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Léia Cardenuto, Garry Cockburn, Maê Nascimento (Eds.)
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The Clinical Journal of the International Institute for Bioenergetic Analysis (2019) Volume 29

With contributions by
Cláudia Abude, Scott Baum, Rosaria Filoni,
Thomas Heinrich, Helen Resneck-Sannes, Homayoun Shahri,
Hugo Steinmann and Mara Luiza Vieira Ceroni

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Content

Letter from the Editor

Dear Readers
Your Journal has a new team of editors. They are Léia Cardenuto (Editor) from São Paulo, Brazil, Maê Nascimento, also from Brazil, who was also a member of the previous editorial team, and Garry Cockburn from New Zealand.

We would like to thank Vincentia Schroeter from USA, and Margit Koemeda-Lutz from Switzerland, together with Maê, for their careful, attentive and very professional work for these past years 10 and 15 years respectively, of editing the Journal, and doing it with lots of heart and energy. Their enthusiasm led us to engage as a new team, and we hope we will continue to live up to the standards they have set.

This new edition has brought us something that we hardly consider a coincidence. The theme of "shame" appears as a main issue in three of five articles that comprise this volume. Perhaps it is now more than necessary to deal with shame as a theme, although it sounds contradictory, at times of so much exposure in the world. Maria Rosaria introduces a continuum from Modesty to Shame, which brings a dialectic vision of the self, between instinct and Ego. Scott Baum's article places shame as a bioenergetics reaction, result from a power struggle, linked to the human destructiveness and the ways it undermines relationships and families. Helen Resneck-Sannes' view on shame states the importance of the injury of the self, that comes out in the feeling of being wrong, instead of just doing something wrong. She also links the theme of shame with narcissism, gender and abuse. Thomas Heinrich, with his article, brings new light about the LGBTIQ* community. He challenges us as bioenergetics therapists to broaden our concepts, both in theoretical and clinical views. Mara Ceroni and Cláudia Abude address the overwhelming theme of compulsions and schizoid personalities, how they are socially produced and reproduced, related to the violence and rampage shooting, that has become, unfortunately, so frequent. And lastly, Homayoun Shahri, provides an interesting and useful bioenergetic approach to relational trauma as a mind transitional object and a new technique to help deal with it.

The responsibility of being the new Editor was eased by the careful assistance of Vin Schroeter, who taught me the task with kindness, generously sharing her methods and procedures. Hers is the beautiful hummingbird on the cover, which brings about the ideas of vibration and vitality, so important to Bioenergetics.

With this first edition of the new team, we owe much to Maê's assistance. With her proximity, her patience and attentive presence, she always advised me of the routines involved. She helped doing all the tasks, from calling for articles when they were not appearing, to reviewing and editing them. This volume has also counted on the support and careful attention of Garry Cockburn, our mentor in diplomatic relationships and final copy editor of the entire Journal. We would like to thank the reviewers, who helped us with their analysis and suggestions over the papers. We would also like to express our gratitude to the translators of the Abstracts: Claudia Ucros (French translation), Maria Rosaria Filoni (Italian), Maê Nascimento (Portuguese), Pablo Telezon (Spanish), and Olga Nazarova and Alesya Kudinova (Russian).

This edition of the Journal will be published in German, and the Editorial Board would like to thank in advance Vita Heinrich-Clauer, the German copy editor, and the translators Irma Diekmann, Steve Hofmann, and Wera Fauser who are working to bring this important task to fruition.

We hope you enjoy reading this edition, and we invite you to send us new articles to enhance the debates in our field. Guidelines for writing articles can be found at the end of this edition of the Journal.

Léia Cardenuto
December 2018

In Memory of Christa Ventling Dierks, Ph.D.

(28.07.1930–03.11.2018)

Hugo Steinmann

As a friend and colleague of Christa, and also as the president of the *Swiss Society for Bioenergetic Analysis and Therapy* (SGBAT), I feel honored that I have the chance to acknowledge Christa at her commemoration. This society was Christa's professional home. After her career as a scientific researcher she decided to study psychology and become a psychotherapist. She became one of the most creative and dedicated members of this society.

Christa knew about the importance of research and she knew how to do research. As early as in 2000, Christa published a study on the "Efficacy of Bioenergetic Therapies and Stability of the Therapeutic Result: A Retrospective Investigation" in order to prove the efficiency of the body-oriented approach in which she had been trained. This was pioneering work! In 2002, the *US Association for Body Psychotherapy* awarded Christa a prize for the best research in body-oriented psychotherapy.

When I held the presidency of the IIBA from 2001–2008, Christa was of indispensable value to me. She was bilingual, while my English skills were pretty modest. Christa translated all my speeches and announcements into English during the time when I held my international position. Anyone who knew Christa knows that she did not simply translate. Also, with regard to content, she coined my speeches and publications, which was very convenient to me.

She did so until her Parkinson's disease prevented her from coordinating her fingers.

Christa published two books in addition to her several articles with a lot of enthusiasm. In 2002, *Body Psychotherapy in Progressive and Chronic Disorders* was published. This was years before she began to suffer from such a "chronic disorder" herself. Already in 2001, she had published a collection of articles on the subject of *Childhood Psychotherapy. A Bioenergetic Approach*.

When I visited Christa in Zurich on October 5th, 2018, less than a month before her death, I could tell her that her book on childhood psychotherapy had just been published in Italian. I also told her that Livia Geloso, an Italian colleague would attend the International Conference in May 2019 to appreciate her book together with me. Her lips moved, but her voice was so weak that I could not understand what Christa tried to tell me. I looked for help from the nursing staff, but they could not help me to understand what Christa tried to say, either. Instead of talking, I decided to play a Mozart sonata to Christa on her piano. I then said goodbye to Christa and thanked her. All of sudden a little miracle happened: Christa said, in a loud, understandable voice: "Thank you for coming."

Now she is gone! I will forever be grateful to her.

Eulogy delivered at Memorial Service for Christa in Stans, Switzerland. January 11th, 2019

Translated by Steve Hofmann

Modesty versus Shame

Identity Building through Nature, Personal History and Culture

Rosaria Filoni

Abstracts

The author addresses the subject of modesty, firstly by referring to an article by Alexander Lowen (IIBA Newsletter, 1994), and then an article by Umberto Galimberti, a philosopher and Jungian analyst. Lowen speaks of modesty as "natural pride", as the expression of the degree of self-perception and self-esteem of the person. It denotes the individual's ability to contain their feelings and therefore indicates their ability to hold a strong sexual charge. For Galimberti, the human being – who has both a body and individuality – "modesty" expresses the contrasting dialectic between the ego and their animal condition, the two dimensions that intimately constitute the person and tear him or her apart. Each dimension, in fact, hosts two subjectivities. One subjectivity that says "I", with which we usually identify ourselves, and the other that establishes us as "officials of the species" ensuring its continuity. According to Galimberti, modesty does not limit sexuality but identifies it. The author then reflects on the social and historical aspects of modesty in Italy over the last 50 years.

Keywords: modesty, shame, body, myths

La Modestie *versus* la Honte. Construction De L'identité à Travers La Nature, L'histoire Personnelle et La Culture (French)

L'auteure aborde le sujet de la modestie à partir d'un article de Lowen publié dans la Newsletter de l'IIBA en 1994 et un article d'Umberto Galimberti, un philosophe et psychanalyste Jungien. Lowen décrit la modestie comme une fierté naturelle, l'expression de perception de soi et d'estime de soi. La modestie dénote la capacité à contenir ses sentiments et par là indique aussi la capacité à contenir une forte charge sexuelle. Pour Galimberti, l'humain qui a un corps et une individualité exprime dans la modestie la dialectique contrastée entre sa condition animale et son égo, deux dimensions qui le constituent intimement et qui le mettent à part. En fait, chacune de ces dimen-

sions abrite deux subjectivités. Celle qui dit "Je", avec laquelle nous nous identifions généralement, et l'autre qui nous pose en tant que "représentants de l'espèce humaine" en vue de sa continuité. Selon Galimberti, la modestie ne limite pas la sexualité mais la définit. L'auteure examine les différents aspects historiques et sociaux de la modestie en Italie durant ces 50 dernières années.

Modestia versus Vergüenza. Construyendo Identidad a Través de la Naturaleza, Historia Personal y Cultura (Spanish)

La autora enfoca el tema de la modestia comenzando por un artículo de Lowen, publicado en ante liba newsletter en 1994, y por otro de Umberto Galimberti, filósofo y analista Jungiano. Lowen habla de la Modestia como un orgullo natural, expresión del grado de auto-percepción y auto-estima de la persona. Denota la habilidad individual de contener los propios sentimientos y por lo tanto indica su habilidad para sostener una fuerte carga sexual. Para Galimberti, el ser humano que tiene cuerpo e individualidad, expresa en la modestia el contraste dialéctico entre su condición animal y el ego, dos dimensiones que lo constituyen íntimamente y que lo desgarran. Cada uno de hecho, alberga dos dimensiones. Una, que dice "yo", con la cual generalmente nos identificamos, y otra que nos hace "oficiales de la Especie", para la propia continuidad. De acuerdo con Galimberti, la modestia no limita la sexualidad pero sí la identifica. La autora reflexiona acerca de los aspectos socio históricos de la modestia en Italia en los últimos 50 años.

Pudore versus Vergogna. La Costruzione dell'Identità tra Natura, Storia Personale e Cultura (Italian)

L'autrice affronta il tema del pudore a partire da un articolo di Lowen, pubblicato in una newsletter dell'Iiba nel 1994 e da uno di Umberto Galimberti, filosofo e analista Junghiano. Lowen parla del pudore come di orgoglio naturale, espressione del grado di auto percezione e di autostima della persona. Denota la capacità dell'individuo di contenere i propri sentimenti e ne indica perciò la capacità di reggere una forte carica sessuale. Per Galimberti l'essere umano che ha corpo e individualità, esprime nel pudore la dialettica contrastante tra la sua condizione animale e l'Io, due dimensioni che intimamente lo costituiscono e lo lacerano. Ciascuno infatti, ospita due soggettività. Una che dice 'Io', con cui siamo soliti identificarci, e una che ci prevede "funzionari della specie" per la sua continuità. Secondo lui il pudore non limita la sessualità ma la individua. L'autrice riflette su aspetti sociali e storici del pudore in Italia negli ultimi 50 anni.

Modéstia x Vergonha. A Identidade Construída através da Natureza, da história pessoal e da cultura (Portuguese)

A autora analisa o tema da modéstia, a partir de um artigo de A. Lowen, publicado em uma Newsletter do IIBA, de 1994, e de outro, de Umberto Galimberti, filósofo e analista junguiano. Lowen se refere à modéstia como um orgulho natural, a expressão

do grau de auto-percepção e auto-estima de uma pessoa. Ela mostra a capacidade do indivíduo para conter seus sentimentos, indicando, assim, sua capacidade de suportar uma carga sexual forte. Para Galimberti, o ser humano, que tem um corpo e uma individualidade, expressa, na modéstia, a dialética contrastante entre sua condição animal e o ego – duas condições que o constituem intimamente e que também o dividem. Na verdade, cada um possui duas subjetividades: uma que diz "eu", com a qual nos identificamos e outra que nos caracteriza como "oficiais da espécie", em prol de sua continuidade. De acordo com Galimberti, a modéstia não limita a sexualidade e sim, a identifica. A autora reflete sobre aspectos sociais e históricos da modéstia, na Itália, nos últimos cinquenta anos.

Скромность *Или* Стыд. Построение Индентичности Через Природу, Личную Историю И Культуру (Russian)

Рассмотрение темы скромности автор начинает статьей Лоуэна, которая была опубликована в новостной рассылке IIBA в 1994 году, и статьей Умберто Галимберти, юнгианского философа и аналитика. Лоуэн говорит о скромности как о естественной гордости, как о выражении степени самовосприятия и самооценки человека. Она означает способность индивидуума контейнировать свои чувства и таким образом указывает на его/её способность удерживать сильный сексуальный заряд. По мнению Галимберти человек, у которого есть тело и индивидуальность, выражает через скромность сильно отличающуюся диалектику между животным и эго, двумя частями которые непосредственно его/её составляют и которые разрывают его/её на части. На самом деле каждая из них несет в себе два вида субъективности. Одна говорит 'Я', именно с этой частью мы, как правило, себя идентифицируем, а другая субъективность говорит о нас как о представителях животного вида, обеспечивающих его продолжение. По мнению Галимберти скромность не ограничивает сексуальность, а определяет её. Автор размышляет над социальными и историческими аспектами скромности, существующими в Италии на протяжении последних 50 лет.

Introduction

I began paying attention to the theme of modesty in 2002 when I read an article by Umberto Galimberti, philosopher and Jungian analyst, that appeared in the Italian newspaper, *La Repubblica* (Galimberti, 2002). I was so struck and persuaded by his arguments that I photocopied the article and have had the occasion to read the article to some patients and to speak of it in training sessions and conferences. On more than one occasion, I encountered my listener's difficulty in distinguishing the concept of modesty from that of shame, and I was astounded by this. Then I realized that in times of immodesty and narcissism, it may

inevitably be unclear what modesty is. What I understood is that shame annuls modesty, and that people who feel shame are unlikely to feel modesty.

Modesty for Lowen and Galimberti

In this article, I will be citing some passages from Galimberti's article, and passages from an article by Lowen, published in an IIBA Newsletter in 1994[1]. In his article, entitled *Elogio del Pudore* ("In Praise of Modesty"), Lowen's thinking is structured in the same way as Galimberti's: a profoundly secular point of view. The person who translated Lowen's article into Italian ran into a "false friend": English uses the word "modesty" for the Italian "*pudore*," but in Italian the word *modestia* means something different. It has to do with a "serious and dignified restraint in the dress and behaviour traditionally attributed to an "honest woman", in which "honesty" means being brought up for a role – patriarchally, I would say – deemed suited for a woman. Lowen's and Galimberti's articles give the word "modesty" an entirely different meaning. In using the Italian word *modestia* instead of *pudore*, the article became rather incomprehensible. And this also brought to my mind the difficulty of accessing the concept of modesty.

Galimberti writes: "God has no modesty because he has no body. Animals have no modesty because they have no sense of their own individuality. Men and women, who have both a body and individuality, express in modesty the opposing dialectics of these two dimensions that so intimately constitute and lacerate them. Each of us, in fact, has two subjectivities[2]. One that says 'I,' the ego, with which we customarily identify ourselves, and one that has us be 'functionaries of the species' for its continuity."

These words immediately make it clear that there is a dialectic, in fact, more than one dialectic, constantly in action. Before everything, every woman and every man lives an "inner" dialectic between the ego and being the "functionary of the species," and in each of us, the space that these two aspects occupy is different. But this dialectic is also the result of a personal history influenced by transgenerational transmission, and by the given political/social and historic moment.

Moreover, the part of us that is the "functionary of the species," with the objective of its continuity, can as such have only two different ways of expressing itself – in the masculine and feminine. The masculine needs to "use" a woman to reproduce, and to be assured of reproduction requires the maximum spread of his seed. And, as Professor Zoja reminds us in the book *Centauri* (2016), the masculine has in its nature an aggressiveness that may be present to different degrees.

1 Unfortunately, I do not possess the original, but only the Italian translation.

2 In this article I use the word subjectivity in a philosophical sense: "the character of the subject as such, and also the subject itself." Treccani Dictionary online.

Let us not forget that the founding myth of the City and Empire of Rome, with the Rape of the Sabine women, is a tale of abduction and rape[3].

The other gender, the female gender, in order to ensure reproduction, needs to choose the "best" male, the healthiest one who can better defend and support the growth of children. As Zoja points out, the female will have an innate capacity for care and receptiveness. But as a species, we do not experience the animal dimension alone, but also that of the ego. Therefore, what intervenes is "love, which plays on the double register of our subjectivity, which establishes that it is our ego that loves and is loved, that intimately constitutes us and identifies us, and that, against generic, unidentified sexuality, raises the barrier of modesty."

"If this is how things are," Galimberti continues, "we may then say that modesty is that sentiment that defends the individual against the anguish of foundering in animal genericness, and that by renouncing ourselves, we are forced to perceive ourselves as a simple functionary of the species." From this perspective, "it is untrue that modesty limits sexuality; modesty identifies it." One speaks of "common sense of modesty" and this brings us to the need to place the experience of it in the historic period of reference, and in its culture. When we are no longer just "animals," history comes to the fore.

In Italy, until the 1960s, the representatives of what was then understood as feminine modesty (and in this case the Italian word "*modestia*" is exact) was Saint Maria Goretti, killed by her rapist, and Manzoni's Lucia[4]. In the first case (a true story), the twelve-year-old girl was made a saint for having attempted to defend herself against her attacker; this was held up for girls and young women as an example, not so much of a legitimate personal right, (in the times of neofeminism we referred to it as the untouchability of the female body) but as an example of virtuous behaviour.

Also in Italy, we are acquainted with the story of Lucia in *The Betrothed*[5], another example of female modesty and virtue who fights not so much to have her right to love her Renzo recognized, but to defend her virtue from the desires of Don Rodrigo. It is a matter of virtue, something linked to morality – a morality influenced by religion – and not to possession of oneself.

A little digression: in Italy, the law against sexual violence is a relatively recent one, and a large and long mobilization of the women's movement was

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3 According to legend, upon the founding of Rome, the men realized there were no women, and they abducted a neighbouring population – the Sabines. The sugar-coated story taught in elementary schools recounts that the women were needed to clean and cook, and when the Sabines made war against the Romans, the women placed themselves between the armies as they had grown attached to their abductors.

4 *The Betrothed*, a 3-volume famous Italian historical novel by Alessandro Manzoni (1827).

5 To summarize: the young villager Lucia, betrothed to Renzo, is desired by a town nobleman and goes through countless vicissitudes, including an abduction, before being able to marry Renzo.

needed for the law to call rape a crime "against the person" and not "against morality." If it is against the person, we recognize the individual right; if it is against morality we recognize a sort of social or religious ownership over *feminine virtue*.

If we set virtue aside and return to modesty, we may state that it is an eminently bodily experience. We may consider it one of the attributions of possession of the self that we help patients attain through the analytic, bioenergetic process. Both – possession of the self and modesty – are present when the body is sufficiently free of contractions that annul its awareness, and the person is felt, perceived, and acknowledged in his or her uniqueness, and is able to choose: what to show of his own or her own body, and to whom; what intimacy to access, with whom; what to reveal of him or herself, where, and with whom.

Therefore, if we imagine a *continuum*, on one end we have modesty with the sense of the self, and on the other shame, pathological shame, with the desire to disappear, which at times goes hand in hand with immodesty. In both cases, there is a strong feeling that comes from the body. With modesty there is a sense of well-being and pride and a sufficiently good sense of oneself, but with shame there is the feeling of being awkward, accompanied by the desire to disappear.

On the side of modesty, we have the ability to feel, to express, to choose – we have a person who, in his or her developmental history, has been sufficiently seen, respected, and supported; on the other hand, with shame we have a person who, to the contrary, has felt guilty and inappropriate. But it is also clear to us that it is not individual history alone that determines this possession, but also the historic period in which one lives.

Modesty in the Myths

As always, myths can lend us a hand to better understand what we are speaking about. Artemis, goddess of the hunt, is indignant because the hunter Actaeon has dared to spy on her as she bathes, and punishes him for his behaviour. She transforms him into a stag so he cannot recount what he has seen, and sets upon him his own pack of hounds, who tear him to pieces. Artemis is proud, and proudly defends her privacy.

I use this term "privacy" which recurs a number of times in Lowen's article. It expresses not only the concept of intimacy, but also of the full right to choose what must remain private. Lowen writes in his article that, "Natural pride is an expression of the degree of the person's self-perception and self-esteem. It denotes the individual's ability to contain his or her sentiments, and therefore indicates the ability to bear a strong sexual energy."

If we turn to a biblical story, the images of Adam and Eve being banished from the Garden of Eden are quite different. These are images of pain, of shame. With

regard to the Bible passage "they realized they were naked, and were ashamed", Galimberti writes that this shame

> "is born not from the nudity of their bodies, but from God's gaze, which makes them naked. They were nude, but only after that gaze did they become naked, and thus hid and fled. Modesty does not defend the body from its nudity, which reminds people of their animal kinship, but from the objectification to which it is reduced when a gaze, coming upon it, deprives it of subjectivity.[6]"

It is from this objectification that Artemis defends herself by annihilating Actaeon, while Adam and Eve, through God's gaze, become painfully aware of their "sin."

Shame

Leaving myths behind and returning to life, we know that, in the development phase, shame arises when the energy load that accompanies the emergence of the need finds no attunement in intersubjectivity and leaves the subject "naked," with the "sin" of having dared to be or want something "illicit" in the eyes of the other (Stern, 2011, p. 135). Since it is indispensible to maintain the bond with the caregiver, we see ourselves as sinners, we lose the Garden of Eden that is the possibility of surrendering to the body; we become painfully aware of ourselves and of own mistaken bodies, and renew the promise to ourselves no longer to show that part let down by the other, or reproached.

I am speaking here of any developmental trauma, but let us think of the shame of abused people – those also "forced" to feel guilty over the abuse they have suffered. Let us merely recall after how many years the survivors of Nazi concentration camps dealt with their shame and began to speak about and bear witness to what they experienced and saw. But let us also consider the difficulty of reporting any abuse. Even small children beaten in nursery schools (there have recently been some cases in Italy) struggle to tell their parents about the mistreatment they have suffered.

Abuse Creates Shame. Those who Suffer Abuse Feel Guilt

In Italian, the word "shame" translates as "*vergogna*." The word *vergogna* comes from the Latin "*vereor gognam*" – "I fear the stocks" – and in ancient times punishment consisted of exposing convicts or the defeated in war, and at times this

6 See footnote n° 3.

exposure involved nudity. The people paraded naked in front of others felt profound humiliation, as Lowen reminds us. He continues by remarking that

> "In human beings, the tendency to exhibit and show the body goes hand in hand with the sense of modesty, which originates from the ego's awareness of the body. Human beings are conscious of their own bodies, and especially of their sexual nature, in a manner different from children or animals. People have developed an ego that considers the body to be an object, and are aware of its sexual function. This does not take place in animals and children, because they are totally identified with the body. In human beings, modesty is an expression of this consciousness of the self, a sign of personality and individuality. [...] Privacy is linked to personality, which masks people's deepest feelings and allows them to hide certain bodily expressions considered intimate [...] in human beings, pride requires sexual organs to be removed from the public gaze, due precisely to the sense of privacy. Pride, privacy, and adult genitality go hand in hand.
>
> Adult sexuality is a combined function of ego and body. The ego thus heightens sexual excitement by conveying erotic sensations on the genital apparatus, directing these sensations towards a specific individual, thereby containing the excitement and allowing it in this way to grow to a maximum peak.
>
> In infantile or infancy-related behaviours, there is no pride, no intimacy, let alone sexual satisfaction."

We know how this full abandonment of oneself to bodily experience can be shattered early by violence, molestation, an eroticized climate, or even the improper exposure of parental nudity. As body therapists, were are used to noting, for example, adult women who sit like children, with open legs while wearing skirts, and we know then we should look into the degree of maturity of their adult/sex identity.

Lowen speaks of nudists and says that their condition is similar to that of children, in which sexuality is diffused into a form of epidermal eroticism in which there is no strong genital charge that requires discharge. In Italy, we are full of television programmes based on this epidermal and infantile Eros; see *L'isola di Adamo ed Eva*, in which a couple of nude young women meet a young man on an island, also nude, and a sort of courtship is created. At the same time, the situation sees the main characters' nudity as the negation of any eroticism. Another programme brings together a man and a woman – he in his underwear, and she in bra and panties – who make themselves comfortable on a bed, get to know one another, and try to decide if they like each other.

The Sixties and the Neofeminism

Moving on to the 1960s, we may recall what young men and women did to conquer a "common sense of modesty" freer than that of earlier decades: to conquer

a modesty as a right to the subjective possession of the self, and to overcome what was Victorian prudishness in the English-speaking countries, and in our countries the influence of the Church. The right to the freedom of the body, to be masters of our own bodies, was proclaimed, and fashions during those years found a way to put the body on display while at the same time reducing its more sexual characteristics.

The fashion during those years, the new way of acting, expressed the desire to put oneself on show, which – if we consider the words of Lowen, but also of Galimberti – brings human beings into relation with all the forms of animals that put themselves on display to reproduce, with a sort of infantile innocence that attenuated the more sexual and adult features of the female body in favour of a stronger social subjectivity. These were the years, in Italy, when young women were accessing higher education en masse for the first time.

Do you remember unisex clothing? Miniskirts exposed the legs but were worn with white stockings and flats; makeup whitened the face; lips were lightened, and eye-makeup was dark, with false eyelashes emulating the proportions of children's eyes. One of the feminine images symbolic of those years was the ultra-skinny model Twiggy. And while it seems incredible in our time, when women resort to surgery to augment their breasts, those who were too well-endowed concealed or even bound them.

In some way, to combat the old restrictions, the clearest sexual signs were attenuated, and we showed ourselves with this new, freer, more unselfconscious appearance; young women began wearing trousers, and age-related differences in manner of dress were diminishing. Women claimed their sexual freedom as the freedom of choice, and wished to build more equal, more mutually supportive bonds between men and women. All this was accompanied by the leading role of the student movement, by neofeminism, by a trade-union movement that represented the anti-authoritarian demands of working men and women.

