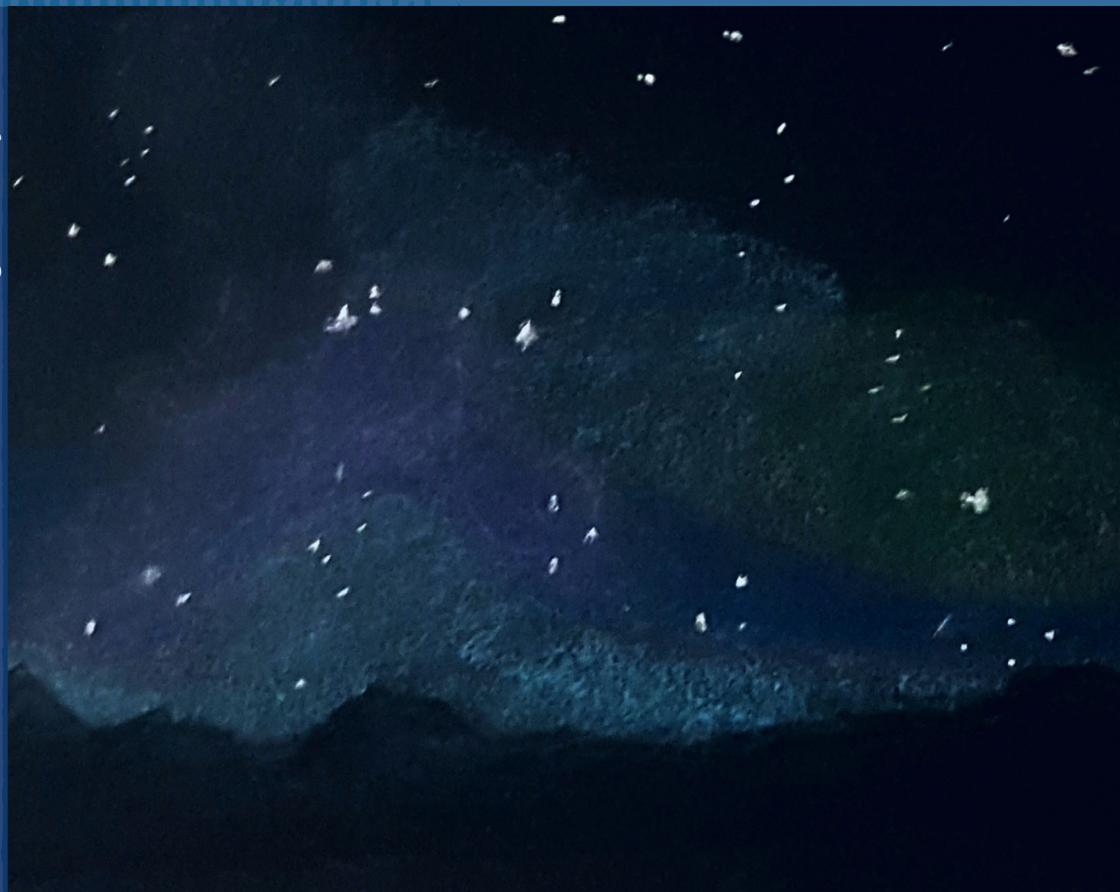


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The Clinical Journal of the
International Institute for Bioenergetic Analysis

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With contributions by Pye Bowden, Garry Cockburn,
Leslie Ann Costello, Vita Heinrich-Clauer, Patrizia Moselli,
Guy Tonella and Luigi Zoja

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Letter from the Editor

Dear Readers,

You are about to read the Journal that captures some of the spirit of 25th IIBA Conference in Portugal. Our experience at the Conference is condensed in these articles. The articles represent the efforts of our colleagues to put in writing the talks they presented at the Conference.

For members who were present, this Journal will be a good reminder of the important themes that inspired us all. For those that did not have the opportunity to be at the Conference, these articles are a way to know how seriously and profoundly our community is treating the Conference themes of Healing, Love, Connection and Authenticity, so important for the world today.

The first article on “The Other as Potential Enemy”, is an essay by our special guest at the Conference, the esteemed Jungian, Prof. *Luigi Zoja* from Milano, Italy. The Professor talked about how paranoia is socially contagious and how modern mass media allows collective paranoia to take hold creating exaggerated fears, for instance, fears relating to Islamic migration and terrorism in many countries. Professor Zoja, recognizing the archetypal roots of paranoia and the need for enemies, proposes the need to look inside ourselves, activating both consciousness and conscience, especially in respect of environmental problems that beset us all today.

Following Prof. Zoja’s paper, *Garry Cockburn* presented an updated Bioenergetic view on “Otherness”, based on Lowen’s writings on the Oedipus tragedy and the psychoanalytical interpretation of the difficulty to open up to the other in a world that still privileges power and control instead of humanity. He points out the importance of feminine power, the Mother Earth and the body to bring us back to connection with “The Face and Body of the Other”.

Vita Heinrich-Clauer, in her Keynote Address, presented an interesting view of the work with negativity using vocal expression. She introduced creative forms of unblocking our dark side, as Ben Shapiro named it. Vita illustrates this with reference to Gollum in *The Lord of the Rings*, bringing out the complex and rich theoretical and practical implications of working with the voice.

Guy Tonella’s description of the role of therapist is based in his rich and poetic understanding of the “Life Force” from the cosmic to the microscopic levels. Tonella drives us to the wonder about our therapeutic role to be the “ferryman” between nature and culture, linking Reich’s self-regulation to Lowen’s study of biological polarities, and ending at Porges’s polyvagal theory.

Patrizia Moselli, in her comments on Tonella's Keynote, reminds us of the power of the "now" in Bioenergetics. She makes us think about the concept of Complexity, as described by Edgar Morin, and challenges for us to embrace both our humanistic roots and a scientific research approach.

And following her, the article by *Pye Bowden* takes us forward from Tonella's proposals and emphasises the role of love in the regulation of the body, grounding this both in Lowen and the work of the HeartMath Institute. But she didn't let it stay "neurobiological", and to help us understand those concepts more deeply, she generously illustrates that with a beautiful and touching personal history.

And last but not least, the article that was not at the Conference but has a great synchronicity with the issues we dealt with there. It is *Leslie Ann Costello's* paper about therapy for women with infertility. This is a problem of the contemporary human being, and it takes a lot of tactfulness to touch such a sensitive theme. Leslie Ann does it with a reflection that brings the body, the culture and the stories, into a very careful setting of powerful healing.

Our sincere thanks goes to the translators of the Abstracts: Claudia Ucros (French), Pablo Telezon (Spanish), Maria Rosaria Filoni (Italian), Maê Nascimemento and Edna Veloso de Luna (Portuguese), Thomas Heinrich (German), Olga Nazarova and Alesya Kudinova (Russian).

We hope that you are now ready to start reading this volume. And I hope this inspires you to not only reading but also to writing for this Journal and to open your mind to the community. Guidelines for writing articles to this Journal can be found at the end of this edition.

Léia Cardenuto
November 2019

The Other as Potential Enemy¹

Luigi Zoja

Madness is a rare thing in individuals, but in groups, parties, peoples and ages it is the rule

Friedrich Nietzsche,
Jenseits von Gut und Böse

Abstracts

In this paper Professor Zoja describes the archetypal, universal roots of paranoia, showing how it is a collective problem, with a projective relationship with evil at its core. He highlights paranoia's socially contagious nature with reference to Hitler's *Mein Kampf* and the potential for paranoia across all societies. In expanding on the human need for enemies, Professor Zoja identifies how advances in mass media can affect mass psychology through *soft* and *hard* paranoia, allowing collective paranoia to take hold, resulting in racism, nationalism and genocide. The need for enemies is illustrated by contemporary fears relating to Islamic migration and terrorism. His paper ends with an illustration of how self-consciousness can be a defence against paranoid infections.

Key words: paranoia, archetypal, collective paranoia, socially contagious, mass media

L'Autre comme Ennemi potentiel (French)

Dans cet article, le professeur Zoja décrit les racines archétypales et universelles de la paranoïa. Il montre qu'il s'agit d'un problème collectif, avec une relation projective mettant le mal au centre du processus. Il souligne la nature socialement contagieuse de la paranoïa en faisant référence à *Mein Kampf* d'Hitler et au potentiel de paranoïa dans toutes les sociétés. En développant le besoin humain d'ennemis, le professeur Zoja explique comment les progrès des médias de masse peuvent influencer sur la psychologie de masse par le biais d'une paranoïa douce et dure, permettant ainsi à la paranoïa collective de s'enraciner, entraînant de fait le racisme, le nationalisme et le génocide. Le besoin d'ennemis est illustré par les peurs contemporaines liées à la migration islamique et au terrorisme. Son article se termine par une illustration de la façon dont la conscience de soi peut constituer un moyen de défense contre les infections paranoïaques.

1 Keynote Address delivered to the 25th IIBA Conference in Portugal, May 23rd, 2019.

El Otro como potencial enemigo (Spanish)

En este artículo, el profesor Zoja describe las raíces arquetípicas y universales de la paranoia, mostrando cómo es un problema colectivo, con una relación proyectiva con el mal en su núcleo. Destaca la naturaleza socialmente contagiosa de la paranoia con referencia al *Mein Kampf* de Hitler y el potencial de paranoia en todas las sociedades. Al ampliar la necesidad humana de enemigos, el profesor Zoja identifica cómo los avances en los medios de comunicación pueden afectar la psicología de masas a través de la paranoia suave y dura, permitiendo que la paranoia colectiva se arraigue, lo que resulta en racismo, nacionalismo y genocidio. La necesidad de enemigos queda ilustrada por los temores contemporáneos relacionados con la migración islámica y el terrorismo. Su artículo termina con una ilustración de cómo la autoconciencia puede ser una defensa contra las infecciones paranoides.

