing orgone box and control box, he found differences with extremely high statistical significance, both for Mean and Maximum scores (p. 1% = 0,0000.). This is an unusually strong statistical finding, and the strongest effect found in his whole study, compared to other psychophysiological measures.

If we import Gebauer & Müschenich's (1987) middle value for empty orgone box (see above) – 0.62 C above room temperature, we get the following table from combining these two studies:

	Middle temp	increase	accumulated increase
1. Room temperature	22.59		
2. Empty control box	23.06	+ 0.47	
3. Empty orgone box	23.21	+ 0.15	+ 0.62
4. Person in control box	23.85	+ 0.64	+ 1.26
5. Person in orgone box	24.90	+ 1.05	+ 2.31

The temperature increase in the empty control box is somewhat puzzling, since we would expect zero difference and not 0.47 C increase. But Hebenstreit constructed this control box with one steel sheet inside, which probably made it a one-layer orgone box. Temperature values in the control box may therefore have been artificially high in his study.

The mean total temperature increase from room temperature to person in the orgone box is 2.31C. The first increase of 0.62 degrees is the energy accumulation from the box itself (27% of the total increase). If we assume the average energy increase from the human body to be 0.64 C as measured in the control box, this would amount to 28% of the total energy increase.

The rest (1.05 C) would then come from the orgone box's interactive effect with the human organism or 45% of the total temperature increase. Since it takes more energy to heighten the temperature on the top of the increase than it does on the first increase, the energy difference is even greater than the percentage shown. Also, had the control box been constructed correctly, without iron sheets, we could expect the effect to be even stronger.

Clearly, the ORAC equipment is able to activate a strong general bioenergetic mobilization that must include metabolic processes. The high statistical significance almost rules out the possibility that the finding is random.

The finding is relevant to the bioenergetic hypotheses that energy flows from the core to periphery and that peripheral energy mobilization reinforces core energetic levels. ORAC research has investigated this dynamic by measuring both core and peripheral temperature change. In tune with the above findings, Reich (1950 a, b, c, 1952) found an increase in *core body temperature* after sittings in orgone boxes. Gebauer & Müschenich (1987) replicated this observation with statistical significance in a double blind study. In addition, increased core temperature influenced peripheral temperature. Increased charge in the body core corresponded with elevated tension in the skeletal muscles and noticeable muscular pulsation (Reich 1950, a, b, c). Ritter & Ritter (1953) found in two controlled studies that there was no core temperature increase in the control box but an increase between 0.6 and 0.75 degrees Celsius in the ORAC. The increased temperature was at its highest point between 20 and 80 minutes after the sitting in the ORAC ended. Gebauer & Müschenich (1987) conducted a double blind study with similar and statistically significant results. Core temperature in the human body is under strong homeostatic control, which somehow ORAC exposure overrules. The delayed response seems to indicate that the increase is not dependent on simultaneous stimulation.

ORAC exposure seems to gradually activate metabolic processes. The findings support the bioenergetic hypotheses of core to periphery energetic flow.

Gebauer & Müschenich (1987) found highly significant temperature elevations on the back of the hand (1%). Snyder (1990) found an M= 1.9 C increase

(p. greater than 0.04). Hebenstreit (1995) found a highly significant increase ($p = 0.005 - 1\%$). All studies were with control boxes. These findings show that the effect on peripheral temperature is more than double the core temperature increase.

One might interpret this finding as an indication that the energetic mobilization happens in parallel by peripheral and core body mechanisms or indicates that a unitary organismic response is involved. It supports the notion of a unified bioenergetics system.

Besides validating the bioenergetics concept and illuminating the existence of human bioenergetics processes, these studies seem to support the notion that the system is under contextual influence. Probably not only the ORAC has the property of constituting such an influence. Further studies on body temperature might illuminate the effects of interpersonal contact, bioenergetic exercises and bioenergetic therapy.

Can we explain the effect by inherent unknown properties of the material arrangement used in the ORAC equipment (repeated hydrocarbon layers outside iron layers) stimulating the bioenergetic system? Or is an unknown atmospheric substance not accounted for in physics at present attracted by the orgone box and finds its way into the human organism as Reich claimed? This is still an open question, but a scientific strategy would favor examining the first alternative as far as it goes.

I have chosen to present the studies on temperature measures, because of their obvious value in validating the bioenergetic concept. There are other findings in ORAC research and clinical experience with ORAC equipment too, that is of interest. There are several studies on the cardiovascular system that show significant effects of the orgone box, especially red blood cell proliferation (Buhl & Fischer 2007).

I have asked if the bioenergetic concept can be validated (face and concept validity) and explored a line of randomized controlled research to see if it can validate (empirical validity) the notion of a unified bioenergetic system ranging from biochemical processes to interpersonal influence.

Conclusion

By anchoring the concept in firmly established physical principles and validated physiological research combined with principles from Bioenergetic Analysis, this paper concludes that the field of bioenergetic study is well justified and valid. The following is a summary of the research on orgone boxes (ORAC) as detailed in this paper.

1. The research lends support to the following bioenergetics notions. Contextual sheets or grids of iron can increase free energy in tissue and organisms

and for some unknown reason the effect increases when adding an outward layer of hydrocarbon material. The effect probably increases with numbers of layers. This effect needs further study.

2. The observation also holds for humans, indicating influence on a human bioenergetic system.
3. The ORAC interacts with the human bioenergetics system to the degree that it increases the temperature in the box with 1.05 Celsius more than a similar box only made of wood but with similar insulation value (K value). This amounts to 45% of the total temperature increase. Since it takes more energy to heighten the temperature on the top of the increase than the first increase, the energy difference is even greater than the percentage shown. Also, had the control box been constructed correctly, without iron sheets, we could expect the effect to be even stronger.
4. ORAC equipment is able to activate a strong general bioenergetic mobilization that must include metabolic processes. The high statistical significance almost rules out the possibility that the finding is random.
5. ORAC exposure seems to gradually activate metabolic processes. The findings support the bioenergetic hypotheses of core to periphery energetic flow.
6. One might interpret findings on core and peripheral body temperature in ORAC as an indication that the energetic mobilization happens in parallel by peripheral and core body mechanisms or indicates that a unitary organismic response is involved. It supports the notion of a unified bioenergetics system.
7. Besides empirically validating the bioenergetics concept and illuminating the existence of human bioenergetics processes, these studies seem to support the notion that the system is under contextual influence.
8. Probably not only the ORAC has the property of constituting such an influence. Further studies on body temperature might illuminate the effects of interpersonal contact, bioenergetic exercises and bioenergetic therapy.
9. We can explain the effect either by inherent unknown properties of the material arrangement used in the ORAC equipment (repeated hydrocarbon layers outside iron layers). Alternatively, stimulation of the bioenergetic system comes from an unknown atmospheric substance not accounted for in physics at present (the orgone theory). The orgone theory has formal weaknesses and a sound scientific strategy gives priority to examining the first alternative as far as it goes.

This material was presented to provide information to those interested in scientifically exploring the validity of the mysterious life energy, particularly based on bioenergetic concepts.

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Abstracts

German

Der vorliegende Beitrag untersucht die empirische Validierung des bioenergetischen Ansatzes durch randomisiert-kontrollierte Studien zum Orgonakkumulator. Um die Kon-

zeptvalidität zur erhöhen, verankert der Autor den bioenergetischen Ansatz in somatischen und Stoffwechsel- in Verbindung mit bioenergetischen Prinzipien. Forschung unterstützt den bioenergetischen Ansatz, indem sie zeigt, dass „kontextuelle“ Stimulation (im Orgonakkumulator) freie Energie im menschlichen Organismus steigern kann, was auf eine Beeinflussung des menschlichen bioenergetischen Systems hinweist. Die Studien zeigen, dass das menschliche bioenergetische System unter kontextuellem Einfluss steht. Die Orgontheorie hat formale Schwächen, und eine solide wissenschaftliche Strategie priorisiert eine Untersuchung der Apparatur vor allem anderen.

French

Dans cet article, une recherche explore la validation du concept bioénergétique en menant une recherche par échantillonnage sur l'accumulateur d'orgone. Cherchant à augmenter la validité du concept bioénergétique, l'auteur l'ancre dans des principes issus des sciences physiques et dans des principes relatifs au métabolisme de l'organisme, les articulant à des principes issus de l'Analyse Bioénergétique. La recherche conforte le concept bioénergétique en montrant qu'une stimulation « contextuelle » (dans l'accumulateur d'énergie) peut augmenter l'énergie libre de l'organisme humain, ce qui signifie qu'il exerce une influence sur le système bioénergétique humain. Ces études montrent donc que le système bioénergétique humain répond à cette influence contextuelle. Il n'en reste pas moins que la théorie de l'orgone présente des faiblesses formelles et qu'une stratégie scientifique solide doit donner la priorité à l'examen préalable de l'équipement.

Italian

L'articolo esplora la validazione empirica del pensiero bioenergetico mediante una ricerca randomizzata controllata con la camera organica. Per arricchirne la validità, l'autore ancora la concettualizzazione bioenergetica nei principi fisici e nel metabolismo, combinata con i principi dell'analisi bioenergetica. La ricerca rafforza la concettualizzazione bioenergetica dimostrando che la stimolazione "contestuale" (nella camera organica) può aumentare l'energia libera nell'organismo umano, segnalandone l'influenza sul sistema bioenergetico umano. Questi studi dimostrano che il sistema bioenergetico umano è sotto l'influenza del contesto. La teoria dell'orgone ha delle debolezze formali e una buona strategia scientifica dà per prima la priorità all'esame degli strumenti.

Portuguese

Este artigo explora a validação empírica do conceito bioenergético através de pesquisa randomizada e controlada sobre a caixa de orgone. Para aumentar a validade do conceito, o autor o ancora em princípios físicos e no metabolismo, combinados com princípios da Análise Bioenergética. A pesquisa fornece apoio ao conceito bioenergético, mostrando que uma estimulação "contextual" (na caixa de orgone) pode aumentar a energia livre no organismo humano, indicando influência sobre seu sistema bioenergético. Esses estudos mostram que o sistema bioenergético humano está sob influência contextual. A teoria do orgone apresenta fragilidades formais e uma boa estratégia científica dá prioridade ao exame do equipamento.

Russian

Статья посвящена эмпирическому обоснованию биоэнергетической концепции в рандомизированном исследовании, проводимом с использованием «оргонного аккумулятора». Автор совмещает различные физические принципы и метаболизм живых существ для обоснования Биоэнергетического анализа, тем самым подтверждая научную состоятельность данной концепции. В результате данного исследования получены аргументы в поддержку биоэнергетической концепции. Продемонстрировано, что «контекстуальная» стимуляция (в оргонном аккумуляторе) может повысить свободную энергию в человеческом организме, оказывая влияние на биоэнергетическую систему. Исследования показывают, что биоэнергетическая система человека находится под контекстуальным воздействием со стороны окружающей среды. Оргонная теория не является строго научной, и для обоснованной исследовательской стратегии первоочередной задачей является экспериментальная проверка возможностей оборудования, в данном случае, оргонного аккумулятора.

About the Author

Arild Hafstad was born in 1957 in Oslo, Norway where he lives and works. Graduate psychologist 1983, clinical psychologist 1988, chief psychologist 1988–1993. Full time private practice from 1993 to this day. Certified bioenergetic therapist in 2004. President of the Norwegian Society for Bioenergetic Analysis 2006 – 2010. Former board member of The Norwegian Forum for Character Analysis and at present in the Reich Society. Assistant trainer in BA training group 2007–2010. Published in the European Journal of Bioenergetic Analysis 2008 and the IIBA journal 2013. Workshop presenter at IIBA conferences in 2013 and 2017. Conducts workshops in Bioenergetic Analysis.

Examining Traumatic Memories

Re-Encoding and Reconsolidation

Homayoun Shahri

Abstract: In this paper I will discuss a short review of traumatic memories based on neuroscience and information theory. Based on neuroscience and information theory, I will present a new technique that may rewrite the traumatic memories during reconsolidation. The presented technique is based on addition of new information at the time of recall of traumatic memories, which may result in re-encoding of these memories during the reconsolidation. The resultant rewritten memories seem to last for a very long time.

Key words: neuroscience, trauma, memory, information theory, re-encoding, reconsolidation

Introduction

In a previous paper (Shahri, 2017), I discussed the nature of traumatic memories in detail. It is known that memories are a reconstruction of events at the time of recall. The converse is also true in that memories are recalled and remembered best when one is in the same situation or emotional state. It is important to note that emotions may affect the recall of certain aspects of memory more than others (LeDoux, 1996, 2002). It is also known that the memory of the more emotionally significant aspects of experience is remembered better than the more emotionally benign aspects of memory. Memories are known to be initially in a labile state and sensitive to change before becoming permanently encoded and consolidated in the neural pathways of the brain. It is observed that reactivation of consolidated memory can return it to a labile state again which makes the memory susceptible to change (re-encoding) during reconsolidation.

Memory, in its most general sense, can be defined as what we consciously recall from past events. But memory is more than what we consciously recall from the past (Siegel, 1999). In particular if a certain neural pattern has been activated

in the past (in response to external or internal stimuli) then the probability of activating a similar pattern in the future is enhanced. This is how we remember and learn from the past. “The increased probability of firing a similar pattern is how the [neural] network remembers” (Siegel, 1999, p. 24). Siegel further writes, “Memory storage is the change in probability of activating a particular neural network pattern in the future” (Siegel, 1999, p. 25).

Our brain generally does not encode and save every experience as explicit memory, or else we would be inundated with so much information so that we would not be able to function. It seems that the more emotionally intense an experience is, the higher the probability of its encoding and recall. The event is simply labeled as important by the amygdalae, which are parts of the brain involved in experiencing emotions. Likewise less emotionally intense events have a lower probability of being encoded and saved (Siegel, 1999). It is also important to note that events that are filled with fear, terror or are just overwhelming may not be encoded by the hippocampus, which is a part of the brain involved in memory and emotions. Several factors such as amygdala discharge, various neuroendocrines including noradrenaline and corticosteroids may inhibit the functioning of the hippocampus, thus blocking the encoding of the event and later recall. However, these events may be stored in implicit memory as fragments, while explicit memory is impaired (Siegel, 1999). Interestingly, when implicit memory is reactivated, it is not associated with a sense of time, place, and sense of self in time, nor is there a sense that something is being recalled. Implicit memory stores emotional dynamics of events, and not their contents. The brain can have implicit memory (mainly stored in the limbic system) from very early in an infant’s life (and even prenatally). But it is only after roughly the second year of life that the hippocampus is developed enough to encode explicit memory.

It is important to note that emotional aspects of the traumatic memories are stored as implicit memories in the limbic system. There is thus a splitting off or dissociation of contents of the painful experiences from the emotional aspects of the experiences. The painful contents are repressed while the emotional dynamics are retained as implicit memories. As Shore (1994) indicated this splitting process is inter-hemispheric as well.

It is also important to mention that the recall of (degraded) past memories recovers some parts of these memories but may further augment these memories for meaning (elaborative repression), in an effort to reduce the uncertainty, and increase predictability in order to reduce arousal (Erdelyi, 2006). For dissociated memories however, this same process may not occur, as these memories are highly state dependent and typically are not amenable to augmentation the way repressed memories may be. This is partially due to the nature of the dissociated memories that overwhelm various neuronal circuits and block the normal processing of these memories (Shahri, 2017).

In the next section, I will present a brief review of formation of and possible re-encoding of traumatic memories based on a neuroscience perspective.

A Neuroscience Perspective

The human memory formation is associative, which means that new information is remembered better if it is associated with previously encoded events or memories. The more emotionally meaningful the association, the more effective the encoding of the new information will be. Because of the associative nature of memory, encoding can be improved when new information is associated with other information already encoded in long term memory. This results in formation of a coherent narrative, which is already familiar (Mastin, 2010).

LeDoux (1996, 2002) argues that the only memories that are unchanged are the memories that have never been recalled. When a memory is recalled it will go through changes. This is due to associativity of memory. Thus, when a memory is recalled, it will be associated with stimuli in the environment and then reconsolidated. LeDoux (1996, 2002) further argues that this gives us the opportunity to modify memories during the recall and reconsolidation.

In a recent study, researchers in LeDoux's laboratory, Daniela Schiller, et al (2009) indicated that during reconsolidation, memories go through a period of instability after being recalled. The authors also introduce a behavioral technique for targeting the reconsolidation of fear memories in humans. They provide evidence that traumatic memories can be associated with benign information provided during the reconsolidation window. They show evidence that, as a consequence of this association, fear responses to traumatic memories are no longer expressed. They indicated that this effect lasted for at least one year and affected only the re-activated relevant memories without affecting others. The authors write (Shiller, et al, 2009): "These findings demonstrate the adaptive role of reconsolidation as a window of opportunity to rewrite emotional memories, and suggest a non-invasive technique that can be used safely in humans to prevent return of fear."

In a separate study from Joseph LeDoux's laboratory, Diaz-Mataix, et al (2013), write: "Traumatic fear memories are strong and persistent and form the basis of several pathological disorders, including post traumatic stress disorder (PTSD) and anxiety disorders. The search for procedures that may render these memories sensitive to pharmacological or behavioral treatments is thus critical. It is known that after memories have been consolidated into a long-term state they can enter a new labile state when reactivated prior to being reconsolidated. During this lability window, it is believed that memories are updated and new elements are incorporated." In this study, authors indicate that while in the labile state, the memories can be modified by introduction of new information during reconsolidation. This modification takes place due to associativity of memory,

which essentially indicates that recalled memory will be associated with the additional information during the reconsolidation and thus may modify the original fear-based and aversive memories.

In the appendix, I will introduce information theory, which provides a different perspective into formation of traumatic memories as well a theoretical justification for their rewriting during reconsolidation. I will also describe, based on information theory, which memories are primed for recall and how we can employ results from information theory to possibly identify and arrive at relevant traumatic memories quickly. I strongly recommend that the interested reader review the appendix.

In the next section I will introduce a technique that seems to be highly effective in re-encoding and rewriting traumatic memories during their reconsolidation. This technique introduces additional information at the time of the recall of the traumatic memories to facilitate their re-encoding during reconsolidation. As I will show in the next section the additional information is the therapeutic relationship and connection.

Re-Encoding of Traumatic Memories during Reconsolidation

In the previous section I discussed a neuroscientific as well as an information theoretic perspective (See Appendix) regarding formation of traumatic memories. I also laid the theoretical foundation and groundwork for the technique that I will present in this section that may re-encode traumatic memories.

In this section I will describe a technique that may rewrite traumatic memories during reconsolidation. In my experience with clients, the rewritten consolidated memories have lasted at least for 7 months, and I have not yet observed their recurrence.

My approach for potential rewriting of traumatic memories is based on *adding new information at the time of the recall of the traumatic memory, which can then result in its re-encoding during reconsolidation*. The added information may result in rewriting of the traumatic memory so that it is more predictable (reduced information) and less emotionally significant. This re-encoding of high information content and emotionally charged memories results in conversion of these aversive memories, through elaborative repression (Erdelyi, 2006) to more predictable and less emotionally charged and benign memories. The efficacy of this proposed technique is predicated on a strong therapeutic relationship, which functions as a predictable holding environment and a safe container.

I will present below, a brief history of the development of this technique. It was based on my own experience with my therapist, which led to the development of this technique that may rewrite traumatic memories.