The aim of this anti-authoritarian movement was not only to conquer tangible benefits like better wages or school for everyone, but to achieve an identity in which subjectivity had the right weight. Women discovered sisterhood, the ability to be supportive towards one another in order to give one another strength and obtain more rights and freedoms. In Italy, this meant conquering the right to scientific contraception with the legalization of the birth control pill (long opposed by the Catholic Church); the abolition of the right to honour (earlier, if a man murdered his wife or her lover, his sentence was reduced because he was accorded the right to defend his honour that had been tarnished by the woman's behaviour); divorce; reform of family law to give responsibility over children not only to fathers but to mothers as well; clinics that were to be a place of support for issues of sexuality; and the right to the voluntary interruption of pregnancy approved in 1978, the same year as Law 180 (which deinstitutionalized psychiatric care, requiring obligatory hospitalization to be reduced as much as possible

in the treatment of psychiatric illness), while a year earlier healthcare reform was approved to allow all citizens to be treated free of charge.

The women's movement was organized in self-awareness groups – small groups in which, starting from the slogan "*the personal is political*," women questioned their received education and the organization of society, reflecting on their own identity in order to seek to build their strength and security in the world. However heavy the social and family influence was, thanks to support from other women, security was obtained of their right to struggle for their own lives.

An instrument of these self-awareness groups was the practice of separatism: women spoke among one another, excluding men – not from their own lives, of course, but from gender reflection. Male self-awareness groups were also created during those years – although few in number, and I am unaware of the path they took.

Clinical Experiences

Turning to my own experience, first as patient and later as therapist, I have had by chance the good fortune to belong for several years to a therapy group in which we participants were all young women, and I saw the emergence of themes and emphases I had never seen emerge in mixed groups. Of course, in these other groups, different aspects came up. What I gained was appreciation for the two types of experience, knowing that each facilitates or permits the emergence of certain experiences, and does not favour others.

As a therapist, too, I led groups for several years with a woman colleague, and for a long time our weekly group consisted only of women. It had happened by accident, and thanks to my experience as patient, I reassured my colleague that this group would not be poorer than a mixed one, and I have to say that during the period it stayed like that, it was possible to work far more deeply on many types of abuse: child sexual abuse; on how abusive the eroticized climate was in certain families; and on how abusive were certain types of upbringing, the account of which was raised in particular by patients who, very early on, had been kept from playing in order to be involved in housework. Some had washed the dishes when they were still so little they had to stand on a chair to reach the sink. This latter experience created no less suffering, discomfort and shame than those I cited earlier, and was a form of upbringing that through shame created submission.

This taught me to pay attention, in addition to the developmental history of individual people, also to the patients' social and family origin, in a mix of transgenerationality that appears to me to be an aspect to take into increasing account alongside geographical/social origins.

Alongside the bioenergetic work to deal with these issues, I found it quite useful to suggest that the patients read certain novels able to perfectly express the widespread conditions of life and upbringing. I then discovered the results of a research work that bore witness to the ability of "good novels" to create empathy and experience, and this comforted me.

I do not wish to recount more, but in mixed groups these problems are dealt with differently. On the one hand, I can say that the solidarity of the male participants certainly brought comfort, but there was less discussion on the pain over what was experienced, the shame, the sense of injustice and some experiences did not emerge. When the group was joined by male members, the themes transformed, and most likely, without men, certain issues would perhaps have remained unexplored.

I also had what I would call the good fortune of leading – but only two or three times – group sessions that by chance were just men, given the absence of women. Here too, each time, issues different from the usual ones emerged; there was a very deep encounter among the patients, and it appeared to me that a gender solidarity was quickly created. Of course, I wondered what influence my presence as a woman therapist had. The feeling I had was of trust, and of having been able to facilitate their confidence; but I have no idea of how the group experience of men alone with a male therapist is or might be. In the end, what I think is that the experience of "separate" groups may have a lot to give, and would be quite useful alongside that of mixed groups.

But to conclude, I would like to touch on an aspect that is close to my heart, and is greatly painful to me: the identity, modesty, and shame of female patients during these years. I am continuously surprised that not only have some of the certainties the women of my generation attempted to conquer disappeared, but many forty-year-old women, let alone younger women, do not even know what we are talking about. I see a renewed mistrust in relationships of friendship and solidarity among women. I see behaviours I would define as rather free in sexuality, but accompanied by doubt as to their legitimacy. At times, I see young women turn to alcohol or drugs to facilitate sexual encounters at the end of the evening, experienced in a disassociated way between a façade of brazenness and profound feelings of guilt.

I think that many young patients during these years need to develop specific forms of modesty and identity, that increase the sense of self, and self-possession, against a culture that often encourages them to dress as sex workers (I do not know if this is only an Italian fashion) and that once again urges "catching" a rich and/or powerful man as an existential objective. Female modesty is not the same as male modesty, but there is a right to a male modesty that needs to be proclaimed against a culture that often wants brazen and violent men – those who believe "they never have to ask" (as the words of an Italian advertisement state).

Conclusion

I conclude with a passage from Galimberti, from another article of his:

> "Conformism and consumerism have brought into circulation a new vice that, for the sake of convenience, we call 'immodesty' referring not so much to a sexual scenario as to the collapse of those walls that allow us to distinguish interiority from exteriority, the 'discreet,' 'singular,' 'private,' 'intimate' part of each of us from its being exposed and made public. If we call 'intimate' that which is denied to the outsider in order to give it to those one wishes to have enter into one's own secrecy, a secrecy that is profound and often unknown to us, then modesty, which defends our intimacy, defends our freedom. And it defends it in that nucleus where our personal identity decides what type of relationship to establish with the other. Modesty, then, is not a question of clothing, undergarments, or intimate wear, but a sort of vigilance to maintain one's subjectivity, so as to be secretly within oneself in the presence of the other" (Galimberti, 2004, p. 21).

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Shame and the Dilemma of Human Destructiveness

Scott Baum

Abstracts

This article examines the phenomenon of shame and related states from clinical and theoretical perspectives within Bioenergetic Analysis. Links are made to the general problem of human destructiveness and to the specific ways that shame is used destructively in relationships and families. The author's personal struggle is used to illuminate one approach to living the reality of destructive shame.

Key words: shame, human destructiveness, neurotic guilt, bioenergetic analysis

La Honte et le Dilemme Humain de la Destructivité (French)
L'article analyse le phénomène de la honte et d'états associés dans la perspective clinique et théorique de l'analyse bioénergétique. La honte est mise en perspective avec le problème général de la destructivité humaine, et notamment comment elle est utilisée spécifiquement à des fins destructives dans les relations et les familles. Le combat personnel de l'auteur dans ce thème illustre une approche permettant de vivre avec cette réalité de la honte destructive.

La Vergüenza y el Dilema de la Destructividad Humana (Spanish)
Este artículo examina el fenómeno de la vergüenza y estados asociados a ella, desde la perspectiva, clínica y teorética del análisis bioenergético. Links son hechos hacia el problema general de la destructividad humana y especificas maneras en que la vergüenza es usada en las relaciones y en las familias. La batalla personal del autor ha sido utilizada para iluminar un determinado enfoque que permita vivenciar la realidad de la vergüenza destructiva.

La Vergogna e il Dilemma della Distruttività Umana (Italian)
Questo articolo esamina il fenomeno della vergogna e degli stati correlati, dal punto di vista clinico e teorico dell' analisi bioenergetica. Vengono proposti collegamenti con il

problema generale della distruttività umana, e con i modi specifici in cui la vergogna viene usata in modo distruttivo nelle relazioni e nelle famiglie. La battaglia personale dell'autore è usata per illuminare un approccio a vivere la realtà della vergogna distruttiva.

A Vergonha e o Dilema da Destrutividade Humana (Portuguese)
Este artigo focaliza o fenômeno da vergonha e de estados correlatos, a partir das perspectivas clínica e teórica da Análise Bioenergética. Aponta-se, também, correlações com o problema geral da destrutividade humana e com maneiras específicas em que a vergonha é usada de maneira destrutiva em relacionamentos e famílias. O autor utiliza sua própria luta pessoal, como exemplo para ilustrar uma abordagem da vivência da realidade da vergonha destrutiva.

Стыд И Дилемма Человеческой Деструктивности (Russian)
В данной статье рассматривается феномен стыда и связанные с ним состояния с клинической и теоретической точки зрения биоэнергетического анализа. Проводятся связи с общей проблемой человеческой деструктивности и тем, как стыд используется деструктивным образом в отношениях и семьях. На примере личных трудностей автора освещается один способ проживания реальности деструктивного стыда.

Introduction

A survey of the literature on shame and related states reveals a repeated refrain: that shame has been little studied. For example, before Morrison (1989) and Goldberg (1991) embark on an extensive examination of the literature and theory of shame in the psychoanalytic approach to understanding personality formation and behavior, they both make a point of saying that shame, as a unique phenomenon, has been little studied. This is puzzling because shame is an immediate somatopsychic event that seems integrally a part of human experience.

What might lead to such an omission? Could it have to do with the inextricable linkage of shame and destructiveness? In this paper I will argue that one reason that shame is neglected as a fundamental emotional and psychic human process has to do with its relation to the experience and facing of our own destructiveness. The dilemma in the title refers to the fact that human destructiveness seems to be intrinsic to our beings as creatures. Shame actually functions as a means of control on the unrestrained expression of negativity. But shame is easily perverted to use as a method control people. In that use it is very destructive itself. How do we find our way through this labyrinth of experience?

Using theory, clinical material, and my own experience, I will try to illuminate the functions and meanings of shame states, particularly from a bioenergetic

perspective. I will also describe in personal terms the related dilemmas of living with too much shame, not enough shame, and no shame.

The Origin of Shame

Using a bioenergetic perspective is useful here. The somatic processes observable in shame states are cringing and burning. Cringing is an involuntary reaction in which a person pulls inward from the surface of the body. It is a movement to make oneself smaller; and to retract from contact and expansion into the environment. This movement is seen in all the emotional states and reactions related to shame from the least uncomfortable to the most, from bashfulness, to embarrassment, to humiliation, to guilt and shame. The second process is burning. Blood rushes to the surface of the body and the capillaries expand and so there is a flush at the surface. But there is a burning also deeper inside the body. This burning I will relate to the worst of shame states later in this paper, and to the psychic, emotional and interpersonal significance of the concept of hell. In the throes of the most forceful of these states the often-expressed impulse is the wish to make oneself disappear. The disappearance, it is hoped, will mitigate the bad feelings related to shame states, and will also reduce the contact with other people that intensifies the bad feelings.

From a bioenergetic standpoint this is a very specific action. It is a generalized contraction at the visceral level, and a pulling of energy and contact from the periphery inward. It is not a collapse, or contraction in specific neuromuscular groups. It is not a generalized tightening. Cringing causes a person to pull back from expansion into the environment. It is a movement away from the edge of contact with the environment and with people. This movement is accompanied by the emotional states mentioned above which are listed in order of ascending unpleasantness.

What is the evolutionary function of this set of human reactions – somato-psychic events and their corollary emotional states? In order to answer that question, even in a beginning way, shame and shame related states have to be understood as a fundamental element of relationship systems. Sartre (1984) uses shame to assert the certainty of the existence of someone other than ourselves. Our feeling of shame informs us that another person exists who has been affected by us. The effect we have had causes us to feel bad. There is ample research data (Bloom, 2013), and certainly anecdotal data that tells us that children feel bad about hurtful or injurious behavior without needing extrinsic instruction.

These early reactions are rudimentary elements of both self, and self-other relationship systems. The two systems are complementary. The first is the system of processes and structures by which a person develops and maintains positive self-regard, we call that *narcissism*. The second is the system of developing and main-

taining healthy and positive relations with others that we call *attachment*. Shame can become unhealthy in both systems. But it is not intrinsically so. When I say that, I am saying that there are constructive elements in shame states that have to be understood. Shame and related states inform us that we are being seen by and reacted to by others. It is, along with love and hate, part of a constellation of basic feelings that informs us, through our bodily reactions, that others exist, and that their reactions and feelings matter to us.

Two Views of the Significance of Guilt and Shame

Guilt and shame are two of the unpleasant states that come out of this dimension of relating to others. One way to distinguish between them is to see guilt as a product of an interpersonal process, a part of a transaction, and shame as largely an internal self-referential process. Guilt ensues when one has transgressed against another, caused injury or harm. The feeling of guilt calls for and prompts apology and reparation. Once the reparation is made and is successful, the guilt may abate. The wrongness is in the act and can be redeemed. The feeling is in the middle layers of the body. Shame is experienced in the deeper interior of the body. The feeling is that the wrongness is in the person. It is a wrongness of self. Apology and reparation do not abate shame. In fact, the relief from shame is not easily arrived at, and methods to reduce shame or to mitigate it are not self-evident, as they can be in the case of guilt. Shame is challenging to understand and to cope with

One difficulty is a result of the fact that shame has two components. One component are feelings of shame that are stimulated by the reactions of other people to each of us and our behavior. The reactions imply, or explicitly state, that a system of values has been violated. In the violation, a behavior that goes against those values and beliefs, the violator reveals herself or himself to be the kind of person who can perpetrate such a violation, and hence should be ashamed of herself or himself. When the violator shares the value system, the shame is felt to be congruent with the values and expectations the violator has of himself or herself.

This is where things get confusing. Because another component of shame comes from intrinsic sources. It results when one's behavior does not match the internally held vision of oneself as a good person. This shame is not referable to the effect of critical others whose reactions stimulate shame. Rather, this reflects a failure by the person to live up to her or his standards and expectations of her or himself.

We are all familiar with social systems that use shame as a method for controlling the inner reality, and the behavior of members of the group. Here we come to the first of many connections to be seen between shame and the reality of human destructiveness. In many belief systems, in many cultures, and in

many societies, there is a strong, if only partly conscious, belief that children, and hence all people, trend inevitably to self-interest and self-gratification, and so to destructiveness. In the face of this shame is the strong corrective needed, powerful as it is, to rein in harmful behavior.

And we are all familiar with social systems in which a central program of the group, or organization, or society is to control and dominate the members. Shame is an effective method for this because, as we will see, chronic shaming interferes with, even precludes, the feelings needed to represent oneself. Chronic, debilitating shaming breaks down the structures needed to fight back against the degradation of self and disables the sources of power to assert one's value.

However, it is a mistake to see this extrinsic origin of shame and its abuse by authorities in a child's life as the only source of shame. Another component of shame comes from the internally held vision of oneself as a good person. If we believe that the only thrust in a child toward goodness comes from the indoctrination imposed by authorities from the outside, then this other way of understanding shame is irrelevant. If we believe that there is an impulse to goodness in all people, then shame also reflects a person's failure to live up to her or his own standards. The creation of an aspirational image of oneself to strive for, an idealized self, seems to be an established element in the development of personality. It is a compound of endogenous elements springing from our evolutionary heritage; then, exogenously from the early interactions with those around us; and perhaps, as well, from metaphysical sources beyond our comprehension. It seems indisputable that people have a thrust to do what is good and right.

The Relationship Between Shame and Self-Esteem

But we are impelled by forces in us that urge to actions that are not good and right, as well. Healthy positive self-regard requires an ability to adjust our view of ourselves to include negative or destructive attributes. The person who feels bad – guilty – about what she or he has done, has to have ways to restore good feeling. That includes repairing, to the extent possible, the damage that has been done, including apology, restitution, amends, expiation. When those are successful, there is the possibility of a restoration of positive self-regard, whether or not the injured party forbears or forgives the transgression.

In the case of shame, as it is used in this paper, the process for restoration of positive self-regard is even more difficult. Because the felt experience is of being bad, not of doing bad. In this case, a person's response to the bad feeling in order to alleviate or abate the feeling is not clear. In both cases, of guilt and of shame states, the response must contain a mature effort to face the feelings and what they mean. It cannot include shrinking from whatever reality about myself is revealed by the bad feelings. Developing a mature capacity to face one's destructive

feelings and impulses: negativity, greed, envy, etc., is necessary for the development and maintenance of self-esteem. Shame signals the possibility that one has felt, and even behaved, in ways that do not correspond to the kind of person one aspires to be. Disregarding that shame closes a person from knowing themselves and from knowing the effect she or he has on others.

When self-esteem is not developed or is not solidly established as a somatopsychic and emotional process and structure, successful absorption of the blow to self-regard contained in guilt and shame cannot be used constructively. Recovery of positive self-regard is then difficult or even impossible (more will be said about this below). When this is the case, defenses, what we call narcissistic defenses, must be developed and employed to protect one's ego from irremediable deflation, and concomitant self-condemnation. The mature encounter with and acknowledgment of one's negativity and destructiveness become limited and the integration of those characteristics into a mature identity restricted. When this occurs the impact on relationships is profound.

The Relational Function of Shame

Much of the history of human thought, spiritual search, political theory, and psychological investigations is permeated by the urgency of understanding human destructiveness. Is the urge to destroy, to harm, to cause suffering, to inflict pain, to dominate, to exploit, intrinsic to the human species, an unavoidable part of the human condition? Or, are these urges breakdown phenomena caused when healthy constructive needs and urges are thwarted, deformed by unresponsive, or uncaring, or cruel and damaging adults during a child's development?

The latter view, that shame is a product of the interaction with other people rests on the observation and experience that we have all had of people trying to make us feel small, and to feel bad about ourselves as people. The reasons that people do that to each other are manifold, but the intent is clear. Making a person feel small, inferior, insignificant, without intrinsic value reduces the person's ability to represent her or himself. It diminishes their power.

The healthy use of power rests on the healthy feeling of positive self-regard. Healthy positive self-regard rests on the feeling of goodness. The feeling of goodness rests on the experience of goodness in oneself, and the faith in that goodness coming from the people most influential in a person's development.

A bioenergetic perspective provides insight into the connection of power, goodness, and the interpersonal effects and dynamics of shame. A deep understanding of pleasure reveals a connection to the benevolence and goodness in the universe. This connection is explored at length in the monograph on Modern Bioenergetics published by the NY Society for Bioenergetic Analysis (2011). When a person's visceral connection to goodness can be constricted, or made

conditional on the approval of another, or even destroyed, that person becomes more controllable.

Shame can be used to make another person smaller, this is the energetic and emotional effect of humiliation. Chronic shame and humiliation have the effect of defeating a person in the assertion of her or his goodness. That assertion is part of the foundation needed for the development and maintenance of positive self-regard. The visceral, self-directed connection to goodness undergirds autonomy and the possibility to face and take responsibility for one's negativity and destructiveness without complete ego-deflation and the resultant depression, or compensatory defenses that create a false sense and appearance of self-esteem.

If the bad feeling we call shame is due to the negative intentions and actions of others that are designed to dominate and control us, then the only reasonable reaction is to fight back in an effort to defeat those efforts. Fighting back is very difficult, if not impossible, when the foundational belief about oneself is that I feel shame because, indeed, I am bad, and I am without the redeeming value of goodness. Asserting goodness under these conditions is useless. It as if one were to argue with one's God, the being that is the final arbiter of goodness and badness.

If, however, we believe that feelings of shame are inevitable in life, that each of us, no matter how good a person, is sufficiently flawed that destructive, uncaring, self-interested acts will not be avoided. Then responding constructively to shame and the reasons for feeling it requires a foundation of positive self-regard. This is to buoy and support ourselves through the arduous and challenging task of facing our own destructiveness, metabolizing the knowledge of that destructiveness, and effecting any repair to others, and the change to ourselves that may be required.

We see here the interaction of self and self-other systems. Self-systems of positive self-regard are dependent on and interact with interpersonal systems. Positive self-regard is an amalgam of endogenous experiences of self and the effects of the interactions with others. In healthy people negative information about oneself, arising from failures to live up to one's ideals, or coming from others about the negative effects on them of one's behavior are metabolized and used to grow and develop.

In the absence of a foundational positive self-regard, facing even valid sources of shame in ourselves and in our behavior, or fighting off malicious attempts at inducing a feeling of shame, becomes unbearably painful and frightening. The person without the foundation of positive self-regard is that way because of chronic, unremitting, and ultimately successful attacks on her or his goodness as a person. Eventually, that person is poised over a bottomless pool of toxic shame, guilt, self-recrimination, indictment, endless torment – truly, the fires of hell.

Indeed, in the worst cases the intention may be to consign the person to hell, eternal punishment for her or his crimes against the authority rendering the judgment. Depending on what we believe, we may understand hell as a boogeyman phenomenon, a creation to frighten and control people who are doing nothing

wrong. Living in hell myself, and my clinical research on the subject suggests otherwise.

I have found that the drive to revenge and the need to make oneself "even" again in relation to someone who has harmed or dominated us are related. We are driven to restore equivalent value between us and the person who has injured us and made us feel smaller than that person is. We repair the damage to our self-valuation by inflicting on the other what the other inflicted on us, if no other method of repair exists. When all efforts to restore self-regard fail chronically a bitter hateful state ensues. With no way to punish those who have denigrated, shamed and humiliated me I search for someone to make pay for this devastation to me.

The Creation of Hell

In the most pathological of families a child, a dependent, becomes the object of a frustrated, twisted drive in the parents. Someone has to pay for the suffering that afflicts the parents, for the mistreatment he or she has endured (this is the revenge need at work). A parent's incapacity to function effectively in interpersonal reality limits her or him to relating to the child as the perpetrator, the source of the parent's suffering. Consigning the child to hell for the perceived evil and malevolence in the child is the outlet for the parent's desperate need that someone should be made to pay for the injustices done, and the suffering caused her or him. Someone should be shamed, and thus reduced, made to feel bad for what has been done to her or him. Revenge and restoration of self-value are needed to mitigate the shame and humiliation that pervade the parents' inner life. The child, immature, dependent on the judgments of the adults for the formation of self-image, is the only available object for these feelings.

Burning with shame is the somatic manifestation of being consigned to hell. When the situation that evokes this feeling is transient, and the transgression causing the reflexive feeling can be atoned for, the damage repaired, the fires are quelled and perhaps only a residual memory of it left. But when the aim is to consign a child to hell for the suffering an adult has lived, there is not exit from hell. The burning is internal and eternal.

Abandoning Hope

The poet tells us the sign over the entrance says, *Abandon Hope All Ye Who Enter Here*. There is a significant clinical truth contained in that saying. As in the depictions of hell in Bosch paintings, those consigned to hell are in constant torment. When a person cannot stay suspended over the pit of self-loathing that is a basic

constituent of that hell, the unbearable pain and the hopelessness for redemption can drive a person to suicide. To avoid catastrophic deflation and collapse the person may, as an alternative to suicide inflate her or himself, trying desperately to remain above the pit, using all the energy she or he has to stay inflated, at whatever cost to him or herself or to others.

This way of defending against catastrophic ego deflation and the accompanying shame states results in attitudes and behaviors we refer to as narcissistic defenses. In the absence of healthy positive self-regard, a person generates reactions to counter the inner feelings of worthlessness, and the humiliating and shaming attacks coming from outside. These defensive-aggressive attitudes include superiority, omniscience, derision, ridicule, contempt, denigration, and the like.

One of the awful twists in this dreadful situation is that the child, who is now the subject of indefensible indictment, becomes the enraged, hateful, malevolent being the parents accuse him or her of being. At least this is what happened to me. This diminishes even further, to the point of irreversibility, the capacity to fight on one's behalf, to represent oneself. Any protest of the unjustness of the accusations of badness is accompanied, at least unconsciously, by the knowledge that the accusations are true and accurate. The source of the malevolent feelings is concealed. The feelings themselves cannot be denied. The consignment to hell is now sealed, both by the indictment and condemnation of the authorities, and by one's own knowledge of the internal transformation to malevolence that has taken place.

I will say again that much of the history of human thought, spiritual search, political theory, and psychological investigations is permeated by the urgency of understanding human destructiveness. Is the urge to destroy, to harm, to cause suffering, to inflict pain, to dominate, to exploit, intrinsic to the species? Or are these urges breakdown phenomena caused when healthy constructive needs and urges are thwarted, deformed by unresponsive, or uncaring, or cruel and damaging adults during a child's development? It matters a great deal which position is believed. A central thrust in the development of modern psychotherapy is the effort to identify and relieve neurotic guilt, guilt and shame brought into existence through the efforts, intentional – but mostly unconscious – to punish and control others. If, and how, this can be accomplished is a question put to endless study. How a therapist goes about her or his part in it depends substantially on what the therapist believes, consciously and unconsciously, about this question of human beingness.

Defending Against Shame

Chronic unrelieved states of shame are unendurable and necessitate the fabrication of defenses. These defenses work both against further penetration of shaming

attacks from outside the person, and from surges of shame, self-loathing and self-recrimination from within. A profound insight into the structure of these defenses comes by way of the character Homer Simpson in the television cartoon show in the United States called "The Simpsons".

In one episode, Homer, a thoroughly degenerate and dishonorable man, husband, and father, is approached by aliens who have invaded Earth with the plan to take possession of its resources for their use. The aliens' method for cowing and subduing the human populace, presumed to be those who belong here and to whom the Earth belongs, is to ask people what it is they most desire. When people answer, the aliens grant the wishes and then ridicule and denigrate the receivers for their weakness and moral turpitude. They are craven, spineless people, without principles, driven only by their appetites. It is a very effective technique. One by one all the human denizens of earth succumb. Broken down, without self-esteem, they submit to the possession of the aliens. Then the aliens come to Homer. When asked what he wants he says, as he would at any other time, "beer and donuts." After satisfying that wish, he is asked again, and says the same. Then the assault on his self-value begins. He is called selfish, venal, simple-minded. There is a long dramatic pause as the aliens wait for the horror caused by seeing himself reflected this way to set in.