L'altro come potenziale nemico (Italian)

In questo articolo il professor Zoja descrive le radici archetipiche e universali della paranoia, mostrando come sia un problema collettivo, con una relazione proiettiva con il male al suo centro. Sottolinea la natura socialmente contagiosa della paranoia con riferimento al *Mein Kampf* di Hitler e al potenziale di paranoia in tutte le società. Espandendo il bisogno umano di nemici, il professor Zoja identifica in che modo i progressi nei mass media possono influenzare la psicologia di massa attraverso forme di paranoia morbida e dura, consentendo alla paranoia collettiva di prendere piede, dando luogo a razzismo, nazionalismo e genocidio. La necessità di nemici è illustrata dalle paure contemporanee relative alla migrazione islamica e al terrorismo. Il suo saggio termina con un'illustrazione di come la consapevolezza di sé può essere una difesa contro le infezioni paranoiche.

O Outro como Inimigo Potencial (Portuguese)

Neste artigo, o professor Zoja descreve as raízes arquetípicas e universais da paranóia, demonstrando como é um problema coletivo, com uma relação projetiva com o mal em sua essência. Ele destaca a natureza socialmente contagiosa da paranóia, fazendo referência ao *Mein Kampf* (Minha Luta) de Hitler e o potencial de paranóia em todas as sociedades. Ao aprofundar o entendimento sobre a necessidade humana de ter inimigos, o professor Zoja identifica como os avanços nos meios de comunicação de massa podem afetar a psicologia de massa através de paranóia suave e firme, permitindo que a paranóia coletiva se instale, resultando em racismo, nacionalismo e genocídio. A necessidade de ter inimigos é ilustrada pelos medos contemporâneos relacionados à migração islâmica e ao terrorismo. Seu artigo termina com uma ilustração de como a autoconsciência pode ser uma defesa contra contaminações paranóicas.

Der Andere als potentieller Feind (German)

In diesem Artikel beschreibt Zoja die archetypischen, universellen Wurzeln von Paranoia, um zu zeigen, dass es ein kollektives Problem ist, mit einer projektiven Be-

ziehung zum Bösen als Kern. Er beleuchtet die sozial ansteckende Natur der Paranoia mit Bezug auf Hitlers *Mein Kampf* und dem Potential von Paranoia über alle Gesellschaften hinweg. In der Ausweitung auf das menschliche Bedürfnis nach Feinden identifiziert Zoja, wie die modernen Massenmedien die Massenpsychologie beeinflussen können durch weiche und harte Paranoia, die der kollektiven Paranoia es erlaubt, sich durchzusetzen und in Rassismus, Nationalismus und Völkermord endet. Das Bedürfnis nach Feinden wird illustriert durch zeitgenössische Ängste, die mit islamischer Migration und Terrorismus verbunden sind. Der Artikel endet mit der Darstellung davon, wie Selbstbewusstsein eine Abwehr sein kann gegen paranoide Ansteckungen.

Другой как потенциальный вра (Луиджи Зойа) (Russian)

В данной статье Профессор Зойа описывает первичные, универсальные корни паранойи, показывая, почему она является коллективной проблемой, с проективными отношениями со злом в своей основе. Он подчеркивает социально-заразную природу паранойи, ссылаясь на книгу Гитлера *Моя борьба* и возможность развития паранойи в любом обществе. Расширяя тему потребности человечества во враге, Профессор Зойа указывает на то, что технологический прорыв в СМИ может оказать влияние на массовую психологию посредством *мягкой* или *тяжелой* паранойи, позволяя коллективной паранойе завладеть умами, что приведет к расизму, национализму и геноциду. Потребность во враге показана на примере страхов, испытываемых в современном обществе, в связи с исламской миграцией и терроризмом. Статья завершается примером того, как самоосознанность может стать защитой от параноидальных инфекций.

Section I: Paranoia and History

I first began to take an interest in paranoia when I lived in New York, at the beginning of the century. On September 11, 2001, the attack on the Twin Towers took place. That a paranoid Islamic fundamentalism existed, we already knew: the proclamations of Osama Bin Laden could be read on the Internet. I began to feel that I was a citizen of collective paranoia not on September 11, but on September 12. I was struck by the content of the mass media coverage and private conversations over the next few days. Even we psychiatrists didn't trust the "normal" media anymore. We were aware that one of their duties was to avoid spreading panic. At times, we paid more attention to "rumors" than to the official news: a tendency of the collective unconscious which has already been studied (by the French historian Marc Bloch) in the trenches of World War I.

The Necessity of Suspicion

Jungian psychology studies every psychological dynamic as a potential universal. Even psychopathology is not something separate, but a process of the normal mind, that has lost its way. The same is true of paranoia: in origin it corresponds to a necessary function. By instinct, man is a social animal. But instinct also tells him that he can't trust everyone. Cooperation is a universal need. But so is suspicion.

From this point of view, paranoia has archetypal, universal roots. It can be found in ancient myth. In Hebraeo-Christian myth it already appears in Cain, who projects his suspicion on to his brother, laying the foundations for his murder. In Greek myth, its most tragic figure is Ajax, who is convinced that Ulysses, Menelaus and Agamemnon are plotting against him. He thinks that killing them all is the only option left to him.

The Ritual of the Scapegoat

Anthropology, too, informs us about the historical dimension of our theme. In pre-modern societies scapegoat rituals are very common. Where magic prevails over science, an epidemic or a scarcity of crops or fish may be blamed on a spell. Someone visible for this invisible presence is sought. In ancient times the carrier of evil, who had to be sacrificed, might be a person, but often an animal was used: typically a goat, which shares some symbolic elements with the devil (horns, hooves, etc). Later, probably, the killing would be replaced by an expulsion. Two aims were achieved by a single act. Anxiety was alleviated, removing the "evil". At the same time, cohesion in the collectivity was reconstructed: an essential step, for with the suspicion that a member was responsible for the evil eye, the mistrust had become *internal* to the group. By his expulsion, the evil was unanimously projected: it became *external* again. There was no need to prove that the negative event had been "caused" by the scapegoat: as happens with rituals, the catharsis can be true even if the explanation is false. That remains true in the modern world. Hitler's theory of a Jewish conspiracy was so false that he didn't even try to prove it; but he used it as a collective scapegoat ritual.

In short, the core of paranoia is a projective relationship with evil: and evil concerns everyone. Long before it is "reduced" to a clinical problem, paranoia is a moral problem. Long before it is "reducible" to an individual problem, paranoia is a collective problem.

Two Preliminary Questions

When does functional mistrust degenerate into pathological suspicion?

Even if real enemies exist in the external world, it is for the most part our inner world which magnifies mistrust: to the point where, instead of being controlled by the ego, it becomes its master. In this way, a function which is useful in nature, ends up making us lose its functional relationship with the world.

Unfortunately, our instincts basically go back to before the Neolithic era. At that time the population was sparse and nomadic. Human beings lived in small groups, often moving from place to place. It was right that meeting strangers should cause curiosity, but also fear. Today, however, reacting with those instincts is very inadequate to the complexity of globalization. In urban life we meet not individual strangers, but large numbers of strangers, every day. Neuroscience tell us that our brain is born with limitations. The number of people whose faces we can memorize and recognize corresponds approximately to 150 (called Dunbar number, after the scientist who theorized it). Beyond this number we start being confused. Not recognizing the persons, we easily become afraid and begin projecting hostility towards them.

In modern urban life, as we daily meet thousands of unknown faces, we repress suspicion and fear, because that is what social convention requires; but they accumulate in the unconscious. In more fragile people the perception of danger can become not relative but absolute. This corresponds to what psychopathology calls paranoia.

Why can paranoia have collective and epochal aspects which other psychological problems do not have?

As I said apropos of September 11, paranoia has a characteristic which distinguishes it from other mental disorders: it is psychically *very* contagious. It can “infect” the collective unconscious even more than the individual unconscious.

Let us make a comparison. Many psychotherapists are convinced that the most serious mental pathology of the 21st century is eating disorders. A change in one’s relationship with the ideal measures of one’s own body can become a veritable delusion: some girls are absolutely convinced that the ideal weight is only 30 kg (60 pounds). An anorexic girl who cultivates this delusion may infect a few friends; but she cannot found a movement which aims to renew society by purifying it with this physical ideal.

The situation is different if the delusion is paranoid, for it is much more contagious. A person can cultivate the delusion that a certain group is conspiring to seize power in the world: and therefore wants to renew society by eliminating

it. Such a person may find a political movement with this as its program. His message can be disseminated. And it can be strengthened by wars, social unrest, unemployment and inflation, forms of insecurity which activate projections. This person has existed: his name was Adolf Hitler.

The Structure of Paranoia

According to psychiatry, paranoia has a para-religious core:

1. Its starting point is a sort of illumination. The subject experiences it as a new truth which is suddenly revealed to him. It will no longer be called into question: it has a “religious” quality, it suddenly gives life meaning. Therefore it is non-negotiable. It becomes, according to descriptions, the “granite foundation” of an existence which formerly rested on a fragile base.
2. The subsequent phases are “consequences” of that premise: arguments and dogmas, policies and rituals. Unlike the “stone foundation”, they are negotiable. Indirectly, this second phase too is dangerous: for it gives the illusion that it is possible to reason with the paranoiac. For this reason, paranoia was one of the first syndromes (19th century) classified by French psychiatry, which called it “Folie lucide”. The *Harvard Guide to Modern Psychiatry* (Nicholi, 1978) refers to “successful paranoiacs”. A typical example might be the rise and fall of Senator McCarthy in American politics (Hofstadter, 1964). This consideration forcefully underlines the difference between paranoia and other disorders. Whereas other serious mental problems, such as depression and schizophrenia, make the subject slide down lower and lower, until he is excluded from society, paranoia, by contrast, can actually function as a multiplier of his abilities; or at least of his manipulations.