Discovery of the Technique

Late in 2016, in one of my sessions with my therapist (Bob Hilton), I wanted to work on an issue that was with plaguing me for years. I was feeling tensions in my lower back in the mornings. It felt like that I had to tighten my lower back in an attempt to withstand the pressures and stresses of what I had to do during a given day. I knew that this was not anything new and that it went back to my childhood. Bob asked me to lie down and he sat to my left and asked me to hold his hand. He then asked if I remembered the earliest memories of this contraction and holding pattern in my lower back. I replied that I believed I was 6 years old getting ready for school when I felt this tension in my lower back (possibly a fight between my psoas muscles contracting and my back muscles contracting to keep me standing up and straight). Bob then asked me to stay in contact with him. I did not fully follow his directive, and instead pictured myself when I was 6 and moved my attention toward the contact with Bob and then toward observing myself when I was 6 in that contracted state. I was going back-and-forth between these two states. I noticed that the 6 year old (younger version of me) slowly changed to a more energetic, playful, and happy child. This experiment resulted in re-encoding of my memory of that time and the contraction in my lower back disappeared and has not returned since. I spent the next two weeks analyzing what had happened and also discussed it with Bob and mentioned my theory of why this rewriting happened. I mentioned to him that I modified what he asked me to do by alternating my attention between contact with him and to observing the feeling state for the traumatized child. I told Bob that it seemed like staying in contact while periodically switching attention to the traumatic memory can rewrite the memory, through elaborative repression, to one that is not as emotionally charged. In my earlier paper (Shahri, 2017), I had indicated that based on results from LeDoux's group it should be possible to rewrite traumatic memories, but I did not know how to do it. My experience in my therapy with Bob presented the answer.

Results of the Technique

I indicated above that our nervous system tends to move toward predictability and reduction of entropy. In my therapeutic session, the additional information was the safe and predictable therapeutic relationship, which resulted in rewriting of the traumatic memories during reconsolidation to more predictable ones through elaborative repression. In the language of information theory the newly encoded memories have maximum (mutual) information and minimum conditional entropy. This means that my emotional state in

the mornings became less emotionally charged (lower entropy) given my traumatic experience of the past, which was now rewritten to a more predictable memory.

I then applied the technique which was based on what had happened to me in my session with Bob Hilton to my clients with nearly complete success in the sense of re-encoding or rewriting of their traumatic memories that contained both developmental and shock traumas.

Application of the Technique

In working with clients' traumatic memories related to developmental trauma, I sit across from them (Figure 1a). When they discuss their presenting issue, I usually ask them about their earliest memories of a time that they felt this same way. Due to associativity of memory, and from an information theoretic perspective (See Appendix), the old traumatic memories are primed for recall and have a high probability of being remembered compared to irrelevant ones. I will then instruct the clients to imagine the feelings states and posture of themselves at the time of the recalled memory and place their imagined self slightly to their left (to activate their right hemisphere) and in between themselves and me (Figure 1b). Activation of the right brain is important in keeping the clients in their feelings. It can be readily observed that if we look to the right, while not moving our head, it is easier to think about logical matters, but not emotional; while if we look to the left, we can think of emotional matters but it is difficult to think of logical ones.

I will then ask clients to take me in, stay in contact with me and be fully aware of their connection with me. If clients don't fully understand how to stay in contact with me, I ask them to look into my eyes and be aware of the distance between us. I will then instruct the clients to quickly look at their imagined self on their left for a fraction of a second (depending on the trauma, this period may be adjusted) and then come back to their connection with me. I reiterate to them the need to stay in contact and be aware of their contact with me, even when they look at their imagined self on their left. I also ask them to not think at all (to keep them more in their limbic system), and to simply stay in contact with me and periodically look at their imagined self. I ask clients after a couple of minutes whether their imagined self has changed in any way. I periodically mention to clients that they should avoid thinking and just stay in their limbic system where the timeless intrusive emotional memories reside. We will continue the exercise until a positive change occurs (usually a few to several minutes). When the change has occurred, I can usually observe it on their faces. When these early memories, which are the blueprint for many future behaviors, are re-encoded and rewritten, clients generally feel more free and do not function from their early traumas as

often. Please note that Barlow's redundancy reducing hypothesis (Barlow, 1961) suggests that behavior, to a great extent, is based on earlier experiences, thus, when the adverse early memories are re-encoded, so are the future behaviors that are based on them.

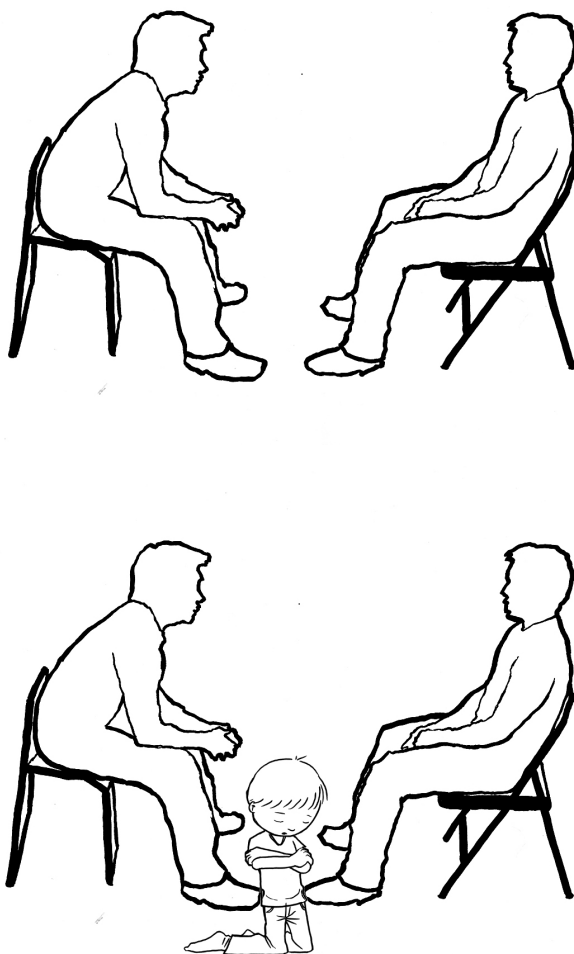


Figure 1. (a – top) Staying with the therapist and (b – bottom) imagining the traumatized self to their left

Steps for Working with Shock and Developmental Trauma

The old memories may be related to actual events in shock trauma as in PTSD. In working with shock trauma, I work directly with the intruding memories. I ask clients to bring the traumatic memory to their attention as if they are watching someone else going through the trauma, and they (clients) are safe with me, so that they do not get overwhelmed or activated. I then, similar to working with developmental trauma, ask them to stay in contact with me, and while aware of our connection, look at themselves on the left for perhaps a quarter of a second (the stronger the emotions related to the intrusive memories the shorter the duration of staying with it), to activate their right hemisphere. I ask clients to see if an alternative story emerges (elaborative repression). We continue the exercise until a more benign and empowering story has emerged. Clients always know the real traumatic memory, but those memories no longer seem to trigger them, and instead the memories that seem to be of significance are then re-encoded and rewritten memories. The exercise usually does not last for more than a few to several minutes.

In my practice, and over the last several months, I have worked with many clients and thus far, in every case, we have been able to successfully rewrite the traumatic memories and the old intrusive traumatic memories have not returned. In the following cases, I illustrate how I worked with two clients, one with shock trauma, and the other with developmental trauma. In both cases, the intrusive memories have not returned (as reported by clients). I worked with these clients six months prior to this writing, and there are no signs that these two clients are troubled by their former traumatic memories.

Case of Jenny

Jenny was a woman in her mid-thirties, who was referred by colleague. She came to see me to treat her severe anxiety. She was an educated woman and very driven in her work and life. She connected with me and we formed a strong therapeutic relationship fairly quickly. She then shared with me that she was sexually abused for several years by a relative and that she also had sleepwalking disorder. When I asked about the timing of the sleepwalking disorder, she indicated that it had developed shortly after the onset of sexual abuse. In the course of ongoing sessions, Jenny did several bioenergetic expressive exercises in order to own her anger and connect to her rage, during which some fragmented memories were recalled such the smell of the perpetrator. In our eighth session, I asked Jenny if she was willing to work on her trauma, and she replied 'yes'. I asked Jenny to stay in contact with me and be aware of her connection with me at all times and look into my eyes. I then asked her to recall a memory that stood out in her mind related to the

abuse but that she did not need to share it with me (to avoid the possible shame), nor did she need to recall all the details, but just a vague outline of the event (in order not to get triggered and retraumatized). I asked her to observe her younger self (placed on her left to activate her right hemisphere) in the recalled situation, as if she was watching a play, while staying in contact with me. I asked her to remain aware of our connection and stay in contact with me and every few seconds look to left and observe herself in the past for only a fraction of a second, then come back to connection and safety of her contact with me. After several minutes, I asked Jenny to see if the narrative had begun to change. She mentioned that the narrative was changing and that in the new narrative, she called out an older adult who came to her rescue, and in a different situation, she kicked the perpetrator and ran away to safety. I asked her to stay in contact with me and to see if the new narrative still held. She responded affirmatively, and indicated that she knew the original story but it seemed that what held truer was the modified narrative(s). In our next session she indicated that her husband had told her that she no longer sleepwalked, and said that her anxiety was reduced. She no longer suffers from sleepwalking disorder, and reports that she does not get triggered anymore by her traumatic past.

Case of Sally

Sally was a woman in her forties who came to see me regarding her anxiety and her low self-esteem. She was a bright and educated woman and reasonably successful in her career, but she always felt inadequate and like she constantly had to please others to gain their acceptance. She was constantly anxious that she was not good enough. I have worked with Sally for about a year. During the course of her therapy she developed a good understanding of developmental nature of her symptoms. She understood that she was neglected as a child (Sally was the second child among three sisters and a brother), and had to please her mom and dad to gain their attention. Most of the parents' attention went to the older sister, younger brother and her younger sister. Sally had made much progress in her therapy but was still plagued by her entanglement with her parents and siblings. In a session several months ago I asked her to see if she was willing to try a new technique and she agreed. I asked her when her earliest memories of feeling neglected were. She answered that she believed that she was about six years old. I asked her to imagine herself as a six year old and pay attention to the feeling states and posture of the neglected six year old younger version of herself. I also asked her to stay in contact with me and place the younger version of herself (at six years old) slightly to her left. I then asked her to describe the young girl. She mentioned that the young girl was sad, sullen, and was lonely with her head down as if she was ashamed of herself. I asked Sally to look into my eyes, stay in contact with

me and while she remains in contact with me to look at the six year old every few seconds for only half a second and come back to connection with me. After a few minutes, I asked Sally if the young girl was changing. She replied 'yes'. I asked her how the young girl looked now. She indicated that the young girl's head was no longer down, and that she was happier and more energetic, and was playing with her toys. After that session, Sally's anxiety was reduced, she became much more empowered in her relationships and her self-esteem was much higher. After the passing of several months, Sally continues to have higher self-esteem and is less anxious and does not feel lonely anymore. She indicated a few months after our session that she knew her real story but when she was reminded of her childhood, the memory that came up for her was the memory of a happier and more energetic child, and not the sad, sullen, and ashamed child.

Conclusion

In this paper, I briefly reviewed the formation of traumatic memories based on neuroscience and information theory, and presented a new technique that may re-encode the traumatic memories during reconsolidation. I discussed the theoretical validity of my approach using neuroscience and information theory. I also presented two case vignettes to demonstrate how I apply this technique. Based on my clinical experience so far, it seems that the resultant rewritten memories may last for a very long time.

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Abstracts

German

In diesem Artikel werde ich – basierend auf Neurowissenschaft und Informationstheorie – in einem kurzen Überblick traumatische Erinnerungen diskutieren, Neurowissenschaften und Informationstheorie folgend werde ich eine neue Technik vorstellen, welche es ermöglicht, traumatische Erinnerungen zu überschreiben. Die vorgestellte Technik basiert darauf, dass neue Information hinzugefügt wird, während traumatische Erinnerungen abgerufen werden. Dies kann dazu führen, dass diese Erinnerungen neu kodiert werden während der Rekonsolidierung. Die so neu geschriebenen Erinnerungen scheinen eine sehr lange Zeit anzuhalten.

French

Dans cet article, je propose un bref résumé de ce que sont les mémoires traumatiques à partir de les neurosciences et de la théorie de l'information. Je présente ensuite une nouvelle

technique, basée sur les neurosciences et la théorie de l'information, permettant la réécriture des mémoires traumatiques pendant la phase de reconsolidation. Cette technique est basée sur l'ajout de nouvelle information au moment du rappel en mémoire des souvenirs traumatiques, ce qui peut déboucher sur le ré-encodage de ces mémoires pendant la phase de reconsolidation. Les mémoires réécrites semblent stables sur une longue période après ce réencodage.

Italian

In questo articolo l'autore prende in esame una breve rassegna di memorie traumatiche in base alle neuroscienze e alla teoria dell'informazione e presenta una nuova tecnica che può riscrivere i ricordi traumatici durante la reconsolidazione. Questa tecnica si basa sull'aggiunta, nel momento del richiamo di memorie traumatiche, di nuove informazioni che possono provocare la loro re-codifica durante la reconsolidazione. Le risultanti risposte riscritte sembrano durature.

Portuguese

Apresento, neste trabalho, uma breve revisão das memórias traumáticas, baseada na neurociência e na teoria da informação. Apresento, também, uma nova técnica que possibilita reescrever as memórias traumáticas durante a reconsolidação. Essa técnica se baseia em acrescentar novas informações no momento da recordação dessas memórias, podendo resultar em sua recodificação. As memórias reescritas resultantes parecem ser duradouras.

Russian

Обсуждается проблема памяти о травмирующем событии с точки зрения нейробиологии и теории информации. Будет описана техника перезаписи травмирующих воспоминаний во время посттравматического лечения и восстановления. Метод базируется на добавлении новой информации во время обращения к травмирующим воспоминаниям, что может привести к перекодированию воспоминаний в ходе их закрепления. По-видимому, переработанные и перезаписанные таким образом воспоминания сохраняются очень долгое время.

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Appendix

An Information Theoretic Perspective

Claude Shannon (Shannon, 1948) in his paper, 'A Mathematical Theory of Communication,' introduced the concept of information theory. According to information theory, the information contained in an event is inversely proportional to its probability of occurrence p (a number between 0 and 1). Thus the more likely the occurrence of an event, the less information the event contains. Conversely, the less likely the occurrence of an event, the more information the event contains. For instance, the sentence, 'there is at least one rainy day in a year,' contains very little information since the presented assertion is very likely to be the case. But the sentence, 'it will rain tomorrow,' carries much more information as it is less likely that it will rain tomorrow than having a rainy day in one year. Another way of stating the above statements is that events that are predictable contain less information, while unpredictable events contain more information.

Recently, there has been much interest in application of information theory in neuroscience (Pfaff, 2006; Rieke, Warland, van Steveninck, and Bialek, 1999). The neural connections via their axons and dendrites can be viewed and considered as communication channels with limited capacity. This indicates that the firing of neurons and the production of action potentials or spikes (Shahri, 2017) are governed by fundamental limits quantified by information theory. Figure 2-A below (adapted from Gollisch, Meister, 2008) shows a discrete grid (marked by dots in the picture) laid over a picture of salamander fish, which is used to measure the response of one ganglion cell (responding to darkness) of the salamander fish when moved on the discrete points of the grid. In this experiment, a ganglion cell which responds to darkness (cell in the retina) of a salamander fish is placed over the location of the dots in the picture and then the response is measured. Figure 2-B shows the firing of the ganglion cell when moved across a column (over the location of the dots) marked by arrows. Figure 2-C shows the reconstruction of the captured image of the salamander based on the latency of the spikes (action potentials), that is the earlier the firing, the darker the actual scene is. Figure 2-D depicts the reconstruction of the captured image of the salamander based on the spike counts. One can appreciate that the sensory processing is limited by the firing of spikes. That is if the firing of ganglion cells cannot keep up with stimulus, the sensory information will not be encoded in its entirety and information

will be lost. This argument is essential in the understanding of traumatic memory based on an information theoretic perspective. Namely, that when the sensory information is massive and beyond the capacity of neural firings (action potentials or spikes) to fully capture it, information is lost and the narrative related to the sensory stimuli can at best be preserved in fragmented and dissociated forms. Traumatic memories, in essence, are the memories that correspond to events that could not be captured and coded in their entirety due to fundamental limits on the rate of firing of spikes and action potentials. Furthermore, since a coherent narrative is not constructed that integrates the fragmented traumatic memories, these memories will contain high amount of information (unpredictability).

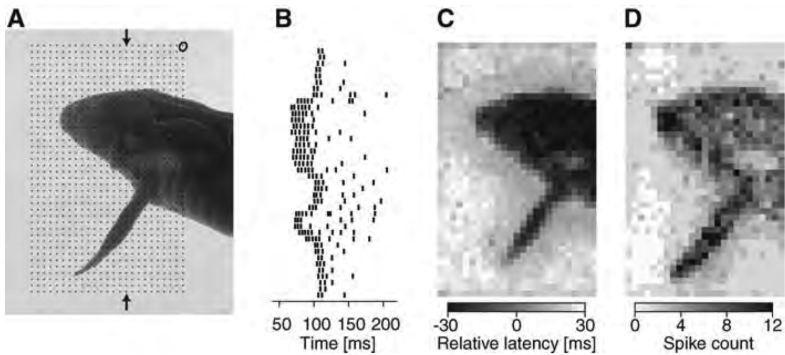


Figure 2. Response (Spikes) of Ganglion cell of a Salamander

This explanation immediately leads to a possible method of treatment for trauma. One can imagine that it might be possible to add information at the time of the recall of the fragmented memories to construct a narrative which combines the fragmented and partial-memories to form an alternative, benign narrative which encompasses most or all of the partial-memories.

In the following I will introduce an introduction to information theory, which is used to justify the technique for re-encoding of traumatic memories, presented in the next section. The reader may skip the mathematical formulas and only read the arguments. The formulas are introduced in this section only for completion and rigor.

Shannon (1948), quantified the information $-I$ contained in the occurrence of an event with probability $-p$ (a number between 0 and 1) according the following formula (1):

$$I = \log(1/p)$$

Where ‘log’ is logarithm in base 2 (a quantity representing the power to which a fixed number – the base – must be raised to produce a given number – for example $\log(1000)$ in base 10 is 3 since 10 to the power of 3 is 1000).

The information I is measured in bits. Shannon (1948) introduced the concept of “entropy”. Entropy measures the information content of an event E , which contains n outcomes. Entropy is simply the statistical average of information contained in occurrence of each outcome of event E . Entropy, H is defined as (2):

$$H = \sum_{i=1}^n p_i \log(1/p_i)$$

where \sum is the summation. For simplicity, one can write entropy of event X in a more concise fashion (3):

$$H(X) = \sum p(x) \log(1/p(x))$$

Where $p(x)$ is the probability of occurrence of an outcome of event X .

Shannon (1948), also introduced the concept of mutual information $I(X;Y)$ which is a measure that indicates how much our uncertainty is reduced, related to occurrence of event X given that a related event Y has occurred (4).

$$I(X;Y) = H(X) - H(X|Y)$$

And $H(X|Y)$ is the conditional entropy (uncertainty) of event X given that event Y has occurred. Mutual information is also measured in bits.

Shannon (1948) computed the channel capacity C as the maximum amount of information that can be transmitted through a channel. An implication of channel capacity applied to the brain sensory information processing is that the encoding of sensory information in the brain must be efficient and that neurons must be expressing their full output capacity in order to encode sensory information (with little loss of information) subject to the limits imposed by channel capacity. In the field of neuroscience and information theory this is known as the efficient-coding hypothesis. Loh and Bartulovic (2014) write: “The Efficient Coding Hypothesis, suggests that sensory relays recode sensory messages, so that their redundancy is reduced, but little information is lost. Coding to reduce redundancy eliminates wasteful neural activity, and also organizes sensory information such that an internal model of the environment causing the past sensory inputs to built up, while the current sensory situation is represented in a way

that simplified the task of the part of the nervous system which is responsible for learning and conditioning.”