This drama is a brilliant explication of one of the basic elements in the possession of one person by another. It happens all the time in the development of narcissistic deformations in children. The very appetite which the parents accept and encourage in one moment, becomes the mark of the child's corruption and exploitiveness the next. The child cannot deny the reality of his or her feelings of need and desire. So, the accusation of having those feelings sticks. Once the feelings are defined as reflecting and intrinsic badness in the child, shame is inevitable.

The exposure of self as being as the aliens in this episode see them, desperate for gratification, without principles, makes people susceptible to possession. Their self-esteem is broken down and they are ripe to surrender the authority to define their own goodness and uprightness to the aliens. The aliens are now in authority over the people's regard of themselves and can now control them from the inside.

When Homer Simpson reveals his heart's desire to be beer and donuts, he exposes himself to the ridicule and denigration that lead to shame, to cringing and withdrawing inward, to burning in the hell of recrimination and contempt generated by others' view of him, and by his failure to live up to his own standards of probity and self-respect. It should lead to Homer's breakdown in self-regard and availability for possession and the surrender of will, and resources, to the aliens.

But his response to their indictment of him as greedy, venal, morally corrupt, and self-centered is to say, "yep, you got me there". He validates the perception

of him as being as he is described to himself. He is not horrified, and so, broken, by the shattering of his image of himself. In this moment, Homer becomes impervious to the eviscerating effects of the accusations. He appears to have no expectation that he be otherwise. While this makes him a despicable character as a person and father, it does inoculate him against the deflation and the turning against himself that would make him vulnerable to another who claims to know him in his true despicable and contemptible identity.

A person using Homer's defensive organization as depicted in this vignette makes himself impervious to possession by not caring about the other person's judgment. And not caring about the effect he or she has on the other. There are various ways this defensive style can manifest behaviorally, but they all have in common the belief that one is superior to others, in all ways, a conviction held explicitly, consciously or unconsciously. But as we see in Homer's case, this defense is a tightrope walk. The person is suspended over a cesspool of hateful self-recrimination, ego-deflation, horrific self-loathing. If it fails, a catastrophic collapse of self-regard occurs which cannot be endured. Homer succeeds in fending off the assault by embracing his dissoluteness. But he does so without self-consciousness, and without any seeming concern for the effects of his imperviousness to others' judgments on the way he treats them.

Coping with Shame

The bones provided by a theoretical understanding of shame states and the relationship to destructiveness need the meat of clinical material to flesh out the picture in the form of lived experience. As with so many studies of human suffering clinicians benefit from the study of the most severe forms of the damage. In the case of shame, the most compelling material comes from my understanding of myself and my work with patients which I will use here to illuminate the material presented above, and to examine the possibilities for psychotherapeutic treatment of people in whom pathological shame states are a central element in personality and experience.

Without durable, sustainable positive self-regard shame becomes unendurable and unworkable. The somato-psychic states of shame grind on against the core being without cushion. A literary version of this is depicted unflinchingly in the novel "A Little Life" by Hanya Yanagihara (2015). The protagonist is a bright, complex human being. The shame that pervades his life from early sexual abuse and other mistreatments cannot be abated by the love and the care of others. Neither those relationships nor his successes as a functioning person can create what has been destroyed in him, that is the possibility to regard himself positively as a way to contend with the shame and self-loathing he feels. Tantalizingly, for us therapists and patients in psychotherapy, we are told the

he could never bring himself to share this inner reality and its origins with anyone.

I can tell you that sharing that inner reality with people who care and can receive it is insufficient by itself to undo damage to self like this. Understanding personality organization in the reality of the destruction of healthy narcissistic functioning takes us into the realm of experience of people who live as schizophrenic and borderline personalities. In this reality overpowering shame is induced in the child before any narcissistic functions are stable. Shame is one constituent element in a suite of unendurable and unworkable states, psychotic states, feelings beyond bearing. To understand the challenges of working psychotherapeutically with shame states under these conditions requires seeing shame in the larger context of profound damage to personality and the transformations that occur in these conditions.

In my case, profound shame is coupled with, among other states, abject terror. The two states are intertwined, and the functions needed to cope with each are related to each other and affected by the lived experience related to each. In 2013 I went to a boxing camp. I have trained as a boxer for more than twenty-five years, but I never stepped in the ring. On the last night there were bouts, intended to be training matches, between fighters matched for size and weight, and in my case, age. Two rounds. When I returned to my corner after round one, I was filled with a white terror so intense that everything disappeared – it consumed me. In what was left of my consciousness I could not imagine how I would go out for round two. I have had some cataleptic experiences, where my body collapses totally. Very few, because I guard myself rigorously against it happening.

This time, as I have so much in my life, I threw myself back into the ring. I could feel my back pushing me into the center of the ring. Despite that impelling force in me, I am very aware of the continuous experience of being disabled by terror. And I am aware of the shame associated with being betrayed by my body when I am unable to fight when fighting is called for. And I am exquisitely aware of my cowardice, and the disappointment in myself that I cannot hold fast and fight when I have to, and when I would have had to as a child. Terror and shame converge in a vacuum of external positive, admiring, appreciative feeling to destroy the potential for the development of positive self-regard.

But the destruction of positive self-regard, and so any bulwark against crippling shame, is not only a deficit, an absence. There is an affirmative process that takes place as well. This is an outcome resulting from the fact that by the time I was four years old I would have murdered my mother in her sleep, if I could have, to escape from her to my father. This is not a metaphor for how enraged and hateful I was. This is a transformative process in which my inner being was altered. I was eventually rescued by a father who was very charismatic and with

whom I was merged. He was a thoroughly corrupted person who believed that what he felt and believed was intrinsically correct, and any actions arising from that "knowledge" intrinsically valid and unimpeachable.

The state of terror I experience is associated with the reality of my mother's being, a despair and emptiness beyond words for description. I have come to call it the "dead-end of everything". There is nothing there, no life, no beauty, no goodness, no benevolence, no pleasure. The malevolence I was exposed to, which was in the beings and lives of both my parents, saturated and transformed me. In malevolence are included: hatred and sadism; corrosive contempt and superiority; appetite and grandiosity that only being a god can match. The saturation in malevolence destroys the pathway to goodness and benevolence. The central character in "A Little Life" cannot manage it.

I cannot manage it. With respect to shame specifically, facing my core reality of virulent competitiveness, corrosive unmitigated contempt, merciless hate and vengefulness has no balancing love or kindness or respectfulness. I see myself as I am, and I have behaved no more clearly than in my behavior towards my first, late, wife. I saw in her some of the cost to her my treatment of her incurred. But the destruction of love in me did not make her love for me impossible. With her love and care, and that of others I constructed a version of myself that corresponded better to what I have come to see and believe in – a life I would not have to be ashamed of.

What Can Be Done

As in other cases the worst damage points to what can be done in less severe cases. My research into the human condition has led me to the conclusion that human beings need – for our psychic and emotional survival – to believe that the people who have harmed us will eventually be brought to account and suffer for what they have done to us. Regrettably, for so many of us the only people that can be consigned to hell are the children of those needing the relief sending someone to hell brings. Bereft of the possibility of holding the perpetrators of their suffering accountable, innumerable parents unconsciously assign that role to their children and attack and torment them. In the extreme, childhood looks like a psychic, emotional, and, of course, often physical version of the Bosch painting referred to earlier in this paper.

This hell becomes structured into somato-psychic form and process as surely as repressed and suppressed affect and expression does. The deep effects of chronic cringing become habitual postures and behavioral disposition. The unbearable flames of shame and humiliation become self-loathing and denigration, setting stomach and lungs and connective tissue afire with the agony of punishment for sins committed and attributed.

Bioenergetic methods provide strong vehicles for protest, for defiance of imposed condemnation and hostility. These methods can offer a form for protest against imposed destructive shame. But by themselves they are not enough. The central project of psychotherapy includes a confrontation with oneself as one is, without the film of rationalizing defense. Without this there is no hope for integration, for integrity. Psychotherapy, in its modern origins, emerged from an eternal study of how to understand and even to deter human destructiveness. In the form it has taken in these latter years it increasingly rests on a hope that empathy, a feeling of the other's experience, would lead to sympathy for the other, and a recognition of common humanity. Internalized values of compassion and care would act to mitigate destructive action. Without that the fear of eternal shame is the only deterrent to destructiveness that is internalized.

Both methods fail to deter destructiveness sufficiently to provide safety for the future of my children and grandchildren. We see all the time shame perverted to destructive ends – control, subjugation, rendering people docile to abuse and exploitation. But without some facing of and being accountable for one's destructiveness, and without some bad feeling about it, how is destructiveness curbed?

And, when we are working as psychotherapists what are we to do when we are with people consigned to hell. What are those people to do? In my case the solution to living in hell, to the extent there is one, has been for me to embrace the reality. Live it as fully as I can. Embrace, not condone, not become resigned. In this taking-up of reality I have found that I can create other versions of myself than the core version. I can live by values that do not grow out of the corrupted, paranoid, self-serving values of my parents. I can take whatever they gave me that was of benefit, and I can add the immense gifts of those who love me, therapists included. What I cannot do is to deny the continuous truth of what it is to live in the experiential truths of the 'dead-end' of everything' and the transformation to malevolence.

What we can all do, therapists and all the rest of us, is bear witness to these truths as lived in the lives of our patients, out friends, in the society around us. Let's remember that biblical shame is not about sexuality. It is about self-knowledge, the aspiration to the knowledge that is godly, that puts us at the center of our existence. Embracing shame, in its corrosive condemning aspects, and in its constructive corrective aspects may enable us to find ways to share and support each other in a truthful accounting of ourselves and others.

At the Memorial Ceremony for Al Lowen, George Downing encouraged us to read deeply in what Al Lowen wrote. There is more there, he proposed, than what is evident at the surface. My own reading of Lowen's work (1975), and of Wilhelm Reich's (1962), is that both glimpsed the connection of pleasure to goodness, a connection the authors of the monograph on Modern Bioenergetics

(2011), explore more fully. We all make the central connection, again, more or less consciously, that the capacity to link one's positive self-regard to the benevolence in the universe through pleasure can inoculate us against the effort to turn us against ourselves that is central to the malign use of shame. When people have a visceral, grounded experience of what is good it is hard to tell them what to do, how to think and feel.

As I have written elsewhere, the people who I describe here as consigned to hell are often also living in a reality without connection to benevolence. Without the connection to goodness to temper our saturation in malevolence and shame, what comfort can there be? I end this paper with a quote from my therapist of many years. It speaks to the powerful effects, often undervalued in my estimation, of bearing witness as an aggressive, affirmative force. It also underscores the demands made on the therapist willing to live with someone in hell.

Here is a little example. It is about a man I wrote about in Toxic Nourishment and Damaged Bonds. I called him Milton. He is a man who has been in pain all his life, pain that won't go away. I don't know whether it will ever go away or not. I have no idea and he doesn't either. It is awful. He would commit suicide if not for what I'm not sure – maybe his children, maybe something more, a kind of deep dedication to the truth of life, his truth. He is devoted to inner truthfulness. We have been together many years, and he was in therapy many more years with people before me. He is trying to make contact – with himself, with life. He is committed to his search. To be present in his search yet not able to be present in life – to be present at all is a plus. For some being present to one's non-presence may be better than not being there and not knowing it. For Milton, it's a must.

A few weeks ago, he said, "I feel my father killed me or some part of me." And I said I absolutely believe you. And he weeps. After a long silence he says, "When I heard your words, I felt an entity leave me." That's the little vignette. He's not cured, I'm not cured. I'm in pain, he's in pain. I'm broken, he's broken. But at this moment, this one little moment when he felt, actually felt, took many years to find. These weren't wasted years. They could look wasted. Some therapists wouldn't have been able to stand it. But these years weren't wasted because a moment arrived when he felt my belief in his pain. For an instant he believed that I actually believed he was in pain and that his pain could be permanent. He heard me and for a moment felt my affirmation of the truth of his feeling. A feeling that came through was "Yes I absolutely, absolutely believe you." And he said "When I heard you, when I heard your words, I felt an entity leave me." Now I know that if one entity leaves there are probably a million more. But it was a precious moment that took years to happen. No insurance company would pay for this moment. But it is an eternal moment. A moment that makes a difference to the universe forever. And some of you may be feeling ripples of it today (Eigen, 2010, p. 18–19).

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Shame: Wanting to Be Seen and the Need to Hide[1]

Helen Resneck-Sannes

Abstracts

Shame is differentiated from guilt and embarrassment by elucidating the biology and energetics of shame. Shame is a response to a relational injury. Its early developmental origins are explored, especially its relationship to narcissism. Gender differences to shame and responses to being shamed are elaborated. The issues surrounding healing sexual abuse are discussed focusing on shame as the major culprit in working with sexual abuse. Lastly, the dynamics of outliers and their susceptibility to shame are discussed.

Key words: shame, narcissism, gender, sexual abuse, outliers

La Honte: Désirer Etre Vu et Désirer Se Cacher (French)

La honte est différenciée de la culpabilité et de la gêne en clarifiant son fonctionnement biologique et énergétique. La honte est une réponse à une blessure relationnelle. Ses origines dans le développement humain sont explorées, et en particulier son lien avec le narcissisme. Les différences de genre dans la honte et les réponses qui s'ensuivent sont élaborées. Les questions autour de la guérison des abus sexuels sont abordées en se centrant sur la honte comme le fautif principal à travailler dans l'abus sexuel. Enfin, les dynamiques des marginaux et leur susceptibilité à la honte sont analysées.

Vergüenza: Queriendo Ser Visto Y Necesitando Esconderse (Spanish)

La vergüenza se diferencia de la culpa y lo embarazoso, elucidando la biología y energías de la vergüenza. Vergüenza es la respuesta a una herida relacional. Sus tempranos orígenes de desarrollo son explorados, especialmente en su relación con el Narcisismo. Diferencias de género hacia la vergüenza y respuestas al ser avergonzados son elaboradas.Los problemas en torno a la cura de abusos sexuales son discutidos enfocando la vergüenza como la mayor culpada en el trabajo con abuso sexual. Fi-

1 Keynote Address at the Southern California Bioenergetic Conference, 2018.

nalmente, las dinámicas de los “diferentes” y su susceptibilidad a la vergüenza son discutidos.

Vergogna: Voler Essere Visti e Aver Bisogno di Nascondersi (Italian)
La vergogna è differenziata dal senso di colpa e dall’imbarazzo mediante la spiegazione dei suoi aspetti biologici ed energetici. La vergogna è una risposta ad una ferita relazionale. Sono esplorate le sue precoci origini evolutive ed in particolare il suo rapporto con il narcisismo.Vengono elaborate le differenze di genere rispetto alla vergogna e il modo in cui si risponde ad essa.Vengono discussi i problemi attorno alla guarigione dell’abuso sessuale concentrandosi sulla vergogna che fa sentire le vittime colpevoli quando si lavora con l’abuso sessuale. Infine, viene affrontata la dinamica dei valori anomali e della loro suscettibilità alla vergogna.

Vergonha: Querendo Ser Visto e Precisando Se Esconder (Portuguese)
Pode-se diferenciar vergonha da culpa e do embaraço, através da explicação da biologia e do fluxo energético da vergonha. A vergonha é a resposta a uma ferida relacional. Serão exploradas suas origens no desenvolvimento precoce – principalmente sua relação com o narcisismo. Elabora-se, também, sobre as diferenças de gênero na vergonha e sobre reações a estar envergonhado. Quando se trata do tratamento de abuso sexual, as questões são discutidas com o foco sobre a vergonha, como sendo o maior fator responsável. Finalmente, serão discutidas as dinâmicas dos “diferentes” e sua susceptibilidade à vergonha.

Стыд: Желание Быть Увиденным И Потребность Спрятаться (Russian)
Стыд можно отличить от вины и смущения за счет прояснения его биологических и энергетических аспектов. Стыд является реакцией на реляционную (отношенческую) травму. В статье исследуются его истоки в раннем развитии, особенно его связь с нарциссизмом. Детально рассматривается разница в восприятии стыда разными полами и разница реакций на пристыжение у разных полов. Поднимаются темы, касающиеся исцеления сексуального абьюза, с особым вниманием, к стыду, как к главному препятствию в работе с сексуальным абьюзом. В заключение рассматривается динамика тех, кто не вписывается ни в какие рамки, и их восприимчивость к стыду.

Introduction

It was about 40 years ago, when I first became aware of feeling shame. My therapist did not consider it a true emotion. Rather, she described it as a racket that parents run on their children. It was not receiving much attention in therapy or theory. Focus was on the emotions of fear, anger, longing; and shame was

thought of as an emotion that accompanies these feelings. It is exciting for me to recently be invited to give a keynote at a conference with the sole focus on shame.

Definition of Shame

Shame and guilt differ in that guilt is the feeling of having done something wrong. Shame is an experience of being bad, wrong, or disgusting. When a child has been shamed and angrily rejected for who he is, there is no prescribed way back to the relationship for him, while guilt is redeemable through acts of reparation and atonement. There is no way out of a shame experience: nothing you can do will mitigate the effects. It has happened; you are revealed in front of the other, and you cannot hide that part of yourself which is so unacceptable.

Shame and guilt can occur together in the same situation. When a person has made a mistake, atoned for the misbehavior; and yet, still feels bad, then he or she is stuck with shame. Shame cannot go away with reparation because it is not the behavior but the self, which is at fault. The unconscious, irrational threat implied in shame anxiety is abandonment. For example, Adam and Eve were made to feel ashamed of their nakedness and were expelled from the garden. Similarly, Oedipus was banished from his home. The fear in shame is that our parents, teachers, spouse, whoever matters to us will walk away in disgust.

The Biology of Shame

Shame is an innate biological reaction present from birth. Most theorists (Darwin, 1872, 1979; Nathanson, 1986) agree that embarrassment and shame involve changes in the circulatory system. Specifically, it is believed that shame can dilate the blood vessels in the periphery, possibly by the release of an intrinsic humoral substance. Unlike anxiety, anger, fear, excitement, etc. which are more easily linked to facial muscles and which disappear rapidly, shame tends to linger for quite a long time until the subject recovers. Shame involves a "short fuse and a slow burn" (Nathanson, 1986, p. 26).

In the initial response of being caught, there is embarrassment, a person blushes, the blood rushes to the periphery and the heart rate increases. As the effect goes deeper into shame, into the awareness of our very selves as bad, we try to hide, to pull our energy in – the face drops, eyes turn down, shoulders pull forward and the upper body collapses. The effect is like shock: vagal stimulation leads to a lowering of blood pressure and slowing of the heart. With the embarrassment we experience heat, redness of the face; we may giggle, feel foolish, almost giddy (Resneck & Kaplan, 1972). With shame the person is depressed. Although blood

is available to the periphery, the core feeling is of coldness and aloneness; the self is rejected and feels no good.

Embarrassment and shame are biologically determined responses demanding modesty. While eating, defecating, or engaging in sex, an animal is in an extremely vulnerable position. These activities are overladen with social taboos, manners, and the demand for privacy. Concealment is a preparation for a potential danger and shame has been intimately linked to cover. When shamed, the person is drawn into himself, must confront an aspect, which he wishes to keep hidden, from which he cannot hide. Thus, we have the story of Adam and Eve. On their expulsion from the garden they became aware of their wrongdoing, and in their shame covered themselves.

Schneider (1977, p. 30) argues that Darwin and Ellis in their treatment of shame fail to recognize in addition to fear-flight and anger-aggression, a third fundamental reaction to danger: concealment-immobility. "The manifestations of shame – averting the eyes, covering the face, blushing, hanging one's head, and wanting to 'sink through the floor' – are clearly distinct from fear responses." Roelofs (2017) argues that such a response to threat makes sense. Because most animals do not easily perceive motionless objects for which they are searching, the immobility reaction provides a genuine security for animals. It is well known that certain animals, i. e. birds, lizards, opossums become motionless and "play dead" when caught. In fact, biologically they appear in a state of shock, their heart rate slows, eyes don't blink; but then, just as soon as the danger has passed, they "wake up" and dart away.

The problem is that when shamed we are in a state of shock, all the blood is drawn to the core and we can't think. I go into shock when people call me names. I can't respond at all and am not certain of how I feel until hours later. That often is not a great time to deal with it, as the event has passed and bringing it up only draws attention to an aspect of myself from which I wish to hide and have no desire to expose my vulnerability by bringing it up at all.

Shame and the Eyes

"Peek-a-boo, I see you," says mother just at the moment when her baby's body relaxes at the sight of her reappearing face. The mother's trilling voice and the animated look in her eyes are telling the baby, "What a beautiful baby you are. How wonderful you are. How happy I am to see you." The baby looks back into his mother's eyes. Mirrored there are the spectacular and wonderful things he imagines himself to be. A baby gets to know what he is by what is mirrored in the faces of those who look at him. The mirroring admiration is a caress that paints proud edges on the baby's body (Kaplan, 1978, p. 144).

Shame is felt and received through the eyes. Oedipus, with his realization of his transgressions, left his home and family and put out his eyes. One of the baby's

first connections with the parents is through the eyes. Much research has been conducted investigating the effect of mother-child eye contact on the subsequent emotional and intellectual development of the child (Stern 1977, 1985). Robson (1967) suggests that mutual gaze acts a releaser of attachment. Mutual eye regard seems to be a need of the child just like sucking or physical holding and appears to be one of the prime requisites for good mother-child bonding. Thus, at an early age shame can be communicated and received through the eyes.

Demos (1986) reviewed Tronick's "still face" experiments in which interchanges between mothers and their 2½ to 3-month-old children are filmed and played back in slow motion. In the first phase of the experiment the mother is told to behave normally as she and the infant sit face-to-face. Slow motion review shows the rapt interest with which they view each other. Next, the mother is asked to leave the room for a few moments; and on her return, to sit opposite from the infant but refrain from making any facial gesture.

For a short time the child will exhibit a number of facial expressions in an apparent attempt to engage the mother in their normal mode of interaction. After a while the infant will exhibit one of two characteristics. Some children will cry in distress, but many will slump down in the chair with a sudden loss of body tonus, turning the head downward and to the side, averting their eyes from their mother's face. Demos felt that these children were exhibiting a primitive shame response.

Too often we miss this same shame response in our clients and either re-interpret the experience e.g. say to them, "you are collapsed, get up and hit the pillows," or we turn away, not wanting to resonate with the same feeling in ourselves. One of the exercises I do with my clients involves sending and receiving energy through the eyes. Some clients are afraid to look at me, hide their faces. They are then asked to take a peek, look away and then peek back as they feel comfortable. What they report as unsettling is the warmth and caring they see reflected in my eyes. It doesn't match with their self-concept, what they expect to see. Often, they remember the look they saw in their parent's eyes – that look that told them that they had disappointed the parent, that they were not enough, that they were bad.

In the movie "Mask", Cher plays the part of the mother of a boy whose face is disfigured by a disease. Despite his outward appearance the boy knows he is beautiful. Every time Cher looks at him, her eyes fill with love. However, he is becoming a teenager and his peer group is relating to him on the basis of his outward appearance. He begins to stop seeing himself as beautiful, as ok, as a worthy human being.

Teenagers are susceptible to shame because of their desire to be accepted by their peer groups. It is necessary for them to connect outside the family to complete their developmental process. They are acutely sensitive to rejection, but when it occurs, they try to cover their feelings of humiliation. Our clients are

also trying to complete a developmental task. They are encouraged to let go of their protection, to temporarily regress and re-experience the original trauma that created the defense. They look to us, the therapists, for our reaction. This is a sensitive time when disapproval or criticism of their feeling could cause them to regret revealing themselves. Their internal statements may be: "I showed too much of my vulnerability, sexuality, sadness, need, anger, or fear." Once again, they are wrong, "too much", and have made a mistake. Of course, the experience will not be shared with you because they do not want to be further humiliated. Instead, they will cover, pretend that all is ok, but the excitement is gone, the movement stopped.

As therapists it is necessary to be well-versed in shame responses so as not to re-interpret it as an oral collapse. Shame is such a profound experience that many maneuvers we not may be aware of are used to hide it. In the somatic therapy I practice, bioenergetics, we are encouraged to let down our defenses, in essence to do something, which is against our better judgment. As therapists we need to be sensitive to the shame response, because the feeling is such that it may not be readily shared. Rather, the person wants to hide, try to cover the feeling so that further exposure of inadequacy doesn't follow.

Shame and Narcissism

Shame is central in its relation to the self, particularly to the image of the self. Narcissism is a positive experience of the self; it is a state of loving or admiring oneself. Shame is a negative experience of the self; it is a momentary "destruction" of the self in acute self-denigration. In analytic theory and in folk wisdom, narcissism is recognized as a defense against the hatred of the self in shame.