Chapter 11 of *Mein Kampf*

In chapter 11 of *Mein Kampf*, Adolf Hitler describes step by step, in febrile tones, what for him was an absolutely new and unexpected “vision”: a poor, religious eastern Jew. At first, he seems almost incredulous. Hitherto he had not been a convinced anti-Semite: he had met only integrated Jews, like the family doctor whom he still trusted, Eduard Bloch. The vision is gradually transformed into a “revelation”: that man is “other”. At that moment what he calls “the granite foundation” (*das granitische Fundament*) of his doctrine is born (Hitler, 1925, p. 238). The wave that will culminate in catastrophe is not born of political conflicts: what is known as “scientific” racism derives from the paranoid imagination (or: illumination) and its consequent projection. According to the historian Norman Cohn:

“The deadliest kind of anti-Semitism [...] has little to do with real conflicts of interest between living people or even with racial prejudice as such. At its heart lies the belief that Jews – all Jews everywhere – form a *conspiratorial* [my italics] body set on ruining and then dominating the rest of mankind”. (Cohn, 1967).

The Slavs too are, for Hitler, constitutionally inferior, unsuited to a modern society. “But what about the Czechs, who are so trustworthy?” The Czechs are in fact the most dangerous of the Slavs. The proof lies in the fact that they behave seriously: they hide their aims behind loyalty (Hamann, 1996).

“Has it not been proved that the Protocols of Zion, on which so much anti-Semitism is based, are a fake? No. ‘It is the liberal press that says that. And that is the most certain proof that they are genuine’” (Hitler, 1925).

Not only the Jews, but also the Slavs and German liberals become containers of Hitler’s projections of evil: not because of real facts but because of a “granite premise”. It exhausts the entire horizon of meaning from the outset and includes all arguments from the beginning. Even counter-arguments become confirmations, in a circular process: they foster a paranoid “absurd consistency” or “inversion of causes”.

The Wolf and the Lamb

It is easy to trace this archetypal model back to the fable of the wolf and the lamb. The wolf “knows” (whether consciously or not) that he will devour the lamb. Both drink from the same stream, but the wolf is higher up. “Why do you dirty my water?” he asks menacingly. (We note that paranoid people too often have contamination phobias: racism is obsessed with the fantasy that racial interbreeding can produce genetic monstrosities). The lamb replies: “Mr Wolf, that’s not possible: I’m drinking lower down, and water flows downwards”. The wolf switches argument: “I’ve heard that you spoke ill of me a year ago.” “It can’t have been me: a year ago I hadn’t even been born yet.” “Enough arguing,” shouts the wolf. “If it wasn’t you it must have been your brother.” And he devours him. Thus, he repeats another monstrosity typical of paranoiacs: the fusing of personal and collective responsibility. The only true aim is to release destructive tension by absolute projection of evil.

Of course, one question would remain open: in formulating the rationalizations whereby he will attack the victim come what may, does the paranoid-wolf know he is lying, or does he lie to himself as well and convince himself (a process called fantastic pseudology *pseudologia phantastica*) (Delbrück, 1891)? Even studies of the most egregious paranoid people always leave some uncertainty.

The Universality of Paranoid Potential

Hitler is an easy example, but any tyrant and even any politician can become a “successful paranoid person”. Napoleon stated: “The prince must be suspicious of everything” (Honoré de Balzac, 1838, maxim no. 276).

Many historians (Bullock, 1991) have stressed the parallels between Hitler and Stalin, and the fact that they copied each other. Other historians have noted how Stalinism applies the exterminationist principles of racism to the “class struggle”. Incidentally, “class”, like race, is very hard to define: so it is a useful potential container in any circumstance for projecting evils from which demagogy wants to “liberate” the masses.

In particular conditions, even in mature democracies the collective paranoid element can silence reason. John W. Dower (Dower, 1986) has analyzed how, in some respects, the War in the Pacific was a continuation of the “war between races” practised during the nineteenth century in the West. Thus, among Americans and Japanese it became “normal” to remove parts of the body, as had happened in the past with the practice of “scalping”. This photograph (Fig. 1), in which a white middle-class woman thanks her marine fiancé for sending her the skull of a Japanese, was published in *Life*, a staid bourgeois weekly.



Figure 1: Photo from *Life* magazine

In theory, contemplating a skull on a desk might seem to resemble the meditations on human transience, characteristic of the sixteenth and seventeenth centuries. In reality it is the exact opposite. Those old thoughts helped people to introject death, to achieve awareness of the fact that it concerns all of us, and that the polarities life and death should never be separated too much. Here, by contrast, warlike,

racist rage tries to project it as far away as possible. Compared to the woman who observes it, death is “other”; in particular, the dead man is other, and it is obvious that he deserved to die. Compassion is replaced by splitting and projection.

Section II: The Need for Enemies

The Mass Media

The collective projection of evil has always existed. However, the modernization of the media of communication brings immense changes in mass psychology. In a positive sense, because it spreads knowledge; but also, in a negative sense, because it lends itself to manipulation. The king was a king from birth: he didn't have to justify his power. But more modern regimes have to convince the population: so they are more tempted to find scapegoats. Today this simplification is often called *populism*.

Since the time of Gutenberg, information has been constantly progressing. When the media of communication become *mass media* there is a quantum leap. On the one hand, at last most of the population can be informed. On the other hand, those who control the media have a strong temptation. How can one reach an increasingly large audience? By replacing complex debates about complex phenomena with simple analyses. And which is the simplest analysis? The one that clearly indicates someone who is to blame for problems. This scapegoat, however, must be different from the people who use the mass medium: the consumer public wants to feel comforted, not guilty. For this reason the invocation “deliver us from evil” stands at the center of Christianity's most important prayer, the Lord's Prayer. This need of purification can become the main preoccupation of the ordinary man: from the sacrifices of antiquity to the Roman Catholic confession and the ritual self-criticisms in communism. We can tolerate evil existing in us only in exceptional circumstances, and only for brief periods.

Towards the end of the nineteenth century, in the United States press, the information-providing daily newspaper is superseded by the sensationalist *yellow press*. In the period between the two World Wars, information-providing radio is superseded by radio that spreads propaganda: first Fascist, then Nazi and Soviet.

In the second half of the twentieth century mass TV gradually replaces other sources of information. In the democracies, the absolute falsification of the repressive regimes is replaced by a “relative disinformation”. The mass media of the dictatorships had disseminated *hard* paranoia, those of the TV tycoons devote themselves to a *soft* paranoia. In a mediocre television like that of Italy, this can be seen in the excessive presence of crime reports: although in a less radical way than political slander, they are offered to the ordinary man so that he can project evil away from himself.

Pseudo-speciation

According to Jung, the opposite poles of the psyche should never be moved too far apart. The paranoiac attempts the absolute separation of the binomial good-evil: and for this reason he fails. He radically rejects the otherness inside himself, the evil of which we are all partly carriers. So he does not want to look inside himself. The true paranoiac, then, does not turn to the analyst: his mental processes, so to speak, *correspond to anti-psychology*. Nothing significant is interior; everything is projected.

What is the threshold beyond which the next man (the “neighbor”) becomes “something other”? Erikson (Erikson, 1968) has called it pseudo-speciation. Animals have instincts which enable them to recognize who belongs to another species. One does not socialize with an animal of a different species: therefore, it can be killed and eaten. With those of the same species one forms groups. Indeed, one can mate and have children: belonging to a species is defined precisely by the fertility within it and by the sterility of mating with other species.

A dog might bark at another dog; but then he sniffs him, recognizes him as similar, and lowers his hackles. Man too possesses instincts of this kind. But they have been overlaid by the infinite complexity of culture, which makes this simple certainty infinitely fluid. Our senses are “deceived” by colors, clothes, and especially languages, which others speak but we don’t understand. On meeting a new person, we don’t sniff them: we try to speak to them. If they speak an incomprehensible language, dress in an incomprehensible way, believe in a religion that seems to us absurd, our instinct takes the first steps towards pseudo-speciation. It considers them too other and begins to lose the inhibition against doing them harm: as if they didn’t belong to the human species, but to another one. As if they were one of those animals that we traditionally kill without feeling guilt, in order to eat them. In this way, the human species has become the only one which, for reasons that are not natural but cultural, regularly kills members of its own species.

In the instability of our cultural defenses, collective paranoia takes hold of us more easily than we think: it becomes the rule in racism, but also in nationalism. In genocide, but also in ordinary war. In the pogrom and in the lynching. The historians of genocide have noted a degeneration which is manifested especially in images. The enemy starts to be *caricatured as an animal*: a tendency so universal as to be practised even by anti-Fascist intellectuals. (Fig. 2 from *Simplicissimus*, 1920: caricature of colonial French troops).

When this happens a slide towards genocidal conditions is taking place. Killing animals is considered much less serious than killing human beings: so the feelings of guilt culturally associated with murder begin to be erased in the collective imagination. With the intensification of racist propaganda, Nazism had circulated films in which the Jews were presented as rats. With the escalation of the war in the Pacific, Allied propaganda circulated illustrations in which the Japanese became monkeys.



Figure 2: Caricature of French Colonial Troops (from *Simplicissimus*, June 9th 1920: Olaf Leonhard Gulbransson, *Eine Schmach für die weiße Rasse* © Olaf Gulbransson/VG Bild-Kunst, Bonn 2020)

The military authorities often described the enemy as a “subhuman beast”, “a cross between the human being and the ape” (Dower, 1986, p. 53 and p. 71).