Efficient-coding hypothesis, which is also known as redundancy-reducing hypothesis was introduced by Barlow (1961).

Barlow’s Redundancy-Reducing Hypothesis (1961)

Horace Barlow (1961) argued that laws of nature are such that they bring order and simplicity to our complex sensory experiences. He further argued that the communication and coding of information in the brain should be fast, precise, and minimally redundant (efficient), and should work regardless of the interference in the communication channel. The associativity of memories can be considered as a direct corollary of Barlow’s hypothesis, in that by encoding associative information (memory) together, redundancy is reduced in that memories are not encoded in separate and redundant parts. Another corollary of Barlow’s hypothesis, which I will emphasize, is that when a memory is recalled, then all associated previously encoded memories are also primed for recall and thus have a higher probability of being recalled. Redundancy in information theory is defined as (5):

$$R = 1 - I/C$$

Where R is a measure of redundancy, I is mutual information, and C is the channel capacity, which is fixed and depends on the nature and characteristics of the channel. In the above formula it is clear that redundancy is minimized when mutual information is maximized, which essentially means that goal of nervous system is to maximize information about the environment. We can readily observe that mutual information, $I(X;Y)$ is maximized when the conditional entropy $H(X|Y)$ is minimized. $H(X|Y)$ is minimized when our uncertainty about the occurrence of event X is minimized given that event Y has occurred in the past. What the above statement says is that the conditional entropy $H(X|Y)$ is reduced when Event X occurring in the present bears some resemblance to Event Y that occurred in the past. In other words when events X and Y are highly correlated $H(X|Y)$ is minimized. Please note that the above also explains the phenomenon of transference, which is about the repetition of behaviors retained from childhood toward a new object. It is also important to note that the brain does not simply compute the correlation between sensory inputs corresponding to event X and all events Y that occurred in the past. It starts the computation with events that have higher information content and are thus more significant. Not only do neuroscience and information theory prove this assertion, but also it is important to note that this would have had significant evolutionary advantages in that previously encoded

events with high information content were generally more important and more relevant to the survival of our species.

A corollary of Barlow's hypothesis is that our nervous system moves toward predictability and avoidance of "high information" and unpredictability. Our brain can be thought of an information processing machine constantly trying to reduce the unpredictability of sensory input by correlating and comparing the sensory input to encoded events with high information content that occurred in the past and finding the closest match, thus reducing the mutual information and reducing redundancy in encoding of the sensory input. Pfaff (2006) relates brain arousal and emotion to information and entropy, thus indicating that emotionally significant events contain more information and are more unpredictable. To illustrate this point, the interested reader could look at the checkered figures depicted on the right side of Figure 3, and notice which figure results in more arousal (attracts attention). As our vision is peripheral, figures that are more horizontal carry less information and have higher probabilities of occurrence and thus contain less information, while figures that are more vertical carry more information and have lower probabilities of occurrence and thus result in higher levels of arousal and emotional response. The figures on the left of figure 3 (adapted from Rieke et al., 1999) depict the firing of action potentials of ganglion cell of a Rhesus monkey. The ganglion cell of the Rhesus monkey responds with more spikes and action potentials to the vertical figure, and not as strongly to the horizontal figure, as a Rhesus monkey's vision is also more peripheral.

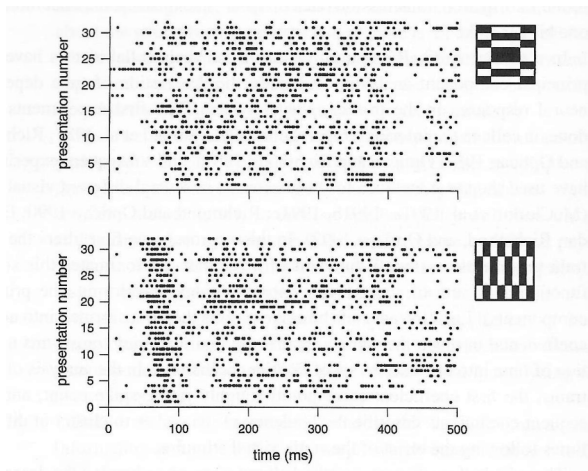


Figure 3. Rhesus Monkey's Ganglion Cell response to different patterns

As I discussed above in more detail, seen from an information theoretic perspective, traumatic memories correspond to events with high information that were beyond the capacity of the firing rate of neurons to be represented and associated with previously encoded memory. The traumatic memories may thus be encoded as dissociated and fragmented part-memories that contain high amounts of information (unpredictability) and are more emotionally significant. These explain why traumatic memories are state dependent and can be easily triggered and result in emotional dysregulation. The treatment of trauma then requires the integration of highly emotional (high information) fragmented memories and reduction of their information content (unpredictability).

Fleas on the Back of a Wild Dog

Five Skulls and Human History

John Conger

“Sick on my journey,
Only my dreams will wander
These desolate moors.”

Basho's Death Poem (his last poem)

Abstract: “Fleas on the Back of a Wild Dog” describes the evolutionary history of the body we address as somatic therapists. Competent therapists take a complete history, and this paper addresses an ignored history, disregarded, concerning the body itself. As body-oriented therapists, the historical body in front of us, like the psychological history, has often unexpected relevance. The body we walk around in is no invention of the moment. Our instinctual attitudes carry a history that deepens our sense of the body’s purposeful movements and its frustrations. Otherwise uninformed, we suffer a loss of background. This paper provides something of the innate skills still underlying our present life experience.

On my desk are five human skulls: to be precise, *Australopithecus afarensis* (Lucy), *Homo ergaster*, *Homo erectus*, *Homo neanderthalensis*, and *Homo cro-magnonensis*. They are not actual dug-up skulls but casts. I am not romantically invested in death. But I expect something from these skulls that aren’t transmitted in words. I want to know where I came from. And so I am waiting for a deeper understanding of the evolutionary paradigm that has rushed urgently upon us with the unraveling of DNA and the subsequent genetic decoding of everything that walks or crawls and eats things. I am thrust into nature like a mud hole I can no longer climb out of. I am nature. The same gene that makes the front legs of a fruit fly designs my arms and the wings of other creatures.

I am no longer a human being with an animal aspect. I am very much like my dog, a mammal with an edge on everyone else. The cow I eat brings me alarmingly close to genetic cannibalism; and the mosquito I kill, sucking my blood, is only a few hundred million years behind me, according to our shared structure. We are all just a very weird family sharing a meal. The same genes formed us all, altered by yes/no, binary switches called *hox* genes, directed by only a few design alternatives. The evolutionary process sustains itself with durable simplicity.

I was brought up on the hard edge of the story book Judeo-Christian tradition in which King David was a big hero of mine and Jesus was ethically and personally, a brilliant, disturbing, compassionate mirror to human nature and the transcendent life. I was aware that human history was very old, predating the Greeks and Egyptians and even Phoenicians who gave us their alphabet. There was so much history to learn. And I went to graduate school and read as much great literature as I could ever wish, hearing voices as durable as rock.

But what is 10 or 20 thousand years up against a universe that came into being 13 billion, 700 million years earlier, or a solar system that exploded into being 4 billion, 600 million years ago? I am in awe of a creation story that tells me such unimaginable truths. After some millions of years, a rock the size of Mars hit our earth a glancing blow that sent it spinning so that the iron moved to the core and the basalt became the mantle and the gasses gathered as a protective atmosphere. The earth tilted and developed seasons and a piece ripped off that became our moon. And the earth still wobbles and shifts a few degrees and moves from a spherical trip to an elliptical trip around the sun, shifting back and forth every ten thousand years or so.

And for billions of years, on earth, it's just bacteria talking to itself – that's it. There was bacteria and then more bacteria, clumps of it for sure, but as far as we know (which isn't much), evolving life wasn't a priority. Oh yes, the bacteria develop finally a nucleus and DNA to reproduce, and then reorganized for different purposes. Four billion years pass and nothing mammalian happens but how would we know really!

Nothing we consider "advanced" lasts for long, no remnant. Maybe a race more brilliant and adaptive bred genius and destroyed itself leaving no record like the evocative Atlantis legend suggests. But after billions of years of apparently little change that would matter to us, such as the right mix of oxygen, heat, dry land, clean water, food and light – how are we to comprehend the Cambrian explosion?

From the creation of our solar system 4 billion, 600 million years ago, finally something did happen, a mere 543 million years ago. The life that existed in a primitive form within the range of four phyla (an internal structure classification), evolved into 38 phyla over the next ten million years; even more amazing, that number of phyla has not increased since that time. Life exploded into complex and varied forms that were hungry.

Life forms (fossils) developed internal complexity assisted by claws and armor. One theory proposes that life developed primitive eyes, presenting for all to see, an immediate form of protein. We were able to develop bigger brains and bodies because of the nasty habit of eating each other. One particular fact (as a once peace-loving Berkeley California resident) has impressed me – that built into our life plan as a species is the aggressive necessity of acquiring protein, one way or another. Aggression is not just the result of a bad childhood or a bad neighborhood.

And then, of course, came the near extinctions of all life 250 million years ago, the Permian Age, after Nature had put in all that work to build finally a viable future for complex life forms. Apparently on this planet, even continents are not nailed down. Roughly 300 million years ago, (the Mesozoic Era, spanning 245 to 66 million years ago, the age of dinosaurs), there was only one continent called Pangaea, before being pulled or split apart one million years later. There's a debate about which it was. (*Science News*: 4/4/2015). The temperature in general was tropical, just perfect for Dinosaurs, gradually shifting from deserts to forests, a cooler climate and the next catastrophe.

Nothing has prepared us to grasp the utter randomness of an earth whose priorities lean toward volcanoes and meteors, toward oxygen shortage, an earth that shows us no preference. Millions of years later, 3.6 million years ago, time for the continents to have drifted far apart, the Arctic was covered with boreal forests; and by 2.2 million years, the end of the Pliocene Epoch, the North had grown colder ushering in the glacial period. There were ice ages after that – the last extending from 110,000 to 12,000 years ago, the last Ice Age so far.

The violence and destructive reverses of a world turning on itself places us like fleas on the back of a wild dog.

There is nothing safe about this later day creation story – far from it. No Fatherly or Motherly Evolutionary presence watches over our behavior once so artfully conceived of as a secure, earthly garden. Given our passion to own the truth about our existence, aside from manifestation, the Creator I believe in, doesn't reduce to something we can comfortably imagine at all. If we are to get a glimpse of the signature of the Creator, then science, mystical experience and what has been called Grace and I would add Simplicity, must draw us, against all arrogance, into sustained states of unknowing as the available contact point.

The Presence of God stands outside and beyond this evolutionary narrative. The intelligence written into the universe and universes speaks of an inconceivable brilliant Presence. There is in the religious narrative a bewildering reduction of the miraculous to bite-size in order to guide and sustain our fallible life path on our journey toward Light. The spiritual reality of religious traditions speaks of God's love for us and our immortality as points of light, of our immunity to death. Our precariousness is just an experience, nothing permanent. We are living within two great mythologies of body and spirit – but about the body.

But in this Earth-driven moment, who are we really if not the skulls that preceded us, our forebears, whose adjusted DNA define us now? You have probably heard of Lucy, 3 million 200 thousand years old. Recently, there are some who figure she fell from a high tree (four stories high) to her death because of the multiple bone fractures. (*Nature* 8/29/16 as reported in *Science News* 9/17/16) Her brain is the same size and shape as an ape, a fourth of the brain size of ours. Lucy was bipedal but obviously and to her detriment, she could hang from trees. Her pelvis was short and wide like ours and no longer long and flat but curling around

to provide leverage for muscles to hold her standing. She has been represented as our primal differentiation from our tree-climbing cousins. Instead of only eating like chimpanzees from the leafy trees and fruits of the forest, Lucy had moved as well to the grasslands diet. Supposedly, ten million years ago the planet got very cold for a few million years. Without water in Africa many of the forests disappeared and so our forebears of necessity left the trees for grassland and ate tubers and pick-up food. And we progressed and warmed up some of course. From 3.4 to 2.5 million years we were butchering animals and by 1.8 million years ago we hunted large game.

The earliest fossil that represents the beginnings of the human family was found in Chad in Africa, and is tentatively dated at 7 million years old, called "Sahel man" after a part of Africa south of the Sahara desert. A skull and some jaw fragments were aligned, not like a guerrilla's alignment to the torso (45 degree angle), but to an upright positioning. (Walter, 2013) Recently in East Africa, stone tools were found 3.3 million years old. (*Science News*. 6/13. 2015). So far, we have identified 28 attempts at our species with *homo sapiens sapiens* the only survivor, while carrying forward some genetic material of our extinct forbears.

The story we want to tell from Lucy is that the human species moved from the trees to the ground and we then developed longer legs with the right tilt to facilitate running and our pelvis grew wider and shorter and later deeper to accommodate a larger head/brain. But recently someone discovered *ardipithecus ramidus* who was 4 million 400 thousand years old, who was 4 feet tall with longer legs apparently, a creature further along in development toward our human species than Lucy. From *ramidus* we might assume a different historical conjecture entirely, throwing doubt on all suppositions. (Bower, 2012)

Nevertheless, we can notice over time that the skull muzzle recedes and the brow ridge loses prominence and smelling gives way to seeing as the face flattens out. *Homo ergaster* with his craggy brow ridge and heavy jaw, my second skull, one million 800 thousand years old, represents a serious advance. S/he was possibly making fire and certainly tools, there being no hard evidence about fire until our last million years. *Homo ergaster* gave birth to *homo erectus*, who, with a brain capacity of two-thirds our present brain, dated at about one million seven hundred thousand years old. Stationed on my desk, *homo erectus* actually looks much more "like us." By that time, we had developed a wider, deeper pelvis and long legs for running distances, an arched foot with a big toe that takes 30% of the weight when we walk or run. *Homo erectus* had it all except for the misfortune of dying out.

Australopithecus afarensis (Lucy) like other apes (no tails) three million years ago no doubt followed the customs of apes in which the biggest male got to propagate the species with the much smaller females, while the smaller males slunk away disappointed. But somehow in the million years that followed we developed the pair bond approach in which many of the males had permanent girlfriends/wives. Consequently, with *homo erectus*, the male and female size dif-

ference became moderate. What defines us as human beings according to Nick Wade (p. 168) is the pair-bond, reciprocity, language and religion, (with a bit of a scuffle around the inclusion of religion).

“We have some remarkable capabilities as human beings that allowed us to run down fleet footed food until they slowed from exhaustion. Fascia encases our muscles and organs, the ‘fascia profunda,’ a stretchy elastic that ‘connects muscle to muscle, forming continuous spirals from our feet to our forehead, which twirl around each other like the strands of a double helix. Meaning? Our body is rigged like a compound archery bow. Super stretchy tissue links our left foot to the right hip, the right hip to the left shoulder, and its much tougher than any muscle.” (McDougall, p. 69)

After several million years of adaptation, with our shoulders thick with fascia, ligaments and tendons, unlike apes, our species learned to throw spears and rocks with the energy of a slingshot. Our shoulders were lower, our wrist more flexible, our upper arm rotated more, and our waists wider. (McDougall, pps. 74–75.)

And for a while, *Homo erectus* sat on my desk; and without verbal language or fascia, s/he was communicating so much, so easily, even if I did not understand. There is nothing wrong with being visited by the unknown in a seemingly familiar form, for long periods of time. It’s a form of waking up or going to sleep.

Some suppose that *Homo heidelbergensis* in Africa eventually fathered *homo sapiens*; and also the neanderthals in Europe – that is, *Homo neanderthalensis*. Neanderthal man had a brain one-fifth larger than our own and more of a muzzle, not that flat face that favors sight over smell. There continues to be debate about whether s/he could talk or symbolize through art and rituals. My neanderthal visitor is 125,000 years old but his type died out 30,000 years ago but not without leaving 4 percent of its genetic makeup with us, *homo sapiens*. Svante Paabo and his group at Max Planck Institute have decoded the Neanderthal DNA and discovered it to be an ancient species dating back three to four hundred years old in distinct contrast to *Homo sapiens*. Cave remains in the Carmel mountain range in Israel, dating back 100 thousand years, suggest a possible meeting place for the two species, in which the tools used were identical. (Paabo, pp. 197–208). Recently in Spain, evidence of the use of fire in a cave by Europeans was confirmed dating to 800,000 years ago. (SN, 7/9/16: “Europeans Lit Fires 800,000 years ago”. Bruce Bower)

According to Steven Mithen, *Homo sapiens* emerged in Africa 130,000 years ago during a harsh glacial period, the earliest skeleton having been found at Omo Kibish in Ethiopia.

“This new species behaved in quite a different way to those that had preceded them: the archaeological record begins to show traces of art, ritual

and a new range of technology, reflecting a more creative mind. H. Sapiens rapidly replaced all existing human species, pushing the Neanderthals and H. Erectus into extinction.” (Mithen, p. 10)

To leap ahead, the Cro-Magnon man skull is French and 30 thousand years old, and I want to believe he was creating artful tools and cave paintings. From the indentation on the forehead of his modern face, he lost an important, individual fight. I am told that Cro-Magnon man had a larger brain than we do at 1600 cc. I kind of resent that. He just doesn't look that big or that smart. I am also told that it was probably not just good protein that developed brain tissue. Ironically, starvation helps increase brain tissue and decreases the cell duplication in the rest of the body and so prolongs life.

I am not just thinking history when I see these ancient artifacts of our struggle to meet impossible odds. On my desk, their faces remind me, like any monk or phenomenologist, of being present to my own death. These skulls, standing beside if not elbowing past the Judaic-Christian/Classical Tradition, are the new narrative of who I am, my lineage which has extended to me a life against all odds, surviving on an earth that is no mother, whose nature, with all its generosity, is profligate, violent and untrainable, as we ourselves so often prove to be – perhaps the mother we deserve. These skulls tell me of youth, joyful, immortal, resilient, terrified, loving the earth always as if for the first time, relentlessly cut down like grass.

And aside from all that, you might be asking yourself, what is the genesis of this weird skull obsession, this guy's séances with composites? Is he recommending this practice to others?

The Development of my Skull Obsession under a Physician's Care

Not so long ago I went into analysis to become a Psychoanalyst. I was in so many ways directed toward being a Jungian Analyst; and yet I was reading British object relations, initially Klein, one of the early somatic psychoanalysts – fascinated by her study of the primitive development of a self. The great teachers I was studying under, at the time, taught at the Psychoanalytic Institute in San Francisco. I was amazed they let me in to PINC in 2003 and let me out in 2009.

While I was seeing my Analyst in downtown Berkeley, I thought I would save money on parking by using the Barnes and Noble lot. In order not to be identified as the exploiter (lying cheat) that I was, I walked through their bookstore both coming and going, and I was going three to four times a week to Analysis. I practically lived in the store because their buyer on Nature was a genius. I bought tons of books on evolution, anthropology, neuroscience, and consciousness. Gradual-

ly it dawned on me that those clever devils were exploiting me by luring me into their lot, a kind of Venus flytrap. Perhaps it is pure circumstance, but that particular branch went out of business after I finished my analysis.

As I mentioned before, I discovered that the same genes that created the front legs of a fly were the same that created wings and created my arms, that nature seldom starts over but builds by repeating past strategies and adapting them. In this case, by having a yes/no switch called a hox gene, all the variations of leg, arm and wing, the vast difference in size and nature, can be organized by evolutionary choices. Such evolutionary structures fill me with awe, perhaps like Einstein's sense of the intelligence we call God.

And if that were not enough, in Berkeley there is an amazing store on Solano Avenue called The Bone Room, and that is where I found myself buying reproductions, with that hunger to have a skull right there looking back at me. I thought I might understand who was looking at me from so long ago, so I bought others. Now my justification each few months, when I hunger to buy more remains, declares that as a teacher, these skulls are terribly useful props.