Healthy self-esteem is not so much feeling perpetually good and worthwhile but is rather the ability to manage feelings like inadequacy, weakness, incompetence, or guilt. At certain phases of development, from infancy to about three years of age, and again during the teenage years, the child is especially prone to narcissistic disturbances in development. If the family can't allow the young child to be as grand as he or she can be, then disturbances in narcissism occur. Shame is the response of the self, overwhelmed by unmirrored grandiosity. For example, consider the gregarious toddler who discovers that he can finally open the cabinet doors and bang the pots and pans while Mom is making dinner. The tired depressed mother reacts to the child's triumph with anger. The little boy's excitement turns into disappointment and withdrawal. Suppose later that day, the same child begins to walk, and his father reacts with delight and hugs him. Some of his early disappointment is offset and the earlier narcissistic wound can be healed. But let us suppose the same father ignores the toddler when he falls after his first few steps; once again the child will have experienced humiliation and shame for

his early attempts toward competency. The stage is set for problems in self-concept. During adolescence even, a child who has been adequately mirrored, can still be subject to deep narcissistic wounds leaving her hurt, ashamed, and withdrawing. As I mentioned before from the movie "Mask", the boy who had been adequately mirrored by his mother, during adolescence felt the rejection from his peers, realized that he was disfigured and began not liking himself. Such may be true of other aspects of the person's self that were accepted by young childhood friends and then later rejected during the teen years. Consider the black child who is accepted by his white male peers, but experiences severe rejection when he tries to date a white girl, or the child who is ashamed because of his religion, his parents' accent, or their alcoholism.

The elements for shame and narcissistic vulnerability more often occur in the family. Consider two kinds of shame-inducing families. Suppose a little girl gets the lead in her dance recital. It is normal for the other family members to be proud of her. However, if she wears her triumph for too long a time or extends her image to that of a professional ballerina for a dance troupe, her family will point out that there are many years ahead of hard work and practice before that can possibly happen and will pull her back into her normal narcissistic limits. If the family is too eager for the child's success and doesn't help her develop a realistic self-appraisal but makes the child into a narcissistic extension of themselves, of their own dreams and fantasies then the child is predisposed to ridicule outside of the family. Her family hasn't limited the child's grandiosity, so the peer group will try to "bring her down to size" and if that doesn't work, may reject and isolate her. In protection, the child builds a fantasy structure of her own "specialness" and is prevented from integrating with people outside her own narcissistic creation. Suppose, on the other hand, the family is made up of people with chronically low self-esteem, who have regularly failed at competition. The real success of another family member brings up his or her own shame. To stop themselves from feeling less than, they must use powerful shaming techniques to prevent the rise of the other family member.

Defensive Reactions to Shame

Moreover, frequent and repeated experiences of shame are apt to "chip away" at one's general level of self-esteem. Shame propensity and narcissistic vulnerability are related but distinct notions. All shame-prone individuals are narcissistically vulnerable, but the reverse is not true. This is because many narcissistically vulnerable people lock themselves into defensive invulnerability. If the child is repeatedly humiliated, "put down" and shamed, these traumatic experiences lead to modes of self-protection. This self-protection is what Freud called the "stone wall" of narcissism. The child's spontaneous self-expressions were unacceptable

to the parent so he or she ritualizes behavior. In that way the real self can be controlled and hidden and only that part which is deemed acceptable presented to the world. In an effort to escape painful feelings shamed individuals tend to defensively project blame and anger onto a convenient scapegoat. In this way, they may regain some sense of control and superiority in their life, but the long-term costs are often steep.

If the shame remains unacknowledged, a person may decide to focus on another emotional state, an act of emotional substitution. For example, a shamed person, unwilling to acknowledge the feeling of shame can become angry with someone else, making the other a kind of scapegoat for self-blame. Anger is a more comfortable to experience than shame. However, substitution is a form of self-deception: it relieves the pain and discomfort but does not alter the feeling, not immediately. By not focusing on the shame and attending to other emotions, we lose the opportunity to understand the forces at work around us and within us.

I think this is an important concept to consider. At first in Bioenergetics the thought was that anger was sitting behind shame and needed to be released. Maybe that is because shame is a state of shock, and when coming out of frozen/immobility; fight/flight is initiated. We may choose to hide or deny our feelings by "making nice" in order not to be abandoned, not to lose contact with a relationship that we depend on for our well-being. This could be seen as a kind of flight response. Or a fight response might occur, using anger and aggression to defend ourselves. Hopefully, when safe, we can begin to acknowledge the hurt and vulnerability hiding behind our anger. In other words, after the melting from frozen immobility (shock), and if there is enough support and with enough self-esteem and with enough courage, the risk can be taken to fully understand the process.

Shame and the Culture

The first paper I published on shame was titled, "Men, Women and Shame". In this paper I elaborated on how our self-concepts are defined by what the culture judges what as good and acceptable behavior; and that because of cultural differences and the differential upbringing of the two sexes, men tend to feel shame about letting down into vulnerability and tenderness, while women are more ashamed of their sexuality. I had no plans to revisit that topic for, as I believed, that we are now one and a half generations later; and certainly, we have moved beyond that. But then, god bless him for his braggadocio, Donald Trump announced without any shame that because he is a powerful white male, he can sexually accost any woman he wants. And then to my horror, I watched him physically stalk Hillary Clinton during the debates, looming over her in the position that Peter Levine warns us is that of the predator.

Men feel shame around vulnerability and need and women, their sexuality, because boys and girls are shamed and supported for different behaviors. For men in our culture, there are deep feelings of shame around need, vulnerability, and helplessness. Defensive anger and withdrawal are two of the most common responses to men on being shamed. Deborah Tannen studied little girls and boys interacting, beginning as toddlers. Girls were trying to relate, while the little boys as early as 2 to 3 years old were going one up/one down. So, if a man is called out for a transgression, then he is being wrong. To admit to making a mistake, means that he is deficient ... thus blame the accuser. She or he is too demanding, emotional, critical, seductive. To say: "I'm sorry" would mean being one down. So, become angry, stonewall her, devalue the incidence.

In a study on the effects of touch on patients' reactions to surgery, it was found that the effects were therapeutic for women, i. e. the women who were touched had lowered blood pressure and less anxiety both before surgery and for more than an hour afterwards than the women who weren't. But men found the experience upsetting; both their blood pressure and their anxiety rose and stayed elevated in response to being touched. The researchers explained the differential findings for the sexes by reasoning that "... men in the United States often find it harder to acknowledge dependency and fear than women do; thus, for men, a well-intentioned touch may be a threatening reminder of their vulnerability." On the other hand, little girls in our culture are allowed to maintain a physical relationship with their mothers, which boys are forced to give up (Moss, 1967). "In the United States ... girls receive more affectionate touches (kisses, cuddling, holding) than boys do" (Thayer, 1988, p. 32).

Thus, underneath the shame, men feel rage especially with the mother, for she was his first love, the one who held him and taught him softness and warmth. Then she denies the contact, tells him that big boys don't cry, don't need to be picked up and comforted. He feels humiliated overwhelmed by her power. So he gets even. He devalues her love, models his father who he sees as a powerful manipulator in the world, a controller of ideas, of money. He teaches his son not to cry, not to reveal pain, not to lose control, not to let down, not to give up, not to merge.

The father teaches him about aggression, shows his son how to thwart his mother's power by humiliating her, shows him how to keep his distance, make her object. She still arouses strong feelings in him – the longing for love, sexuality, and warmth. He must suppress them, does not trust his own body, his own heart. So he projects his longings on to her, accuses her of instilling these shameful feelings in him. He turns against the sensations of the body, for they bring back memories of his infancy and vulnerability. These body feelings are woman; she is the vulnerable one. It is her seduction that arouses these feelings. He is afraid to feel sensation, intense physical feeling; and therefore, intense emotional feeling. He may do this by assuming a super-macho front or by becoming cerebral, trying to

explain all his feelings, with the illusion that if he can explain a process, he can control it. Regardless, vulnerable feelings are to be controlled and he tries to do so both for himself and in others.

These two different defense mechanisms produce two different behavioral ways of dealing with emotion. In the case of the "super-macho" man, because he is unable to really assert his power, he becomes explosively aggressive, attempting to control others while he is out of control. "Rage is one of those more spontaneous, naturally occurring reactions often observed to follow shame" (Kaufman, 1985, p. 74). To hide his inadequacy, he belittles others, rages to feel strong, against his wife and really against his own need for softness and closeness. Or, he becomes logical, rational attempting to control others and place himself above them.

I had a client many years ago, a 50-year-old man with narcissistic issues whose work illustrates how he was caught between the culture's definition of manhood, his need, and his contempt for himself. His presenting problem was his inability to form a lasting meaningful relationship with a woman. Instead of being able to meet women and date, he got high on cocaine and used prostitutes to enact masochistic fantasies. Often, he ended up feeling close to the prostitutes and then became afraid that they would take advantage and abuse him. He wanted to be in therapy with a woman to whom he felt sexually attracted so his transference issues could be worked through. His previous female therapist had been over-whelmed by his sexual transference, referred him to a group and he eventually began seeing the male leader in individual therapy. Both the male therapist and the client felt his basic issues with women had never been resolved so the client was referred to me for individual therapy.

When the client was 6-years-old, his father told him that his job was to take care of his mother and sister. The father was gone to work most of the day and not very contactful when he was home. From 6 to 9-years of age the client had nightmares of being attacked by Frankenstein. In the course of therapy, he re-experienced his fear of his father's rage, which was never overtly expressed but he felt and saw in his eyes. Then he identified his father as the monster who wished him harm. He also began to see himself as the Frankenstein monster in that he felt controlled by others' images and ideas of himself.

In the course of his bioenergetic analysis his longing for his mother appeared. When he started to cry, the entire front of his body tightened. He was caught between his insistence as he hit and kicked the mat that: "she really did love me" and his disbelief that anyone could treat a child like that – deny his basic needs. When he would look up at me and see my caring, he was deeply ashamed, felt that he had lost his manhood, my respect, and his sexuality. He began to put himself down and called himself stupid for needing and caring. Sometimes, after he had expressed his rage against his mother for abandoning his needs, he felt his impotence and powerlessness at being able to affect her deep feelings. Then he

would approach me in a sexually seductive way. He was re-enacting his parents' treatment of him, putting himself down for needing and feeling emasculated and then trying to get his needs met by being seductive. If he reached out with tenderness, he felt he lost his pelvis and sexuality. When he related to whores, he was frustrated because once again his needs weren't met. To be in relationship with a woman meant he was trapped into taking care of her, like he felt with his mother and sister, left alone without either his manhood or his emotional needs met. No wonder he had never been able to commit to a woman!

Although his pelvis wasn't opened, he felt much more comfortable thrusting with sexual aggression and anger than with soft feelings. When aggressive, he felt like a man. As he continued thrusting and his pelvis opened, the charge began to move into his chest. The pain and longing emerged and with it the rage at his parents for abandoning him. Next came the shame and embarrassment of not being a "real man". "Real men" don't cry. They thrust with power and aggression, unfettered by desires for softness and contact. Then he tried to present an image of manhood – seductive and uncaring.

And that was his image that his father left him with – take care of the females. But there was no model for feeling, for needing. All of those feelings were woman; only women could be nurtured. So, in his sexual masochistic fantasies, he liked to pretend that he was woman, powerless yet taken care of, held, appreciated. But to be woman also meant to be abused, used and powerless. So, he could act out his fantasies with prostitutes until he became scared of them taking over and abusing him. Because his parents denied his basic narcissistic needs, he projected a way of meeting them by the cultural stereotypes he observed. Men are strong, sexual and unfeeling; women – weak, passive, and loved.

Female Body Image, Sexuality and Shame

The little girl's situation is different from her brother's. She experiences two heartbreaks, one with Mommy and one with Daddy. Her heart feelings, nurturance, hugs are supported and encouraged – "daddy's girl", playing with dolls – while her natural aggression and assertion are discouraged – soft quiet voices, small steps, quiet play.

So, she has turned to Daddy, not as a model like her brother, but as someone else to love. Her mother has been unable to support her, for the mother already is an object of the culture. She is a sexual object who has been told that she must control her passions or she will make men lose control, revert to beasts, cause them to commit adultery, rape or turn to pornography. Because the mother is afraid of her own sexuality, afraid of her husband, of her mother; because she is worried that she has no money, that her body is too large, her energy too intense, because this mother's heart is not open, she cannot allow her daughter to be.

She criticizes her daughter's assertion, her flirtatiousness. Naturally, the daughter turns to her father. Perhaps, she can please him. If he is at home, available and warm, her heart feelings, nurturance, and hugs are supported – she is "daddy's girl". She tries to please him, be his perfect mate. Unlike the mother, she doesn't nag or boss. He will not humiliate her; will always love her. And of course, he does love her; that is as long as she remains a little girl and doesn't form opinions that differ from his, become too large, too powerful and threatening.

If the father is hard and distant, the little girl will still try to charm him, not arouse his wrath, try to learn the magical formula that will get his attention, become an expert at reading emotional cues from others and be out of touch with her own feelings and needs.

He may not even be present. With the increase of divorce, single parent families, and the historic notion that fathers spend their time at work, many of the ideas of father and maleness are gathered from images depicted by TV, books, and movies. So, the little girl uses these cultural images to create an idealized father whom she hopes to please. Once again, she strives to be better than her mother. She becomes polite, charming, hoping that she will be able to keep her man, won't be humiliated or abandoned like her mother.

As she grows her body begins to soften, expand, becomes round. An excitement stirs inside her. Kim Chernin describes this first flowering of the adolescent girl.

> "We picture her ... as she looks admiringly at herself in the mirror. She is studying those breasts, that rounding belly, those fuller thighs that make her like her mother. She combs back her hair and puts a flower in it; she takes her mother's lipstick from the drawer and heightens the color on her cheeks. Now she is wearing perfume, she has draped a scarf across her shoulders, and she dances now, her arms reaching up, her belly twisting. She has never seen this dance before but her body knows its motions, as one day it will know how to make a mother and will guide her in knowledge and tenderness in the care of a child, this body bending itself now, no longer seeking to know itself through studying its reflection, but gathering directly a knowledge of its own force, its sensual power in the dance. But now suddenly, the door opens and the girl turns, startled and delighted, afraid of what she senses must have been a transgression and yet still eager to share this new knowledge of delight discovered in the body. She stretches out her arms, dancing still, a smile on her lips, as in her innocence she steps toward him. It is an older brother, her father, an uncle who has been spending the weekend with the family. And he, misunderstanding, reaches out for her, transforming innocent delight into seduction. Or he takes alarm and flings back over his shoulder as he retreats some ambiguous expression that makes her feel ashamed. Or he grows angry, snatches up a towel, throws it over her, as if this flesh discovering itself were an object of danger or disgust. Or maybe he flails out wildly, overcome all in the same moment by the desire and the

> fear and the rage of his awakened primordial memory. He slaps her, shakes her by the shoulders, calls for her mother, and sends her in to lecture the girl" (Chernin, 1981, pp. 158–159).

Now she can't be "daddy's girl". Her body is becoming woman and everything in our culture says that woman is to be despised. So, she becomes the anorexic, the bulimic. Starve the body, don't become the hated mother, please Daddy forever. Shame is an energy blocker, a way to stop the pelvic charge, a way to block the arms from asserting their love, from offending the loved man.

Female Sexual Abuse and Shame

If the father, brother, uncle doesn't move away, but uses the girl for his own pleasure, then he has violated the child's natural excitement that undifferentiated flow between the pelvis and the heart. That love and trust is violated for an adult's pleasure. The girl is over-stimulated, given too much charge in her pelvis with no way to contain the charge. As adults, these women often abuse drugs, alcohol, grasp for any sedative as a way of trying to keep their energetic charge under control. Their excitement becomes anxiety; the reaching out stopped for fear of invasion, their hearts, broken, sad. Abuse of a child by an adult whom she has been taught to respect and trust is a betrayal of love.

So many times, in working with our female clients, the problem has been of supporting them to open their pelvis. This goes against the entire cultural conditioning which has told them to keep the charge down and not become too excited. This was really brought home to me with a female client with whom I had been working for a couple of years. Her chest was oral and collapsed but her lower back was held with a dead white area just above the buttocks. She had a lot of pain there and periodically strained her back. After much therapy working on opening the chest and pelvis, she still reported not wanting to have sex with her husband. The source of her lack of responsiveness was revealed when she came in with her husband to talk about the problem.

She was caught between two polarities. On the one hand, she said she was afraid of being labeled frigid when she turned her husband down and on the other; she was turned off by his sexual excitement. I noticed when she talked about her husband's enjoyment at looking at her; she turned her head down and held her hands tightly on her lap. When I said: "What happens when your husband looks at you?" She said, "I feel like a whore." With white face she began talking about how her father watched her when she was a teenager, obviously interested and excited; and yet both parents communicated to her that sex was dirty and bad. So here was her bind. Both parents recognized her growth into womanhood, but instead of blessing her with pride, they communicated to her that she was

bad and dirty and needed to hide. Instead of being able to meet her husband's excitement she responded to it much like her parents had responded to hers – with shame and disgust.

As somatic therapists, working with sexual abuse, we are attuned to the flow of the charge, to the emotions of rage and fear. From many years of working with sexual abuse, I have come to believe that the major harm in sexual abuse is shame. Fifty years ago, I was seeing clients in the University of Wisconsin health center as part of my training. Many of them came from rural areas in northern Wisconsin. What emerged is that incest was fairly common in these rural areas. I was struck that female students were reporting sexual encounters that they had experienced with their fathers, uncles, brother, cousins, without much anxiety. They were coming into therapy for other concerns. However, their peers at the university were letting them know that this was not common practice. For the first time they became ashamed and anxious. Shame was more disturbing than the actual sexual encounter. It was the culprit hijacking their sense of self-worth.

As therapists we must be careful when opening a client's sexuality, especially in cases of sexual abuse. 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, e. g. cutting, over-eating, or drugs. Or a defensive attack may be levied against 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. That is why this Conference is so important in alerting us to the factors creating feelings of shame and the responses to it.

Shame and Outliers

As I mentioned at the beginning of this paper, when I first encountered shame, it was not considered a real emotion. I am still learning about shame and dealing with it in my everyday life. Have any of you ever heard of the name Janet Buckner? Neither had I until I heard this story on Facebook. As she talked about an event that had happened 30 years ago, she began sobbing. When she grew up, Negroes weren't allowed to swim in the public pool except for one day that was the day before they cleaned it, so that people like her, Negroes, who for no other reason other than her race had contaminated the water and their filth could be washed away.

Many years later, the ban against Negroes swimming in the public pool was lifted. As she entered that pool and began to swim, she heard the word: "Nigger". That word alone caused her to sink to the bottom of the pool and she would have drowned unless someone had saved her. Obviously, she had gone into shock.

There was something about her story that sounded familiar. I had to find out more about her, so I began searching her name on the internet. The first thing I

learned was that she had been a State Representative in the Colorado legislature, but it took a while of searching, until I found out that she and I were born the same year, and that she had been born, in Indianapolis, Indiana. This is the largest city in the state I am from. Jews weren't allowed to swim at "The Country Club" when I was growing up and there were separate rest rooms for Jews and non-Jews in some of the states.

You see, I grew up as the only Jew in a rural high school in the middle of the Bible Belt. I knew that Trump would be elected, the Klan would march again and there would be violence. I wanted to hide, to escape to a safe place. Then, I realized I wasn't in rural Indiana anymore and lived in Santa Cruz, California, the most liberal and progressive community probably in the world. However, being a member of a group that is so despised and has experienced systematic genocide by the major culture through most of civilization, it is impossible not to feel the impact of that. So, in addition to discussing the biological, somatic, and developmental underpinnings of shame, I want to also discuss to focus on the shame of the outlier: The anti-Semitic feelings of the Jews, the homophobia of gay men. Outliers are different. They are the pieces of a jigsaw puzzle that can't find their place in the picture. They are the Negroes in Ivy League schools, the boy who must deal with his homosexuality in a family of Mormons or Evangelical Christians, the somatic psychologist surrounded by practitioners who believe that Cognitive Behavioral Therapy is the only effective treatment of choice. The outlier is me, the only Jewish girl whose best friend is the only Catholic and whose parents came to this country from Italy. The outlier is my client who came to the United States from North Korea and entered the 4th grade in a primarily Negro school in Michigan. She says: "there are names for girls like me, who look Asian on the outside (yellow) and are white on the inside. We are called "twinkies". Of course, there are other names: nigger, gook, dirty Jew, kike, Shylock and there are names for my best friend (wop), names that resound letting us know that we are disgusting. When I watch a Jew being loud and aggressive, I feel repulsed and want to hide. When I have a gay client, I discuss his homophobia, his wish to be heterosexual, for gay men are treated as even more disgusting than Jews, and even more inferior than women.

And each of us has outliers that live inside of us. These are our self-parts that our parents couldn't connect with. I sit with clients and watch as they berate themselves for being too needy, when they are clearly expressing their wants, or for being wimpy, when confronted with real life scary issues. Those needs which weren't met are our shame and we find them disgusting. Bioenergetics encourages us, undresses us, and reveals these shameful parts to our therapist. And we have to be alert to how clients hide these parts or treat themselves badly when experiencing them. As therapists, we need to hunt those self-parts out and nourish them. Men and sexual abuse are a different matter. If women are inferior, then a sexually abused man is nothing more than another man's bitch, inferior like women. His

sole use is for another's man pleasure and he is of no value. Imagine the shame. Interesting though, if a woman defends herself, she is a bitch.

Conclusion: Healing Shame

There is another response to shame that is less obvious. I call it: "the negative voice". I became aware of this after giving a keynote at a bioenergetic conference. The year before I had presented a workshop on shame. After that, the faculty invited me to give a keynote, this was just after I had finished my training and had just become a local trainer. I knew that while some of my trainers were proud of me, others were jealous and envious.

I gave the talk. The theme of the conference was spirituality and I described my internal process while working with a self-destructive client. I finished, looked at the audience, and you could have heard a pin drop. It was utter silence and I froze. Because I didn't know what else to do, I began singing a Hebrew song, and I don't really have a voice for singing. I just stood there, and my friend Judith led me off the stage, as I received a resounding standing ovation. All week people told my husband, my friends, and me how wonderful I was. What followed was one of the most miserable years of my life. That experience activated an intense depression. One day while riding my bike, I became aware of a steady conversation in my head. I turned up the volume to discover that a street gang lived inside me. I was shocked how nasty the things were that I was saying to myself and realized that I wouldn't even speak like that to someone I didn't like. I also felt a tightness around my chest and diaphragm. So, I began to send my breath to those areas. The voice did have a point to make but it was way over the top in making it. Over the years, I have discovered that this voice is activated, when I have received a great deal of positive attention and comes from my older brother's jealousy of me, which I experienced when we were children. It is good to know the trigger, so when I have returned from a party and have received much positive attention, I am alert to the bad feelings that may follow and can work with them.

> Turn up the volume
> Where in my body am I tense when I hear this voice?
> Breathe into that area
> Would I talk that way to someone I didn't like.
> Was there any useful information that the voice was saying?

Another way we can heal shame is by helping our clients view their behavior in such a way that what is revealed is seen in the context of the human situation. One of the most powerful ways of healing shame is in a group, especially when the person is in the company of others who have had similar experiences. That

is why ME TOO has become such a powerful movement and why groups for people who have been adult children of alcoholics, sexually molested, bulimic, or anorexic are so popular. The members can talk about their early experiences of denying and hiding, realize that others have had the same reactions to similar situations and it wasn't their fault. The child always blames him or herself for not getting the support or feedback he or she so badly needed, it is the child's fault for the molest, or the woman's fault for the sexual abuse. In a group, the shamed person hears stories of others like himself. By supporting and encouraging the other to let go of her shame, the person becomes aware that he or she is not to blame, or disgusting, or less than and is able to begin self-forgiveness.

When I was having a particular hard time during my bioenergetic therapy – my therapist was working on opening my heart, and as a result my sexuality had shut down – I joined an African dance class. Five or six men sat in the front of the room beating on drums, while the women moved their hips and shoulders with strong yet sensuous motions to the rhythm. At first, I was shy and tight about moving in front of the men. My shoulders felt frozen, my pelvis rigid and locked. But slowly, with the smiles and support of the other women (later the men – I didn't look at them for a long time) I began to move, dance, pound my feet and thrust my pelvis and shoulders. All of a sudden, I felt free to move my body the way I wanted to move. I began walking down the streets with long strides, the movement initiated from my hips. If a man commented I smiled back and agreed with him. Before, I would have felt that I had lost my power, given up myself to him, just by being looked at. I was beginning to feel the way I walked and to walk the way I felt.

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Some challenges for the theory and work of Bioenergetic Therapists[1]

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Abstracts

Since the International Conference of the IIBA in 2007 at Sevilla, the shift of attitude in the Bioenergetic world towards LGB* to an affirmative one became public. Simultaneously, in the Bioenergetic world the publishing on this topic stopped. The resulting gap to the meanwhile increased knowledge of LGBTIQ* affirmative research will hereby filled up by information about the life situation of LGBTIQ*, an empathetic change of perspective on the LGBTIQ* world and some considerations on a Bioenergetic affirmative approach for the body related psychotherapy with LGBTIQ* clients.

Key words: biological sex, gender identity, sexual orientation, sex role, trans*.