More on the Mass Media

The genocide scholars Chirof and McCauley (2006, p. 216) draw attention to an interesting aspect of the surveys carried out during World War II among American soldiers: of those who fought against the Japanese, 42 per cent were of the opinion that the entire population of Japan needed to be eliminated; among those who were still being trained in the United States it was as high as 67 per cent. This seems to correspond to the fact that the less you know your enemy, the more your attitude towards him is shaped by collective paranoia. That this is indeed the case has been partly confirmed, in the United States too, by the fearful reaction to the September 11 attacks: the panic, and the substantially paranoid rumours about new attacks, was greater in the internal states of the country and less intense in the states situated along the two coasts, which were, objectively, more likely to be attacked; but were more used to having relations with other countries and which contained a higher proportion of immigrants, both Islamic and non-Islamic.

“Where There Is a Projection There Must Be a Hook Where You Hang It”

The end of the Cold War eliminated the West’s real geopolitical adversary: the Soviet bloc. But it did not eliminate one of the most powerful factors in the collective unconscious: the need to identify evil and an enemy that represents it. Collective projections became more disorderly.

Projections do not originate in the void: there are almost always real reasons why evil is projected on to certain people or certain groups and not on to others. But the dimension of the evil that is attributed to them derives chiefly from our imagination.

On the tenth anniversary of the September 11 massacre, the New York Times published a Special Report, “The Reckoning” (2011). In the ten years following the attack, Al Qaeda had succeeded in killing only about fifteen Americans; whereas the number of deaths due to war and the expenditure on opposing Al Qaeda seemed to be running out of control.

Meanwhile, a paranoia of terrorism also fostered arms sales. The use of private weapons against other private citizens caused over 10,000 times as many deaths in the United States as Al Qaeda did in the same decade (2001–2011).

In present-day pacific Germany, it is worrying to see the rebirth of a paranoid nationalism called PEGIDA (Patriotische Europäer gegen die Islamisierung des Abendlandes [Patriotic Europeans against the Islamization of the West]). But what may be particularly interesting is a geographical fact. PEGIDA originated in Dresden and has become widespread in the eastern *Länder*, where there are extremely few Islamic immigrants. It took much less hold in the Western ones: the very *Länder* which have received most of the huge number of refugees who poured into Germany and were welcomed there in 2015. Let us try to express this in other words. The need to project the collective evil not only does not correspond to the real political problems, but often *seems actually to proceed in the opposite direction*: where the real problem grows, the projections decrease. The respect for what Freud called “reality principle” evidently helps the psyche. If this is lacking, the “psychological infection” of the masses is fostered. The origins of our concerns may be real: but this does not prevent most of our reactions from potentially being paranoid.

We may even attempt to measure the difference between a real problem and the collective reaction.

The Paranoid Differential

We might describe the difference between a real problem and its “perception”, which certain inquiries have turned into figures (Fig. 3), as the “paranoid differential”.

Let us compare, within the EU countries, the real percentage of the Islamic population and the “perception” that the average citizen has of it (that is, the subjective conviction of how many Muslims there are in that country).

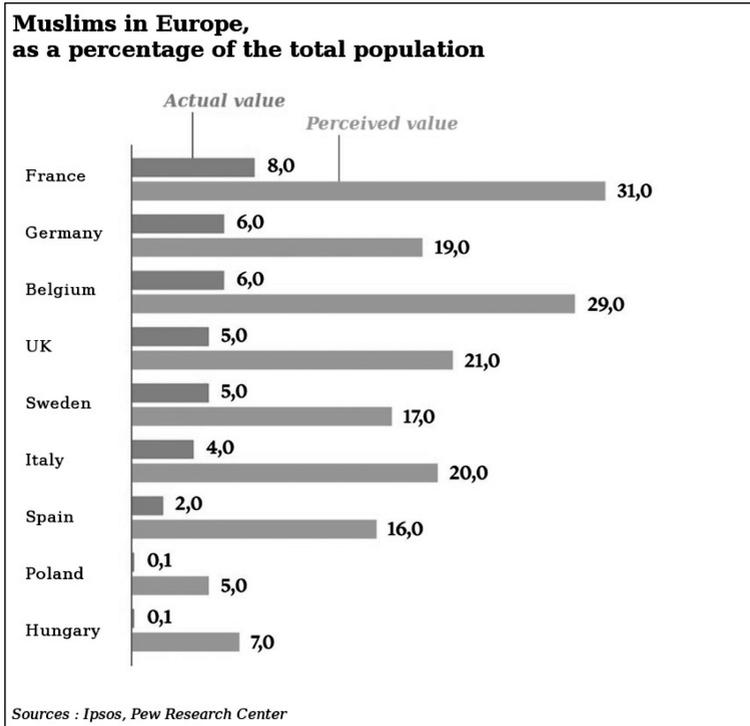


Figure 3: Perceptions of Islamic Populations in European Countries

The biggest surprises come from eastern Europe, where the proportion of Muslims in the total population is close to zero. In Poland it is 0.1 per cent: the public is convinced that it is 5 per cent. In Hungary it is also 0.1 per cent, but the public thinks it is 7 per cent. If we call the real problem 1, “paranoid fantasy” multiplies it respectively 50 and 70 times. In short, the real element is almost entirely absent, while the “paranoid differential” becomes almost everything: so the constant rise of racist movements, corresponds more to the collective projection of evil than to the real figure. We will therefore be less surprised if images like this (Fig. 4) are published in eastern Europe, which was subjected for nearly half a century to the paranoid vigilance of the communist police: not in Cologne, where local women really have been assaulted and sexually abused in group by groups of immigrant refugees.



Figure 4: Magazine Images

The problem does not derive from sexual violence, but from the paranoid imagination. So it is no coincidence that it activates the image of the white woman contaminated by the dark skin: an archaic projection of evil, which history has often associated with lynching.

Two Collective Problems: Terrorism and the Environment

It is meaningful to compare the collective frenzy about terrorism with the lack of attention that is attracted by climate change. The reports of the International Energy Agency (2016) and the World Health Organization say that deaths due to air pollution have reached 6.5 million a year: far more than the number due to HIV, tuberculosis and road accidents combined. According to the EEA (European Environmental Agency) in Europe the yearly deaths due to particulate alone are at present some 420,000 – down from 450,000 a couple of years ago.

Terrorism, however, remains “the evil” – that is, the adversary that we need. The Global Terrorism Database reports zero terrorist attacks in Italy, but fear of them provoked in Turin in 2017 a stampede of people in panic with consequent deaths. Pointing a finger is irrational but “psychologically useful”. In the short term, having an enemy is cathartic, for minds that cannot cope with the long term. But in the long term it has led to world wars and genocide.

By contrast, in order to deal with environmental problems, we don't need to identify an enemy, then split and project evil, but to cooperate: this arouses few passions. It does not authorize projections accompanied by “football crowd”

emotions. What it requires is self-criticism, both individual and collective (the finger should be pointed towards ourselves) sacrifices, both material and psychological. It activates both consciousness and conscience. We must ask ourselves: how much does each of us contribute to the environment's sickness?

Our Commitment

If the most devastating collective paranoia in history was directed at the most integrated minority in Europe, the Jews, we should already be asking ourselves today what might happen tomorrow, when China will become the most powerful country in the world: a country whose population is almost double those of the United States and Europe put together, and which is physically, linguistically and culturally so different from them.

I would not like to end, however, with the paranoid projections, but with an example of an anti-paranoid attitude. When he was a guerrilla fighter, Pepe Mujica was wounded several times, arrested, and held in prison for over a decade. In his old age, he turned himself into a constitutional president of Uruguay. At the end of his term of office, *El País* asked him to talk about his imprisonment in a long interview. "I was a prisoner for 25 or 30 years", he said. Noticing that his interviewer was surprised, he added: "about half of that time, imprisoned by the military; the other half, a prisoner of my own rigid thought" (that is, of revolutionary ideology). It would have been easy to put all the blame on the dictatorship! This, however, would have continued to encourage projections of the collective evil, even though democracy has long since returned in his country. The true defence against paranoid infections, which continue over generations, is a consciousness which acknowledges responsibilities in everyone.

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The Face and Body of the Other¹

Garry Cockburn

Abstracts

The Conference themes of love, healing, connection and authenticity challenge us to articulate how we might make an enlightened response to the eruption of evil, pervasive traumatic suffering, and ecological degradation threatening the world today. We have the resources to do this in our Bioenergetic tradition. Lowen's scientific and sociological vision as expressed in his most important book, *Fear of Life: A Therapy for Being*, is foundational. There, he asserts the primacy of the body and human feelings and the archetypal importance of the Oedipus complex. A modern study of the Oedipus complex can help us more deeply understand how the face and body of "the other" can release us from the paranoia and fear of life so prevalent today and release the power of authentic love and grace that were central to Lowen's life and vision.

Key words: archetypal, problem of evil, Oedipus complex, the feminine, "otherness"

Le visage et le corps de l'autre (French)

Les thèmes de la Conférence sur l'amour, la guérison, la connexion et l'authenticité nous mettent au défi de préciser comment apporter une réponse éclairée au jaillissement du mal, aux souffrances traumatiques généralisées et à la dégradation de l'environnement menaçant le monde aujourd'hui. Nous avons les ressources pour le faire dans notre tradition bioénergétique. La vision scientifique et sociologique de Lowen telle qu'exprimée dans son livre le plus important, *La Peur de Vivre: une thérapie de l'Être*, est fondamentale. Il y affirme la primauté du corps et des sentiments humains et l'importance archétypale du complexe d'Édipe. Une étude moderne du complexe d'Édipe peut nous aider à comprendre davantage en profondeur comment le visage et le corps de "l'autre" peuvent nous libérer de la paranoïa et de la peur de vivre tellement fréquentes aujourd'hui et libérer le pouvoir de l'amour authentique et de la grâce qui se trouvaient au cœur de la vie et de la vision de Lowen.