Why is the evolutionary body, along side psychoanalysis, so important to me and so much a part of what I teach others privately and in graduate school? Just as the cell phone threw the landline into shadow, so verbal language turns the body into a sound. We have bodies made out of words. Our body image goes to China through chat-roulette. We have a self that travels light.

The class I teach in analytic/somatic therapy attunes us to those earlier languages we pushed aside. The gene for verbal language, "foxp2", appeared roughly 120 thousand years ago, but judging from our tool development, we were not very proficient until about 50 thousand years ago. But long before verbal language, having survived every evolutionary destruction, we were a smart, always-young race talking up a storm through expressive gestures and images because the body thinks that way.

The development of a verbal language was intensified through a second stunning revolution. Between 40 and 20 thousand years ago (an array of fossilized teeth tell us this startling fact), we began to live beyond thirty years of age, surviving disease and accident. (Pringle, p. 49–55). Of course there is plenty of life before thirty. We can propagate, we can identify hundreds of plants to eat; we can weave baskets and build a shelter. We can tend a fire and we can jump on the back of a big animal with our spear.

However, I don't know what you were like at thirty, but I don't imagine a whole lot of reflective thinking or writing was happening, not until we lived longer lives. We developed an alphabet 3800 years ago. We got serious about writing at about the 8th century BCE when the Greeks adopted the Phoenician alphabet. For some time, agriculture freed us from wandering about desperately, grazing all the time, wearing us out too young, and suffering terrible accidents. Even more amazing, the complexity of writing and reading, so unique to our

species, had to develop within the constraints of our primate brain. (Dehaene, p. 8)

We had managed to develop agriculture and domesticate animals even as a primitive society that lives day to day. Primitive societies according to the noted anthropologist Claude Levi-Strauss, operate through egalitarian structures and agreement. Writing however marks the shift from primitive societies to modern societies. When asked to define the difference between primitive societies he had studied and civilized societies, Levi-Strauss in conversation with Georges Charbonnier in 1959, described the shift from a primitive society of stasis to the civilized sort, to one of built-in inequality – as a provocative disequilibrium, an inherent disorder that becomes the generative force for disturbed development and difference. He says,

“So the only phenomena which, always and in all parts of the world seems to be linked with the appearance of writing, (and not only in the eastern Mediterranean but also in China in the earliest known period, before the conquest), is the establishment of hierarchical societies, consisting of masters and slaves, and where one part of the population is made to work for the other.” (Claude Levi-Strauss pps. 29–30)

It has long been noted that we cannot bear very much reality. We must reduce reality to bite-size. We don't tend to see much, only what works for us at the time. *Verbal language, through abstraction and dissociation, has taken on the significant task of blocking out bodily sensations. Once we freed ourselves from the prejudicial demands of the body through the spoken word, through writings and analytic thought, we declared ourselves independent of the emotional hardships of a body-centered life.* The liberated mind left the house and wandered off securely on its own as if it had no family, a prodigal son who spent all its inheritance but still refused to call home. It's timeless apartment and companions are books, journals and computers, a brilliant but costly liberation from current circumstance and culture.

And so I take myself back before books.

I don't think it was only skulls that reconnected me to my somatic human Being as a significant structure in the erector set of evolution. Utterly lost to words, I needed long-term rehabilitation in somatic psychotherapy to return to the painful body experience I had magically escaped. Following my shift toward embodiment, it was Neuroscience that hypothesized for me how our human being developed a self through a move from a core consciousness, a “proto-self”, to an “autobiographical self” as described by Antonio Damasio in, *The Feeling of What Happens*). To be clear, what further distinguished me from my fellow mammals was this prefrontal cortex development that made plans, constrained impulse, and recognized itself in reflection, a self that could build a story of itself and consider itself as an ongoing object in a larger context, a self-aware self with

a symbolic function – a self that could experience being free as a bird, that could invent itself as having escaped for the moment the artificial cage of body.

Only then did I experience my sameness to my cat – that I was like my cat in so many ways with an emergent awareness of feeling and emotion, an internal sensory system that evaluates inside and outside experience (Sohms), all complex and parallel, similar except for the self that flies. Otherwise, I truly was not that different from the deer that wander at will around Berkeley without regard to the leash law, deer that eat my favorite plants and make me dream of a country freezer and another kind of life.

Therefore, it seems odd to me that Psychoanalysis has strayed so far from the body, from psycho-somatic illness, from a truly Somatic Psycho-Analysis – given the awkward reality that our body, as it turns out, is not an artificial bird cage; but follows us everywhere as a mammal, like a lonely dog. Perhaps we think a dog is unable to keep up with our lofty conversation.

I teach my students to go back to an earlier time, to *Homo erectus* or *Neanderthalensis*, to a time when we were more sense driven and so much was understood through feel and emotional attitude, balance and imbalance, containment and release, amusement and play, posture and gesture, all the gifted intelligences of body.

I say to my students that there are at least 8 languages and the last is verbal: I list and describe them in general terms: instinct; sensory-motor; emotion; the six senses; patterns, numbers, and forms; art, music, and dance; sequences and grammatical constructs; and verbal language. I want my students to “see” energy as it stops and starts, as actually no-big-deal. I want them to feel the ancient body that survived.

When some people dance together, nothing happens at all, no magic, even if they keep the beat. It looks like mutual bumping, jumping and arm swinging. But when you look around a bit, you inevitably see someone else speaking with an exquisite something – no name for it but what an impact of natural art; and sometimes, two of those alien body language people talk with each other and gradually all the chatter stops.

Everyone steps back and clears a circle to watch. Now you get to see the evolutionary body unwrapped and vibrant, sophisticated, coherent and distinct, both alien and utterly familiar because our body knows what is said while our verbal mind falters. If we are not too afraid of the woods from a lifetime of city living, our bodies unwind in the wilderness in similar inexplicable ways that our head can't keep up with.

In college and in graduate school, for four summers, I was staff at a canoe camp in Canada in which we left camp for weeks at a time. Eventually I took a two-month trip, the second half of which carried us down the Hurricanaw River that fed into Hudson Bay. Reaching the Bay, we paddled across to Moosenee and returned by train. Modest as that was compared to the survival/wilderness sto-

ries I have read, I mention it because it changed my orientation to life, in which the significant, indeed overwhelming, experience of life is utterly wordless; and instead – intensely visual, visceral, and terrifying in the most ordinary way. The commonplace examples were the rapids that could kill you through a slight misjudgment. Some nights looking in the sky, the northern lights might have been a wild, Olympian party or the beginnings of an alien invasion, something not to be believed.

To this day I can see and feel the river and the low banks, the rapids – and I remember a huge moon through the rain that sat on the water as we emerged, finally, down the last rapids, shivering, to the Bay. After a month on the river, we had run out of tobacco. Anyone who has been in wilderness knows what I am talking about, how it reduces us in importance to less than a big rock and dominates our experience. There is also another powerful experience of simply being a part of something rather than alien. Important as they are as invaluable alternatives to the raw demand of nature, books are secondary to the moment-by-moment survival.

Nevertheless, it is the evolutionary body in nature, that within the protections of civilization, I return to with as much thoughtfulness and presence as I can muster. A civilized rationality can bite-size reality by discarding every experience that does not fit into its one bedroom apartment. Mystery, spirituality, mythology, our “wild experience,” all of it that may be scoffed at, sustains our humanity in trouble. Face it, the abandonment of wild experience has disembodied us.

And yet often, the deepest transactions between my patients and myself, the place that most needs to come together within us is wordless and wild, and it is in being there humbled, present, without the weapons, perhaps with only dim awareness of the mystery of water and fire, that the healing takes place.

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Abstracts

German

“Fleas on the Back of a Wild Dog” (Flöhe auf dem Rücken eines wilden Hundes) beschreibt die evolutionäre Geschichte des Körpers, mit der wir uns als somatische Therapeuten befassen. Kompetente Therapeuten nehmen eine vollständige Geschichte auf. Und dieser Artikel geht eine ignorierte, vernachlässigte Geschichte an, die den Körper selbst betrifft. Als körperorientierte Therapeuten hat der historische Körper vor uns – ähnlich wie die psychologische Geschichte – oft eine unerwartete Bedeutung. Der Körper, in den wir hineinkommen, ist keine Erfindung des Augenblickes. Unsere instinktiven Haltungen vermitteln eine Geschichte und vertiefen unseren Sinn für die absichtsvollen Bewegungen des Körpers und seine Frustrationen. Anderenfalls blieben wir uninformiert, würden wir einen Verlust an Hintergrund erleiden. Dieser Artikel erhellt etwas von den angeborenen Fähigkeiten, die noch unter unseren gegenwärtigen Lebenserfahrungen liegen.

French

“Fleas on the Back of a Wild Dog” (des puces sur le dos d’un chien sauvage) décrit l’histoire évolutive du corps auquel nous nous adressons en tant que thérapeutes corporels. Les thérapeutes compétents prennent note de l’histoire complète du patient. Dans cette présentation, il est question d’une histoire ignorée, méprisée et qui concerne le corps propre. Pour les thérapeutes d’orientation corporelle, le “corps historique” qui se présente devant nous a souvent une pertinence aussi inattendue que l’est l’histoire psychologique. Le corps que nous explorons n’est pas une invention du moment. Nos attitudes instinctives sont porteuses d’une histoire qui donne du sens aux mouvements délibérés du corps ainsi qu’à ses frustrations. Sans cette information, nous perdons le contexte. Cet article présente une partie des compétences innées qui sous-tendent toujours notre expérience du moment présent.

Italian

“Fleas on the Back of a Wild Dog” (pulci sulla schiena di un cane selvatico) descrive la storia evolutiva del corpo, che affrontiamo come terapeuti corporei. I terapeuti competenti colgono la storia completa e questo articolo affronta una storia ignorata, trascurata, riguardante il corpo stesso. Come terapeuti orientati al corpo, il corpo storico di fronte a noi e la storia psicologica, hanno spesso una rilevanza inaspettata. Il corpo attorno a cui ci muoviamo non è un’invenzione del momento. Le nostre attitudini istintive si uniscono alla storia che approfondisce il nostro senso dei movimenti intenzionali del corpo e delle sue frustrazioni. Se non informati in altro modo, soffriamo la perdita del background. Questo articolo fornisce alcune competenze innate che sottendono la nostra esperienza di vita presente.

Portuguese

“Fleas on the Back of a Wild Dog” (pugas nas costas de um cachorro selvagem) descreve a história evolutiva do corpo que abordamos como terapeutas somáticos. Terapeutas

competentes tomam uma história completa e este artigo reporta uma história ignorada e desconsiderada sobre o corpo em si mesmo. Como terapeutas corporais, o corpo histórico que se põe diante de nós, assim como a história psicológica, tem frequentemente, uma inesperada relevância. O corpo em torno do qual giramos não é invenção de momento. Nossas atitudes instintivas carregam uma história que aprofunda nosso senso dos movimentos propositais do corpo e suas frustrações.

Caso contrário, desinformados, sofreríamos uma perda de background. Este artigo mostra como habilidades inatas ainda subjazem nossa experiência de vida atual.

Russian

Описывается эволюционная история формирования человеческого тела – основного объекта телесной терапии. Опытные терапевты хорошо знакомы с тем, как развивалось человеческое тело в ходе эволюции, однако, настоящая статья посвящена той части истории тела, которой не придавалось особого значения и, которая поэтому, игнорировалась. Для телесно-ориентированных терапевтов, взгляд на развитие человеческого тела, как это было и в истории психологии, часто приносит неожиданные открытия. Тело, с которым мы работаем, сформировалось не вчера. Инстинктивные реакции продиктованы долгой историей становления человека в процессе его природной, культурной и социальной эволюции, зная которую, можно глубже понимать как телесные целенаправленные движения, так и связанную с ними фрустрацию. Без этого понимания современные знания о человеке неполны. Настоящая статья расширяет представления о телесных возможностях, присущих человеку от природы, которые, лежат в основе функционирования современного человека.

About the Author

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Aggression as a Significant Factor in the Formation and Expression of the Self

Anat Gihon

Abstract: Aggression, in the broad sense of the term, is examined from psychoanalytic literature with a focus on Bioenergetic theory and treatment. Clinical material enhances the exploration of working with aggression in patients, including energetic work with breath, grounding, boundary setting and expressive movements. This paper explores dealing with aggression when working with weaker structures, while working from a relational matrix and when encountering issues of countertransference.

Key words: Aggression, moving towards (approach), vitality, sexuality, reaching out, assertion

Introduction

In his monograph, *Aggression and Violence in the Individual*, Alexander Lowen reminds us that although the popular meaning of aggression is connected with hostility and even violence, “from a point of view of personality, aggression is contrasted with passivity”, and its actual meaning is “to move forward, towards”. (Lowen, A. 2005, p. 297)

When talking about aggression in this paper, I see it as a sequential libidinal charge correlated with the muscular system. It is rooted in breathing, which is the very core of voluntary pulsatory movement. When given enough available energy, aggression starts from the capacity to want and initiate a movement towards contact with the outside. It is the force that takes us forward in life, reaching out for fulfillment of our needs and wishes, (ibid., p. 297) and of overcoming obstacles for such movement. Aggression includes assertion, it fuels the ability to set and claim boundaries, protecting the self’s integrity in part by feeling and expressing anger. In healthy development, aggression, along with other factors such as grounding, plays a central role in building a well balanced, well bounded, well-regulated container for oneself. All of the above are actually connected with self-possession, self-

expression, self-assertion (Lowen, A. 1983, p. 111–112), and with self-respect, (Helfaer, P. 1998, p. 55) which are necessary ingredients for the formation of a healthy, true self, and for maintaining respectful relationships with others.

Since staying in relationship with the parent is the deepest existential need for a child, when aggression, at least in the child's mind, poses a threat to the existence of contact with the parent, aggression will often be blocked by fear, finding alternative avenues, turning against the self in different ways, and/or be expressed in destructive manners, like in criticalness, rage, hate, perversion or violence. (Appendix 1, based on Hilton, R. 2007, p. 167). This will affect the life of the individual in almost every aspect.

Every significant encounter between two people – any two people – is actually an encounter between two bodies – two selves, with unique adaptive organizations, folding within them a unique history of physical, mental and emotional experiences. Every such encounter stimulates the authentic life movement, the adaptive–defensive organization and a cluster of bodily-emotional-mental memories, often of traumatic experiences, all of which will affect the quality of this encounter. This is true about our encounter with everyone, including with our patients, and can actually be seen as the energetic base for transference and counter-transference. This is an element that we should be aware of when we have to help our patients re-find their authentic movement. Since aggression was stopped because it lacked the needed environmental response, positioning ourselves in relation to our patients with the needed attunement is crucial for the therapy to work well. Still, being recipients of such charge, like anger, rage etc., can evoke our own historical traumas, especially if, like in the lives of many of us that chose to become therapists, our traumas have some similarities to the relational traumas of our patients. This is especially true of those of us therapists who have had to serve in some way or another as care takers of our parents.

Theory of Aggression in Psychoanalysis

The meaning and perception of aggression in the psychoanalytic literature is widely varied. I will not go into the many points of view regarding the nature and role of aggression that have developed with the development of psychoanalytic thinking. The majority of writers view aggression as synonymous with negative affects such as rage, hate, violence, destruction, perversion, sadism, envy, and revenge. On one end of the spectrum it was perceived as an innate, primary, and destructive drive (Freud, Klein and others). Freud even perceived it as the representation of the death drive. On the other end of the spectrum, with analysts like Kohut or other Self Psychologists, it was seen not as an innate force, but as a response to disturbances of the self, in particular with persistent empathic failures by the person who occupies the function of the selfobject, or as a defense reaction

to humiliation and injured narcissism. (Rizzuto, A. M. Meissner, W. W. Buie, D. 2004, p. 5)

Others, such as Reich and later Lowen, Winnicott, Rizzuto, Meissner and Buie, have classified aggression as an innate force, serving significant psychic and developmental needs. In this paper I chose to relate mostly to the perception of Reich, Lowen, and Winnicott who in looking at aggression, focused on the energetic point of view, associating it with movement and vitality.

In *The Function of the Orgasm*, written in 1942, Reich, looking at aggression from the point of view of drive theory, relates it to liveliness, rooted in sexuality:

“Aggression, in the strict sense of the word ... means ‘approach’. Every ... manifestation of life is aggressive, the act of sexual pleasure as well as the act of destructive hate, the sadistic act as well as the act of procuring food. *Aggression is the life expression of the musculature, of the system of movement ... [and] is always an attempt to provide the means for the gratification of a vital need.*” (Reich, W. 1973, p. 156. *emphasis added*)

The more negative aspects of aggression, like destruction, perversion and especially hate, are in Reich’s view a result of blocked sexual charge:

“If aggressive sexuality is denied gratification, the urge to gratify it in spite of the denial continues to make itself felt ... the impulse arises to experience the desired pleasure at all cost. The need for aggression begins to drown out the need for love ... Hate develops as a result of the exclusion of the original goal of love ... and it is most intense when the act of loving or being loved is blocked. This is what brings the sexually motivated destructive intention into the aggressive action.” (ibid., p. 156.)

In subsequent years, with psychoanalytic theory shifting some of the focus from drive on to early attachment, the view of the roots of destruction, rage, hate, and even of violence were shifted. Psychoanalytic theory moved from viewing the roots of destruction as pure blocked sexuality, to seeing its source in failures of attunement by the significant others in the infant’s environment. That failure by those in the child’s environment can take the form of an empathic failure or missed attunement; or a behavior that humiliates and diminishes the child; or some impingement on the child that violates boundaries. It can also come out of the child’s identification with the destructiveness in the parent and the introjections of the destructive forces present in the parent.

Lowen’s formulation of aggression leans on the verbal meaning of the words “moving forward, or towards”. “We consider someone to be aggressive when he moves out or reaches out for the satisfaction of his needs” (Lowen, A. 2005, p. 297) and for pleasure (ibid., p. 299). Breathing, sucking the nipple, reaching

out for contact, as well as assertiveness, boundary setting, expression of anger, and sexuality, are all considered aggressive functions (ibid., p. 299, 302).

In his early work Lowen made a distinction between aggressive and soft moving out for contact, associating the latter with longing which “is characterized by the movement of excitation along the front of the body, while aggression results from the flow of excitation into the muscular system, especially into the large muscles of the back, the legs and the arms, which are involved in the action of moving towards.” (Lowen, A. 1958, p. 79, 81)

In a way, Lowen’s definition goes back to basics by identifying the deepest element of human aggression with the very core of human pulsatory movement, that of expansion into contact with the outside.

I believe that we can see aggression as the charge that fuels *any* moving out, even the soft, tender movements of reaching out for contact. As we will see later in a clinical case, when people are profoundly injured all the way to their core, even the slightest initiation of reaching out for contact is very difficult for them. We can thus say that the way life is in our body is a dialogue between soft and more forceful movements but that some aggression, at least in the form of full breathing, is needed also for the soft movements to flow.

Winnicott’s view of aggression is not very different than Reich’s definition.

Dr. Osnat Ere’el, an Israeli psychoanalyst, describes Winnicott’s attitude to aggression in the introduction to the Hebrew translation of his article, *Aggression in relation to emotional development*¹. Using energetic terms, she states that, “Winnicott sees aggression as the fire within us; as the engine, the developmental energy, finding its expression in activity, appetite, movement, spontaneity and love.” (Ere’el, O., in Winnicott, 2009 p. 92).

Rizzuo, Meissner and Dan Buie use energetic and motivational terms when presenting their perception of aggression. According to them, “aggression is a biologically-rooted capacity ... of the mind to carry out psychic or physical activity directed to overcoming any obstacle interfering with the completion of an intended internal or external action.” (Rizzuto, A. M. Meissner, W. W. Buie, D. 2004, p. 69, 104).