Lesbiennes, Homosexuels, Bisexuels, Trans, Inter et "Queers"*. Quelques Défis pour la Théorie et le Travail en Analyse Bioénergétique (French)

Un changement d'attitude envers les LHB* (Lesbiennes, Homosexuels et Bisexuels) s'est affirmé publiquement depuis la conférence internationale de l'IIBA en 2017 à Séville. Mais, simultanément, les publications sur ce sujet dans le monde bioénergétique ont cessé. Le but de cet article est de combler la distance en termes de connaissances engrangée sur la recherche d'affirmation des LHBTIQ en donnant des informations sur la situation de vie des LHBTIQ*: un changement de perspective empathique vis-à-vis du monde LHBITQ* et quelques considérations sur l'approche bioénergétique affirmative en psychothérapie corporelle pour les clients LHBITQ*.

1 My thanks go to my colleagues of PLUS, especially Margret Göth and Ulli Biechele, with whom I built up and led the counseling center in Mannheim for over 17 years, and to Angelika Wenzel, who polished this article in understandable English.

Lesbianas, Hombres Gays, Bisexuales, Trans, Inter y Queers*. Algunos Desafíos para la Teoría y el Trabajo de los Terapeutas Bioenergeticos (Spanish)

Desde la conferencia internacional del IIBA en Sevilla, 2007, el cambio de actitud en el mundo de la bioenergética en relación a los LGB* fue de tono afirmativo, y hecho público. Simultaneamente, en el mismo mundo bioenergético, las publicaciones con éste tópico cesaron. La brecha resultante del momentáneo incremento del conocimiento de las investigaciones afirmativas sobre LGBTIQ* serán llenadas por la información acerca de la situación de vida de los LSBTIQ*, un empático cambio de perspectiva sobre el mundo de los LGBTIQ* y algunas consideraciones sobre una aproximación bioenergética afirmativa hacia el cuerpo en relación a lá psicoterapia con clientes LGBTIQ*.

Lesbiche, Gay, Bisessuali, Trans, Inter e Queer*. Alcune Sfide per la Teoria e il Lavoro dei Terapeuti Bioenergetici (Italian)

A partire dalla conferenza internazionale dell'IIBA del 2007 a Siviglia, il cambiamento in positivo dell'atteggiamento del mondo bioenergetico nei confronti della LGB* è diventato pubblico. Contemporaneamente, nel mondo bioenergetico non ci sono più state pubblicazioni su questo argomento. Il divario che ne è risultato, mentre nel frattempo aumenta la conoscenza della ricerca affermativa LGBTIQ*, verrà colmato grazie a informazioni sulle condizioni di vita delle persone LSBTIQ*, il cambiamento di prospettiva empatico sul mondo LGBTIQ * e alcune considerazioni su un approccio affermativo bioenergetico per la psicoterapia corporea con Clienti LGBTIQ*.

Lésbicas, Gays, Bissexuais, Trans, Inter e "Queers"*. Alguns Desafios para a Teoria e Prática de Terapeutas Bioenergéticos (Portuguese)

Desde o congresso internacional do IIBA, em 2007, em Sevilha, a mudança para uma atitude afirmativa da Bioenergética em relação aos LGB*, tornou-se pública. Na mesma época, porém, as publicações sobre esse tópico, na área da Bioenergética cessaram. A lacuna resultante, considerando o conhecimento crescente de pesquisas afirmativas sobre LGBTIQ*, será preenchida pela informação sobre a situação de vida dos LGBTIQ*, pela mudança da perspectiva empática sobre o mundo LGBTIQ* e por algumas considerações a partir de uma abordagem bioenergética afirmativa com relação ao corpo, na psicoterapia com clientes LGBTIQ*.

Лесбиянки, геи, бисексуалы, транссексуалы, интерсексуалы и другие люди, чьи представления о сексуальной и половой принадлежности не соответствуют гетеросексуальным (далее по тексту используется аббревиатура LGBTIQ* (Russian)

После Международной конференции IIBA в 2007 году в Севилье стало известно, что отношение мира биоэнергетики к LGB* (геям, лесбиянкам, бисексуалам) изменилось в положительную сторону. В то же самое вре-

мя публикации на эту тему в мире биоэнергетики прекратились. В этот период не поступало данных, касающихся LGBTIQ*, из каких-либо подтвержденных исследований. Однако этот пробел в ныне растущих знаниях о LGBTIQ* был заполнен благодаря поступающей информации о жизненных ситуациях LGBTIQ*, благодаря эмпатическому изменению взгляда на LGBTIQ* мир и также благодаря ряду разработок в области позитивного биоэнергетического подхода к телесной психотерапии у LGBTIQ* клиентов.

Introduction

As a gay man I was in a dilemma at the start of my psychotherapeutic training. On the one hand I was totally convinced of Bioenergetic theory built upon Wilhelm Reich's research and Alexander Lowen's further development, but on the other hand I experienced a total discrimination against non-heterosexual sexualities in their theories (Lowen, 1965).

At the same period, I became a member of the VLSP, the German branch of the ALGP, the Association of Lesbian and Gay Psychologists. There was an intensive discussion of affirmative research and approaches to psychotherapy with lesbians and gay men, starting with Hooker's work (1957) which led to the cancellation of homosexuality as a disease in the DSM of the American Psychiatric Association in 1973, against the resistance of the American Psychoanalytic Association. The VLSP became a reservoir of support for me. Subsequently my colleagues and I established a psychiatric project for the work with gay men (Heinrich & Biechele, 2006; Biechele, Hammelstein & Heinrich, 2006).

I realized that Reich's and Lowen's attitude, especially to gay life and sexuality, was similar to the attitude of the psychoanalysts of the second generation. Rado (1940) criticized Freud's thesis of a natural bisexuality and accepted only heterosexuality as natural. Socarides (1968) elaborated Rado's theses even more precisely by devaluing all kind of non-heterosexual lives. Therefore, I concluded that perhaps Lowen should question his written statements devaluing non-heterosexual lives, which were, after all, not the keystone of his work. I subsequently applied for the training in Bioenergetic Analysis and experienced openness and welcome at first glance. At second glance I realized a lack of knowledge and hidden prejudices which in the best case were made explicit.

After my training I tried to open the discussion of Bioenergetic work for gay men and lesbians, by founding PLUS, the psychological counseling center for Lesbians and Gay men, with colleagues in 1999, in the region of the rivers Rhein and Neckar in Southern Germany. At the International Conference of the IIBA in 2005 at Cape Code, USA, I presented a paper entitled, *Lesbians, Gay Men and Bisexuals – Bioenergetics with Unknown Species*. I realized that there was anoth-

er presenter with a very similar topic, and I had the great pleasure to make the acquaintance of Louise Frechette from Canada and her Bioenergetic work with lesbians and gay men.

At the following International Conference of the IIBA 2007 in Sevilla I experienced my most important morning in the international Bioenergetic World yet, when Garry Cockburn told the whole auditory that we could not follow Lowen's statement, *When I die, do not kill me!* Garry told us, that we had to do this to find our own way in Bioenergetics, just as Lowen had done with his psychotherapeutic father Wilhelm Reich in order to find his own identity (Cockburn, 2008). His paper was followed by Scott Baum's paper about the difficult relationship and the process to leave the shadow of the father (Baum, 2008). The next panelist was Fina Pla, from Spain, who presented a paper about a feminist approach to Bioenergetics contradicting Lowen's patriarchal statements on women, followed by Paul Sussman, from the USA, who presented the results of a study about the situation of gay men which especially emphasized the necessity of being accepted by their families after they have informed them about their homosexual orientation.

Finally, I felt at home in the Bioenergetic world even as a gay man. Over time I got to know more and more gay, lesbian and bisexual Bioenergetic colleagues all over the world at the International Conferences of the IIBA. The Southern German Society for Bioenergetic Analysis even included a workshop about the Bioenergetic work with lesbian, gay and bisexual clients into their upcoming trainings.

All right. Right?

At the International Conference of the IIBA in Porto de Galinhas, Brazil, in 2015 I talked to some gay colleagues about the development in the Bioenergetic world of the LGBTIQ* issue and how modern Bioenergetic Analysis has taken this point into account. They answered that they still have experienced an underlying prejudice against non-heterosexual lives and that Lowen's ancient quotes could still be part of some trainings. I was quite surprised by this news and wondered how this could be changed?

The most helpful idea seemed to me to follow the research on attitudes. Attitudes are pretty stable. It is not enough to present new information about a disputable issue. More than that, taking charge of another one's view is needed as well as the training of new courses of action to change one's attitude profoundly (Heinrich & Kohn, 2006). The following question then arose for me: How could a trainer for Bioenergetic Analysis include affirmative attitudes about LGBTIQ* lives in the training, if nothing about this issue had been published during the last 10 years, and only marginally beforehand?

When I read about the theme of the International Conference of the IIBA of 2017 in Toronto with one of its focal points on sexuality and community, I took the opportunity and sent in a paper for a workshop on *Lesbians, gay men, bisex-*

uals, trans and queers – some challenges for the theory and work of Bioenergetic Therapists*.

This article is following the three requirements to change attitudes:

a) Information about the lives and the special situation of LGBTIQ*
b) Possibilities to adopt the points of view of LGBTIQ*
c) New courses of actions in Bioenergetic Analysis with LGBTIQ* clients.

The article might to be difficult to read in some parts. It might look like as a dictionary or a glossary. But stepping into a new continent of the human world, normally needs the openness to a new culture and the preparation of learning a new language.

1 Experiment

	Variable	Past	Present	Ideal
A	Sexual Attraction			
B	Sexual Behavior			
C	Sexual Fantasies			
D	Emotional Preference			
E	Social Preference			
F	Heterosexual/Homosexual Lifestyle			
G	Self Identification			

For Variables A to E:	For Variables F and G:
1 = Other sex only	1 = Heterosexual only
2 = Other sex mostly	2 = Heterosexual mostly
3 = Other sex somewhat more	3 = Heterosexual somewhat more
4 = Both sexes	4 = Hetero/Gay-Lesbian equally
5 = Same sex somewhat more	5 = Gay/Lesbian somewhat more
6 = Same sex mostly	6 = Gay/Lesbian mostly
7 = Same sex only	7 = Gay/Lesbian only

Figure 1: Klein's Sexual Orientation Grid (1985, 1993)

The grid is constructed by Fritz Klein et al. in 1985 as a further development of Kinsey's scale. It can be used as a first reflection on one's own non-heterosexual aspects of one's own personality. The following questions could help: How was it, to answer or even read the questions? Was there an emotional reaction in me, when I understood, what kind of information I have been asked? Did I feel ashamed or trapped? Was there another emotion which changed my momentary physiology? Did some memories arise in me, and if so, what did I do with them? Did I answer the questions correctly, and if not, what did I try to hide?

2 Definitions: What does "LGBTIQ*" mean? or "The 4 Dimensions of Sex"?

A lot of terms circulate around the issues of sex. A lot of people think they know what they are about. But sometimes it becomes clear that they do not know. The comment of the Mayor of Mannheim, Dr. Peter Kurz,[2] *"LGBTIQ? That's too complicated! I welcome you by "hello all!"* was not helpful. Levelling-out the differences between all these groups shows no interest in getting into the special situation of all the different groups of people and their special lives. Sometimes the term "non-heterosexuals" is used in the affirmative research of LGBTIQ* to make clear the suffering of all these groups as being devalued by the same heterocentrist society and culture, in which being a man with desires for women or being a woman with desires for men is the unquestioned base of a human sexual and loving being (Göth & Kohn, 2014). But the term, "non-heterosexuals" might not fit for trans* people who live in a heterosexual relationship after a sex reassignment surgery. Trans* people suffer instead from a world in which a cis[3] identity is the unquestioned base of a human sexual and loving being. Hence, I would introduce here the term "non-cis-heteronormative" as a term, to sum up all LGBTIQ* in another term, knowing that this term is not perfect and could even be misunderstood.

Rather than this, the training team of PLUS tries to bring the diverse categories around the sexes in a comprehensive order by using the following 4 dimensions of sex, when they teach pupils or teachers, psychotherapists or social workers about the issues of LGBTIQ* people (Göth & Kohn, 2014):

Biological Sex	Gender Identity
Sex Role	Sexual Orientation

2.a Dimension "Biological Sex" or What does intersex mean?

In this dimension we see the body, or analyze, it by (micro-)biology. It is the question about the physical aspects of being categorized as male or female: primary and secondary sex attributes, sex specific chromosomes, gonads, hormones. To simplify it: Look into the mirror and check what you see there: Do you see a man or a woman? Deviant from the hetero norms in this dimension are the terms intersexual, atypical sex attributes.

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2 At the Beteiligungsworkshops zum Aktionsplan "Für Akzeptanz und gleiche Rechte Baden-Württemberg", a Conference of the Ministry of Social Affairs of the Region Baden-Württemberg, held in Mannheim, February 8th, 2014.

3 Cisgender: the gender identity aligns with the gender the person was assigned at birth.

Some people are clearly categorized by their sex specific chromosomes but are irritated by some special deviancies in their body, like a man who experiences his breasts as too fat, more like female breasts; or a woman, who has a very traditional female figure, but some hairs sprouting between her female breasts. A lot of persons, who received the medical diagnosis "disorder of sex development", feel devalued by this term. Since 2006 they have used the term "differences in sex development" and call themselves "inter*" or "intersex" (Günther, 2016). Inter*people who were adjusted by surgery directly after birth to the assumed sex, often suffer many medical and mental problems from this attempt to put the child into the binary system of female and male as soon as possible. Sometimes these problems start after the long period of latency in puberty, when the gender formation, sexual activities and orientation reach a new level.

2.a.1 Diversity of Sex

Western cultures are based on a dichotomy of sex. Before a baby is born, the most common question in ultrasound asked by the pregnant woman is: "Is my baby healthy?"; the second is: "Is it a boy or a girl?". The clothing industry provides the color blue for boys and pink for girls from the very first days of life.

In contrast to this there is a third sex called "Hijra" as a government category in India and Pakistan, taking the Indian cultural tradition into account that there are more than male and female identities. Australia, New Zealand and Nepal try to get along with the new changes in society, allowing their inhabitants to choose a third category besides female and male. If the western dichotomy of sex would be skipped, intersexuality would no longer be a mistake of nature but a sign of its diversity. There would not be only two sexes among the nearly 7 billion number of human beings.

2.b Dimension "Gender Identity" and "Trans…"

This dimension focuses sexuality on the psychological level or on the level of the core gender identity. This refers to the inner consciousness, sureness and confession of belonging to a particular sex. Here, the probably oversimplified question could be: Close your eyes, feel and experience what your gender could be: female or male? A lot of people who feel the same gender as they can face in the mirror are called "cisgender" or "cis" for short.

People, who experience a difference between the sex they were assumed at birth (similar to the biological sex of section 2.a) and their felt psychological sex, describe themselves with a wide range of self-designations. For some, the gap between the sex assumed at birth and the felt gender is so big, that they feel the urge to have gender transitioning by hormone replacement therapy. Or, if they

are before or still at the puberty stage – at least, to seek a therapy that blocks the production of sexual hormones. After starting this therapy, they might have a sex reassignment surgery as a further step in gender transitioning. In this case some use the older term "transsexual" more frequently. Others, who do not feel so much defined by the "sexual" aspect but experience the gap more as a part of their personality, use the terms "transident" or "transgender", "transwoman" or "transman". And yet, others do not see the solution to keep on being stuck to one of the both categories of male or female and design themselves as "non-binary". A term in which the most of those persons could feel themselves grouped together is "trans*" (Günther, 2016).

2.c Dimension "Sex Role Identity"

This dimension is also called Social Sex and includes all behavior and experiences, personality attributes and functions, which social-culturally are typically referred to one sex. The simplified question here would be: What do you try to make the other think about your gender? Or: What is seen as male or female in your society?

Somebody who likes to present him- or herself in a transvested outfit, is found in this dimension.

Deviant from the hetero norm are terms like "sex-role-non-conform" or "atypical", "androgyne", "metrosexual". Aspects of a sex role can be behavioral or attributes of a personality. Traditional definitions of men and women can be summarized as "not to be of the other sex", "to have sex with the other gender", "to concept children" or "bring children to earth", "to finance a family" or "to raise children" (Heinrich & Reipen, 2003). In modern psychological research masculinity is found to be correlated with "instrumentality" (task and solution orientation: active, competitive, easy in decision taking); feminity is correlated with "expressivity" (able to get into contact with, friendly, warmly in relationship with others). Following this research, 4 types of people can be found: "feminine", "masculine", "androgen" (being feminine and masculine; 51.9% men; 48.1% women) and who are correlated with higher mental health, and fourthly, "indifferent" (being less feminine and masculine; 76,6% men; 23,4% women) (Altstötter-Gleich, 2000).

2.d Dimension "Sexual Orientation" vs. Sexual Identity and Being a Star: Queer*

This dimension is the only one which is not about one's own sex or gender, but about the gender of the sexual partner; hence, it is also called "sex partners orientation". "Sexual Orientation" means the orientation of sexual and emotional needs of a human being towards human beings of the same sex, the opposite sex

or towards both sexes. Thereby, an orientation onto the opposite sex is called heterosexual, onto the same sex is called homosexual, and onto both sexes is called bisexual" (Göth & Kohn, 2014, p. 6). Göth and Kohn distinguish between sexual behavior, desire, fantasies, orientation, and identity:

"Sexual Identity" defines the identity, which a person develops from his or her sexual orientation. This development is influenced by the individual, social and cultural situation, in which he or she is placed and lives in, and intersectionally influenced by further aspects of his or her identity." (Göth & Kohn, 2014, p. 6). This might help to male clear, that a person who lives in a heterosexual marriage has kids and understands/identifies him or herself as heterosexual can have sexual contact with a person of the same sex. While sexual behavior occurs in all societies of today, the sexual identity of a lesbian woman or a gay man are only found in the so-called Western cultures.

The self-designation of the sexual identity is very wide in its range, starting from homosexual, gay, lesbian, women loving, bisexual, open minded to queer. Some people do not see themselves as well described in having a sexual identity at all. Other deviant terms from the hetero norm here are "homo- and bisexual", "asexual", "pansexual", and "queer". The terms of homo, hetero- and bisexual, are still in the grip of the dichotomy of sex in male and female. Furthermore, they are a trial to simplify the diversity of living by setting these categories.

Because there are so many terms for every dimension of sex, which people use to name themselves, it became usual to set a star at the end of the end of trans*, inter*, queer* and on the whole list of letters LGBTIQ* to welcome and include everybody who feels in one of these directions but uses another term for self-designation.

2.d.1 Statistics

As there is a great difference between the sexual orientation and the sexual identity as well as between sexual behavior and self-designation, numbers about the distribution of people who live homosexual differ a lot. Big random samples like the National Intimate Partner and Sexual Violence Survey (Walters et al., 2013) found that the sample of n = 9086 women designed themselves 1.3% as lesbian, 2.2% as bisexual. 2% of n = 7421 men designed themselves as gay, 1.2% as bisexual. Mercer et al. (2013) cited that 8% of the men interviewed had sexual contact with another man, 11.5% of the women had sexual contact with another woman. The numbers of the women increased to 18.5%, if they were between 16 and 34 years old.

2.d.2 Fluidity

Furthermore, results of more recent research show that the self-designation of sexual identity varies considerably over time. Diamond (2008) found out that more

than two-thirds of women who were interviewed in a long-term study changed the self-description of their sexual identity at least once within 20 years – in both directions.

2.d.3 Sexual preference

A similar but different term to sexual orientation is sexual preference referring to the developmental state of the sexual partner from child to elderly. In many countries the laws against non-heterosexuals are based on pedosexual behavior. But research shows the difference of these two terms: quoting Göth and Kohn again, Beier et al. (2005) found out that pedophilia occurs almost exclusively in men of which 1% can be described with this term. Göth and Kohn quote the Gesundheitsberichterstattung des Bundes (Federal Health Report) that in 2012 girls have become victims of pedosexual violence a lot of times more than boys. These results make clear, that sexual orientation is not connected with sexual preference at all, which leads to sexual abuse, if practiced with children.

2.e Do not categorize! Differentiate!

The four dimensions of sex are not for fixing human beings. In fact, a lesbian might find out that he is a trans*man and hetero. Gay guys might play with sex roles. And there might be a trans* person with an inter aspect living homosexual (Günther, 2016).

3 Special Aspects of LGBTIQ* Lives

As a gay man my experience and knowledge come first of all from the world of gay men. Some of the following concepts are also coming from a more homosexual perspective. Nevertheless, my colleagues at PLUS and I found some of them helpful for the work with trans* and intersexual* clients as well.

3.a Internalized Homo-, Bi- and Trans-negativity

Living in a heterocentric world, we may get into contact with the categories of our social world earlier than with our own specific needs or being. To be a girl or a boy becomes important from an early age and is pretty clear around age 4. But even till then we have heard our family members and neighbors talking about the differences between male and female a thousand times. When puberty begins hormones start to flow and the body changes. Sexual arousal becomes more im-

portant than before. But until that time children have heard many times about "faggots" and "queers". In German, the word for gay is "schwul (pronounciation: shvu:l)", which is for these kids the complete opposite to "cool", which is an expression of highest value for them.

So, we all have an idea about what a boy or girl is like and how valuable it is to be a homosexual or heterosexual, before we become conscious about the fact that these categories have something to do with our own life. Attitudes are often passed by our social models from one generation to the other which are mostly shaped by the paternal figures, peers, and more and more by the contents of mass media and social media. At least at the beginning of our life we do not experience the content of these attitudes as much. In this way they are not grounded in experience, but they are more likely prejudices.

Because they refer to basic categories of our human understanding, they are very important. Hence, they are giving us an orientation about what is worthy and less worthy (like women are still less worthy than men even in the Western culture, which is seen by the structural discrimination that women earn less money for the same jobs). Finally, these cis-heteronormative concepts of sex, gender and sexual orientation are internalized more or less by all members of a society. But if someone is part of the non-heterosexual-cis society, these concepts do not give only a frame for one's own point of view on the outer world but are attached to one's own person. This internalized homo-, bi- or trans-negativity hinders a LGBTIQ* to take an easy path to self-esteem and self-security. More than that, these attitudes hinder a supportive contact with other persons of the same non-cis-heteronormative art of living and by this the possibility to empower oneself by sharing experiences with others who have a similar way of life.

3.b Model of Non-Cis-Heteronormative Identities Formation

Vivian Cass (1979, 1996) showed in her model of homosexual identity formation a very helpful tool for the counseling and therapy of homosexual clients. According to my opinion the expansion of this model to all non-cis-heteronormative identities and their formations is helpful. Following Cass' model, the beginning of the development of a LGBTIQ* person starts on a pre-step, in which the person experiences her- or himself as being part of the heterocentric society, so to speak as a heterosexual cis person does. Another important aspect of her model is that she divides the process into many different stages. These could be crossed over in a few big steps only, but it is possible as well to stay on one step for a longer period. A third important aspect is, that she does not devalue any solution of a stage, neither the solution of a person who accepts the new aspect of her or his life, nor the one who denies it and ends the process in a foreclosure.

The different stages (originally there were seven) can be grouped together into those which are describing the inner process of a coming-out of self-acceptance of the own gender or sexual identity and those of a coming-out process in which a person makes contact with others of the same and of other dimensions of sex. Finally, Cass' model helps to find a language in which a therapist can talk to a person, who is at a special stage. It offers furthermore an understanding why partners in a gay or lesbian relationship or a relationship with two intersexual or trans*persons might have special problems to solve, if the partners are on different stages of their gender or sexual identity formation.

3.c Coming-out

The most different experience of LGBTIQ* in comparison to cis-heterosexuals is that at a certain point in their lives they have to ask themselves, whether they differ from others regarding to their sex, gender or sexual orientation with all its implications, as described by Vivian Cass (1979).

But this is not only an inner or a cognitive process. It is always a holistic experience with oneself and in contact with the social world. Biechele found out that the most common emotional state of gay young men in Germany of 1999 were lovesickness (54% of the participants) and solitude (47%) besides some more special gay issues like the following: worrying about AIDS (39%) and "How can I get to know other gay guys?" (37%). Therefore, solitude is not only a strong emotional state in the pre-coming-out phase but is an ongoing issue at least during the time gay young men find their own place in the community. Researchers in Berlin found in 1999 that gay and lesbian teenagers are four times more suicidal than the heterosexual peers (Berlin, 1999). More than 25% of gay men experience that their fathers do not accept them after they know they call themselves gay (Biechele, 2009).

To fall in love and to have sex for the first time happens almost at the same age with lesbians, gays and heterosexuals: between 16.6 and 17.1 years (Biechele, 2009 and Berlin, 1999). Nevertheless, there are basic differences between these groups. The first sex partners in heterosexual couples differ only by 1.3 years of age. In contrast, the first sexual partner of gay men is on average 6 years older than themselves. He is 10 years older or even more in 14% of gay men. This means that the gay men's "first time" is not embedded in peer sexual encounter, in which both might have the same or a similar level of experience (Biechele, 2009). On the other end, the first sex partners of lesbians are men in 66% of cases. That means their first sexual encounter is a heterosexual one (Berlin, 1999).

In the process of gender transitioning in Germany at present, trans*people are forced to live overtly in their everyday life as a necessary condition to get the hormone replacement therapy and the sex reassignment surgery. This builds up a big pressure and hinders a self-imposed development (Günther, 2016).