La cara y el cuerpo del otro (Spanish)

Los temas de amor, cura, conexión y autenticidad de la Conferencia nos desafían a articular cómo podemos dar una respuesta iluminada a la erupción del mal, el sufrimiento

1 Keynote Address delivered to the 25th IIBA Conference in Portugal, May 23rd, 2019.

miento traumático generalizado y la degradación ecológica que amenaza al mundo de hoy. Tenemos los recursos para hacer esto en nuestra tradición bioenergética. La visión científica y sociológica de Lowen como se expresa en su libro más importante, *Miedo a la vida: una terapia para el ser*, es fundamental. Allí, afirma la primacía del cuerpo y los sentimientos humanos y la importancia arquetípica del complejo de Edipo. Un estudio moderno del complejo de Edipo puede ayudarnos a comprender más profundamente cómo la cara y el cuerpo del “otro” pueden liberarnos de la paranoia y el miedo a la vida que prevalecen hoy en día y liberar el poder del amor y la gracia auténticos que fueron centrales para en la vida y visión de Lowen.

Il viso e il corpo dell'altro (Italian)

I temi della Conferenza: amore, guarigione, connessione e autenticità ci sfidano ad articolare il modo in cui potremmo dare una risposta illuminata all'eruzione del male, alla sofferenza traumatica pervasiva e al degrado ecologico che minaccia il mondo di oggi. Abbiamo le risorse per farlo nella nostra tradizione bioenergetica. La visione scientifica e sociologica di Lowen, espressa nel suo libro più importante, *Paura di Vivere*, è fondamentale. In esso afferma il primato del corpo e dei sentimenti umani e l'importanza archetipica del complesso di Edipo. Uno studio moderno del complesso di Edipo può aiutarci a comprendere più a fondo come il volto e il corpo dell'altro possano liberarci dalla paranoia e dalla paura della vita, oggi prevalenti, e liberare il potere dell'amore autentico e della grazia che sono stati fondamentali per la vita e visione di Lowen.

O Rosto e o Corpo do Outro (Portuguese)

Os temas da Conferência sobre amor, cura, conexão e autenticidade desafiam-nos a articular como podemos dar uma resposta esclarecedora à irrupção do mal, do intenso sofrimento traumático e da degradação ecológica que ameaça o mundo atual. Temos os recursos para fazer isso em nossa tradição bioenergética. A visão científica e sociológica de Lowen, conforme expressa em seu livro mais importante, *Medo da vida: uma terapia para o ser*, é fundamental. Lá, ele afirma a primazia do corpo e dos sentimentos humanos e a importância arquetípica do complexo de Édipo. Um estudo moderno do complexo de Édipo pode ajudar-nos a entender mais profundamente como o rosto e o corpo do “outro” podem libertar-nos da paranóia e do medo da vida, tão predominantes hoje em dia, liberando o poder do autêntico amor e graça que eram centrais na vida e na visão de Lowen.

Das Gesicht und der Körper der Anderen (German)

Die Themen der Konferenz “Liebe, Heilung, Verbindung und Authentizität” fordern uns auf, eine erhellende Antwort zu geben auf die Eruption des Bösen, das allgegenwärtige traumatische Leiden und den Klimawandel, die allesamt die Welt von heute bedrohen. Wir haben die Ressourcen, dies aus unserer Bioenergetischen Tradition heraus zu tun. Lowens wissenschaftliche und soziologische Vision, die er in seinem

wichtigsten Buch *Angst vor dem Leben* ausdrückte, ist hierfür grundlegend. Dort erklärt er das Primat des Körpers und der Gefühle sowie die archetypische Bedeutung des Ödipuskomplexes. Eine moderne Sicht auf den Ödipuskomplex kann uns helfen tiefer zu verstehen, wie das Gesicht und der Körper “der Anderen” uns befreien kann von der heute so vorherrschenden Paranoia und Angst vor dem Leben. Sie kann die Kraft der authentischen Liebe und Anmut freisetzen, die zentral waren für Lowens Leben und Vision.

Лицо и тело другого (Гарри Кокбёрн) (Russian)

Темы Конференции – любовь, исцеление, контакт и аутентичность – побуждают нас сформулировать компетентный ответ на вспышку губительного, повсеместного травмирующего страдания и экологической деградации, которая угрожает миру сегодня. В рамках нашей биоэнергетической традиции у нас есть на это ресурсы. Научное и социологическое видение Лоуэна в том виде, в котором оно представлено в его самой важной книге *Страх жизни: терапия бытия*, является основополагающим. В ней он заявляет о первичности тела и человеческих чувств, а также об первичной важности эдипова комплекса. Современное изучение эдипова комплекса может нам помочь глубже понять, как лицо и тело “другого” может освободить нас от паранойи и страха жизни, преобладающих сегодня, и высвободить мощь аутентичной любви и грациозности, которые были центральными темами в жизни и видении Лоуэна.

Introduction

The Conference theme, “The Bioenergetic View of Love, Healing, Connection and Authenticity” is a challenging one when we survey the world today, a world where global warming and degradation of the environment are increasing at a much faster rate than predicted, a world where income inequality has drastically increased in nearly all countries since 1980², a world where the ideal of participatory democracy is threatened by the increasing number of authoritarian dictators who have appointed themselves for life, and where the slide towards “collective paranoia” seems to be gaining momentum.

This world of paranoia and hatred was manifest both on 22 April this year in Sri Lanka with the attack on the Catholic churches and hotels, and one month earlier on 15 March, with the terrorist attack on the Mosque in Christchurch, New Zealand, my home country. The attack in New Zealand dropped many of

2 World Inequality Report, 2018. Increase in inequality, especially in North America, China, India and Russia, where the top 1 per cent earners have captured twice as much of global growth as 50 per cent of the poorest individuals.

us into what the Maori people call “Te Kore”, the Void, the black emptiness where the soul experiences darkness and death. It is the Maori belief, that it is only the wailing and grief of women that can call souls back out of the darkness and into “Te Ao Marama”, the World of Light, back into the world of feeling joy, sadness and love. And in New Zealand we were blessed by having a Prime Minister, Jacinda Ardern, whose steel-like strength and motherly grief were instantly recognized as resonating with what is best in human beings, when she said to the Muslim community, “You are us”. And out of Te Kore, the black Void, she called forth an authentic outpouring of love, healing and connection with our Muslim brothers and sisters, not only in New Zealand, but around the world.

The Need for the Archetypal

The crises of modernity that we are facing, especially the darkness as “totalizing” political, consumerist and digital systems take over the world, calls for something deeper in our understanding to stop us all falling into a “deadening sameness” (Holland, 2002, p. 56). We need to open up to the resources that are inherent in the archetypal ideas that Professor Zoja has been discussing in his work.

Carl Jung writes that the Archetypal, the inherited instinctual patterns of the psyche, becomes accessible when the ego functions are disrupted by trauma (Jung, 1911–12, para 631). And now with tragedies like Sri Lanka and Christchurch, where our ego-functioning was disrupted, we can get insights into two areas of experience: firstly, the archetypal darkness of the “collective paranoia” that Professor Zoja has spoken and written about, where “the other” becomes the enemy; and secondly, we get insights into the deep archetypes of love, connection and healing that are beyond ego-connectedness and where “the other” becomes an intimate human brother or sister with whom we identify. As the New Zealand Prime Minister said, “You are us”.

Concerning the dark side of the archetypal, I believe we at this Conference, and in fact people throughout the world, owe a great debt to Prof Zoja who has forewarned us about the phenomenon and dangers of “collective paranoia”. He has shown how the contagious nature of collective paranoia can devour whole societies, and how modernization and globalization increase the number of excluded individuals who have lost contact with “the other” and become vulnerable to paranoia, envy and hate.

This is, no doubt, exacerbated by the social media whose speed and addictive qualities provide an easy platform for connection between hate-filled individuals, as we witnessed in Christchurch. Also, the ubiquity, speed and addictive power of digital computers and cell-phones privileges and overemphasizes our visual sense, eclipsing our somatic connection and proximity to “the other” (Steiner, 2011, p. 10) and blinding us to the deeper rhythms of life within ourselves.

The Problem of Evil

The eruption of evil and the prevalence of traumatic suffering around the world, both threatens to overwhelm us and challenges us to ponder the faulted and darker aspects of human nature. The problem of evil reveals a deep abyss, or aporia, in human understanding (Ricoeur, 2007, p. 6) as humans have sought for thousands of years to understand the nature of evil. And while theological and mythological frameworks can increase our understanding and give us stories, such as the Garden of Eden and the Greek tragedies³, ultimately human evil remains a deep mystery, and even more so on the psychological level.

To understand human darkness, Freud posited a death instinct, and Kleinian psychoanalysts believe there is an inherent destructiveness and aggression in the human infant, a sort of “original sin” (Grotstein, 2007, p. 260). What I would like to say is that we have some resources in our own Bioenergetic tradition to illuminate both the darker and lighter aspects of human nature, and to guide us in our thinking about how we might make a more enlightened response to current crises in the light of our Conference themes of love, healing, connection and authenticity.

The resources I am referring to are the writings and legacy of Alexander Lowen. In the preface to his very first book, *The Language of the Body* he wrote, “Only with humility and candor dare one come face to face with the great wells of feeling which lie at the core of human beings” (1958, p. xiii). And in *The Fear of Life: A Therapy for Being*, Lowen wrote, “the inflated ego of modern man becomes a devil when it is not subordinated to the primacy of the body” (p. 251). Plainly, Lowen’s insights were not just focused on creating a somatic psychotherapy. He had a vision into the promise and depth of what it was to be an embodied human being.