We can thus see aggression as the force that serves as a vehicle for initiation and expression, moving people toward fulfillment of authentic wishes, toward contact with the outside and toward self-fulfillment. Aggression is the charge that supports the expression of a true, contactful self. It is also the charge that helps us push away

1 Similar to Lowen’s perception of aggression, Winnicott opens this article, written in 1950, a few years after the discovery of the horrible results of the 2nd W.W. with an extremely important, still, unfortunately, very relevant statement: “The main idea behind this study of aggression is that if society is in danger, it is not *because* of man’s aggressiveness but because of the repression of personal aggressiveness in individuals.” (Winnicott, D. W. 1982, p. 204 *emphasis added*).

or aside an obstacle that interferes with those actions. We can see it as assertiveness, which is the ability to express our needs and wants with clarity and force, as well as the force that helps us set a boundary, supporting our separateness, individuality and self-containment. Aggression supports direct expression of frustration and of anger, which are natural responses to situations that injure or threaten the individual's integrity, his freedom, both emotional and physical and his self-respect. Both Reich and later Lowen saw anger as an important life-positive force in the lives of all creatures, which has strong healing, restorative and protective properties.

When the flow of aggression is blocked or being sabotaged, the charge will either turn in against the self, and will often be experienced as self-hate, shame, and guilt; and/or it will accumulate, being expressed outwardly, in a destructive force such as rage, hate, and violence.

When we look at humans we see two essential inherent and interwoven movements. The first is from the core outward, toward the envelope of the body and out to the world, moving for the satisfaction of a need. This fits Lowen's basic definition of aggression. The other movement is on the longitudinal axis, one of letting down, letting go, going with gravity, being supported by the ground, which is what the grounding pulsatory wave is about, "the enabling of a longitudinal wave to stream through the body", enabling "oneself to experience itself fully in relation to a base of support" (Lowen, A. 1975, p. 195). There are always interrelationships between aggression and grounding – every movement toward the outside needs a "ground" to lean on. In relational terms, it needs an "other".

This dialogue between the movements from the core out with the movement of letting down can be seen as the core of pulsation. In optimal conditions the organism extends itself, expands toward contact with the outside with the exterior parts of the body; then it retreats inward, to digest that encounter. It lets down into itself, rests and at a certain point when ready, *and only then*, moves out again toward contact with the outside. We can say that this very simple description is actually the biological basis of the life of an authentic, well-regulated self, one that is moved from within. This is also a simple description of the energetic base of healthy relations with another. When the regulation of moving or reaching out, or of retreating is prohibited or made impossible, this becomes the basis for the creation of contactlessness (Reich, W. 1972, p. 311), the state of needing a false presentation of self. This false self is experienced by the person as real despite the inability to be spontaneous. It is analogous to what Winnicott referred to as a False-Self formation.

Theory of Anger and Rage in Bioenergetics

In his book *Joy* Lowen says, "Anger is an important emotion in the life of all creatures, since it serves to maintain and protect the physical and psychological

integrity of the organism ... Without anger one is helpless against the assaults to which life subjects us" (Lowen, A. 1995, p. 103). Like any other mammal, without the option to experience anger we might freeze in fear. In traumatic situations, this is the fighting part of the "fight and flight" reaction.

"The infant young of most developed species lack the motor coordination necessary for the expression of anger, and need the protection of parents. This is especially true for the human infant, who needs a longer time than other mammalian infants to get this ability" (ibid., p. 103).

In the same book Lowen is reminded of a statement of Reich from a seminar given by him in 1945, where Reich said:

"Neurotic personality only develops when a child's ability to express anger at an insult is blocked ... when the act of reaching out for pleasure is frustrated, a withdrawal of the impulse takes place, creating a loss of integrity in the body. The integrity can be restored only through the mobilization of aggressive energy and its expression as anger. This would reestablish the organism's natural boundaries and its ability to reach out again" (ibid., p. 104).

In order to have a body that can express anger freely, one has to have a ground to develop it from. That ground starts with another attuned, empathic present body, that can not only be there for the developing infant in ways needed, but that can sustain the expression of anger in its growing complexity, without contracting or withdrawing in reaction to it.

The ability to contain anger is the counter-part of the ability to express anger effectively. With becoming a member of society and the development of social skills, other than the capacity for self-expression, the capacity for regulating that expression, i. e. of containing, should develop.

When anger is blocked, because of external or internalized negation, (see appendix b. Bob Hilton's graph, adapted by the author), it is accumulated in one's body, having to find bypasses, often not conscious to the individual. The charge never disappears. It either turns against the self – in self hate and negation systems like guilt, shame, anxiety, inferiority, and/or masochism; or it turns into rage, destruction, hate, violence, sadism and abuse. Very often both movements happen. Rage does not explode in reaction to an immediate, realistic stimulus, but often in response to a stimulus that reminds one of previous situations, that is a response to encapsulated body-memory. We can actually see it as an aspect of transference. Often it is a reaction to what is experienced by one as empathic failure. Kohut relates to narcissistic rage as an expression towards a disappointing self-object. Very injured people can feel rejection and rage in the face of the slightest separateness

from the other, which is often found in people that have gone through traumatic experiences.

Unlike anger, rage is a destructive emotion. It is intended to hurt, to break someone or break something. In his book, *Toxic Nourishments*, Mikel Eigen gives a very vivid picture of what rage feels like:

“The rage in one’s life is cumulative. It sediments in the belly of one’s being and corrupts muscles, nerves, and veins. It not only stiffens one’s body, it poisons one’s thoughts. One bears grudges from early childhood on, so that one is ready to jump on others for small things ... The chronic outrage over injury can eat at life like an acid and corrode psychosomatic integrity.” (Eigen, M., 1999, p. 48)

The Role of Aggression in Early Development

Look at humans: from before conception, with the sperm rushing for the egg, through the active movements of the embryo, pushing/being pushed out to the outside world in labor, with the first aggressive act outside the uterus (that of grasping for air, reaching out for food and for contact), and all the way to mature sexuality, aggression is a self-assertive force, directed at being and at obtaining what is needed. It prompts behaviors that bring with them pleasure in movement, and in the exploration of the world. “This inherent, biological force should be allowed to be experienced fully as part of the individual’s journey towards individuation, creativity and being of realness.” (Ere’el, O. in Winnicott, D. W., 2009, p. 94).

Winnicott sees the whole spectrum of aggression as part of the early expression of love, “ruthless love”, in what he calls the “pre-concern” phase, when the baby is not aware yet of the results of his careless pushing and pulling, mostly of his mother’s face and body (ibid., p. 96). Later in development, aggression, in the service of forming a separate self, serves as the tool for establishing the distinction between what is “me” and “not me”. According to Winnicott, this process can happen when the small infant is allowed to express angry, rageful and even destructive impulses at the parent, who in return can survive the expression of those feelings, and not retaliate (Winnicott, D. W., 1971, p. 89–90).

When the parent can survive those expressions while creating a safe, containing environment for the infant’s expression, both the infant and the parent become more real, more separated, and actually are able to connect more fully. I’ll always remember a scene from when my son was two years old, verbal as ever, being very angry with me for I don’t remember what reason. He stood in front of me, shaking his two little fists at me and screamed, his face is fully red: “I hope a truck will run over you!” Then he took a breath, and kept looking for another

horrible fate, “And – and a mosquito will bite you!!!” ... Not too often in my maternal history did I feel pleasure like I did seeing the very alive body of my son, expressing an emotion I myself have never dared to express!

Failure to provide a safe container for the child’s aggression and negativity results in the requirement to hide those expressions. The degree and nature of the hiding, (using the child’s own biology and deformations as part of their character structure), vary. But in one way or another, the infant will always end up with bad feelings, and with various degrees of self-hate system like shame and guilt. Since the feeling is not met with some acceptance by the significant figures of that environment, it grows in one way or another, in the shelter of one’s being, to the point of perceiving oneself as evil, carrying feelings of sadism, violence and even perversion. Winnicott claims that when that happens, the person will separate good from bad, splitting to idealize objects on one hand, and create all-bad objects on the other. This splitting eases those difficult feelings so the splitting serves as a defense. (Winnicott, D. W. 2009, p. 97).

We can thus say that aggression, separated from the positive energy in it, becomes destructive, and can go so far that the person becomes hateful. This can be seen as a more developmental and dynamic explanation of Reich’s formulation mentioned earlier (Reich, W., 1942, p. 156), of how destruction and hate are formed by aggression that is emptied of love as a result of the child needing to split between those two components; or as how Lowen later phrased it as “hatred (that) can be understood as frozen love”. (Lowen, A. 1995, p. 172.)

The developmental processes involved in developing an entirely separate identity continue from about six months of age until about two and a half, or even longer. When a baby starts at about six months to push its mother’s body with its limbs, at the beginning of what Margaret Mahler called the separation-individuation phase, it is a beginning of the need to perceive the mother clearly from some distance, as well as turning one’s attention more outward. (Mahler). That process develops into the growing discrimination of “this is me – this is not me”, through movements of increasing force and intensity, like pushing, throwing, and biting as well as using his voice with a newer pushing quality and using the developing language to protest. Behavior becomes more and more purposeful and so does aggression. The organism gradually defines himself, his selfhood, in relation to his significant others to form his growing sense of boundaries. At this stage aggression helps make separation from others and create individuation. Healthy aggression is also self assertion, fueling the ability to say, “yes – this is me, this is what I want. Exactly this!” This is also a way of establishing differentiation, “I am me – I am not you, I have a mind and body of my own.” Still, those of us who raised children know what a child looks and sounds like when practicing exactly those capacities, wanting and not wanting the same thing at almost the same time. How unbearable it can feel and how patient a parent needs to be at times!

Yona Shahar-Levi, an Israeli senior psychoanalytically oriented movement therapist, in her book *A body-movement –mind paradigm* sees in the forceful, ballistic kind of movement, which is typical of that phase, as the engine of the process of separation and individuation. Its main task is recruitment of power, recruitment to get out of the body's boundaries. It is the raw material of the potential of the vitality of the self. It stimulates the body to deal with gravity, to enlarge the personal space, and to gain a clearer perception of boundary between self and others.

Expression of opposition is crucial for feelings of identity, and for formation of true selfhood. The ability to say "no", assert one's self and set a boundary in response to environmental impingements is a very significant aspect in the functional – developmental role of aggression, in the changing ways it is manifested from conception to adulthood (Lowen, 1970, p. 155).

In his book *Pleasure*, Lowen makes a correlation between the ability to assert oneself, to push away from oneself an undesired obstacle, to say "no", to the quality of the protective boundary – the skin, the underlying fatty and connective tissue, and the striated or voluntary muscles.

"The limiting membrane, especially the skin, serves a protective function with regard to incoming forces. It allows the individual to screen stimuli and distinguish those that necessitate a response from those that can be ignored. When the skin is undercharged ... the individual is easily overwhelmed by the stimuli which proceed from his environment ... The 'no' functions as a psychological membrane that parallels in many ways the physiological membrane ... It prevents the individual from being overwhelmed by outside pressures and allows him to discriminate among the demands and inducements to which he is constantly subject." (ibid., p. 154–155).

Lowen also connects the ability to know oneself, to self assertion, connecting "no-ing" to "knowing":

"The ability to negate, to put a boundary, is an ingredient of knowledge, and an important ingredient in forming a solid sense of self. Knowledge is a function of discrimination. Desires and impulses can only be known when they reach the surface or limiting membrane of the organism. The strength of the membrane depends on the inner charge of the organism ... The right to say 'no' ensures the right to know ... Simply stated, self awareness depends on self assertion. Asserting oneself implies the idea of opposition". (ibid., p. 147–152).

So we can say that the availability for a human organism to grow into a person that allow aggression to go through its body is crucial for its liveliness, for its

creativity and for the ability to serve as a safe, grounding container for oneself. Aggression allows for the ability to be an authentic, assertive, self respectful integrated self, for the ability to move towards another human being, and to form an intimate, sexual loving relationship.

Relational Conditions Affecting Development of Aggression

The capacity of a mother to supply an alive, attuned, pulsating physical and emotional ground onto which her developing infant can fully let go in the ever-changing ways he needs to, and from which he can find his spontaneous gestures, is one of the most significant ingredients for the development of a contactful, self-respecting, healthy human being, and for the development of healthy aggression.

A crucial element for good-enough parenting, is the ability of the parent to lend aspects of his/herself for the use of the child, and to be for him what Kohut calls a “selfobject” figure (Kohut, H. 1984, p. 49–50). Some of the most significant aspects of this function are those of empathy, of mirroring, at times of adoration, and of the enabling of the parent to let the infant immerse, and deposit in her/him the difficult, painful, unbearable feelings, including those of hostility and hate. This, and the ability of the parent to own and correct empathic failures, is the main vehicle through which this process can take place, so that the infant’s experiences can be digested, and especially that the unbearable experiences can transform into more bearable ones. Serving as a selfobject for the infant requires, in inter-subjective terms, “suspension of the parent’s subjectivity”, (Sara Goldstein, psychoanalyst, 2011, private lecture). This ability is especially significant and not always easy when it comes to responding to aggressive expressions, especially the ones that are more forceful, or that express opposition to the caretaker.

Alice Miller, in her book *Prisoners of Childhood* (aka *The Drama of the Gifted Child*) says: “Every child has a legitimate need to be seen, understood, attended to and respected as he is, with his feelings, sensations and expressions” (Miller, A. (1979), 2000, p. 24). Only with that quality can he ground in his mother’s eyes and body. However, “parents can give their child the atmosphere of healthy development only if they grew up in such an atmosphere ... If not, they will often look for a person who will give himself to them fully, be fully attuned, understanding, etc. The most immediate figure to fulfill that role is the person’s own child” (ibid., p. 24–25). In such cases the parent often looks at the child, thinking: “Don’t be who you are, be who *I* need you to be; who you are disappoints, threatens, angers and over stimulates me. Be what *I* want and I will love you” (Johnson, S. 1987, p. 39). In response the child, not seeing in the parent’s eyes the reflection and mirroring that are crucial for healthy development, but needing the vital connec-

tion more than anything else for his survival, starts giving up his authentic self-expression, identifies with his parent's expectations of him and sponges through his eyes, skin, nervous system and his whole being the energetic qualities he senses from the parents. He becomes the container for his parent's depression, anxiety, horror and misery, taking in the energy directed at him. Instead of an authentic free self-expression, the child minimizes his motility, his breathing, and thus his liveliness. In this condition, *any expression of aggression, of moving from within, of anger, of protest and mostly of separateness – is impossible*. It goes against his forced existential task – to be there for his caretaker.

In such dynamics the aggressive movement will come out in distorted, contactless ways – he will develop, as noted before, different kinds of self hate systems, like guilt and shame, turned against the self, and/or, it will come out in rage, destruction, hate, violence, sadism, and/or abuse. It is crucial to emphasize that what enables this dynamic is the existential dependency of a child on his parents, and the fear of losing it. The unconscious demands parents put on their children to be attuned to *their* needs, to fill the void in *them*, to be the way they expect them to be, along with the intolerance they manifest toward the child's spontaneous gestures of vitality, or the way in which he moves out to the world, is what is perceived by the infant as a threat of rejection, of withholding of parental love. This dynamic can actually be found, in some way or another, in the core of any character formation.

The etiology of this kind of relational abuse in families is widely varied. It often involves traumas of different kinds that the parents went through. If the anxiety of the trauma is not processed by the parent, it will be inserted into the child's body, which in return will look for comfort, with the price of giving up a big part of his authentic needs. The child's excessive dependency and the parent's damaged integration will form a ground for the parent using the child for her or his own needs, and for the interruption both in healthy developmental processes and in the formation of healthy aggression.

From my own personal experience, and from that of many of my patients, I believe that in families where there is a history of exposure to trauma involving threat of death, or in areas where existential issues are not just a philosophical question, the fear that enables this dynamic is not just that of abandonment, but rather that of actual annihilation. In those families the basic knowledge that life is an ongoing process is not obvious, and that heightens the anxiety and subsequently increases the dependency.

That phenomena, i.e. that an environment producing fear and anxiety will affect the possibility of people to have their healthy aggression is supported by Lowen from his basic energetic point of view, stating that aggression and fear are antithetical in the way they flow in our body, and cannot exist together – aggression flows from the center up and down to the extremities of the body, while fear flows from the extremities towards the center. (Lowen, A. 1995, P.105.)

Clinical Cases in Working with Aggression in Bioenergetic Analysis

In this part of the paper I would like to demonstrate through clinical material how I work with aggression, keeping in mind the history and development of patients and their character structure. I will use parts from sessions with two of my patients. Then I will shed light on some issues that I find significant while working with aggression.

The Case of M.

At the very core of healthy aggression is the movement of extending oneself, reaching out for contact with the world and for the satisfaction of one's needs. The ability to do this is the essence of initiation. As I discussed earlier, when the individual has to be fully attuned and reactive to his environment for his survival, the spontaneity of any authentic movement is frozen by a chronic fear, and his aggression is blocked, at times – like in the case I want to present – very profoundly.

M. was a male patient in his late fifties, who immigrated to Israel from Holland in his early twenties with his family. Both his parents were Holocaust survivors. His father, who was sixteen when the Nazis invaded Holland, was separated abruptly from his parents, being taken together with other Jewish children to England, leaving the rest of his family behind forever. They were later killed in Auschwitz.

In the early 1950's the father married a Jewish German woman and they had three children. M. is the middle child. The father, who worked as a traveling salesman was very depressed, and did not have much contact with his family members. He used to sleep with his passport under his pillow, "just in case". There was always a feeling of transience at home.

The mother was an extremely impulsive, intrusive, manipulative and very emotionally unstable woman. With the emotional absence of her husband and her older son being quite problematic, most of her needs were directed at M., who, as a little boy, had no option but to be fully attuned to her and her mood swings. He often described her as trying to "swallow" and merge with him. He was fearful of suicidal threats she would often express and of her hysterical, quite violent, at times very sexually provocative attacks. The combination of shock, horror and some sexual excitement he would often experience around her and the general atmosphere at home affected him deeply. He was never able to let down into his own body, or feel safe on this unstable, horrifying, over-stimulating ground.

M. is a pleasant looking man with some schizoid traits – his body structure looks a bit disproportionate, body parts seem to be glued together. He often reports feeling a band of tension around his head, as if holding himself in the world

through his thinking, fearing he will be annihilated if he lets go of it. He has a small belly, with a line of tension right above his genitals.

In his early life he developed into a lonely, quite depressed, unlively, fearful, insecure, mostly detached man. Closeness with another human body is experienced as a threat of invasion, of being used and swallowed-up by the other person, and of feeling shamed and humiliated when his emptiness and neediness is exposed. He lives alone and never has had a meaningful intimate or sexual relationship. Even though he holds a respected professional position, contact is often perceived by him as dangerous, like quicksand. This can explain the tentative contact he makes with the ground while walking. The option of a longitudinal energetic streaming connecting his heart to his genitals seems to be impossible. He often reports feeling chills in his gut. Even though he is very reluctant to do any kind of bodywork between sessions, even short walks, he responds positively to working with his body in our sessions, often initiating and directing it toward what he wants.

In the session I want to describe, we talked about his loneliness, his difficulty to initiate or even respond to social plans, feeling that in every relationship the other person's needs takes over his; that in anticipation of any interpersonal contact he always predicts feeling used, even though very often he ends up having a good time. "It is as if the fear that I'll be invaded erases the memory of the good feeling and so I don't initiate social contact ..." I suggested that if he wants, we could try to explore that fear. We got up, and he grounded himself, like he usually does, for a few minutes.