3.d Experiences of Discrimination

All LGBTIQ* have experienced discrimination or even violence because they are LGBTIQ*. 100% of the participants in a study at PLUS e. V. of 2006 reported experiencing verbal discrimination at least once in their life because of their sexual orientation (Haas & Göth, 2006). This result allows me to assume that this applies to trans* and inter*sexual people as well. Of course, the manner and situations in which discrimination and violence take place differ a lot between the different groups of LGBTIQ* and they even differ in the subgroups according to the place/state where they live. Trans* and inter persons are more likely visible as different from the heterosexual norm. Gay men and lesbians are more likely visible if they are in public as a couple or together with friends. On the contrary, Bisexuals might stay invisible and have more likely to tell others about their sexual orientation to introduce themselves as bisexual.

In some countries, homosexuality is prosecuted to death by law, i. e. in Saudi-Arabia or Iran. On the other hand, Iran is one of the countries where sex reassignment surgeries are frequently done. Nevertheless, this is not an argument for an open and diverse society, but the possibility of adjusting inhabitants to the binary system of male and female, which supports the patriarchal system of the country.

Living in the Western hemisphere, it seems as if the laws for LGBTIQ* improved to a more liberal attitude during the last decades. This was affirmed again in July 2017, when the German parliament voted for equal heterosexual and homosexual marriages. But as the developments in Russia, Turkey and the USA have shown during the past few years, culminating in the decision of president Trump in August 2017 against trans*persons being in the army, that the development does not only go in one-direction. Furthermore, LGBTIQ* lives are always on display and are supposed to have a quick role back in a society. Hence, there is a great need for political commitment and psychotherapeutic support to maintain the liberties essential for diversity.

Even in countries where there is no prosecution according to sexual orientation or gender identity, LGBTIQ* suffer a lot from discrimination and violence. Two-thirds of the participants of the referred PLUS study experienced psychological violence. Physical violence hits gay men and lesbians almost the same in quantity (still 2%) but not in quality: physical violence against gay men was done more by foreigners in a non-sexual way and in public space; lesbians experienced more sexual physical violence by relatives or (ex-)husbands according to the coming-out process (Haas & Göth, 2006).

Günther (2016) indicates that people like trans* and inter* with a not distinctly male or female appearance become likely victims of discrimination and violence. She points out that the early medical surgeries to adjust inter*persons to the sex which was assumed by birth, is violence and could be compared with sexual violence and forced genital mutilation.

3.e Minority Stress Model

Before affirmative research on non-heterosexual lives started, the research on LGBTIQ* took place in the offices of psychotherapists and hospitals. In the results of their research, LGBTIQ* were seen per se as ill. But even after the start of affirmative research there were still significant differences found in surveys about a special disease in the percentage of hetero and non-heterosexual clients. Ian Meyers (1995, 2003) did a meta-study of many of those surveys. He found significant results between heterosexuals and lesbians or heterosexuals and gay men or heterosexuals and bisexual women or men over different mental diseases in several studies. Furthermore, the group which was more severely ill was always one of the non-heterosexual clients. But he found no repetition of the significant results about a special disease over different studies. Ian Meyer concluded that these findings may be part of a minority stress, which is an additive stress to people who do not belong to the majority. Minority stress includes the larger effort to get into contact with the other members of the same minority, as well as to withstand the daily devaluation of discrimination.

It became clear as well that a non-heterosexual identity per se is not enough to provoke a difference in one single study. But if there is vulnerability in a person caused by the situation or individual aspects, the minority stress might be the drop which makes the barrel overflow. Meyer's concept is built up on the population of LGB*, but his explanation supports the conclusion that the process of minority stress can be applied to TIQ* as well.

3.f Intersectional Aspects

Another aspect can be isolated during the last years of research. Kimberlé Williams Crenshaw could outline that the most affected employees by a decision of job cancellation at GM in the 1980 were not Afro-American men or White American Women but Afro-American women (Crenshaw, 1989). People affected by a double- or multi-discrimination as women of color or lesbians (= women and homosexual) or transsexual gay men (= transsexual and homosexual) suffer stronger in terms of mental health issues than people suffering from one kind of discrimination only.

3.g Shaping of Relationships

Acknowledging in the last sections that there are special aspects in a LGBTIQ* life and that the aspects between the different groups of non-cis-heteronormative persons differ as well, it could be supposed that to build a relationship might have

special problems for LGBTIQ* on top of the usual difficulties in a heterosexual cis relationship. This surplus of problems together with the frequent lack of children as a stabilizing triangulating factor makes it more difficult for LGBTIQ* to live in a stable relationship. Nevertheless, Michael Bochow can show that during the last 30 years since 1987 approximately 50% of gay men are in relationships, the majority of which last longer than 10 years (Bochow, 1989; Bochow, Schmidt & Grote, 2010).

The counselor team of PLUS found out that there are great differences in the issues that gay and lesbian couples have to deal with. Ulli Biechele and I experienced that our gay couples are often coming into couple counseling in a very late stage of a relationship crisis when it is almost impossible to find a constructive solution. Another solution we found is that only one partner tries to solve the couple's problems in a single counseling, because the other partner is not willing to join. Our lesbian colleagues Margret Göth and Andrea Lang sometimes do not start couple counseling or end it up early, when they find out that a couple's problems are not couple specific, but that they are confronted with a complex of problems with which each partner has to deal separately within single therapy.

Besides these more gender specific dynamics there are some special issues, with which gay or lesbian couples have to deal with, which does not occur in heterosexual couples: differences of coming out status or different experiences with anti-homosexual violence up to hate crimes (see section 3.e).

On top of these, there are some issues, which could occur in heterosexual cis couples as well, but are less common there, e. g. discordant HIV-status, which concerns gay couples especially. Secondly, there is also a difference in culture. Here the couple's dynamics of being exotic for each other is not the only important aspect, but there are also the different experiences of having been discriminated, i. e. by laws towards their own LGBTIQ* life in the different home countries and towards the foreign partner in the country of the other. Thirdly, there is a difference in social and economic status. Because of the minority status and the change of community and social network during coming out, there is a higher degree of need to be open to find a partner on a different social level or with a different social and economic status in LGBTIQ*. Fourthly, there are also more long-distance relationships. Because travelling has an important impact on meeting possible partners as members of minorities, those partnerships are more likely to be long-distance relationships. There is, fifthly, the concept of open relationships in contrast to sexual fidelity. Because the traditional relationship patterns assume a relationship based on sexual fidelity between a man and a woman, it might be more frequent for gay men and lesbians to negotiate a concept which fits better to them. Bochow (1989; Bochow, Schmidt & Grote, 2010) found in his surveys that approximately 50% of the participating gay men define their relationships as open and the other 50% as monogamous. Heterosexual couples have started to do this as well more and more, but still are less open and very much more de-

fined as monogamous. Sixthly, there are problems with a conception of a child by genital sex. Over the last 20 years the wish of lesbians and gay men to become mothers and fathers has increased steadily. Some gay men and lesbians already had children in an earlier heterosexual life (gay fathers and lesbian mothers). Others choose non-same-sex persons, with whom they can plan and bring a child into the world for a so-called "rainbow family". Different patterns of responsibility for the children have to be negotiated between the biological parents and their social co-mothers and fathers. On the way of a trans* identity formation there is a step, where the person has to think of taking an egg cell or sperm sample to freeze to preserve the possibility of having children later, before starting hormone replacement therapy or sex reassignment surgery.

3.h Counseling and Therapy with Relatives of LGBTIQ*

As we could see in section 2.d.1 the proportion of LGB* in the population is quite small, and so are the statistics of TIQ* as well. Counting all big recent sample surveys together the sum of LGBTIQ* is between 8% and 25% of the population depending on how the surveys are structured in their questionnaires (sexual orientation vs. sexual identity, transsexual vs. transgender, etc.). But because of the impact of a coming-out as a LGBTIQ* person on his or her family and back onto the LGBTIQ* person in form of discrimination or even violence, relatives frequently develop pretty a great need for counseling and sometimes even therapy as well (Günther, 2016).

4 Adoption of the Point of View of LGBTIQ*: Clouds of Thoughts

An example for a method to help the participants to change their point of view into a LGT* child is Ralph Kohn's "Clouds of Thoughts". It was further developed at the workshops of PLUS about LGBTIQ* lives, and is used nowadays in the following form:

At first, the participants of the workshop are asked to write down expressions they heard in former times, which described "gay guys", "lesbians" and "trans*people", putting each expression on a card. The expressions about gay guys are put on a pink card, those about lesbians on a blue card, and those about trans* on a white card. During a short break, the trainers sort and pin the cards of each color on a flipchart paper around a drawn head. Then the participants are informed that they will be told 3 stories about three different children. Before that, all of them are asked to find a comfortable position and close their eyes, if they want. In what follows, they can accompany each child and get a feeling or an image how

the child will feel and what they will do next. One of the trainers tells a short story about an 11-year-old boy, who had his first nocturnal pollution and feels strangely excited. When he meets his class mate, the boy asks himself, "could it be that I am gay? – but a gay guy is ..." And afterwards, every card is read aloud. If some cards have the same expression written on it, this expression will be read as often as it was written, which enhances the expression. After the end of the story the participants are asked, "How does that boy feel? What will he do next?" The following discussion brings the empathic answers of the participants together. After this, the second story about an 11-year-old girl who asks herself if she could be lesbian, is told and discussed. Finally, the third story is told about an 8-year-old child, who does not feel comfortable with his or her gender, which is said to belong to him or her since birth. At the end, all three experiences of the participants are compared and discussed.

5 Courses of Action: Considerations for an Affirmative Bioenergetic Therapy with LGBTIQ*

Being aware of these differences in social, emotional and body related lives between cis heterosexuals and LGBTIQ* as well as between the LGBTIQ* subgroups, it might become clear, that a Bioenergetic therapist has to deal with different issues in the work with LGBTIQ* clients than in the work with heterosexuals. Summarizing the differences listed above, a Bioenergetic therapist should expect that his or her LGBTIQ* client has already dealt with confusion, loneliness, minority experiences, devaluation, discrimination, violence and hate with all the consequences on an emotional level like depression, anxiety, self-hate, PTSD, and even deep personality disorders. How can Bioenergetic therapists prepare themselves for their work with clients traumatized in this specific way?

As the training project POWER UP of PLUS could identify in its evaluation (Lang, Reipen & Heinrich, 2007) a set of proven courses of action helped to change attitudes towards LGBTIQ*. Following this, it might be important for a work with LGBTIQ* clients to get a clear orientation, how to do deal with the large amount of information and the newly found point of empathic view on these potential groups.

Günther (2016) points out the importance of considering that real bodily potentials are made invisible or are destroyed in inter* persons; therefore, the issues of those clients might be oriented at first more towards the loss of physicality than towards the future. Trans* persons often suffer from a specific body related hostility, she calls "Bodyism", because the body would not suit the cis-body norm. This hostility would be mostly combined with sexism. These short statements may help a therapist to realize on which level body work with LGBTIQ* clients is needed.

Stein and Burg (1996) listed "Educational objectives for a gay affirmative training". Margret Göth and I (Heinrich & Reipen, 2001) developed further considerations for the training for psychotherapists of gay, lesbian and bisexual clients. Mari Günther (2016) created guidelines for counselors of trans* and inter clients. Based on these lists I built up a very short guideline for the work of Bioenergetic Therapists with LGBTIQ* clients:

- Knowledge about the listed issues above (sections 2, 3 above), plus knowing the history of the development of aspects of laws, scientific theories and affirmative research concerning LGBTIQ* helps to get an idea of what LGBTIQ* clients may already have experienced. It might help to see your LGBTIQ*client as a worthy human being in its special life situation and not a client suffering from a specific defect. Furthermore, it might help to find a language to talk to them about their stage of sexual orientation and their gender identity, about their loves and lives.
- Knowledge about the LGBTIQ* community helps to support LGBTIQ* clients to find contact to peer or support groups in reality and to use the internet to support a LGBTIQ* self-affirmative and determined life.
- Knowledge about the oedipal triad which profoundly differs in LGBTIQ* clients (Isay, 1989, Giesrau, 1993) helps to find early experiences of being rejected by primary caretakers.
- Reflecting one's own experience as a member of a minority, if applicable, and the discrimination which derives from it, helps empathize with LGBTIQ* clients.
- Reflecting one's own somatic resonance, transference and countertransference and its specific parts to the issue of LGBTIQ* helps to become aware of the traps of an underlying LGBTIQ* negativity and the limits of one's own empathy
- Being aware of these limits of empathy towards the client helps to find an authentic contact and relationship with the client, where further development can take place.

This list might discourage feeling able to become a good Bioenergetic therapist for LGBTIQ*, if someone has no contact to this world by one's own sexual orientation or gender identity, relatives or friends. 0n the other hand, not every LGBTIQ* Bioenergetic therapist is a good therapist for LGBTIQ* clients per se. It needs the joy and curiosity to step into this world of diversity and to reflect the own reactions in this cosmos. If information about the world of LGBTIQ* and their communities is not on display, supervisors or colleagues might know where to get them, or an internet research might help. Asking LGBTIQ* clients for information would be a misuse of the client.

In the end, LGBTIQ* clients are worthy to have the choice of selecting a good Bioenergetic therapist for themselves, someone who fits them and their stage of

identity formation – some need LGBTIQ* therapists, some need hetero cis therapists.

PLUS Bioenergetic Workshops

To provide a more practical view on this field how this could be implemented, I will end with a short account of my work with LGBTIQ* over the past few years. PLUS has offered a semiannual Bioenergetic workshop series for gay and bisexual men for the past 14 years. These workshops start on Friday evening and end on Sunday early afternoon. They include classical Bioenergetic exercises and working in dyads and body contact with the whole group. After each body-oriented series of exercises a round of sharing experiences takes place, where the participants also give comments about how they are touched by the feedback of another man. Over the last few years, one of the workshops was client orientated, the other had a theme like "Body language and self-expression" or "Untouchable", where a certain issue close to a gay man's life was the focus of the weekend.

In the last workshop in May 2017, I asked the 8 participants about the benefits they got from these workshops. Every gay or bisexual man of this group had participated in the Bioenergetic workshops 2 to 10 times. The most used word as an answer was "selbstverständlich", which could be translated by "naturally", "as a matter of course" or "self-evident". This word was connected with "non-sexual body contact with other men", and a "not conformist contact with other gay men". The last phrase is also set in contrast to the gay community, which is often referred as cold, superficial, categorizing. The participants report that they came into contact with their needs as gay men by the Bioenergetic work in the group. They found ways to live a self-determined gay life independently from their own categories about how they have to live as a gay or bisexual man, which derived from the heterocentrist world as well as from the gay community they were living in.

In single counseling with gay men and lesbians at PLUS, the main issues are mental health, coming-out, contact to other gay men and lesbians individually as well as with the community, difficulties in or with partnership, violence and internalized homo-negativity. The work with internalized homo-negativity, (as well as about trans-negativity and inter-negativity) needs knowledge about the first time LGBTIQ* clients received information about their own specific LGBTIQ* subgroup. This information was often given by parents, the media or in school (and as I mentioned, "schwul" (gay) is the most frequent swearword at German schools). LGBTIQ* clients often experienced a lot of violence and mobbing, devaluation and hate in that time of their lives, because of their not being part of the heterosexual cis majority. This traumatization can cause an introjection of the perpetrator to stabilize oneself. The work with this ego-state

needs a lot of emotional grounding and empathetic standing for the Bioenergetic therapist.

In my Bioenergetic practice I frequently work with body contact to bring gay men into their strength and power. This is easier in a workshop, because the clients can see that their experience is not only their personal one, but one almost all of them share.

A special development has taken place at PLUS over the past 5 years. More and more trans*people have come and asked for help. In 2016 there were so many trans*teenager clients, that we decided to establish a youth group for trans*teenager from age 13 to 22 years. The CO team of PLUS gave me as a mostly cis gay man the task of being part of the leading team at the beginning to bring the culture of PLUS to the leading team and the group. Searching for co-leaders in October 2016 I had found two in November. At the first meeting in January 2017, 5 teenagers participated. Every week there is a new one asking for counseling in the Centre and has been coming to the group. On average, there are 5 teenagers at each meeting, some come very regularly, some are more circling around the group. I could not start with Bioenergetic work yet with this group. But it is clearly perceptible, how the teenagers flourish on a physiological and behavioral level by being given the frame of being accepted as they are in their own variety of sex, and by finally finding others where they feel at home and understood.

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Compulsions and Personality Disorders

Homicides and Suicides: a Social Health Issue Based on Bioenergetic Analysis

Mara Luiza Vieira Ceroni & Cláudia Abude

"To go through life with a closed heart is like crossing the sea locked in a ship's hold."
(Lowen, 1991)

Abstracts

This article proposes a reflection on the possible causes and diagnosis of people involved in violent shootings. The policies for prevention of those social tragedies remain somewhat controversial and vaguely addressed, lacking theoretical attention (Rocque & Duwe, 2018). One of the main diagnoses involved in those cases, according to literature, is Schizoid Personality Disorder-SPD with characteristics of detachment, isolation and difficulties of contact with other human beings (DSM-5, 2013). The loss of capacity to establish social relationships and intimacy hamper and may sometimes impede a psychological treatment based on connection possibilities. Juvenile violence statistics increased dramatically in the last 50 years and because of this, early diagnosis is important for the prevention and treatment of these cases. At the same time, further research and case studies are a pressing need (Rocque, 2017). For diagnosed SPD patients, Bioenergetics Analysis stands out in a scenario in which rapprochement and contact are a priority, also as an approach that is open to new care techniques and alternatives investigations in helping people to open their hearts to life and love. If this objective is not achieved, the outcome, according to Lowen (1991) is tragic.

Key words: Schizoid personality disorder (SPD), rampage shooter, compulsion, bioenergetics analysis, creativity.

Les Compulsions et les Désordres de Personnalité. Homicides et Suicides: Perspective Bioénergétique sur un Problème de Santé Sociale (French)

Cet article propose une réflexion sur les causes possibles et le diagnostique des personnes impliquées dans des fusillades violentes. Les politiques de prévention pour ces tragédies sociales restent quelque peu controversées, abordées vaguement et manquent

d'attention théorique (Rocque & Duwe, 2018). Un des diagnostiques principaux impliqués dans ces cas est, selon la littérature, le Désordre de Personnalité Schizoïde (DPS) avec des caractéristiques de détachement, d'isolement et des difficultés à établir des contacts avec d'autres êtres humains (DSM-V, 2013). La perte de capacité à établir des relations sociales et l'intimité entrave et parfois empêche un traitement psychologique basé sur la possibilité de connexion. Les statistiques de violence juvénile ont augmenté dramatiquement ces 50 dernières années et, pour cette raison, le diagnostique précoce est essentiel pour la prévention et le traitement de ces cas. Parallèlement, davantage de recherches et d'études de cas sont nécessaires (Rocque, 2017). Tout ceci considéré, l'analyse bioénergétique sort du lot et a un rôle à jouer pour aider les patients diagnostiqués DPS lorsque le rapprochement et le contact sont une priorité dans le traitement et lorsqu'il s'agit de s'ouvrir à de nouvelles techniques de soin et à des recherches alternatives pour aider les gens à ouvrir leur cœur à la vie et à l'amour). D'après Lowen (1991), si cet objectif ne s'accomplit pas, le résultat est tragique: "traverser la vie avec un cœur fermé, c'est comme traverser la mer emprisonné dans une cale de navire."

Compulsiones y Transtornos de la Personalidad. Homicidios y Suicidios: un Asunto de Salud Social Basado en el Análisis Bioenergetico (Spanish)

Este artículo propone la reflexión sobre las posibles causas y diagnósticos de personas involucradas en violentos tiroteos. Las políticas de prevención de aquellas tragedias sociales se mantienen algo polémicas, y con una atención teorética débil (Rocque & Duwe, 2018). Uno de los principales diagnósticos en esos casos, de acuerdo a la literatura es Transtorno de personalidad esquizoide (SPD) con características de desconexión, aislamiento y dificultades de contacto con otros seres humanos (DSM-V, 2013). La pérdida de la capacidad de establecer relaciones sociales e intimidad, estorba y puede impedir un tratamiento psicológico basado en la posibilidad de conexiones. Las estadísticas de violencia juvenil subieron dramáticamente en los últimos 50 años, y por causa de este diagnóstico temprano es tan importante para la prevención y tratamiento de estos casos. Al mismo tiempo, futuras investigaciones y estudios de casos son una presión necesaria (Rocqe, 2017). Todo lo arriba considerado, el análisis bioenergético para pacientes diagnosticados SPD se sitúa en un escenario en el cual reaproximación y contacto son la prioridad, también como un abordaje que se abre a nuevas técnicas de cuidado e investigaciones alternativas para ayudar a las personas a abrir sus corazones para la vida y el amor. Si este objetivo no es alcanzado, el resultado, de acuerdo a Lowen (1991) es trágico: "ir a través de la vida con el corazón cerrado, es como atravesar el mar encerrado en la bodega de un buque."

Compulsioni e Disturbi della Personalità. Omicidi e Suicidi: un Tema di Salute Sociale Basato Sull'analisi Bioenergetica (Italian)

Questo articolo propone una riflessione sulle possibili cause e diagnosi delle persone coinvolte in sparatorie violente. Le politiche per la prevenzione di quelle tragedie

sociali rimangono in qualche modo controverse e vagamente affrontate, prive di attenzione teorica (Rocque & Duwe, 2018). Una delle diagnosi principali in questi casi, secondo la letteratura, è Disturbo Schizoide di Personalità (DSP) con caratteristiche di distacco, isolamento e difficoltà di contatto con altri esseri umani (DSM-V, 2013). La perdita della capacità di stabilire relazioni sociali e intimità ostacola e a volte può impedire un trattamento psicologico basato sulla possibilità di contatto. Sono aumentate drammaticamente negli ultimi 50 anni le statistiche sulla violenza giovanile e per questo la diagnosi precoce è così importante per la prevenzione e il trattamento di questi casi. Allo stesso tempo sono una necessità urgente, ulteriori ricerche e lo studio di casi (Rocque, 2017). Considerato quanto sopra, l'Analisi Bioenergetica per i pazienti con diagnosi DSP è un approccio di elezione perché considera il riavvicinamento e il contatto una priorità ed è un approccio aperto a nuove cure e indagini tecniche e alternative per aiutare le persone ad aprire i loro cuori alla vita e all'amore. Se questo obiettivo non viene raggiunto, il risultato, secondo Lowen (1991) è tragico: "Passare attraverso la vita con il cuore chiuso è come attraversare il mare chiusi nella stiva di una nave."

Compulsões e Desordens de Personalidade (Portuguese)

O artigo propõe uma reflexão sobre possíveis causas e diagnósticos de pessoas envolvidas em tiroteios violentos. As políticas de prevenção dessas tragédias sociais permanecem polêmicas e vagamente dirigidas, necessitando de maior atenção teórica. Um dos principais diagnósticos utilizados nesses casos, de acordo com a literatura, é o da Desordem de Personalidade Esquizoide (SPD), caracterizada por alheamento, isolamento e dificuldade de contato com outros seres humanos (DSM-V). A perda da capacidade de estabelecer relações sociais e intimidade dificulta – e às vezes impede um tratamento psicológico, baseado em possibilidades relacionais. Desse modo, a Análise Bioenergética para pacientes com SPD destaca-se em um cenário no qual aproximação e contato são uma prioridade. Estatísticas de violência juvenil aumentaram dramaticamente nos últimos cinquenta anos e, por essa razão, o diagnóstico precoce é muito importante para a prevenção e tratamento desses casos.

Компульсии И Расстройства Личности. Убийства И Самоубийства: Проблема Социального Здоровья С Точки Зрения Биоэнергетического Анализа (Russian)

В данной статье предлагается поразмышлять о возможных причинах и диагнозе людей, которые оказались замешаны в случаи стрельбы. Политика по предотвращению таких трагедий в социуме по-прежнему вызывает споры и слабо реализуется из-за недостаточного внимания со стороны теоретиков (Рок и Дюи, 2018). Одним из основных диагнозов людей, замешанных в таких случаях, согласно публикациям, является шизоидное расстройство личности с элементами отчуждения, изоляции и трудностей в установлении контакта с другими людьми (Руководство по диагностике и статистическо-

му учету психических заболеваний, V пересмотр (DSM-V, 2013). Утрата способности устанавливать социальные связи и близкие отношения может порой затруднять оказание психологической помощи из-за невозможности контакта. За последние 50 лет резко увеличилось количество случаев совершения актов насилия несовершеннолетними, и именно поэтому в целях предотвращения таких случаев важна постановка диагноза на ранней стадии. В то же самое время существует острая необходимость в проведении дальнейших исследований и изучении конкретных случаев (Рок, 2017). Учитывая все вышесказанное, биоэнергетический анализ для пациентов, которым поставлен диагноз шизоидного расстройства личности, ярко выделяется как метод, когда первостепенной задачей является сближение и контакт, а также как метод открытый новым техникам заботы о пациентах и альтернативным исследованиям, посвященным тому, как помочь людям открыть свои сердца для жизни и любви. Если этого не достичь, то результат по мнению Лоуэна будет весьма трагичным: "Прожить жизнь с закрытым сердцем – это как пересечь море запертым в трюме корабля."

Introduction

All over the world there are cases of individuals that planned and executed massacres against the population leaving tens of innocents dead and wounded. According to 30 years of data collected by SIM[1], organized by the Ministry of Health (Cerqueira et al., 2014), in Brazil there were one million homicides.