The Primacy of the Body

Lowen’s wisdom was to assert the primacy of the body and human feelings in the understanding of our personal and social situation, and it is this wisdom that has spoken to each of us and enkindled our commitment to Bioenergetic Analysis. And so his life was dedicated to a passionate understanding of the human situation and the promise of fulfillment that comes from accepting our human limitations and our Fate. Lowen’s wisdom was not based on some gentle understanding of human nature, but was based on the “strongest aggression of the heart” (1958, p. 391), a powerful stance in accord with Reich’s revolutionary ap-

3 The evils of the 20th century are of a nature even beyond the Greek dramatists view of humanity’s tragic situation (Tracy, 1978, p. 213).

proach, and with Freud's courage in shattering the sexual norms of the Victorian age.

I would like to expand on Lowen's assertion of the primacy of the body, his major contribution to the world of psychotherapy. You will recall some of his key statements, such as, "You are your body," "The self for me is the bodily self, the only self we will ever know," and "Doing good therapy is understanding that human nature is the body itself" (2004, p. 243).

We do need to remember that the key resource Lowen used to develop his insight into the primacy of the body was the Freudian inheritance he received through Wilhelm Reich. In his first book, *The Language of the Body* he was able to show how somatic processes underlie the psychic phenomena observed in Freudian psychoanalysis (2006, p. 19). Lowen believed it was essential that bioenergetic analysts understood Ego Psychology, with its focus on the psychic structures of ego, id and superego, the instinctual drives of sex and aggression, and the Oedipus complex. This was in order to fully comprehend the character structure of individuals.

I believe that modern Bioenergetic Analysis has freed itself from the strictures of classical Freudian Ego Psychology by accepting the challenges inherent in the Relational Paradigm that superseded classical drive theory in the 1980's (Greenberg & Mitchell, 1983). However, I also believe we may be in danger of throwing the baby out with the bath water, if we throw out drive theory completely and do not hang onto the riches of the Freudian concept of Oedipality. The reason for this is that both drive theory and Oedipality are based on the primacy of the body, and it is the truth of the body and its feelings, not our ego-centred rationality that gives us the most powerful insights into the depths of human nature.

The Oedipus Complex

At this point I am going to focus on the Oedipus complex. I think there are rich resources in this concept that we need to recover. We all know that the classical Freudian Oedipus complex relates to the idea of infantile or childhood sexuality. Freud believed that a child's incestuous sexual feelings for the parent of the opposite sex were linked to murderous feelings towards the parent of the same sex. For Freud, this was resolved by the child suppressing these incestuous and murderous desires under the threat of castration, by suppressing any memory of the Oedipal situation itself, and by identifying with the parent of the same sex. If the child was unable to completely suppress all knowledge of these desires, he became neurotic and unable to fully adapt to the sociocultural situation (Lowen, 2004, p. 4).

We know that Freud named this process after Sophocles' tragedy whereby Oedipus had unknowingly killed his father Laius, and having solved the puzzle of the Sphinx, was rewarded by unknowingly marrying his biological mother,

Queen Jocasta. Paradoxically, it was Oedipus' blindness to his own corruption and his faith in his own cleverness that eventually lead him to discovering the truth; and upon this discovery, he literally blinded himself. Once blinded, he eventually became a hero by placing himself in a sacred grove of trees, where others feared to enter, humbly accepting the necessities of reality, in other words, accepting his fate.

Lowen said that the book *Fear of Life: A Therapy for Being*, was the most important book he had written (2004, p. 123). This book is both a therapeutic study of individuals struggling with the Oedipus complex and also a sociocultural exposition of Sophocles' tragedy about Oedipus. In trying to understand the modernity of the 20th century and the dysfunctional structures of Western societies that valued power, wealth and control over human well-being, Lowen explores the antithesis between a human being's embodied animal nature which will die and his human ego, a would-be god, that seeks to avoid this fate. This antithesis is recognized as having a positive side, furthering the growth of culture and society. But it also has a destructive side (2004, p. 8). Lowen states that the conflict between the emotional body and the egoistic mind causes an even worse situation, "the fear of life" itself. This profound fear of life can result in psychotic breakdowns in many individuals and fear of a breakdown of the social order itself, and the world coming apart.

For Lowen, then, the answer was a humble acceptance of reality plus the wisdom of submitting through a somatic therapeutic process to the terrors of the unconscious, and the re-experiencing of our already-experienced psychological death (2004, p. 189). This results, he said, in peace of mind and a sense of fulfillment in life (p. 121) which he described in the last chapter of his final book, *Honoring the Body* (2004). Lowen, like Freud, was a philosophic Stoic, in coming to terms with, and fully accepting the bare realities of his existence.

Lowen's Use of Freudian and Non-Freudian Ideas

Lowen's psychotherapeutic understanding of the Oedipus complex as it affected individual's lives, was essentially a mainstream classical Freudian interpretation, which drew largely on the writings of Freud, Fenichel and Reich. But when it came to reflecting on modernity, Lowen used several other intellectual resources to reflect on the story of Oedipus. Lowen was deeply impressed by the writings of the Jungian, Erich Neumann, whom he quotes in several of his books. Lowen does not write much about the feminine, except in relation to his mother who featured in his early therapy with Reich, and his wife whom he loved dearly, but in *Fear of Life* (1980, p. 193) he quotes Neumann's ideas that the female goddesses of the matriarchal order were the rulers of life and death, and that men stood in awe of women and mothers. Lowen, again in relation to the feminine, says,

“Oedipus was blind to the fact that man is the son of woman and must return to his mother the earth, on his marriage bed and on his deathbed” (p. 198). Lowen writes that in blinding himself, Oedipus found peace in the unconscious and in the body by turning against his ego and he returned to the realm of the mother-earth.

I have focused on the power of the feminine in discussing Lowen and the Oedipus story as the classical Freudian Oedipus complex has rightly been critiqued as being male-oriented and phallogentric. As well, the power of the feminine has been underestimated in the Oedipal process, and I will return to these themes later.

Freud, together with Reich and Lowen, were keen to avoid being seen as “mystical” and promoted forms of therapy that purported to be in accord with the scientific norms of Enlightenment rationality. And yet, paradoxically, by placing the Oedipus complex at the centre of their psychotherapeutic endeavors, they opened the way for an examination, not only of the psychological and the sexual, but also of the archetypal and transcendent dimensions of human existence. In other words, they were unwitting visionaries of the real as well as scientists, and they interpreted the meaning of the symbolic to illuminate the issues of their day.

Recovering the Scientific and Visionary Perspectives

I believe we can start to recover⁴ both the scientific and visionary perspectives of Lowen’s writings, firstly by recognizing two things, one positive and one negative. Positively, the Freudian concept of oedipality did identify the essential elements in the formation of the human psyche, such as sexuality and aggression. It gave insights into the archaic unconscious core of the psyche as well as the processes of human development and gender identity. However, negatively, the classical Freudian interpretation of the Oedipal complex has been subject to major adaptations and criticisms, and is culturally bound to Western forms of family organisation.

For instance, in the USA, under the influence of Self Psychology, the focus shifted from the myth of Oedipus to the myth of Narcissus, which meant that patient’s problems were no longer seen in terms of Oedipal dynamics, but as the result of primitive damage to the Self in the pre-Oedipal stage. Others, reflecting on their own experiences as lesbian, gay, bisexual, trans and intersex people have identified the Oedipus complex as inextricably tied to the heterosexual norms of gender and sexual identity, which were regarded as being identical categories; and Feminist critics have strongly critiqued this phallogentric and heterosexual normative bias from a postmodern position (Barrat, 2019, p. 10).

4 Refer Ricoeur’s model of “suspicion and recovery” (1970, pp. 32ff).

In England, adaptations of the classical Oedipus complex, by Melanie Klein in 1945, put the Oedipal complex back into the oral stage of development, linking it with primitive phantasies about the maternal body. A more recent Kleinian, John Steiner, a New Zealand psychoanalyst, based in London, has shown (2011, pp. 100ff.) that Freud's resolution of the Oedipus complex is in fact, a primitive paranoid solution dominated by the wish for revenge against the father, and that more relational solutions are available. In the USA, James Grotstein, a psychoanalyst, has described the Oedipus complex as being much more complex "in depth and duration" than what has been traditionally thought. Grotstein states that the Oedipus story is a mythic legend that underpins our search for truth, freedom from guilt, and radical transformation (2014, p. 269).

As you can see, the Oedipus complex is such a powerful and rich concept that there is a kaleidoscope of views on its meaning and relevance. The reason I am focusing on it is that Lowen identified it as the key story for understanding three things: firstly the psychodynamics of all individuals and their character structures; secondly as the key symbolic story for understanding modernity; and thirdly, for defining a body-oriented therapy as a "Therapy for Being".

Lowen noted that the importance of the Oedipus complex was being ignored in his day. And this is also true for us today when the focus is no longer on it, but rather on the abundant riches of affective neuroscience, attachment theory, trauma recovery and relationality. These new paradigms are essential knowledge and are being incorporated into modern Bioenergetics. But these modern paradigms, while necessary, may not be sufficient to give us ready access into the deeper, darker and richer aspects of the human situation, that is so necessary today. An understanding of the powerful dynamics of the Oedipus complex provided this depth of understanding for Freud, Reich, and Lowen, and still may do this for us today. We need to recover the relevance of Oedipality both for our therapeutic work and for our views on human nature, so that Bioenergetic Analysis is not at risk of losing one of its major theoretical underpinnings. We can help to do this by focusing on the concept of "otherness".