When he rolled up to a standing position his eyes were closed. I asked him what he sensed in his body. He said that he could feel some streaming in his legs, arms and genitals and the sensation of a slight expansion in his belly. We were facing each other. I noted that his eyes were closed. In response he opened them, and we made some eye contact. A second later he said: "Now the feeling of expansion is gone. The moment I sense even the slightest movement from you – my belly contracts and I feel like there is a shield in the front part of my torso." After another moment he said – "I can't stay relaxed when I am facing you like this, while standing up". I ask if he wants to explore if there is any way he can organize himself, so that he doesn't have to tense his body in my presence. He chose to lean on the wall, then asked to put a big ball I have in my office behind his back. I suggested that he let himself feel it, and the support from the floor under his feet. After a minute or two he said he could let go a bit of the tension in his belly. I stood in front of him, feeling more relaxed in my own body, thinking of how I can help him gain some control over whether he feels invaded or not, while feeling that he has some boundary, so that he has more freedom to initiate contact.

I suggested that he try lifting his arms forward very slowly and flex his palms facing towards me, kind of like a "stop" gesture. He didn't even manage to get his arms all the way up, when he stopped. "No. It feels too scary ... Now my belly is cold" he said, and dropped his arms. When I asked what he was afraid of,

he answered: “I can’t trust that it is okay for me to set any boundary, and that you will not react.” When we talked about what reaction he feared, he could see clearly that for him, having contact brings up a fear of being invaded by a “wave of chaos” and that setting a boundary can evoke rageful retaliation by the other. Both options freeze him up. He connected the chaos to a recurring experience of his mother responding to any expression of feeling that was initiated by him, (especially if he dared to want something) with either her rage, to the point of slamming doors, or with being too intrusive, including with seduction, with no respect for his boundaries. This would make him feel annihilated, like there was no room for his own feelings, needs, and probably his own separate existence in the face of hers. Still, doing anything active to defend against it was impossible.

After a few minutes of talking about his experience, he said that he did not have any recollection of ever feeling like he could just “let go, rest”, unless he was fully alone. I connected this to his difficulty of being with himself in the presence of another, knowing that he could never have such an experience in the presence of his mother. I suggested that he lie down, try to feel the support of the mattress underneath him, and invited him to breathe. His breathing was very shallow, and I could sense some heaviness in my own chest. After a few minutes of doing just that, he realized that the actual act of inhaling, of taking in the air, is difficult for him. I realized that for M. the very *core of aggressive movement*, that of initiation of any movement out, including reaching out for air is quite frozen. I was becoming aware that to help mobilize his aggression, we should work on mobilizing his breathing. I suggested that he focus on breathing out with some force; try to push the air out, thinking that this can increase the volume of the whole spectrum of his breathing, and also incorporate some force into it. After a minute or two I suggested that he try to add some sound to the breathing out. Making sound is always difficult for him, so I found myself breathing out with him, and making some sound myself, which was helpful to him, to the point that he was able to breathe out with a louder voice, and pushing the air out with more force. After a few minutes he stopped to rest. His whole breathing, including breathing in (reaching out for air), was much fuller.

With the development of our work, a very moving process started taking place. I will not describe it in length, but just say that in the context of helping a patient find and expand the roots of his aggression, I constantly keep in mind that this force starts with the capacity to come out with one’s needs and wishes. We started taking the time, looking and listening very carefully, following as much as possible his movement, researching what he feels in his body, and what he needs and wants at any given moment. As part of this process I used two flat containers made of soft plastic wrapped with cloth that can be filled with warm water (what we call “hot bottles”) in response to his direct request to feel soft, warm bedding under his back and pelvis and on his chest. As our work progressed he became aware that in order to fall asleep he began to push his feet into the edge of the

bed with some force. This brought up in me the associations of both an embryo pushing into the wall of the uterus (he often describes desirable sensations that sound like those of a fetus), or of a baby pushing his mother's belly as a way to start separating from her. For someone like M., who had to be so reactive to his environment, accompanying him on this ongoing journey in finding, literally, his own movement, has been a very moving process.

The Case of D.

We can say that when a person does not have the freedom to set any physical and emotional boundary in relation to his significant others, or to express any opposition – it can affect the formation of physical selfhood, of his limiting membrane, and of serving as a container for himself. Encouraging expression of negativity, anger, rage etc., together with reinforcing a sense of boundaries, is very helpful, like in the case of D.

D. is in her late forties, short, blond and blue-eyed. What characterizes her body structure is that it has no clear structure, a bit formless. When first meeting her I found myself wondering how much is this woman allowed to be, to have a form. Her legs are not weak, a bit stocky, somewhat masochistic, but she seems to not use them fully as her base of support. Her outer pipe, mostly around her pelvis and torso, feels unformed, weak, not toned, not alive and not integrated with the rest of her body. She leans forward, as if looking for support. When she looked at me for the first time, it was as if she wanted to go inside me and make there a home for herself. That fits in many ways with the way she tends to be in the world, constantly looking for reassurance from the outside.

This can be explained by elements in her history. She is the second daughter of a father who is a very successful, famous professor in the University, and a mother who was a teacher. Her father was originally from Poland, suffered severe traumas as a child in the WW2 and later was badly injured in the war of 1948. Being as emotionally injured as he was, the father became bitter, offensive and heartless. His main interaction with his children has always been wanting them to hear his horror stories. Her mother, a very beautiful and very depressed woman, stopped working and spent most of the time in bed with tranquilizers. She never loved her husband. My patient, from a very young age, stayed home with her mother making sure her mother was okay. She slept in her parent's bed on and off until she was an adolescent, as a way to soothe her mother's fear, and probably protect her from what the mother experienced as her husband's repulsive sexual demands. Any movement towards separation would be met with blaming her for lack of empathy. D's only comfort was food, and she developed a severe eating disorder. In her mid-twenties she finally left home and even moved to another country for a few years, as the only way she could detach herself from her parents.

D. is weak, depressed and very anxious. She is married and has two children, is intolerant to their imperfections, and often explodes in raging attacks at them. The role of her husband in the first years of our therapy was to serve as the container for her bitterness and rage, and also to save her when she felt panicked, which would happen often. That was also a lot of what she needed me for, every time arriving with handful of problems. It became clear that letting down into my holding, that at times included physical holding, was not always easy or couldn't fill her emptiness for more than a few hours. Often she would question my ability to help her, always with a flavor of suspiciousness and negativity. It took a few years before she could be more direct with her negativity and a few more before she could let herself open her heart to me more fully.

Despite her poor relationship with her body, she began to use body work very extensively, working a lot with breathing, grounding, expressing and discharging feelings of rage and deep pain, with a growing capacity to do it *with* me, not *next* to me, and with a growing ability for me to deeply feel for her. With the help of our work and couples therapy she had with her husband, her relationship with her husband has changed, so that he treats her much more as an equal.

I want to present part of a session I had with D. She arrives upset after a visit she had to her parent's house, who are now over eighty.

"I can't stand my father. He is unbearable. He complains about feeling depressed, and my brother and I are doing nothing for him. I try to tell him that he should get psychiatric help. He says that no one can help him besides us because he is a 'special case' with all the things that he went through. He is so demanding and entitled!! All he wants from us is to listen to his sufferings, and to his horror stories. To spill his shit onto us. He even complains that Mica (her five year old daughter) doesn't care about how he feels ..." (She sounds more and more in despair and enraged.) "He is crazy! I won't let him do to my kids what he did to me!"

She starts crying, but her crying is not fluid. It is choked. I also notice that her legs are moving restlessly as she is talking. I invite her to focus on her body, and feel if there is any impulse that needs to come out. She says she wants to kick, moves to the mattress and lies down. I sit next to her, suggest that she lift her legs with flexed feet towards the ceiling and stay there for a while, thinking that this way her pelvis is supported while she grounds and charges her legs towards the kicking she expressed the need to do. After a few minutes she starts kicking with a sound, a mixture of crying and some rage, but her throat still seems a bit choked. It feels like her charge is condensed with a mixture of anger, rage and also despair.

While resting, I suggest that she focus on her breathing and try to breathe out more fully. After a short while she starts crying again, deeper. "He still has such

an effect on me! Both of them, you know ... like an obsession ... It's so difficult to be there and let him just feel bad. I feel so guilty ... I also think that I am still scared of him". She keeps crying, "This guilt is like jail! I want to get out of his jail!" As she is saying it, she starts moving her legs with growing force, kicking, screaming, and crying, "Leave me alone!" while banging both fists on the mattress. I pay attention to my breathing, making sure I am present with myself. After a few minutes she calms down. We are in a more relaxed quiet contact. "Do you know why you are afraid of him?"

"I forget that he is a weak old man now. For me he is still this controlling, scary, strong, demanding man, this famous person that every one admires, that I have to comply with; I can still feel so easily humiliated by him ... Tomorrow I am going to meet them. I want to be able to not be so affected by him! To not feel helpless in his presence and lose myself ..."

I ask her if she would like to do some related bodywork to prepare for their meeting. She agrees. I suggest she stand, feel herself and feel the space around her body. Take the time to do so. See if she can try to feel it as *hers*, that no one can go in without her permission. It's difficult for her. I suggest she widen the stance of her feet. Try to feel her center like an inner pipe; try to contract this "pipe" a bit, as to get a clearer feel of having a center in herself that she can rely on. Then I ask her to gradually bend her knees and arms, and start pushing from the center. I invited her to see if she wants to also push with her voice. She started very slowly, and as she kept doing it she put into her pushing more and more strength and used a louder voice. It looked as if she enjoyed it. When it was time to stop, she had changed. She looked at me, smiling, "He is just an old man, after all ...". I could even trace a seed of compassion she could allow herself to feel for him now.

Three Aspects of Working with Aggression in Bioenergetic Therapy

I want to briefly review some of the significant aspects of working with aggression in Bioenergetic therapy:

1. Character Analysis

Deep analysis of how aggression from the start was met by the significant environment, and how this encounter affected this force – where could it continue with its flow, how was it stopped, or what kind of by-passes did it have to take in response? This analysis should take place on all levels – physical, emotional,

mental and behavioral. A significant part of this work should take place in the context of the therapeutic relationship.

2. Physical – Energetic Work

Outside of the limbs, the main muscle mass of the body associated with aggression is located along the backbone. The flow of energy goes upward along the back and into the head, the eyes, mouth, teeth, throat and arms and leads to aggressive activities in the upper half of the body – breathing, looking, sucking, biting, reaching out, pushing, hitting, squeezing and vocalizing. When energy or feeling flows downward into the pelvis and legs, it leads to aggressive actions with the lower part of the body, some of which have to do with discharge: kicking, pushing out the body's excretions, and sexual activities (Lowen, A. 2005, p. 302). In order for aggression to move freely, the outer and inner tube of the body should be relatively free of tensions.

Since breathing was the first aggressive movement in each of our lives and aggression always needs a ground to lean on it is important to remember that opening breathing and deepening one's grounding are always necessary when working with aggression. It is also important to remember that working with sexual issues is a significant aspect of working with aggression. Helping a patient find his own movement and integrating the work gradually can be crucial for a cohesive healing process, moving them towards an authentic self-motivated being.

3. Relational Aspect in Working with Aggression

From the very basic element of the aggressive movement, that of reaching out, through the expression of assertion and anger, and even more so – in dealing with the more negative range of aggressive feelings, like rage, hate, and violence – it is important to remember that those gestures are always relational. Those expressions were stopped in childhood, having to change their path, because of some negative, inappropriate response from the significant figures, either actual or internalized, such as parental contraction, withdrawal of love, disrespect, humiliation, revenge, hostility, hate, and the like.

Encountering the monstrous, rageful feelings in oneself is one of the most difficult and unbearable aspects of the therapeutic journey. I know it from my own process and from working with patients. It is important to emphasize how it is crucial that the therapist treats this zone with much compassion, empathy and respect, helping the patient understand its origins. When the therapist, because of their own vulnerabilities, responds with condemning, sadistic or humiliating responses, the abusive or hurtful historical dynamic is being reenacted, and will deter the patient from expressing such feelings in the future.

Still, receiving the expression of aggressive negativity can be very difficult for a therapist, especially when those expressions are directed, usually as part of the transference aspect of the relationship, toward the therapist. This is where the depth of professional integrity, together with the capacity to recognize and contain countertransference reactions, like one's own anxiety, vulnerability, and unworked-through narcissistic rage, are being tested. When saying that, I do not mean that we should never set a boundary, when we feel that we were abused, but not before checking thoroughly if we are responding to our own historical dynamic. I also don't exclude, when it is appropriate, sharing with the patient how we are made to feel. But it should always be accompanied with expressing an empathic understanding of the patient's dynamic.

It is not an easy task. One of my patients, fitting the description of borderline-narcissistic structure, is so sensitive to any empathic failure, craving for a perfect attunement, that I encounter his narcissistic rage directed at me in almost every session. I often feel that my main task is to survive it – To just keep breathing. I can sense in myself how I freeze, at times dissociate, feeling deep fear, and in some moments I find myself hoping he just gets up and leaves.

Winnicott, in his article – *The Use of the Object and Relating through Identification* takes the relational aspect in working with aggression one step further. He claims that in the same way he perceives the caretaker surviving expressions of anger and rage as a condition for healthy developmental changes in the child to take place, a necessary condition for real change in the therapeutic process to genuinely take place is for the *therapist to allow the patient to get angry, even enraged at him, and for the therapist to survive it*. He says: “(Real changes) ... do not depend on interpretative work. They depend on the analyst's survival of the attacks, which involves and includes the idea of the absence of a quality change to retaliation.” (Winnicott, D. W., 1971, p. 91)

Margit Komeda-Lutz, in her article *Is there Healing Power in Rage* when discussing the healing aspects of freeing the expression of anger and rage, emphasizes the significance of careful attunement to the strength of the therapeutic bond, at least for certain kind of patients, when working with such expressions. “For weakly structured patients, and at least at the beginning of treatment, such techniques (designed for strong discharge), are less indicated. These patients first needs are to establish some reliable bond to a trustworthy person, they must build ‘psychic containers’ big enough to tolerate and cope with intense emotions”. (Komeda-Lutz, M. 2006, p. 121)

Summary

Aggression is one of the most significant forces supporting the basic elements of healthy development, starting from breathing, initiating contact with the outside,

asserting one's needs, protecting its integrity through setting boundaries and using anger to push whatever is threatening away. Aggression is also the force that supports healthy separateness on one hand, and intimate relatedness on the other.

An environment that supplies an alive and attuned ground with the parent (and later the therapist) lending needed aspects of himself into which the developing infant can fully let go, is crucial for the development of healthy aggression. When the parent, because of her or his own history, instead of being there to fulfill a child's emotional and physical needs, uses and exploits the child to fill the void in her or him – the child will stop his spontaneous movement and will adapt himself in one way or another to what he senses that he is expected to be for the safety of his bond with the parent. Under such conditions healthy aggression cannot flow in the body, since it goes against its forced destination. Instead, the aggressive charge turns against the self in a variety of self-hate systems, and also is accumulated in one's body, turning into rage, hate, and violence, which are all destructive forces.

Working with aggression in therapy, especially with the negative part of the spectrum, is not an easy task for any of us, and it often reactivates our own historical traumas around those exact issues. Still, since our patient's healthy aggression, (like our own) was distorted because it lacked the needed relational components, it is crucial for therapy with those issues to be effective. In addition to the body-energetic work, we must position ourselves with the needed empathy and compassion towards our patient's expression.

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Abstracts

German

In diesem Artikel wird Aggression in einem weit gefassten Sinne untersucht, und zwar aus der Perspektive psychoanalytischer Literatur mit einem Fokus auf Bioenergetische Theorie und Praxis. Die Untersuchung der Arbeit mit der Aggression von Patienten wird mit klinischem Material angereichert, einschließlich der energetischen Arbeit mit Atmung, Erdung, Grenzziehung und von Ausdrucksbewegungen. Aus der Perspektive einer relationalen Matrix und im Zusammenhang mit Fragen der Gegenübertragung untersucht dieses Papier den Umgang mit Aggression in der therapeutischen Arbeit mit schwächer strukturierten Klienten.

French

L'agressivité est regardée, dans le sens large du terme, du point de vue de la littérature psychanalytique, se concentrant sur la théorie et les interventions du point de vue bioénergétique. Le matériel clinique met en valeur l'exploration du travail fait sur l'agressivité exprimée par les patients, comprenant la dimension énergétique produite par les interventions faites sur la respiration, l'enracinement, la mise en place des frontières et les mouvements expressifs. Ce texte étudie également comment utiliser le travail sur l'agressivité lorsque nous travaillons auprès des structures de personnalités fragiles, comme intervenir dans la configuration relationnelle et lorsque nous rencontrons des enjeux contre transférentiels.

Italian

Viene esaminata l'aggressività, nel senso ampio del termine, a partire dalla letteratura psicoanalitica con particolare attenzione alla teoria e al trattamento bioenergetico. Il materiale clinico potenzia l'esplorazione del lavoro con l'aggressività dei pazienti, compreso il lavoro energetico con il respiro, il grounding, la costruzione dei confini e i movimenti espressivi.

Questo articolo esplora il lavoro con l'aggressività nelle strutture più deboli a partire dalla matrice relazionale e quando si incontrano problemi di controtransfert.

Portuguese

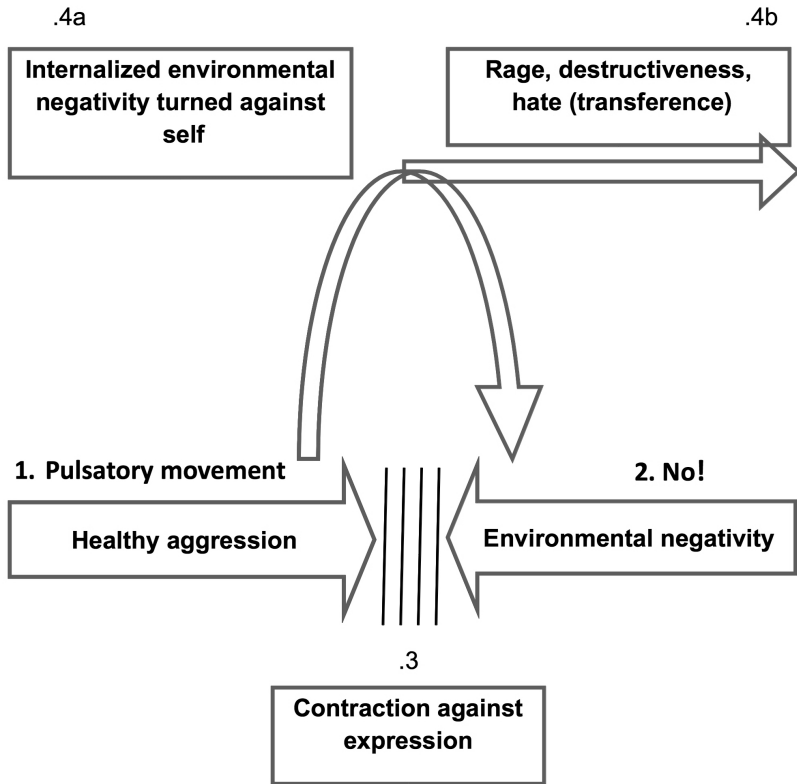
Neste artigo, examina-se a agressividade, no sentido mais amplo, a partir da literatura psicanalítica, com foco na teoria e prática da Bioenergética. O material clínico ajuda na exploração do trabalho com a agressividade em pacientes, incluindo exercícios energéticos de respiração, grounding, estabelecimento de limites e movimentos expressivos. O artigo aborda, também, como lidar com a agressividade em estruturas frágeis, quando se trabalha a partir da matriz relacional e quando surgem questões contra-transferenciais.

Russian

Рассматривается агрессия, в широком смысле этого термина, как это принято в психоаналитической литературе, с акцентом на биоэнергетическую теорию и практику. Даются примеры терапевтической работы с агрессией у клиентов, включая энергетическую работу с дыханием, заземлением, установками для работы с границами и экспрессивными движениями. Рассматривается терапия агрессии у пациентов со слабыми структурами при работе в системе отношений, сопровождаемой проблемами контрпереноса.