Some of the most notorious are listed below:

- a 24-year-old medical student shot at the audience of a movie theatre in São Paulo, in 1999, during the exhibition of the movie *Fight Club*, leaving 3 dead and 5 wounded. He was arrested on the spot[2];
- a 23-year-old boy shot and killed 11 adolescents and wounded 13 in a public school in Rio de Janeiro in 2011. The shooting became known as "the Realengo massacre". He shot himself[3];

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1 Mortality Information System (Sistema de Informações de Mortalidade) a reliable data base on violent incidents covering the entire national territory. The conclusion is that there were one million homicides between 1980 and 2009.

2 Glamurama, Revista JP. Available in: https://glamurama.uol.com.br/15-anos-depois-ninguem-esquece-mateus-da-costa-meira-o-franco-atirador-do-cinema/; Accessed on September 14, 2018.

3 Jusbrasil, A natureza do massacre em Realengo. Available in: https://nova-criminologia.jusbrasil.com.br/noticias/2650970/a-natureza-do-massacre-em-realengo-parte-1-de-2; Accessed on September 14, 2018.

- in 1989, in Canada, a 25-year-old gunman shot at 27-year-old woman in the University of Montreal, killed her and other 13 students. He claimed he was fighting against feminism, then shot himself[4];
- in 2009, in Belgium a 20-year-old man went into a daycare made-up as the Joker, his hair dyed red. He stabbed 15 people; leaving 3 dead (among them 2 babies less than one year of age). The crime happened exactly one year after the death of Heath Ledger who played the Joker in *Batman – The Dark Knight*. The assassin confessed to the crime and was arrested (refer footnote 4);
- in Germany in 2002, a 19-year-old boy premeditated a revenge plan after he was expelled from the Gutenberg School, and shooting randomly, he left 17 dead and 7 wounded. He killed himself when he was trapped (refer footnote 4).

The highest number of cases occurred in the USA:

- in 2012, a 24-year-old medicine student shot at a movie theatre audience during the première of *Batman – The Dark Knight Rises* in Colorado leaving 12 dead and 58 wounded. He was arrested thereafter[5];
- in 1999, two 18-year-old youngsters killed 13 people and wounded 24 in a shooting that became known as the Columbine Massacre. They committed suicide on the spot (refer footnote 4);
- in 2007, a 23-year-old student locked all the doors of a building at Virginia Tech University and shot 32 people, killing himself right after (refer footnote 4).
- in 2018, a former student of Parkland School, Florida, killed 17 people before he was arrested. He had been expelled from school for disciplinary reasons[6];

Further investigations pointed out that the massacres were planned months, sometimes years in advance and were associated with a revengeful response.

Main Concepts

V. U. C. A. is an acronym used for the first time in 1987 to describe or reflect on volatility, uncertainty, complexity and ambiguity of the post-cold war world,

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4 Super Interessante. https://super.abril.com.br/blog/superlistas/8-massacres-em-escolas-que-chocaram-o-mundo/; Accessed on September 14, 2018.

5 G1. http://g1.globo.com/mundo/noticia/2015/08/homem-que-matou-12-em-cinema-e-condenado-prisao-perpetua.html; Accessed on September 14, 2018.

6 Extra. https://extra.globo.com/noticias/mundo/ex-aluno-mata-17-pessoas-em-ataque-tiros-em-escola-na-florida-22398765.html; Accessed on September 14, 2018.

based on the leadership theories of Warren Bennis and Burt Nanus[7]. The most frequent use and discussion of this term is rooted in emerging strategic leadership ideas, as applied to a broad range of corporate world organizations, as well as Education sectors.

This concept seeks to explain intense and absolutely disruptive transformations in the present day, that primarily affect teenagers. Oscillating like a pendulum, the youngster in today's world starts out from a silent and even passive indifference in the face of so many challenges, until emerging in attitudes that are often furious.

Violent shooting is a relatively new term to describe events where four or more victims are shot publicly. Victims can be randomly chosen or selected with a symbolic end, as target of revenge. They are isolated events, i. e. not connected to other criminal acts like robbery or terrorism. Violence risk factors include mental disorder and gender tension. Theories on perpetration of violent shootings concentrate on masculinity, mental disorder and contagion effect.

Such cases of homicides, followed or not by suicide of the perpetrator(s), are horrifying for any society and have a devastating effect on families and communities. Shootings in schools or in any public place tear the fabric of society. They generate anguish and panic and leave one question on our minds: what are the possible causes? There is no single answer. Causes that make people, the so called "rampage shooters" execute such cruel and violent acts are extremely complex. A rampage involves the attempted killing of multiple persons, at least partly in public space, by a single physically present perpetrator using deadly weapons in a single event without any cooling-off period.

President Barack Obama made a speech following a shooting in Connecticut when a man first shot his mother and then went to an elementary school in Newtown and killed 20 children and six staff members before killing himself. He said:

> "We cannot tolerate this anymore. These tragedies must end. And to end them, we must change. We will be told that the causes of such violence are complex, and that is true. No single law – no set of laws can eliminate evil from the world or prevent every senseless act of violence in our society. But that cannot be an excuse for inaction. Surely, we can do better than this. If there is even one step we can take to save another child, or another parent, or another town ... then surely we have an obligation to try."[8]

In 2013, the National Science Foundation (NSF) set up an Expert Advisory Committee to investigate the causes of juvenile violence. The motto of this Committee was: *What we know and what we need to know about youth violence*. There were 12 authors in the areas of behavioral, economic and social sciences. The

7 Leaders in strategies and responsibilities from the US Army War College (1985).

8 President Barack Obama, Interfaith Prayer Vigil, Newtown High School, Newtown, Connecticut, December 16, 2012.

study with the objective of fostering prevention, public policies and future research, came out in an article on the main influencing factors on juvenile violence, as well as an update of events.

We shall rely on those statistics, as per the article of Bushman et al. (2016) that summarizes and updates the above report to introduce our work proposition, without need to repeat of quoting the source for each of demonstration. It is important to establish a distinction between aggression and violence. All violent acts are aggressive, however not every aggression is a violent act. Violence is defined as an aggression that aims at causing extreme physical harm, hurting or killing someone. Updated figures show that there is a prevalence of white male adults, 85% had an average age of between 15 and 24 years.

Incidents of violence or fury followed by homicides occur more frequently in the USA than in any other developed country. Young Americans die more from assassinations than from diseases such as cancer, heart attacks, genetic malformations, pneumonia and other respiratory diseases, strokes or diabetes. There are records of incidents of indiscipline at school and 84% of those are found among the socially excluded.

The behavior pattern is that of a "loner" or, at most, in pairs, with an IQ above average or average. They are described as a "Wannabee" meaning that they want to be different from others and to be admired on a large scale. There may also be a compensation effect, for these youngsters are frequently victims of exclusion, rejection and bullying.

Forty-three percent (43%) of rampage shooters kill themselves after killing the greatest possible number of victims. Studies indicate that this might have been their only way to attain fame and visibility. Or, like in a photograph, the "negative" side of desire – "I want to be equal to others". Failure experienced as a "defect of being". Non-acceptance of oneself, very low self-esteem leading to waves of aggression and moral harassment at first directed at oneself. This may be understood as early signs of mental disorders followed by severe depression, diagnostic of 61% of the cases. In 78% of the cases there is a previous suicide attempt. And in 68% of the cases firearms are obtained at home.

The main difference between street shooters and those who do it in public spaces like schools, movie theatres, etc. is that the former group rarely commits suicide. Although the causes of violent behavior are rather complex, the multiple combination of influences usually comprises four aspects: access to firearms; exposure to violent media; mental disorders; and inadequate support and absence of protective factors in family and social environment during early development. Here family abuse and neglect are the most relevant.

With such results, the adoption of a prophylactic approach should include the investigation of parents and of the social circle in which the child or adolescent belongs. Cruel, extremely strict and rejecting parents, often ambivalent, should deserve attention, and so does conjugal violence, abuse and invasion. These are

events that make daily life chaotic. All these factors are extremely toxic and unfertile ground for the stable emotional development of children and adolescents. And enhance a culture that stimulates violent replicators. Instead of protecting their children and adolescents, family and government institutions have them exposed to all sorts of savagery, as shown in a reportage of a well-known digital newspaper in Brazil[9]. Evidence of low violence risk in youth is associated with bonds of attachment and closeness among family members, where the child experiences safety and stability in a self-regulated and supervised environment. Development of violent behaviors could perhaps be avoided if properly identified and treated. Such behaviors are in general a warning sign of fury events.

Many researchers have sought to identify the characteristics rampage shooters have in common, such as family life, personality, history and behavior. Langman (2009) examined 10 cases of shootings in schools, in an attempt to find out not only similarities but also what makes them different. These youngsters were categorized in 3 groups: traumatized, psychotic and psychopaths. Out of Langman's 10 cases, three are traumatized, five are psychotic and two were psychopaths.

Most of psychotic shooters had Schizophrenia Spectrum Disorders, including Schizophrenia and Schizoid Personality Disorder (SPD). Socially detached, cold, lonely and weird – this is usually the view of those who live together with people that have Schizoid or Paranoid Spectrum Disorders. People who suffer from these disorders are frequently understood by their social circles as "strange" and difficult to socialize with. One of the main barriers is precisely their wariness and the fear of being a target of harmful actions.

Some characteristics observed in schizoid patients regarding their body structure and bioenergetics condition corroborate this data. Mainly the indication of reduced aggressiveness, that when released in a compulsive form may turn into lethal fury (Nascimento, 2016). This sub-charged energetic system, be it due to little energy circulating in the extremities of the body – which are the contact points – be it by energetic disorganization, reflect upon the internal sense of the fragmented self.

Schizoid personality disorder is characterized by social alienation as previously described. This pattern of emotional restriction, coldness and apathy in interpersonal relations, a lonely lifestyle, begins in adult age and becomes apparent in a variety of contexts. People with Schizoid Personality Disorder show a lack of desire for intimacy and are indifferent to opportunities of developing intimate relationships. Notwithstanding all those characteristics, mental health professionals strive to establish safe bonds for the development of a psychotherapy process, which, in fact, may contribute to prevent SPD violent events.

9 Folha de São Paulo, 14-year-old teenager is shot and 6 people die in a shooting with a helicopter in a police operation in the State of Rio de Janeiro during a traffic rush hour. https://www1.folha.uol.com.br/cotidiano/2018/06/

This is what this article is about. We intend to make this objective more evident by presenting a clinical case. When a psychopathy is diagnosed, and the prognosis is poor, we feel like our hands are tied, both clinically and socially, especially considering the public policies in place. However, in the case of SPD perhaps we may develop techniques that will enable contact with the patients and further treatment of those social pathologies.

Mass murderers, particularly shooters in schools are depicted in literature as angrily reacting to insults and intimidation, or as psychopaths. However, close examination of diaries and sites left by a subgroup of mass shooters reveals a phenomenology that is different from what is typically proposed. This group highly overstates the negative way they have been treated, according to testimonials of colleagues. They become fixated and obsessed with being rejected by an elite, that in their eyes attained underserved and unfair success. Instead of transcending rejection, they formulate plans to annihilate the aggressors, justifying their revenge for the vilification they suffered. The self-exacerbated and obsessive characteristics of these perceptions are more consistent with paranoid thinking than with psychopathy. The paranoid personality has a perception feed on a closed system of beliefs. In rare cases when the perpetrators survive to the shooting they are diagnosed as schizophrenic paranoid. There is a pre-psychotic deterioration of their thinking (Dutton et al., 2013).

Psychiatric aspects play a relevant role in predicting risk factors and prevention. "Alone and adrift" – is the title of an article that we believe adequate to the reality experienced by the adolescents that belong in this risk group (Baird et al., 2017). Personality disorders are characterized by impairment of the functionality of personality and by pathological traits. Each personality disorder is defined by typical impairments of function – criterion A; and characteristic pathological personality traits – criterion B of DSM-5 (2013, p. 947).

Trait anger is an important precedent of aggression anger. Those individual differences are associated to trait anger, a dimension of personality related to frequency, intensity and duration of feelings of anger. Individuals with a high anger index tend to perceive situations as hostile and are less capable of controlling their thoughts and feelings. Besides, they exhibit a greater motivation for proximity in threatening situations. High trait anger is associated with processing biases with biological and behavioral indicators that reinforce hostile thinking. (Veenstra et al., 2018).

For Lowen (2012) the horror is directly proportional to lack of human contact and intimacy in relationships and affects all of us and becomes the source of violence in our cities:

> "People feel isolated and rarely speak to each other. Nobody trusts anybody. Everyone lives in his own world. The business machine of big centers has an impersonal aspect that is horrifying; it is the loss of human values. Living in the modern world

> became dehumanizing and the trademark is indifference. It is the destruction of personal dignity. It is vulgarity, pornography and dirt. Nobody cares because caring is considered futile."

Bioenergetic Views on Holding

Based on literature data and observing the youngsters that come to our office nowadays, we believe that Bioenergetics Analysis has much to contribute to this scene of scarcity of human contact. Bioenergetics Analysis (BA) offers flexibility of treatment and creative and open proposals for contact building for bonding. Quoting Lowen (2012):

> "No therapy really depends on the approach to the problem. The important agent in every therapy is the therapist, the understanding he brings to bear on the problem and his sensitivity and warmth as a human being. These factors are crucial in the treatment of this problem. The unreality in the patient is confronted with the reality of human feeling in the therapist and this confrontation can set in motion the forces of health in the patient."

Those patients are not open to verbal interpretation. To be successful, the analyst must be connected to their inner protection and defense cores and tolerate the patient's needs without feeling insulted. The focus should be on communication and empathy of the therapeutic relationship, by building an internal grounding that encompasses trust, support, care, acknowledgment and bonding (Weigand, 2005).

The profile of a Schizoid patient is much regressed, making him/her extremely rigid and inaccessible. Here is someone that cannot express himself; such is the dimension of terror of love and hate they carry inside. No distinction is made between what is real or not, and the patient has the ability to turn into action the most destructive fantasies.

The typical characteristics of individuals with Schizoid personality disorders that we commonly find in our clinical practice are: difficulty to identify and speak about feelings; alteration of perception and of behavior linked to a distorted self-image and incoherent personal objectives, associated with mistrust; and restricted emotional expression. They resist any possibility of contact and find it difficult to connect and will not accept personal involvement. The impression is that at any moment they may abandon therapy. They arrive at the request of a second person, they do not acknowledge the demand as their own and thus they build a safe barrier between patient and therapist. Holding and visual contact grounding techniques are helpful to maintain connected in constant openness and as an invitation to intimacy and bonding.

> "It is imperative, therefore, for the therapist to establish eye contact with the patient ... the important thing is to know that opening up the patient's sight outward, one opens up his sight inward. In this personality it is, perhaps, the most important way for the patient to gain insight. I might add, that to open up a patient's outward, I have him look at my eyes and try to take in their expression" (Lowen, 2012).

Playfulness and creatives techniques can also be a way of seeking involvement and intimacy. Schizoid patients are deemed as locked in their own mind, with no imagination and they are disconnected of their needs and feelings to protect themselves against the terrible dangers of human relation that encircles them in vulnerability, needs, miseries, losses and destruction. It is up to the therapist to help those patients to realize the outward/inward, by recognizing the real/unreal, and mainly to restructure their ability to dream. "The origin of analysis is found in the process of the desire to sleep (tranquility) and to wake up (active) and of the ability to dream (creativity). The dream is the prototype of all psychic capacity in adult life" (Kahn, 1976).

How it is possible then to achieve this exchange level with a patient who does not permit approximation? How to enter the world that he presents to us and share the demand that, in principle, does not belong to him? The analyst, respecting the need for protection, affirmation and validation of those patients, can combine a sensitive attitude with playful elements, experimenting with new feelings, yearnings, hopes and expectations. "The light and ludic approach of the analyst to the terrors of hate and love that these patients feel aims at showing them a new possibility of connection" (Coen, 2005).

Interpretative sessions can be invasive and threatening because the patient is not accustomed to being seen and the memory he carries when being observed is that of attack and humiliation. Minimally interpretative sessions when alternated with playful and creative sessions become more tolerable. It is as if there is a play between patient and therapist in which the roles of observer and observed are exchanged intuitively, allowing for the sharing of two worlds.

Clinical Example of Schizoid Personality Disorder

Male patient, a 21-year-old young man with a prior history of isolation and punctuated events of aggressiveness. In one of them, he banged on the door so as not to hit his uncle. In another he lost control with his mother, for no apparent reason, according to her own report. She thought he was going to hit her. These two episodes took place after this young man (herein called B) who lived isolated, without friends and with little time shared with his family, painted and covered with paper all the mirrors in his room and bathroom, stating he did not want to

see his own image. The mother sought out an analyst, concerned with these attitudes and with the inflexibility of her son in accepting help. She also confessed she felt afraid. This fact is important because in presence of the clients skinny and fragile body, apparently inoffensive, the therapist's countertransference was the same.

Our encounters began as a sort of a training on the use of drugs. This was how B referred to them. Through time, I observed that perhaps that interest arose from a concern with the situation of his father's alcoholism. The parents had separated and presently B visited his father very rarely. Neither the mother nor the father had set up new families. B lives with his mother and a sister who is 18 months older. He was born at 37 weeks of gestation after an ultrasound exam two days before, in which at 5-minute intervals a horn was activated to appraise the fetus' heartbeat. This effect of "a fright", was prescribed by the physician who deemed the fetus was too quiet and did not have enough movement.

When a person's rhythm is not respected, we can speak about an invasive experience. The first one took place even before B was born and began to repeat itself throughout the years. As a pattern, successive invasions were experienced as significant ruptures in his rhythm of growth. And his emotional development was severely compromised.

Second traumatic experience: his family moved abroad when B was one and a half years old. Weaning was forced and ended up in a great deal of crying. B began to sleep little, waking up frequently. He did not take to the baby bottle. At that time B emitted sounds, and only began uttering his first words when he was 4 years old.

Third abrupt experience in change of rhythm: B start school at two years of age, maybe before he was emotionally mature. He did not adapt. At 4 years of age he returned to his country of origin. His mother describes him as a child living "in his own world". The first symptom that something in his relationship with others was not doing well, perhaps meaning a severe environmental flaw (Winnicott, 1945) and B withdraws to a private world, in the search for a certain monotony which in his relationship with the outside world he could not find. He loved prehistoric animals and liked to put similar things together: such as rocks and twigs or putting yellow or blue objects in a row. He took rocks to school in his pockets and shoes, perhaps an attempt to repair a ruptured psychic organization and to obtain some security. The defensive psychic structure against emotional reality was not adequately formed. Therefore, the early development of the Ego becomes pathological and fragmented. To help this type of patient is it necessary to deal with a primitive ghostly or spooky life. These primitive states of dependency and non-differentiated and non-integrated affectivity are the source of negativity and end up in resistance to analysis, which in the final account is a confrontation with reality, over which they have poor control (Khan, 1976).

Fourth invasion: at five years of age he went to a very large and traditional school and began vomiting and crying before going to school and his mother took him out in three months. He went to First Grade but did not become literate. The teacher would say that B was lazy. He consulted a neurologist and the diagnosis was that everything was fine and that he was a creative child, according to the results of clinical exams.

B could draw very well, nowadays he refuses to do it, stating he is not good at "that". He went to Second Grade at 8 years of age and met C., his sole friend up to present. The school referred him for reinforcement with a psycho-pedagogue, who diagnosed him with dyslexia. This professional followed-up on him for 5 years, 3 times per week. She used tables to teach him to read. When he stayed for the whole day, he began to weep compulsively. Fifth invasion.

We observe a sequence of 5 invasive events, because B's rhythm was not being respected and the self-regulation process was not allowed to take place. Faced by a psychic state successively threatened by intrusions, B seeks some order and routine[10] in everything he does, even in his way of choosing and ingesting food. He eats the same way every single day: rice, beans and meat and potatoes. Everything without any sauces and separated.

At 13 years of age he was diagnosed with depression, expressing a desire to die. It was the cumulative effect of the trauma. He was medicated with fluoxetine for one year. The satisfaction of body and emotional needs in a child helps the child grow and creates a protective barrier. The cumulative traumas gave way to gaps in this barrier. A child needs to be supported or backed by an adult in the functions that are yet unstable, until adolescence. The cumulative trauma is the result of tensions and stress lived in childhood, in a context of full dependency. The reaction depends on the duration, intensity and repetition of the trauma, and acquires this value through accumulation and depending on the child's sensitivity. The role of the protective barrier requires vitality, adaptation and organization. Failures can be of three types, however, the most serious is intrusion, that provokes psychosis. Compulsion and obsession are aimed at redressing the imbalance and the disassociation of integration of the Ego (Khan, 1976).

As we can observe in the life trajectory of B, the experience of repeated situations, probably with traumatic nuances, due to the intensity and duration meant more than he was able to endure and elaborate.

The observation of his corporal and energy pattern corroborates the aspects of his psychic dynamics and the diagnosis set forth: tension at the base of the neck

10 An illustrative episode takes place in a situation where I needed to change the schedule of the session. I cancelled the session in one week and the next week B did not come, without warning me about that. An unprecedented fact in our relationship. I was penalized for breaking with the routine!

and head, constituting a head x body division; without an emotional expression, pointing to the absence of joy, intensity or luminosity, reinforced by the presence of a cold look, empty and distant; sub-charged skin, generally pale and cold; a tall and thin type with arms that seem to be dangling, there is no vitality and expressiveness in his being; he walks like a robot, frozen, with fragile facial muscles and the appearance of a mask (Nascimento, 2016).

In this type of disorder, if the humanizing ties are not brought together again, providing a new experience that will take away the person from that impersonality, destructive aspects can come about due to the lack of hope and resentment.

Psychotherapeutic Interventions

The course itself of the therapeutic process showed that this vision was in accordance with B's internal universe, as after one year of therapy his mother was once again called upon. She reported that she felt relieved, as her son was less isolated, beginning to socialize a bit more. He began to go out with friends, stopped playing war video games and changed these for police games or heroes on rescue missions. There were dolls and race cars (more playful) in which he is the hero fighting against monsters. She also observed an improvement in his self-esteem, as he changed his glasses frame and went out to buy new clothes for himself, something she normally would have had to do.

I would like to end the description of this case with the following affirmative phrase that I heard myself imparting in one of our sessions, when faced with the insecurity and terrible feeling of embarrassment of B: *"You have already been accepted by me, do not try to please me, it is not necessary. Use this assurance I give you to try being yourself, to strengthen your personality."*

"Psychology is an exercise of imagination" (Khan, 1976). B refused to name our encounters as therapy. He would say he came to chat, to talk. Physical contact was always non-existent. B usually walks across the room without even looking at me. Because of the absence of demand and the difficulty in verbalizing things, added to the resistance of carrying out corporal work and having any sort of physical contact, it became necessary to use sensitivity and intuition to find alternative means to get closer to him. The way found by this professional was to sit beside the patient with the proposal of reading books that interested him, to see pictures and comic books. We began to exchange books from one session to the other and to talk about the content of the books. I continuously attempted to create a tie through this material, that functioned like transitional objects between us. Even being able to sit beside him took some time. The body work is still not accepted and the only approximation possible up to present is to sit side by side. Presently with less distrust and greater receptivity.

Intervention Example

Description of two sessions, more specifically.
A dream between two people ...

Session 1

Figure 1: Paul Klee, *View of Kaioran*, 1914

Reading the book of engravings and the biography of Paul Klee, the patient identifies that at twenty years of age and throughout that entire decade, that artist was not well. His paintings were heavier and dark. At thirty years of age, he was already better, painting more colorful and joyful canvases. (Projection of his present-day life and a hopeful outlook for the future?). Together we created a story based on the canvas "View of Kaioran", chosen by B.

Due to B's difficulty in beginning, the therapist says: *Once upon a time there was a city of dreams, where people lived ...*

B *Ordinary* (simple, common).
T *They worked with ...*
B *Tapestries and trade.*
T *one day a tourist from a very faraway country arrived ...* (can we infer here that the tourist from a faraway place is the patient himself? Withdrawn in his inner worlds and fears, without the ability to open up/show others, with the fear of being invaded and feeling like a foreigner within himself?)
B *He was enchanted with the city and decided to immortalize it* (here the analogy with the therapist, like the country abroad, outside. The idealization in a positive transference, reveals a desire for possession through incorporation?)
T *He then visited a Wiseman who made magic potions to be able to immortalize the city ...*
B *The Wiseman offered a paint potion.*
T *The tourist took the paint and spread it all around*

B *All around the canvas, forming a beautiful view* (at this moment there is the continuity of joint creation, B lets himself go a little more)
T The public that was at the place asked the tourist: *how are you going to immortalize the city?*
B *Through art!*

Interesting to observe that the therapist always creates a phrase like a cue: *"the door remains open"*, like throwing the ball to the patient in a game of collective creation. The latter, in turn, develops endpoint sentences that close the dialogue.