Recovering "Otherness" in Oedipality

From a therapeutic perspective, Lowen's focus was primarily on understanding the functioning of the Freudian drives on the body and psyche of the individual. As he says in *Fear of Life: A Therapy for Being* (p. 7), "For more than 30 years ... my focus has been and is upon the individual as he struggles to find some meaning and satisfaction in this life."

However, Lowen's primary focus on the individual, I believe reflects a deep aloneness at the heart of traditional bioenergetic analysis. Lowen's focus was on the vibratory body in relationship with itself in the world, not on a body whose

nature is both to be in a relationship with its own desires and to seek fulfilment through relationship with an “other”. He did not seem to fully appreciate the basic existential reality that the individual is constituted by her or his relations with others. This is a perspective we need to more fully incorporate into Bioenergetic Analysis

Paul Ricoeur, the French philosopher, in his book, *Oneself as Another* (1992) asserts that *otherness is not added on to selfhood from the outside*. “Otherness” is a constitutive part of the self’s very being and meaning. For Ricoeur, the *otherness of the body* gives rise to our three greatest experiences at the level of meaning: my experience of my own body, my experience of embodied others, and my experience that I wish to live ethically with and for others (p. 318).

And for the Lithuanian philosopher, Emmanuel Levinas, “the face of the other” creates an asymmetrical indebtedness on my part, an ethical and moral summons to recognize the other’s right to exist, and to recognize that “the face of the other” is a manifestation, an epiphany of the whole world and of infinity (1996, p. 53). The commandment, “You shall not kill”, is for Levinas, a foundational edict arising from “the face of the other”, that opens us up to life itself.

Because this relational perspective was not on the intellectual horizon when Lowen was writing, he did not directly explore or write about this inherent “otherness” of the face and the body, nor about our ethical duty to the other. That was not his focus.

If, today, we can view Oedipal dynamics through the lens of “otherness”, we can help loosen our Lowenian inheritance from its strong embeddedness within classical Freudian drive theory and its focus on the individual and open up our awareness about the significance of the “face and body of the other”. And we can do this if we begin to see the beginnings of Oedipality right back in the archaic and undifferentiated core of the human psyche (Ogden, 2009, p. 54ff.), and start with the central role of the feminine in calling life into being out of the void. This maternal call of love into the dark space is a call to our primordial and archaic psyche to transition into the world of beingness, sensual embodiment and connectedness. And when the infant sees him or herself reflected back in the eyes of a loving mother, the “I” of the infant is transformed into a “me”, as someone who has made an impression on someone else out in the world who loves him or her (Ogden, 2016, p. 173). This sense of a “me” is also the beginning sense of “a self”. This is a profound experience of saying “Yes” to life, “Yes” to being nurtured by an “other”, the pre-Oedipal Mother, whose gazes, caresses and “primary preoccupation” (Winnicott, 1956) lays the foundations for the erotic, sexual self. And it is safe “to go on being”, as Winnicott says (1960, p. 591), because the child now has had an existential experience of themselves in relation to the other.

We need to remember that the pre-Oedipal mother who calls the child into relationship, already has in her psyche her own Oedipal father (Ogden 1996, p. 202), and she is a mother who is already immersed in an Oedipal world of

others. She is also the only one of the three to have an intimate relationship in the flesh with both the father and the child, even if it is expressed differently (Green, 2005, p. 192).

The child's "Yes" to experiencing the sensual embodiment by the feminine, grows in complexity over time as the child begins to meet the "No" of the father. This "No" of the father is initially a "disruptive attunement" (Herzog, 1991) to the smooth, loving attunement of the mother, and attests to the presence of a triangular relationship from the outset of the child's life (Brown, 2011, p. 148) since both homeostasis and disruption are needed for emotional regulation and development. This disruptive "No" of the father grows into a strong prohibition, by the time of the classical Oedipus complex age of 3–5 years and becomes a "No" that signifies that the child can NOT have eternal and exclusive access to the maternal body. This "No" however, also contains the possibility that the child can be in a real relationship with a significant other who is not mother, and also that the mother can be in an intimate relationship without the child (Barratt, 2019, p. 13). The developmental achievement is that in accepting the transformation from twoness into thirdness, the child can develop an embodied grounded sense of their own social self (Barden, 2015).

The acceptance of the Oedipal "Yes" and "No", also ushers in the capacity for self-reflection, for the development of a linguistic (Barratt, 2019, p. 17) and symbolic self, for the development of an individuated gendered sexuality and the capacity for regulated aggression. Most importantly, it opens up the focus to be on the "other" and not narcissistically on the self. All of this places the maturing embodied self into a cultural and social matrix where love, sexuality, mythology, religion, art, poetry, philosophy, science, and psychotherapy, help to disclose the deeper, extraordinary and transcendent dimensions of life.

Recovering a Visionary Perspective

On the sociocultural level, let's recall that Lowen used the Oedipus story to shed light on the dysfunctional structures of Western societies that valued power, wealth and control over human well-being. This search for deeper meaning remains as true today for us as it did for Alexander Lowen. We need only to look at the rising tide of hatred and paranoia towards others who are different, the vast number of refugees from torture and oppression, and the threat of extinction to a million life-forms⁵ on earth.

As Lowen intuitively understood in accessing Erich Neumann's ideas, we need myths, stories and symbols to help us understand the deep coherence and meaning of life (Tracy, 1978, p. 210). As Paul Ricoeur has said, a powerful myth,

5 UN "Global Assessment Report on Biodiversity and Ecosystem Services". May 6, 2019.

story or symbol gives us a gift of meaning that we need to creatively interpret so that we are not left in silence and confusion in the face of fear and terror but are more deeply embedded in objective reality (1967, p. 348ff). A potent myth, story or symbol should awaken us existentially and restore our relationship with ourselves, with each other and the earth so that we can squarely face into our current reality.

And so, the myth of the Oedipus, based on the Greek tragedy by Sophocles, was a potent symbol that gave Freud, Reich and Lowen meaningful access into the power of sexuality, into the deepest dynamics of human love and hate, into human frailty, forgiveness and redemption, and into Fate, life and death.

Today we may not fully realize, in our fears and confusion at the complexities of modern life, that the Oedipus myth may be living us, and that we need to open our eyes and pay attention.

Professor Zoja, in his book *Cultivating the Soul* (1999, p. 181ff.) provides his own wonderful exposition of “Oedipus The King”. He suggests there is a need to examine the murdered and murderer “other” within oneself. And, like Lowen, he highlights the dilemma we all face in reconciling truth and reason: truth represented by ancient myths and by the mysterious depths of our irrational emotions; and reason represented by the knowledge that we wish to keep perfecting ourselves forever at the expense of our emotions (1999, p. 181).

My sense is that, in reconciling the difference between embodied truth and instrumental reason, we need to keep on recovering, as both Alexander Lowen and Professor Zoja have pointed out, the primacy of our bodies and our feelings, as well as a deep respect for “the other”. And a pathway to this is to reclaim the power of the feminine – and the maternal – in a world dominated by psychopathic male leaders in the political, corporate and armaments spheres. We also need the feminine and the power of love to pull us out of an impending void, “Te Kore”, the world of darkness and death, as the Maori people call it. And we need the good masculine and the paternal power of a loving “No” to help us mature into responsible and authentic human beings, and to fully recognize the face and body of an other, who is not family or friend, but is truly “other”, and hence is identical with oneself. This reflects the wisdom in all religions, to “Love your neighbor as yourself”, and this radical truth must continue to invite us to find a common humanity with all people of different cultures and beliefs.

Conclusion

In conclusion, what we can say is that the tragedies that are occurring in the Sacred Sites, the fire destroying Notre Dame, the symbolic Universal Mother, and the blood flowing from the ravaged bodies of “the other” at prayer in mosques, synagogues, churches and temples, involving people of all creeds and cultures, in-

dicates that we are facing a crisis of mythic proportions. Perhaps we need to listen even more urgently to the strongly coded messages that Mother Earth and our own bodies are sending us, that 'No' we cannot keep pursuing all of our material desires, depleting the Earth of its resources. Perhaps we need a heightened archetypal awareness that having been revealed as murderers of the Earth, its myriad lifeforms and other humans who are not us, we can like Oedipus, become heroic by seeing the Earth as a sacred grove, which is communally shared by all living creatures. This is not a recall to the Garden of Eden, but a wide-eyed demand to immerse ourselves in the bare reality and necessities we face today, not with stoicism, but with a faith in the power of authentic love and grace that can connect with the face and body of the other, so that both they and ourselves might be healed. So that we can say, like Jacinda Ardern, "You are us!"

In the story of Oedipus, the Oracle at Delphi was consulted twice, and her answers were misinterpreted with tragic consequences. And so this Conference gives us all a chance to gather and interpret the signs of our times, hopefully correctly, through the sensing our own bodies and feelings, and to update the paternal (Zoja, 2018) legacy of Alexander Lowen's insistence on the primacy of the body, so that we can emerge with a clearer vision of what a Bioenergetic view of Love, Healing, Connection and Authenticity means for us today.

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Encountering the Shadow

Working with Negativity in the Therapeutic Process¹

*Vita Heinrich-Clauer*²

Abstracts

The interacting unconscious in the contact between therapist and client, the (self) sabotage and destructiveness observed as resistance in the contact to oneself and to others, is explained conceptually and illustrated with case studies. Therapeutic techniques will be presented which allow a creative and energizing, vocally expressive handling of the hostility bound up in the introject, in which the patient “embraces” their own shadow. The bases for the practical work are the well-known concepts and interventions of Bioenergetic Analysis, and this perspective is extended by reference to the anatomical-functional and the neurovegetative contexts of vocal expression. The tongue is of particular importance as it is a universal organ of expression for rejection, contempt, aversion as well as for desire. The familiar and the new are placed within a specific therapeutic framework.