About the Author

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Appendix 1: The spectrum of aggression – based on R. Hilton's formulation

Uses of the Sphere as a Motherfied Object in Bioenergetic Analysis

Julia Cegatti and Leticia Polosecki

Abstract: In this article we are going to present a “Biospheres” practice. It evolved as a result of integrating our formative experiences in Bioenergetics Analysis with the “Dynamic Sphere Postural Reorganization” (Esferodinamia Reorganización Postural, which will be referred to as “RP” technique). We describe the sphere (large rubber ball) qualities and how it can be helpful for body psychotherapy interventions. Finally, we look into two cases using this clinical tool. The sphere becomes an element that facilitates clinical and educational work in the contemporary Bioenergetic field.

Key words: Biospheres, Esferodinamia Reorganización Postural, RP, bioenergetics

Introduction

In 2010 we created *Biospheres*, a specific practice and exploration path that brings together and links our formative and work experience as Bioenergetic Analysts and as Esferodinamia Reorganización Postural (RP)¹ instructors.

In this article we intend to conceptualize our findings and consider how they integrate and appear in our clinical and teaching activities.

Some questions that guided our reflection were: How do we use spheres to increase the multiple nuances of our inner sensations? How do their characteristics accompany us in the construction of a Bioenergetic experience? How do they contribute to clinical work and training? Which qualities do clients find with spheres that enable them to construct a somatic experience?

1 Our work with spheres is validated by Escuela de Esferosalones, coordinated by Anabella Lozano. www.esferosalones.com/ Esferodinamia Reorganización Postural. In English: Dynamic Sphere Postural Reorganization.

To deepen these inquiries we will systematize sphere qualities and present clinical examples of how it can be a contribution for the psycho-corporal therapist and teacher in the contemporary Bioenergetic field.

Brief Outline of RP

Esferodinamia Reorganización Postural (RP) is a technique created in Argentina by Alma Falkenberg² in the eighties, based on Swiss experiences in which spheres were used to treat neurological disorders and on American experiences in which they were used to study movement patterns. In Argentina, thanks to research carried out by Alma Falkenberg's disciples (such as Anabella Lozano), this technique is still being developed, with an ever increasing amount of outreach (Lozano, Cegatti, Martínez, 2012). During our training process as RP instructors we initially discovered that many Somatic Education³ and Bioenergetic principles are aligned.

Biospheres

In order to clearly define the specific practice that arises from this interaction, we shall refer to the work as “Biospheres.” In this section, we will characterize our main focus, basing our ideas on the theory of Bioenergetic Analysis posited by Reich and later adopted by Lowen, as well as some aspects of the principles governing RP.

The core ideas are:

- Body and mind are a unit.
- All psychological processes have a correlated physical process.
- Breathing is essential for the production of body energy and its restriction helps repress unbearable emotions.
- The importance of working with muscle tone: a) working on chronic muscle blocks and helping to ease tension, understanding their origins and

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- 2 Alma Falkenberg, an Italian dancer who taught in Argentina and introduced Contact Improvisation to the country. It is from this dance technique that he began the exploration of what he patented as Postural Reorganization Spherodinamia.
 - 3 Esferodinamia RP is inscribed within the Somatic Education field. According to its creator, Tomas Hanna, Somatic Education is a field that uses an integral approach centering on the body to help people achieve a sense of wholeness, and to transform themselves through movement and certain sensitization practices that aim to create psychological and physical well-being.

function, and letting out the emotions they hold back and b) exploring different muscle tones and opportunities for self-regulation through dialog with the environment. Through the sphere we can shift our relationship with gravity, making it easier to change our muscle tone, its relationship with our weight and our tension levels.

- The concept of “grounding” as contact with our internal and external realities.
- Increasing proprioceptive realizations by means of the ball, mainly due to its chances of increasing “haptic” (linking touch to other senses) sensitivity.

Both RP and Bioenergetic therapy require the construction of a relationship where the original (developmental wound) sequence is not repeated, that is: frustration, energetic withdrawal and adaptive response. Current Bioenergetics also includes the principle of bonding. In the last 35 years, some colleagues at the International Institute (Robert Hilton, Robert Lewis and Guy Tonella, among others) have integrated developments on primary bonding and object relations into Bioenergetic Analysis, thus providing us with tools for addressing the growing difficulties of clinical work in psychology. According to Bioenergetic therapist Ana Krsul (Krsul, 2013), “An essential tool in this outlook is the therapist-patient bond as a path toward resilient transformation.”

Therapy is a co-creation of both patient and therapist, which integrates the dimensions of body, emotions, analysis, and bonds. The aim is to provide relief and induce the enjoyment of pleasure, joy, love and vibrant health, which were all blocked in the course of our history, bringing about changes in the body and the mind. These considerations do not account for all the complexities of the therapy nor, therefore, of the therapist-patient relationship. However, in this paper we are primarily interested in contextualizing our understanding of the importance of the sphere as a valuable tool for clinical work.

In order to show the multidimensionality of this tool, we systematize some characteristics of the sphere that we have discovered in our practice.

The Sphere: a Motherfied Object

Filling up the Sphere with Senses

Different sphere uses create different perceptions and proprioceptive realizations. Knowing how to use the sphere provides the trainer or therapist with a toolkit for client support on the path toward recovering vital energy. Exploring the sphere enriches the client’s construction of his somatic experiences. By virtue of being an excellent object, it facilitates trust-based bonding, the bedrock for a therapeutic

connection inspiring confidence that may result in a healing process. Its qualities further allow the therapist to read the client's body and to work on issues such as contact, tenderness, aggression, assertiveness and congruence with sexuality, the latter being an area of expression of the client's vitality. Work with the sphere creates an easy way to listen to how the patient tells their story, revealing defenses, struggles, affects and energetic movements such as contraction, expansion, flow or lack of flow. Because it includes the therapist's body, it allows for therapeutic experiences in which qualities of the intersubjective relationship⁴ become apparent: the therapist resonates with the patient as their defenses rupture and old wounds are healed. In terms of contemporary Bioenergetics, this implies a real somatic and relational process (Fauser, 2015).

The aim of the classification that follows is to clarify our conceptual framework. Be it noted that in practice all of these functions occur simultaneously. Moreover, the practices sketched below are but a sample out of a wide array of possible choices.

Some of the qualities we have found are:

Increases perceptive and proprioceptive realizations: The sphere's plasticity increases internal resonance of that which inhabits the body, facilitating its access to conscience. To quote one our clients, "it lets us be touched and it would seem to let itself be touched." It is permeable to the client's contributions and it makes contact back.

Transitional: We use the sphere as a motherified object insofar as it provides us with safety and tenderness. It fixes early experiences in which the primary attachment bond failed to provide safety. We observe that some clients may take it as a transitional object, insofar as it is a gateway into other practices. During child development, toys are transitional objects as they mitigate absences from a very early age. Some clients fetch the ball or ask for it as soon as they enter the therapist's office. They allow themselves to express their tenderness toward the ball through the construction of a bond that creates some degree of freedom to ask for it and "possess" it. Some have gone so far as to name the ball. There remains the question of whether the sphere is in this sense a transition toward the therapist, which later expands into other forms of bonding.

Playful: In our culture a ball is a toy that is preserved up until adulthood through sport or leisure activities. This charge that characterizes the "ball" as an object causes it to be perceived as a friendly object, easily recalling the client's playfulness and helping them to rediscover the joy of playing and living which, in Lowen's opinion (Lowen, 1997), adults rarely experience. In this sense, we underscore what authors such as Freud (1988) and Winnicott (1972) reveal by

4 In Bioenergetics, such qualities are rhythm, synchronization, support, affective tuning, regulation of sensory and emotional states, configuration of sensory and emotional experiences, representation and mending. (Tonella, 2011)

construing games as a key element in infant growth and as an item of treatment and healing in the process of self-inquiry.

Facilitates erogenization: It allows for erogenization, i. e. it activates the skin's sensory perception without running the risk of hypererotization. This function is of paramount importance insofar as it gives both the child and the adult receiving therapy the possibility to undergo sensations of pleasure that provide a foundation for the construction of their psycho-corporal continuity, a task that begins at birth, during the sensory-oral attachment phase (Tonella, 2013).

Containing: Contact with the sphere becomes a membrane regulating exchanges between the inside and the outside. It collaborates in the construction of an experience of a fitted attachment bond, which contains but does not retain. In this sense, we observe that after experiencing work with the sphere, several of our clients decide to purchase it and take it home as a resource for daily contact and self-regulation.

Holding: It is a facilitating element for those who need to re-experience holding, be it due to a lack of it, a distortion or an excess. It is an object that allows us to connect, something vital in the process of re-editing a primary experience of holding, without the commitment of doing it with another person's skin. Letting out weight onto the sphere, which is necessary for it to remain stable, is thus an invitation to gradually release muscle tension. As a result, energy previously stored in myofascial fibers becomes available as vital energy. For some of our clients, letting out weight onto the ball is one of their first experiences of holding. Faced with the offer to let out their weight onto someone else (be it the therapist or a partner) they tend to reply along the lines of: "am I not too heavy for you?" or "I feel like I'm putting you out" or "I don't like to be touched". When they are offered the possibility to let out their weight onto the sphere (e. g. through flexion, see Annex Fig. 1), both the client and the therapist can clearly see the zones of tension areas. As they breathe and perceive the contact that the sphere is making, their bodies begin to let out weight. They make comments such as "I felt more relaxed than ever before," or "I enjoy being here," or "I never felt so relieved," among others.

Here we must clarify that resistance to let out weight onto others is an aspect of the client's history and present that must be worked on. We understand work with the sphere as facilitating a path toward engaging in exploring conflict, not as something that dissolves it. It is especially useful when resistance is too rigid or when a technique poses a risk of re-traumatization.

Softening (toning down): It reverses the relationship between body and gravity in many positions. This reversal, which often causes relief, modifies muscle tone and provides greater possibilities of work with muscles required for static functions, which are generally prone to hypertonia. Therefore significantly reducing muscle tone means an increased ability for proprioceptive realization and a reduction of pain.

Support: The sphere supports movement by functioning as a fulcrum, which increases the possibilities for outward stretching: two opposite points projecting their forces in opposite directions. For instance, when grounding, feet point toward the ground, whereas the ischia point diagonally upward. Stretching helps the client to overcome the boundaries imposed by chronic tension. Although muscle tone is activated, it is aided by the sphere's support (see Annex Fig. 2). This type of work has proven interesting when working, for instance, with: a) very rigid bodies, because it prevents them from contracting their muscles further, which would increase the tension and b) bodies which are prone to hypertonia, as contact with the sphere has increased proprioceptive realizations, thus making the activation of local muscle tone more effective. As a result of these experiences, both relief and freedom of movement are perceived.

Pushing: By using the sphere, force can be applied according to the client's muscle tone. Much like the quality of support, this feature allows the client to realize their strength as a vital flow running and projecting itself, and its effects can be seen through the dialog with the sphere's feedback. One can observe whether these effects are excessive, fitting or insufficient. Our clients have found that it facilitates exploring subjects such as voluntary psychomotor skills and the connection with their energy flow and blocks (see Annex Fig. 3).

Plasticity: The amount of air used to blow up the sphere depends on the type of work one is doing and the client's psycho-physical profile. In this sense, it is important to observe that a well blown-up ball offers greater resistance, the contact surface on the ground is smaller, it moves faster and demands greater reflex control. One that is less blown-up has a larger contact surface on the ground, it moves more slowly and requires less effort in order to keep balance.

Spheres can adopt the different "tones" of the primary attachment bond: If it is too hard, it ejects the person, as it is harder to keep contact. If it is too "soft", it provides no holding and feeds back a perception of crumbling. It is interesting to observe the dialog between client and ball in order to figure out the tone that is best fitted for that specific moment in the client's life.

It allows *movement*: The client can move by letting out weight when engaged in dialog with the sphere. Actions such as (a) trying to find a balance, (b) sliding, (c) or bouncing help the central nervous system to learn efficiency (Grabner, 2014). Instability, which is a feature of work with the sphere, defies the CNS's (central nervous system) habitual patterns. This type of work facilitates the exploration of the client's resources for self-regulation, the acquisition of resources that provide safety and the notion of balance as a constant search rather than a state (see Annex Fig. 4).

Volume: It provides the notion of "content," thus bringing about the perception of a border and an inner world. Larger spheres give clients the possibility to experience contact with volumes similar to their own. Smaller spheres are used for localized work, and they are useful to reach zones of acute chronic tension.

Texture: We observe that the sphere's qualities are perceived through the senses in an integral manner. Mario Di Santo (Di Santo, 2012) calls this modality of perception "haptic sensitivity" and defines it as a modality that links touch with other senses (primarily sight and hearing). The characteristics of its material, which is rugged and thin, make it easier for the client to feel it as skin.

Temperature: It is an object that adopts the temperature of the body. Much like the sphere's texture, its temperature further contributes to the feeling of skin-to-skin contact.

Weight: The weight of larger spheres facilitates designing experiences in which muscle tone is charged and activated. Experiences of charging provide the client with information on what they can or cannot support and the resources they need in order to withstand and contain their energy charge (see Annex Fig. 5).

Ball size: Balls are manufactured in different sizes so that they can be tailored to the client's therapeutic needs and physical size. We usually use spheres ranging from 20 to 85 cm in diameter.

In the case of larger balls, the right diameter can be figured out with the client sitting on it, with their knees and hips aligned forming a 90° angle (see Annex Fig. 4).

Work can be individual, in pairs or in groups.

Clinical Experiences

In the experiences that follow we aim to describe how spheres were used in our clinical practice. The information detailed here is presumptive and both cases are still ongoing, so it is expected to change when new data is collected (Fréchette, 2013).

Case 1

M (21) shows up for a consult. She is very thin, has short hair and comes across as a small boy. Shortly after arriving she begins to cry, making it harder for her to speak. Later I will find out that her crying is frequent and that if she finds support in our gaze she will calm down and regulate herself.

Her reason for having the consult is a series of almost daily episodes of great anxiety and anguish, which made her feel that she was "leaving" her own body and produced "unpleasant sensations in my head," and which she found difficult to overcome. Most of the time she was beaten by exhaustion and ended up weary.

She had been living with her boyfriend for two years, having left her mother's home at the age of 19. She worked sporadically as a photographer and was not

studying. Having abundant free time was a source of great worry, which caused her anticipatory anxiety.

Her parents had been apart since she was 8 years old. Her mother (L) has been under psychiatric treatment for over 10 years. M tells me that her mother is a “pill popper,” which hinders communication; thus she finds it impossible to find support in her mother. M was always on the alert due to her mother’s unregulated states, prompting L to phone her daughter at all hours, demanding attention, which left M in a confused state of hatred and guilt that usually resulted in episodes of great anguish.

M used to arrive in the office wearing a smile that would turn into sobbing as soon as she sat down and relaxed on the couch. Due to her difficulty in letting out words, slowly and together we managed to figure out the reason for such anguish. As her body had a tendency to come undone, we started every session with her lying down. I would call out parts of her body and she would fill them with sensations upon hearing my voice. In this sense the ball was – and still is – great company for us both. Lying down, she would travel the length of her body using a medium-sized (50 cm) semi-inflated ball, marking out her borders in order to sensorially tell her inside from her outside (see Annex Fig. 6). M would call this moment “coming back to me” (to herself). I observed (and she felt) how her pale skin would turn rosy and how her limbs would become warmer.

Slowly she managed to work on deeper muscle layers. Lying face-up and forming a 90° angle with her legs, her feet on the ball, she would use her soles to push the large (80 cm) sphere set against the wall, which offered resistance (see Annex Fig. 7). With this process her voice would come out, at first inaudible, it would turn ever clearer, taking turns appearing and disappearing. On other occasions, she would stand up and hold the medium-sized ball by the sides at chest level, pressing it inwards using the muscles in her arms with a protruding jaw. As she did so, some anger was beginning to crop up (see Annex Fig. 3). At times when rage would begin to activate, she would quickly crumble and state, “I have no strength left” or “I’m not angry anymore,” thus letting her resistance show. As the bond became a foundation for safety, I encouraged her to stay in those “discomfort zones” that her anger led her into.

“Leaving” was one of her most usual defenses, but it was becoming inefficient. It was therefore interesting to observe what happened over three years with respect to grounding. Initially, when grounding she would quickly get out of the position in the space of a few seconds, because the feeling in her feet would prove unbearable, as she would barely feel them. When I observed this difficulty, I offered her a medium-sized semi-inflated ball to place on her anterior hip, so that as she released her upper body downward, her belly would be resting on the ball, which would in turn remain between her abdomen and her thighs (see Annex Fig. 8). The weight of her organs would thus be let out onto the sphere, making it more supportive and, at the same time, increasing the proprioceptive realiza-

tion that her pelvis was becoming loose and functioning as a ground connection. Gradually M would tolerate the sensation for more and more seconds. Now she enjoys her ground connection, letting out the weight of her head and trunk, supported only by her feet and legs.

At first, due to her tendency to “leave”, I had presumptively diagnosed schizoid disorder. The “unpleasant sensations in her head” tore her apart from her body and took hold of her neck, straining it. We spent entire sessions working on that strain ring. M would lie down face-up and I would place a small (20 cm) ball under her cervical vertebrae so that her cranium, feeling a firm sensation of holding, would smoothly let out its weight on to the ground. By making subtle movements sideways and up and down, and alternating these with moments of stillness, M would begin to feel more whole. Other clients who underwent the same experience have provided similar feedback (see Annex Fig. 9).

Halfway through our first year together I suggested that she consult with a psychiatrist. She found it very difficult to live her daily life, and I felt that alone I could not help her overcome this, as two weekly meetings were insufficient. Her first reaction was one of fear and rejection. M was afraid of “becoming” her mother, which is why the mere talk of psychotropic drugs brought that identifying idea into her imagination. However, thanks to M’s trust in me, we were able to include a psychiatrist on our team. All three of us worked together for almost a year. After 6 months of treatment, the dose of her medicine (a blend of an antidepressant and an anxiolytic) was gradually reduced until she no longer needed it. At this point, we were able to work at a different pace.

Her mother’s dominance in our sessions began to dwindle, and other issues and possibilities arose. L kept demanding her presence, but M was stronger to face the situation and say no. Her anger scares her less and less, and she can safely express her violent impulses by tolerating stronger charges within the borders of her self. In this sense, having the ball as mediator and not showing her teeth directly to me was highly useful. As it is large and soft, being able to hit it and kick it without hurting herself or me was particularly helpful for expressing her emotions (see Annex Fig. 10).

At times some marks of schizoid mechanisms appear when some of her disintegration and division crops up. However, her struggle to keep an integrated self without merging with others and her difficulties setting limits, to contain her charge and to ground – and therefore to inhabit her own body and be present – lead me toward a presumptive diagnosis of borderline structure.

In spite of all the difficulties we have elaborated to date, M has taken a 180° turn. Her muscles have toned up, she walks more firmly and the pitch of her voice is lower. She has taken up yoga and astrology. She got a stable job and amicably separated from her partner. She dared to move in with a friend and, when that did not turn out, took it upon herself to find a house to live in on her own. When I met her she was like an unresourceful child and now I see an independent woman

that can fend for herself and even ask for help when she needs it. Sometimes we meet every week and sometimes we meet every other week. She can come and go as she pleases from her sessions and therefore come and go with a more flexible and healthy bond.

Case 2

F comes for her consult having had Bioenergetics and *Esferodinamia* classes. She requested my phone number at IAAB because she knew I worked with spheres and was interested to see how a therapeutic process using such items might work.