Session 2

Figure 2: Henri de Toulouse-Lautrec, *At the Moulin Rouge, The Dance*, 1890

Reading the book of engravings and biography of Toulouse-Lautrec, B chooses the canvas *At the Moulin Rouge, The Dance*. The therapist motivates him to begin, commenting that they had already come up with a first story that was very good. B reluctant, states that the one who did that was me, because I lead. Then the therapist, perceiving the patient's difficulty in acknowledging he does something good, begins:
T *We went to a party at the Moulin Rouge ... Myself and B ...*
B *Everybody was distant, except for a young girl who stood out*
T *This young woman, at a given moment, looked towards us, ...*
B *Mara, intrigued, went to introduce herself to her ...*

T *Her name was Claire. She wanted me to introduce B to her*
B *I would have already gone home. These parties are a bit of a despair* ...(at this point, there is a mixture of patient and character – comment at the end)
B *Introduced himself and asked where she had learnt to dance*
T *She barely responded and was called upon to go on stage*

Then the therapist perceived B's despair and asked him: *What is happening to you*?
B *A lot of people, right?!*
T *What does this do to you?*
B *I truly do not like it, it makes (me) feel troubled* (we can think that the exclusion of the personal pronoun "me" objectifies the subject. It is a complement that is not present. Furthermore, it doesn't humanize him. As if B did not have an "I" that feels, and B seems to feel things that go through him, that pass through him or invade him. The protective tonic envelope itself was not formed)
T *Time to leave!*

We observe in the construction of this second dialogue, that B is already playing the creation game, giving the therapist a cue to continue the phrase. Notwithstanding this, there is a clear mixture of fiction and reality, that we can address to his constant invaded psychic state, without borders between the inward and the outward. Here the character "speaks on off" what he feels and exits the scene, being in it. Nobody, neither of the two of us, in fact, was at a party or a public venue, but B feels badly simply by imagining he was there, in that imagined place. There is no distinction between what is felt and what is lived or experienced, there are no borders. For that reason, there is the danger of these personality structures turning into action their more destructive fantasies. There are the pathologies of act.

Conclusion

The acts of violence are influenced by a multiplicity of factors generally acting in conjunction. We can speak about some evidence on the potential risks and protection factors for the manifestations of rage in adolescents, underscoring the prophylactic treatment. Early procedures and diagnosis, allied to a discussion on the implications of present-day evidence to reduce juvenile violence, and suggestions for future research are highly important to avoid perpetuating the waves of violence and social tragedies.

The therapeutic environment allows for intimacy and a safe haven to put into movement forces for the patient's health, against the invasion and intrusion of the outside world. It provides an agreeable environment, in a circumscribed peri-

od that is predictable and repetitive, with a beginning and an end, that can help, greatly so, in recovering the destroyed or badly built borders. By constituting a safer and less ruptured envelope of contention[11]. Strengthening the personality structure, making it healthier and more adapted. What Lowen called the tendency of affirmation of life.

> "Schizoid patients present a hyperactivity in their behavior and a hyper-relation of maniac moods or the opposite, inertia and apathy due to an excess of anxiety that finds support and respite in the presence of the analysts" (Khan, 1976).

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Attachment to Relational Trauma

Homayoun Shahri

Abstracts

In this paper, I will discuss attachment to relational trauma from the perspective of object relations. I will show that the relational trauma is equivalent to object relations conflicts and functions in manner very similar to transitional objects that reside in the mind. I will also introduce processes and techniques that can help with resolution of relational trauma.

Key words: relational trauma, internal conflict, structural conflict, object relations conflict, transitional object.

L'attachement et le Trauma Développemental (French)

Dans cet article, je vais examiner l'attachement et le trauma relationnel du point de vue des relations d'objet. Je vais démontrer comment le trauma relationnel est équivalent aux conflits et fonctions des relations d'objet d'une manière semblable aux objets transitionnels qui résident dans l'esprit. J'introduirai également des processus et des techniques afin d'aider la résolution des traumas relationnels.

Fijación del Trauma de Desarrollo (Spanish)

En este espacio, discutiré la fijación del trauma relacional desde la perspectiva de relaciones objetales. Mostraré que el trauma relacional es equivalente a los conflictos y funciones de las relaciones objetales de una manera muy similar a los objetos transicionales que residen en la mente. Introduciré también procesos y técnicas que puedan ayudar en la resolución del trauma relacional.

Attaccamento al Trauma dello Sviluppo (Italian)

In questo articolo, discuterò l'attaccamento al trauma relazionale dal punto di vista delle relazioni oggettuali. Mostrerò che il trauma relazionale è equivalente ai conflitti delle relazioni oggettuali e funziona in modo molto simile agli oggetti transizionali

che risiedono nella mente. Presenterò anche processi e tecniche che possono aiutare nella risoluzione del trauma relazionale.

Fixação do Trauma de Desenvolvimento (Portuguese)
Discutirei, neste artigo, a fixação do trauma relacional, sob a perspectiva das relações objetais. Quero demonstrar que o trama relacional é equivalente aos conflitos das relações objetais e funciona de modo similar a objetos transicionais que residem na mente. Apresentarei, também, processos e técnicas que podem ajudar na resolução do trauma emocional.

Привязанность К Травме Развития (Russian)
В данной статье я хотел бы обсудить подход к реляционной (отношенческой) травме с позиции теории "объект-отношения". Я продемонстрирую, что реляционная (отношенческая) травма, эквивалентна конфликтам в объектных отношениях и функционирует подобно переходным объектам, которые существуют в уме. Я также представлю процессы и техники, которые могут помочь в разрешении реляционной (отношенческой) травмы.

Introduction

Inside our head lives a *chatterbox* that runs throughout most of the day. This chatterbox is a constant reminder that we do not measure up in a somewhat continuous internal dialog. It creates a seemingly eternal internal competition. The internal dialog mediated by the chatterbox makes us anxious, angry, or uneasy, etc. This seemingly quiet and devious chatterbox makes our lives hellish! The chatterbox is the sum-total of everything that we have been told in our childhood by our significant caretakers, etc. (introjects). The chatterbox is formed by the internal psychological conflicts or simply the *internal conflicts*. The internal conflicts are the result of conflicts between what we have been told in our childhood during the important formative years and our true self. These powerful messages from our childhood become part of our psyche, and when opposed to our true self, make our lives a constant internal war zone.

How do we turn the chatterbox off? In this paper, I will first give a thorough theoretical formulation of the formation, origins and functioning of the chatterbox and will show that it functions in a manner similar to transitional objects that reside in the mind. I will describe processes and techniques for turning it off or making it quieter. These techniques are based on and inspired by the works of Dr. Robert Hilton. Throughout this paper, I will use the terms *internal conflicts, object relations conflicts, and relational trauma* interchangeably.

Theoretical Formulation

In this section, I will first describe the process of the formation of the chatterbox based on object relations theory. The object relations theory describes the dynamic process of development and growth in relation to real others (external objects). The term "objects" refers to both real external others in the world, as well as internalized images of others. Object relations are formed during developmental phases through interactions with the primary caregivers. These early patterns can be changed and altered with experience, but frequently continue to have a strong influence on one's interactions with others throughout life. The term "object relations theory" was formally introduced by Fairbairn (1952). He posited that the Infant internalizes the object (as well as the object relations), and splits the object toward whom both love and hate were directed, in two, namely the good object and the bad or repressing object. The good object (idealized) representation is important and is necessary to go on in life, and is sought throughout life. Ego identifies with the repressive object and keeps the original object seeking drive in check (Shahri, 2014).

At this point, I would like to introduce the notion of *partial internalization*. Fairbairn and other object relations theorists did not fully discuss partial internalization. Dorpat (1976) distinguishes between structural conflicts (full internalization) and object-relations conflicts (partial internalization). Structural conflicts result from the fully internalized objects in which both aspects of the conflict are fully owned by individual as in "I want to do this, but I know it is not right and I will not do it". In the case of object relations conflicts, however, the person may experience strong opposition between his own desires and wishes and those of internalized others. This opposition is experienced as an agonizing chatter and may be viewed as partial internalization of external objects (Dorpat, 1976).

The fully internalized object is ego syntonic and will assure contact with the object, since the object is fully accepted and its wishes are adhered to. In essence, the fully internalized objects are idealized self-objects. Where self-objects in self psychology (Kohut, 1971) are internal representation of external objects that are experienced as part of the self. The idealizing self-objects are the primary resources and object relations that the "Self" utilizes for support. The result is that the contact with the object is maintained while the sense of self is diminished.

The partially internalized objects are ego dystonic and result in object relations conflicts. In the case of partially internalized objects, there are constant conflicts between the wishes of the Self and those of the internalized others. Every decision is difficult and agonizing with a concomitant disturbing chatter. In this case, only weak contact with the external object is established and maintained resulting in anxiety, irritability, anger, and guilt, etc. This is the phenomenon that I call *relational trauma*.

Winnicott (1951) introduced the concept of *transitional object* to explain the use of external objects by the infant to compensate for the anxiety related to the temporary disappearance of its primary caregiver. Regarding the transitional object, Winnicott (1951) writes: "The object is affectionately cuddled as well as excitedly loved and mutilated." He (Winnicott, 1951) further writes: "The mother lets it [transitional object] get dirty and even smelly, knowing that by washing it she introduces a break in continuity in the infant's experience, a break that may destroy the meaning and value of the object to the infant."

Winnicott (1949) writes about the overactivity in mental functioning in response to certain failures by the primary caretaker, resulting in a conflict between the mind and the psyche-soma. In this situation Winnicott (1949) writes that the thoughts of the individual begin to dominate and facilitate the caring for the psyche-soma.

I would like to suggest that that the *relational trauma* (chatterbox inside the head) functions very similar to the transitional objects that reside in the mind. It creates the illusion that one is not alone in so far as there is a chatterbox in the head. The subject (the "I") however, does not discard the illusion of the return of the good object, from whom he seeks approval and affirmation. The *object relations conflicts* therefore function as thoughts and mental activities that takeover and organize the caring for psyche-soma and form the illusion that someone is out there and one is not alone, thus reducing the existential abandonment fears. So long as the object relations conflicts function, an illusion is created in the mind that there exists an object that one relates to, and thus the person can, to some extent, avoid its fears and anxieties related to isolation and abandonment. The person, in his mind, treats the object relations conflicts very similar to the transitional objects, in that they are subjected to love and hate, and to affections and mutilations. The conflicts are made dirty, messy and smelly, very similar to the transitional objects. And the person is imprisoned in the relationship. Throughout this paper, I refer to *relational trauma, object relations conflicts, and internal conflicts* interchangeably.

Corrigan and Gordon (1995) introduced the concept of *mind object* which can be very similar to object relations that reside in the mind. The space between stimulus and response is mediated by the mental world. When this world is important, one creates a mind to protect and preserve the subject mind. This is the *mind object* (Boris, 1995). Corrigan and Gordon (1995, p. 21) write:

> "We suggest that the mind object – an object of intense attachment – substitutes for a transitional object and subsumes intermediate phenomenon to its domain. But the mind as an object is an illusion. The clinical task is to reestablish an intermediate area as the place where life is lived – where there can be delight in the use of the mind that is expressive and mutual."

In this section, based on object relations theory, I showed that the relational trauma or object relations conflicts can be seen as mental equivalents of transitional objects that reside in the mind or simply mind objects. In the following section, I will present therapeutic processes and techniques for treating relational trauma.

Therapeutic Approaches

If my hypothesis is indeed correct that the object relational conflicts (or relational trauma) operate as transitional objects that reside in the mind, then when the good object returns the transitional objects will no longer be needed and are given up. Winnicott (1951, p. 233) writes:

> "Its fate [transitional object] is to be gradually allowed to be decathected, so that in the course of years it becomes not so much forgotten as relegated to limbo. By this I mean that in health the transitional object does not 'go inside' nor does the feeling about it necessarily undergo repression. It is not forgotten and it is not mourned. It loses meaning, and this is because the transitional phenomena have become diffused, have become spread out over the whole intermediate territory between 'inner psychic reality' and 'the external world as perceived by two persons in common', that is to say, over the whole cultural field."

This was what I experienced with Dr. Robert Hilton. In my early work with Bob, I was experiencing various relational traumas that were psychologically very disturbing and consuming. They affected all of my life. Bob would tell me "Let me see your fears." I was not sure what he meant. It took me some time to feel my connection with him and then magically my attachment to relational trauma was diminished. Many years later, I mentioned to Bob that now "I know what you meant when you told me to let you see my fears and anxieties. You meant while you are experiencing those, stay in contact with me." He acknowledged that yes, that was what he meant.

In my therapy with Bob, he was the good object that I needed and when I felt my connection with him and his presence, I no longer needed to hold on to or attach to my relational traumas as transitional objects that resided in my mind. I simply could give them up. My initial insight into this process occurred when I contemplated what I would feel if somehow the chatterbox was gone and the object relations conflicts were resolved spontaneously. I felt that if this were to happen, I would feel *existential loneliness* and a feeling of *near complete isolation*. It was then that I realized the function of the object relations conflicts.

I discussed my hypothesis with Bob and he agreed that indeed the object relations conflicts can function a similar way to transitional objects. It took me

about two years of working with Bob to resolve my relational traumas. Once I developed this insight into the process of relational trauma, I started to look for ways to reduce the length of process. In my work with the clients, I asked them to stay in contact and feel their connections with me (the good object) as they were expressing their internal conflicts. Every time that I did repeated this process with the clients, the chatterbox became quieter (based on Hebbian plasticity – the new neural pathways get stronger as they get activated). I discussed this with Bob and his response was, "yes, this should modulate the chatterbox as it takes a long time for contact with the good object to be established, but what you are asking them is to be in control of their connection with you and take in what they can."

I, then, came up with a slightly different approach. I wanted to disconnect the clients from their objects relations conflicts while they worked on them with me. In order to accomplish this, I asked the clients to be aware of their bodies. The awareness of the body can be thought of as the somatic correlate of the sense of self. I then asked the clients to stay in contact and connection with me while they were aware of their bodies. I instructed the clients that in order to feel their connection and contact with me, they needed to feel the space between them and me and look into my eyes. Feeling the space between them and me can be seen as the somatic correlate of the connection. This step makes the clients aware of the presence of the good object which is felt at the somatic level.

The results were surprising. When the clients spoke about their object relations conflicts and relational traumas while they were aware of their bodies and were feeling their connection with me, the internal chatter became quieter. Every time that we repeated this process, the internal voice became softer. In my experience, after repeating this process several times (sessions), the internal voice (chatter) becomes essentially muted. When I shared this approach with Bob, his comment was that this may be a practical way of resolving the object relations conflicts.

The success of this approach is of course predicated on the resolution of resistance and processing of negative transference. The clients need to have established a positive therapeutic relationship with the therapist. It is then that when the presence of the good object is felt, the object relations conflicts acting as transitional objects residing in the mind can be given up.

The Technique

When clients come to see us, frequently their complaints are related to object relations conflicts. They may have internal conflicts or interpersonal conflicts that are caused by the activation of the object relations conflicts. In Figure 1, I show the process of working with relational trauma. I pull my chair a bit closer to the

client and ask them to stay aware of their bodies (from their neck down – to avoid staying in their heads) and breath normally. I may have to coach the clients regarding staying aware of their bodies. I then ask them to stay in contact with me. Frequently, I have to coach the client as to what staying in contact with me is. I usually tell them to look into my eyes and be aware of the space (distance) between us. I then ask them to remain aware of their bodies as well as maintaining their contact with me, simultaneously. After a bit of practice, clients can follow these steps. I then ask them to talk to me about their object relations conflicts, relational traumas, or interpersonal conflicts. They notice very quickly that as they talk about their relational traumas, their emotional reactions become muted or more subtle. They report to me that everytime they talk about their relational traumas in sessions their emotional reactions become more muted.

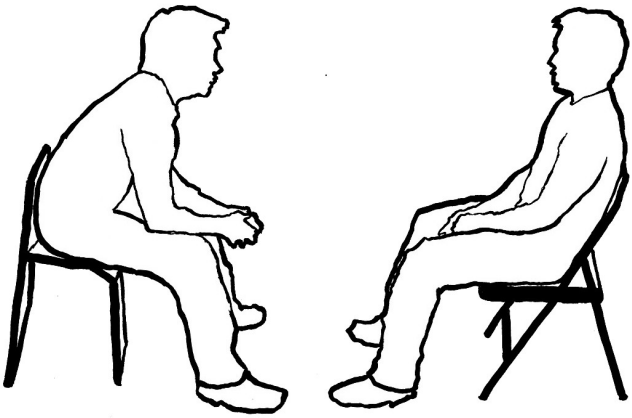

Figure 1: Working with relational trauma

Case of Jenny

Jenny was a 24 year old woman who came to see me to work on her anxieties and fears. She mentioned that her father was very angry and that since she was a child, she was very afraid of him. One could see the fear in her eyes and face very clearly. She also indicated that she did not feel supported by her mother who was a passive woman and who was also afraid of her husband. I worked with Jenny for almost one year. She was able to connect with me relatively early in her therapy and over time her anxieties and fears became less intense. However, she was still haunted by them. Jenny did Yoga and was able to stay with the awareness of her body and knew what it was. In a session, I asked her to remain aware of her

body from her neck down and also to maintain contact me as she talked about her father and her fear of him. She indicated that as she did that her fear seemed to have diminished. In the next session, she indicated that her fears of her father were not as strong but were still there. We repeated the same process and again her fear of her father was diminished. After repeating this process several times, she reported that her fears were gone and that she was able to confront her father on one occasion and to her surprise, her father listened to her and appreciated that she was able to stand up for herself. In summary, she was no longer attached to her relational trauma. Later on, I asked Jenny what it would have been like to be free of the fear of her father (before she started working with me). Initially, she replied great! I then asked what she would have felt next. Her reply was most interesting. She replied, I would have felt so isolated and alone! It was then clear to me that the role that the object relations conflicts or relational traumas played were very similar to transitional objects that resided in the mind.

I have used the technique that I indicated in this paper many times and the results have been consistently very similar. They clearly show that the object relations conflicts or relational traumas create the illusion that one is not alone and that there is someone there with whom they are in conflict. These object relations conflicts function, as I discussed earlier, in a manner very similar to transitional objects, which I named the *mind transitional objects*.

The vignette that I presented above also shows that the consistent application of the aforementioned technique can result in healing of the relational traumas. Thus when Jenny felt the presence of the good object and felt her body as well, she could slowly let go of the partially internalized bad object which functioned similar to a transitional object and was able to connect to the "good" object who was accepting, caring, nonjudgmental and empathic. She no longer needed the chatterbox in her head to feel that she was not alone since she felt the contact with the good object and herself (her own body). Over time Jenny internalized the contact with me and nearly completely quieted down the chatterbox in her head and thus could live her life based on her true self.

Conclusion

In this paper, I have discussed the attachment to relational trauma and presented a theoretical formulation of its origins and etiology. I have shown, based on object relations theory, that relational trauma or object relations conflicts can function very similarly to transitional objects that resided in the mind and I have presented therapeutic approaches for the treatment of relational trauma. It is also evident, based on the results presented, that the theory matches the practice, in that the object relations theory points to a practical approach to the healing of relational trauma and that the applications of this approach confirm the theory.

Acknowledgement

I would like to express my deep gratitude to Dr. Robert Hilton. The development of the techniques presented in this paper would not have been possible without my work with Bob. I am indebted to him for listening to my theory and our discussions related to it, as well as his own ideas and theories. I would also like to thank the anonymous reviewers for their thoughtful and valuable comments regarding the material presented in this paper.

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Homayoun Shahri, Ph.D., M. A., CBT, LMFT, received his Ph.D. in electrical engineering specializing in coding and information theory from Lehigh University in 1990 and his Master of Arts in clinical and somatic psychology from Santa Barbara Graduate Institute (now part of The Chicago School of Professional Psychology) in 2012. He is a licensed marriage and family therapist and has a private practice in Irvine, CA, USA. Homayoun is a Certified Bioenergetic Therapist and is a member of the International Institute of Bioenergetic Analysis (IIBA) and the Southern California Institute for Bioenergetic Analysis (SCIBA). Homayoun is a member of the United States Association of Body Psychotherapy (USABP) and is on the peer review board of the *International Body Psychotherapy Journal*.

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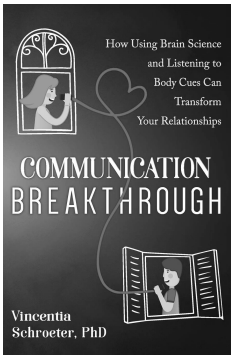
Book Review



V. Schroeter (2018). *Communication Breakthrough. How Using Brain Science and Listening to Body Cues Can Transform Your Relationships*. Alpine, CA: Wolfheart Press, 208 pages, Softcover
ISBN 9780996324953

The book can be accessed at Amazon: https://www.amazon.com/Communication-Breakthrough-Listening-Transform-Relationships/dp/099632495X

I highly recommend Dr. Vincentia Schroeter's book, *Communication Breakthrough: How Using Brain Science and Listening to Body Cues Can Transform Your Relationships.* Bioenergetic therapists can use it as a teaching tool and can recommend it to their clients. I find it is so valuable to have a readable user-friendly book from a Bioenergetics perspective in my office.

I facilitate therapy groups for first responders and use the book as a teaching tool. This population reports being able to relate to polyvagal theory as clearly explained in the book and using this to help understand communication failures and particularly managing anger. Dr. Schroeter's teaching style consolidates Dan Siegel's explanation of rage and "flipping your lid" in a concise and digestible way. A Fire Fighter told me last week: "I don't want to know why I do what I do; I want to know what I do and how to stop it!" This book is full of creative brain and body strategies to change behavior and he and his wife are implementing the techniques and find them very helpful.

The book has a light-hearted and encouraging tone with illustrations and the examples are recognizable everyday stressors. Each chapter has exercises

to practice that relate to the theme and "take aways" or lessons at the end of each section.

Character structures are presented in terms of different breathing styles that impinge on communication. The focus throughout the book is not about our pathology. It is about how survival naturally affects our physiology and how that affects our ability to communicate. I got so much from this book and find it so helpful in my work as a therapist that all I can say is, "I want more!!!"

Nicolette Re, LCSW, CBT, SEP

Information and Instructions to Authors[1]

The journal, *Bioenergetic Analysis*, publishes clinical reports, theoretical analyses, empirical investigations, and book reviews pertaining to the theory and practice of Bioenergetic Analysis. Articles will be published in English. Two reviewers will evaluate the article on the basis of a blind review (all information pertaining to the author's identity will be omitted). The Editorial Board will also have a vote regarding the appropriateness of the article for inclusion in the journal.

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Her email is leiacardenuto52@gmail.com
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1 Original by M. Koemeda; modified 2012/10 by V. Schroeter; modified 2018/10 by G. Cockburn and L. Cardenuto.

Introduction, Text (and its divisions), Conclusion
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Dando forma
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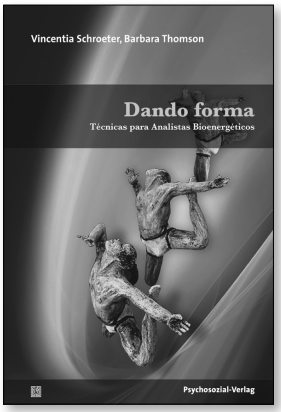

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Techniques for
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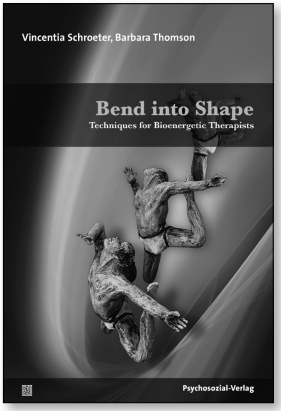

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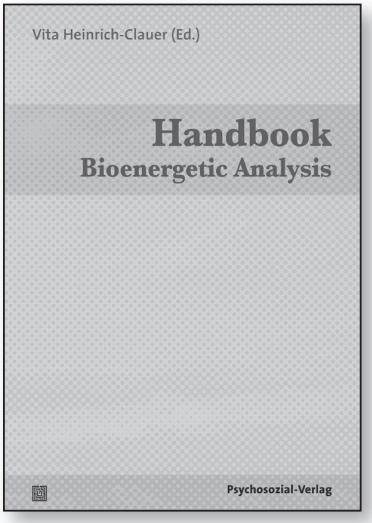
Vita Heinrich-Clauer (Ed.)

Handbook Bioenergetic Analysis



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This book is a selection of articles from Bioenergetic Analysis, that range from classical studies written in the Eighties (following Lowen) up to current theoretical contributions and case studies.

The more recent articles connect the concepts of relational psychoanalysis with the findings from emotion and infant research, attachment theory as well as neurobiology. The integration of implicit knowing and the importance for including the body in the therapy process is evident in these articles.

The articles demonstrate the broad spectrum of the prevailing concepts and profound therapeutic modalities of Bioenergetic Analysis. Case studies illustrate the concepts and provide practical relevance.

Central themes of the book are: the Self in relation with others, sexuality and love, trauma, psychosomatics as well as the conceptual discussion of the therapeutic process. Studies on effectiveness of Bioenergetic Analysis and body psychotherapy in general complete the spectrum.

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

Léia Cardenuto is a licensed psychologist in private practice in São Paulo, Brazil. She lectured in many graduate courses in Brazil, and at some bioenergetic societies in Brazil and Argentina. She co-edited the *Revista Reichiana* (Reichian journal of Sedes Sapientiae Institute) from 1992 to 1999, and is local trainer for the IABSP since 1997, where she also coordinates the Social Clinic.

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