Over our first interviews I observed that F (27) was tall, of medium build and voluptuous. Her face gestured a lot and she bit herself and touched her mouth insistently. She spoke very loudly. Her tone of voice appeared to make up for her lack of muscle tone. Even though her body seemed to be charged, she sat on the couch as if crumbling. Her gaze hungered for contact but at the same time she found it hard to keep eye contact with me. Emotionally she seemed troubled by her inability to let go of her relationship with a former partner. Her demand to me was that she needed help to “end her breakup.”

Over our first year of treatment I realized that F attempted to make contact with me but did not fully trust the therapy. It seemed as if she suspected that she might be betrayed at some point. Perhaps she thought I would lose my practice as a therapist to establish a regular relationship, as had occurred with a previous therapist. I suspected that made her think of a certain “illegality” and promiscuity, a feature of some of her ongoing relationships. Over the course of our therapy it transpired that it was also linked to her family history.

F is the second of four children. She has been living alone since she was 26. Her living depends largely on her father’s contributions. Her father still gives her a monthly allowance and monitors her earnings and expenses.

It was a real challenge to map out F’s history. At first she would miss sessions or arrive late. She claimed to acknowledge being a “ghost,” i. e. disappearing without so much as a word of explanation. She sometimes said that she intended to show up but when the moment came she could not. It seemed that some of her resistance was present by being absent without being aware of it at all. After a year, I began to voice how I felt about these attitudes so that we might make sense of them together based on her history. Consequently, through F’s bond and therapy she was able to link those events with childhood experiences that she was defending herself from. She had an emotionally unstable mother and a father with psychopathic traits and a severe judgment of F that turned her into the object of both her parents’ childish needs. Insufficiently equipped to assert herself and showing signs of confusion, F could not question her parents, who she claimed “had given her everything” and consequently could not bring herself

to understand why “she could do almost nothing” (internally echoing her father’s severity and her mother’s strive for perfection). Using money to manipulate her, her father still disables her. Her mother, who has difficulty keeping in touch, fluctuated between merging with F and leaving her all by herself, so that F was unable to understand the changes from one state into another. As an adult, when she shows any signs of questioning her family’s dynamics, the family goes silent and will lash out at her in an airtight complicity that turns her into the black sheep of the family. This is true even though it is clear that there is conflict; for instance, her father is in an ongoing affair with the housekeeper, who has been working for them for a long time and lives in the same house.

I presume that F’s history includes elements of a borderline structure that provided her with insufficient defensive resources to confront the inner struggle between her anxiety when she was alone and her difficulty trying to make contact. The intimacy of a balanced and safe attachment bond to create a healthy self appeared to be an alien experience.

Some Notes about the Therapy

When F was first invited to work with her body, she claimed to perceive it as uninhabited. She felt it shamed her and exposed her to harsh judgment. Proposals were initially aimed at helping her to consciously make contact with her body, inhabiting it through breathing. She found the sphere reliable and it seemed that it helped her to protect herself from me (that is, aspects of her parents projected onto me). It allowed her to set a much-needed limit but she was not able to set it when she was by herself. Kneeling behind the sphere, her chest making contact with it, she was able to breathe and hide her body behind it so that there would be something “between” herself and me (see Annex Fig. 11). In other words, it became a border allowing her to differentiate herself from me. By repeating these experiences she began to recognize herself in her breathing, as air would block in her throat, disconnecting her head from the rest of her body. She could feel neither her pelvis nor her legs. She felt disorganized in her movements, which was apparent. We both observed how hard it was for her to make eye contact, and how she was uncomfortable with her eyes closed. Through these emerging realizations, we managed to gradually construct a realization of her that was based on a configuration I provided and which she became more and more able to adopt.

As the process rolled on, she managed to climb on to the sphere in what was previously called a “flexion.” There was already “more body” and the sphere provided a foundation for safety (see Annex Fig. 1).

At first exercises were aimed at letting her perceive the weight of her body, the places that were and were not in contact, the ball’s feedback of her breathing gesture, what it was like to be held by the sphere and how she was able to move as

her feet and hands began to push. I joined in by keeping a certain distance from F or by lightly touching her in order to either reinforce her grounding or increase her realization of different parts of her body. Both pushing and her contact with the sphere and myself were aimed at constructing more accurate borders and reinforcing her grounding.

F reported that she enjoyed being there, feeling held by the sphere. She was dancing with the sphere and would only let go when she had had enough. She was able to make decisions, such as asking me to work with the sphere and anticipating when to start and end contact, something that had not occurred with her mother.

The bond between her, the ball and me was gradually strengthened. Gradually and patiently I constructed myself as a foundation for F's safety. An important moment in the process was when she was flexing and I felt I could stay next to her, rocking her on the sphere and inviting her to make eye contact with me whenever she wanted to and was able to. F was moved and was surprised to be able to do so. She said she had no recollection of ever being looked at in that way. She described my look as sweet, warm and "being there," unable to use more terminology (perhaps there were less words because it was a primary realization). We understood that she was trying to convey she did not feel pushed or invaded. It calmed her down instead of causing her anxiety, which occurred whenever other people looked at her. Such anxiety frequently makes her feel inadequate in her relationships, and she works hard not to repeat her family's stigma, which has burdened her with the responsibility for "ruining everything." Thus the realization that she could bond and feel calm, differentiated and able to regulate herself helped her feel that this might be true in other relationships she currently has, using the resources she now has as an adult.

Building trust and safety in our bond was the first step toward exploring her full capacity for self-support and self-regulation. The sphere offered a place of safety on this road. She has recently arrived at one of our sessions celebrating our two years since starting the process and grateful to me for helping her to keep it up. I underscore this because I consider that such emotions have helped to heal her previous model of bonding where the feeling of inadequacy, of being in debt and feeling insufficient prevailed. We are currently working on her self-support. During this stage, the sphere's holding is less needed, as she can be sitting and focusing on activating her legs and her center through bouncing (see Annex Fig. 4). A recent experience that we are still exploring is standing up from the ball and observing the sensory and emotional echo that is activated and the senses in connection with her history.

Today F can handle her own money and lives with a stable partner. I consider that the great contribution of the sphere to F's therapy was primarily building trust between us, making it easier to construct a bond and leaving room for our

creativity to discover how to write new lines in her present and veer away from the single story, thereby regaining a sort of lost paradise.

Conclusions

In the course of our training, as well as in many fundamental readings, we have learned how to work with some classic techniques and objects such as the Bioenergetic stool, the mattress, the racket and the towel (Krsul & Dosoretz, 2007).

Based on our research discoveries, we postulate that these uses of the sphere may be another new and essential tool in a contemporary Bioenergetic therapeutic setting.

The sphere is felt as a motherfied object insofar as it provides safety and tenderness, helping with empathy and aiding the client and therapist with the discovery of vital bonds.

We hope that this piece will be a contribution for colleagues who seek to begin using spheres or an invitation to widen the scope of their use.

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Abstracts

German

In diesem Artikel stellen wir eine "Biosphärenpraxis" vor. Sie ist aus der Integration unserer Erfahrung in Bioenergetischer Analyse mit "Dynamic Sphere Postural Reorganization" (Esferodinamia Reorganización Postural, hier im folgenden "RP" technique genannt) entstanden. Wir beschreiben die Eigenschaften der Sphäre (großer Gummiball) und wie die Sphäre im Rahmen körperpsychotherapeutischer Interventionen hilfreich sein kann. Abschließend betrachten wir zwei Fälle, die dieses klinische Werkzeug benutzen. Die Sphäre wird zu einem Element, das klinische und erzieherische Arbeit in zeitgenössischer Bioenergetischer Analyse erleichtert.

French

Nous présentons dans cet article ce qu'est la pratique des « Biosphères ». Cette pratique a été développée en intégrant à notre formation en analyse bioénergétique la « Réorganisation posturale par l'utilisation dynamique de la sphère » (*Esferodinamia Reorganización Postural*, que nous appellerons technique "RP"). Nous décrivons les qualités de la sphère (gros ballon de gym) ainsi que la façon dont elle peut nous aider dans nos interventions thérapeutiques psychocorporelles. Enfin, nous présentons deux vignettes cliniques utilisant cet outil. La sphère constitue un élément qui facilite le travail clinique et éducatif dans le cadre de l'analyse bioénergétique contemporaine.

Italian

In questo articolo intendiamo presentare il lavoro "Biospheres". Questo si è evoluto in conseguenza dell'integrazione della nostra formazione in analisi bioenergetica con la "Dynamic Sphere Postural Reorganization" (Esferodinamia Reorganización Postural, cui faremo riferimento con la sigla "RP"). Descriviamo le qualità della sfera (grande palla di gomma) e come può essere utile per interventi di psicoterapia corporea. Infine, esaminiamo due

casì utilizzando questo strumento clinico. La sfera diventa l'elemento che facilita il lavoro clinico ed educativo nel campo bioenergetico contemporaneo.

Portuguese

Apresentamos, neste artigo, a prtica da “Biosfera”, que evoluiu como resultado da integrao das nossas experincias formativas em Anlise Bioenergtica com a reorganizao dinmica da esfera postural – Esferodinmica da Reorganizao Postural –  qual nos referiremos como tcnica “RP”. Descrevemos as qualidades da esfera (grande bola de borracha) e como ela pode auxiliar quando fazemos intervenes, na psicoterapia corporal. Finalmente, examinamos dois casos onde essa ferramenta clnica  utilizada. A esfera torna-se um elemento que facilita o trabalho clnico e o educacional no campo da Bioenergtica contempornea.

Russian

Представлена практика биоэнергетической работы с фитболом – большим эластичным шаром, используемым для фитнеса, названным «биосферой» по аналогии с «биоэнергетическим табуретом». Эта методика появилась в результате объединения знаний, накопленных в Биоэнергетическом Анализе и в методе коррекции постуры (осанки и других паттернов поддержания определенного положения тела) при помощи баланса на неустойчивых, динамических поверхностях (Esferodinama Reorganizacin Postural, или «техника RP»). Определены требования к качеству фитбола, а также показано, в чем эта методика может быть полезна в телесной психотерапевтической работе. В заключение рассматриваются два терапевтических примера использования «биосферы». Биоэнергетическое применение фитбола становится инструментом, который может оказать значительную помощь в терапевтической и образовательной деятельности в современном Биоэнергетическом Анализе.

About the Authors

Julia Cegatti attended Buenos Aires University where she developed as a psychology teacher and researcher. She is currently completing her studies as a bioenergetic analyst at the Argentine Institute of Bioenergetic Analysis. She works as a therapist in Buenos Aires, Argentina. Julia is an instructor and a member of the teaching staff at the Esferodinama School of postural reorganization, an institution in which she was trained in this technique.

Leticia Polosecki received a degree in psychology at Buenos Aires University and is a Certified Bioenergetic Analysis Therapist (CBT). She is a teacher at the Argentine Institute of Bioenergetic Analysis and is an instructor of Esferodinama postural reorganization. She has participated for 5 years in study groups in biosynthesis. Currently Leticia is in her first year studying the formation of somatic integration at the Center for Research and Study of Corporal lan-

guages and techniques. She practises as a therapist and teacher in Buenos Aires, Argentina.

Since 2010, Leticia and Julia have been exploring the integration of Esferodinamia postural reorganization with bioenergetics for teaching and clinical purposes.

Annex

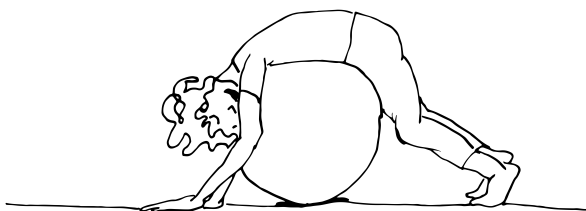


Fig. 1: Flexion. Feet and hands on the floor. The rest of the body lets its weight out onto the sphere.

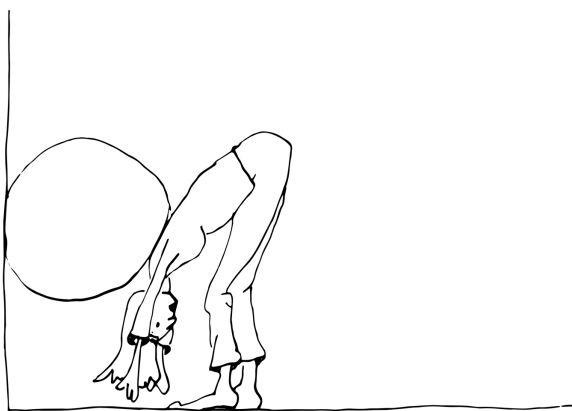


Fig. 2: Grounding with 80 cm sphere as back support against the wall.

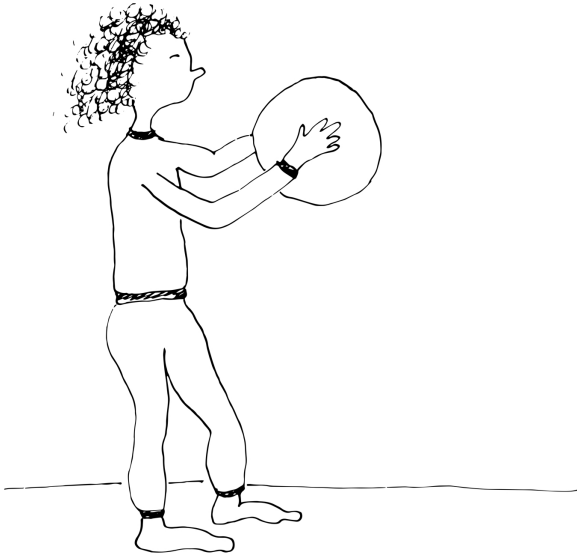


Fig. 3: Hands pushing on a 50 cm sphere at the chest level.

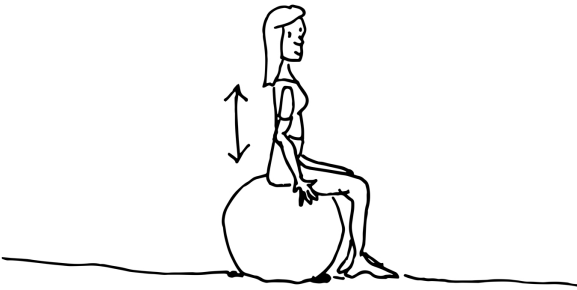


Fig. 4: Sitting on an 80 cm sphere. Bouncing from the soles pushing on the ground, using the center of the sphere as support and projecting the top of the head toward the ceiling.

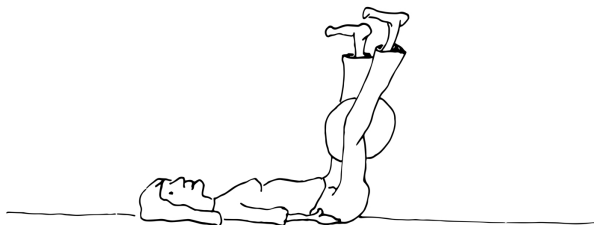


Fig. 5: Holding a 50 or 80 cm sphere, depending on the charge required. Lying down with the sphere placed between the legs. To further activate the tone, slightly push with adductor muscles toward the center of the sphere taking care not to lock the knees.

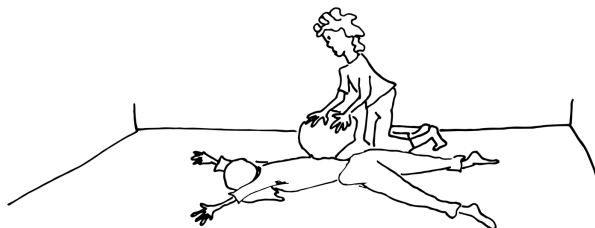


Fig. 6: Transfer of weight by the facilitator with 50 cm semi-inflated sphere. The person receiving the weight is lying on a comfortable, albeit not very soft, surface.

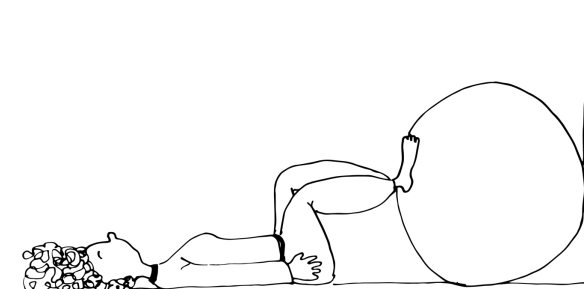


Fig. 7: Soles pushing on an 80 cm sphere set against the wall.

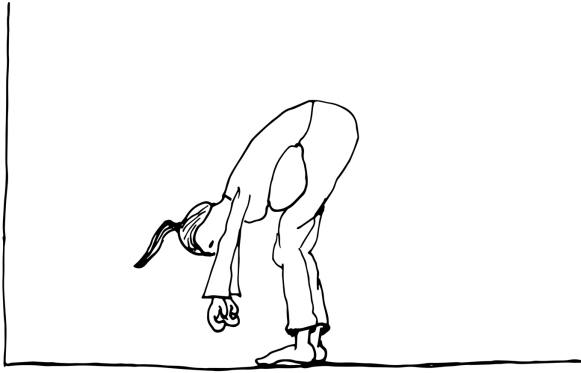


Fig. 8: Grounding with 50 cm semi-inflated sphere placed between the pelvis and the abdomen as if it were an apron.



Fig. 9: Lying down with a 20 cm sphere on the cervical vertebrae.

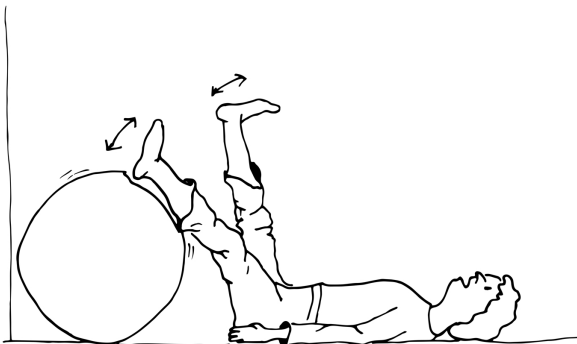


Fig. 10: "Kicking" against an 80 cm sphere set against the wall.



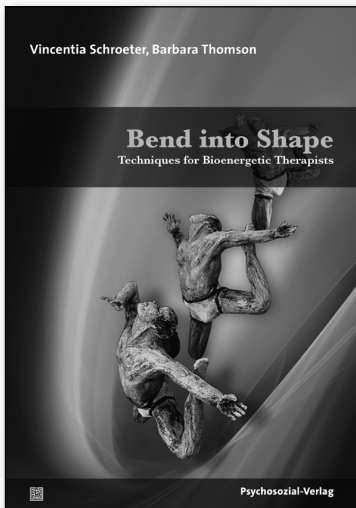
Fig. 11: Kneeling behind an 80 cm sphere with the chest on it and the head drooping to the side.



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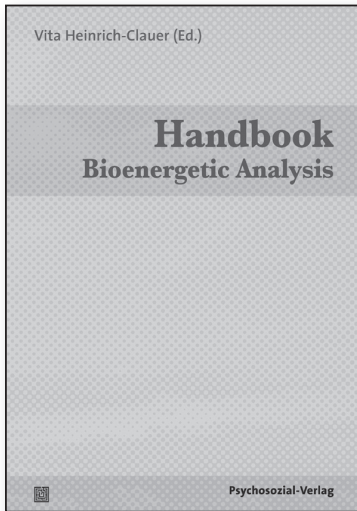
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Bioenergetic Analysis, the Clinical journal of the IIBA is published annually and is distributed to all members of the international organization. Its purpose is to further elaborate theoretical and scientific concepts and to make links to enhance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

and broaden our connection with other schools of therapy, as well as with academic psychology, medicine, and other psychosomatic schools of thought. This journal has been published in English since 1985, making it the oldest journal for the IIBA.



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