Key words: egativity, Gollum, externalization, vocal expression, tongue

Rencontrer l’Ombre. Accéder à la négativité dans le processus thérapeutique (French)

L’inconscient en interaction dans la rencontre entre le thérapeute et le client, l’(auto)sabotage et la destructivité observés en tant que résistance dans la connexion avec soi-même et aux autres, sont expliqués conceptuellement et sur la base d’études de cas. Nous présenterons des techniques thérapeutiques permettant une gestion créative, énergisante, vocale, de l’hostilité liée à l’introjection, dans laquelle le patient “embrasse” sa propre ombre. Les travaux pratiques reposent sur les concepts et interventions bien connus de l’analyse bioénergétique, ainsi que sur leur élargissement grâce aux perspectives provenant des données anatomo-fonctionnelles et neuro-végétatives en ce qui concerne l’expression vocale. La langue en tant qu’organe universel d’expression tant pour le rejet, le mépris et l’aversion que pour le désir revêt une importance particulière. Le familier et le nouveau sont placés dans un cadre thérapeutique spécifique.

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 - 2 This article was originally written in German. The author wishes to thank the translators, Janna Heinrich and Tarek McLeod, for their work.

Encuentro con la sombra. Trabajando con la negatividad en el proceso terapéutico (Spanish)

La interacción inconsciente en el contacto entre terapeuta y cliente, el autosabotaje y destructividad observada como resistencia en el contacto con uno y con los otros, se explica conceptualmente y sobre la base de casos estudiados. Técnicas terapéuticas serán presentadas de un modo que permitan, creativa y energicamente, el manejo expresivo vocal de la hostilidad ligada a la introyección, en la cual el paciente “abrace” su propia sombra. La base para el trabajo práctico son los bien conocidos conceptos e intervenciones del análisis bioenergético así como las extensiones de perspectiva por contextos neurovegetativos anatómicos-funcionales con respecto a la expresión vocal. La lengua como órgano universal de la expresión de rechazo, desprecio, asco, pero también como deseo, es de suma importancia. Lo familiar y lo nuevo se sitúan dentro de un marco terapéutico específico.

Incontrare l'ombra. Lavorare con la negatività nel processo terapeutico (Italian)

L'inconscio che interagisce nel contatto tra terapeuta e paziente, l'(auto) sabotaggio e la distruttività osservati come resistenza nel contatto con se stessi e con gli altri, sono spiegati come concetti e sulla base di casi clinici. Verranno presentate tecniche terapeutiche che consentono un trattamento creativo ed energizzante, vocalmente espressivo dell'ostilità legata all'introyezione, in cui il paziente “abbraccia” la propria ombra. La base del lavoro pratico sono i concetti e gli interventi ben noti dell'analisi bioenergetica, nonché le estensioni prospettiche di contesti anatomico-funzionali e neurovegetativi per quanto riguarda l'espressione vocale. La lingua, come organo universale di espressione di rifiuto, disprezzo, avversione e desiderio, è di particolare importanza. Il familiare e il nuovo sono inseriti in un quadro terapeutico specifico.

Encontro com a Sombra. Trabalhando com a Negatividade no Processo Terapêutico (Portuguese)

O inconsciente interativo no contato entre terapeuta e cliente, a (auto) sabotagem e destrutividade observadas como resistência no contato consigo mesmo e com os outros, é explicado conceitualmente e ilustrado com estudos de caso. Serão apresentadas técnicas terapêuticas que permitem um tratamento verbalmente expressivo, criativo e energizante da hostilidade estreitamente vinculada à introyecção, no qual o paciente “acolhe” sua própria sombra. As bases para o trabalho prático são os conhecidos conceitos e intervenções da Análise Bioenergética, e esta perspectiva é estendida por referência aos contextos anatômico-funcional e neurovegetativo da expressão vocal. A língua é de particular importância, pois é um órgão universal que expressa rejeição, desprezo e aversão, assim como expressa desejo. O familiar e o novo são colocados dentro de uma estrutura terapêutica específica.

Begegnung mit dem Schatten. Die Arbeit mit der Negativität im Therapeutischen Prozess (German)

Das interagierende Unbewusste im Kontakt zwischen Therapeuten_in und Klient_in, die (Selbst-)Sabotage und Destruktivität, die als Widerstand im Kontakt mit einem selbst und mit anderen beobachtet werden können, wird konzeptionell und auf der Basis von Fallstudien erklärt. Therapeutische Techniken werden präsentiert, die ein kreatives und energetisierendes, vokal expressives Handling dieser Feindlichkeit erlauben, das im Introjekt gebunden ist und in dem die Patien_in ihren eigenen Schatten "umarmen".

Встреча с Тенью. работа с негативностью в терапевтическом процессе (Вита Хайнрих-Клауэр) (Russian)

Взаимодействие бессознательного в контакте терапевта и клиента может проявляться как (само)саботаж и деструктивность. Мы видим их как сопротивление в контакте с собой и с другими. Эти явления будут объяснены в статье концептуально и на конкретных примерах. Также будут представлены терапевтические техники, которые позволяют справиться с этой враждебностью, которая привязана к интроекту, с помощью творческого, звуко-экспрессивного, заряжающего энергией подхода. В результате пациент "открывается" своей собственной тени. Основу практической работы составляют известные нам концепции и интервенции биоэнергетического анализа, дополненные анатомо-функциональными, нейровегетативными аспектами работы с голосовым выражением. Язык как универсальный орган выражения отвержения, презрения, отвращения, а также желания имеет особую важность в этой работе. Известные нам техники и новые подходы помещаются в рамки конкретной терапевтической структуры.

1 Introduction

The request for this lecture/workshop/article has spurred me on to new explorations, and has pushed me into an unexpected flow while reading and browsing. I enjoyed it and discovered something new. I looked for – and found – explanations for the importance of the tongue as a communicative organ in bioenergetic work with negativity. Inspired by years of experience with Ben Shapiro's creative way of activating the voice, and the fun of sticking out the tongue, I continued my research. I would now like to share my enthusiasm for fascinating functional-anatomical contexts with my colleagues and anyone interested in vocal expression of pain and suffering, aversion, the desire to strangle and contempt. I will treat the oral segment, the mouth and throat area and the possibilities for the non-verbal expression of negativity.

Charles Darwin, Wilhelm Reich and Alexander Lowen have studied the anatomical structures that allow us to understand the physical-emotional expres-

sion of aversion, disgust, negativity. Darwin described the mimic, vocal phenomena; Reich and Lowen showed how these emotions are [might be] blocked and the technique by which they can be solved/softened.

Darwin had, at the end of the 19th century, already given many phenomenologically precise descriptions of facial expressions, including expressions of unwillingness and defensiveness, in his book, *The Expression of the Emotions in Man and Animals*. Reich and Lowen have left us ample treasure chests in which they – looking far ahead for their time – gave clever, detailed descriptions of anatomical and functional connections with regard to the expression of (negative) feelings and the bioenergetic handling of these. Neurobiology, for instance Porges' Polyvagal Theory, much later examined and validated the phenomena of bodily expression of shock and social retreat on the vegetative and muscular level already described and explained by the Reichian bioenergetic pioneers.

On the intuitive, practical level of working with clients and trainees, this topic has occupied me for a long time and has prompted me to make variations to the classical bioenergetic approach with vocal expression. I was most inspired by the figure of "Gollum" (Smèagol) in Tolkien's *Lord of the Rings* and the vocalization for this figure by the British actor, Andy Serkis. With Gollum, Tolkien has created a figure that triggers ambivalence; split into pitiful pain and suffering as well as repulsive villainy. In terms of understanding perpetrator-victim dynamics and testing the vocal expression of unwillingness, this provides a good model for bioenergetic work with physically inhibited destructive aggression.

I have suggested to clients who were internally occupied with disgust and reluctance and blocked in the expression of these emotions to use the image of Tolkien's Gollum to reflect the malice and wickedness as well as the submissive pain and suffering of this figure and to activate the voice in this way. Gollum whistles, spits, caws, whimpers, grins, gnaws, shrieks, sobs, whispers, sniffs, gives off discordant, hissing breaths as if swearing. Gollum's personality is much more dangerous than it looks, soft but terribly strong – a tough nut to crack – speaks of itself in the third person "We are so alone" and refers to itself as "My precious" (Tolkien, 1983). When the clients then expressed their disgust by sticking out their tongues and making the corresponding pharyngeal sounds, whether in the grounding elephant position, in the arch, or stomping on the mattress, an emotional and physical solution quickly emerged. The emotional solution is achieved by embracing and energizing our dark side (the parent devil within us) to take its power into our conscious self. I was interested now, why, for example, did this stretch the neck in masochistic characters? Why was it then easier to look into human eyes, easier to perceive the benevolence in the looks of one's social environment? The projections of one's own negativity into the looks of others were reduced. The eye blockade softened. Why did the breathing deepen at the same time, why did the voice become freer and more varied?

Being aware of the fact that there is destructive aggression and not just eager-friendly effort and a sense of victimization is a prerequisite for working on negative parental introjects in therapy (Clauer, 2003).

If a client can say to me, with a hardly concealable grin, “I like to confuse you and checkmate you,” or, “I’m not doing anything here today and I enjoy making it difficult for you with my complaints”, then the sadistic component of his aggression is close to his consciousness and thus much has already been gained for the therapeutic process. Standing by his own pleasure in the gloating, know-it-all, even wicked, spiteful resistance with the aim of controlling others and avoiding one’s own helplessness. This requires courage and humour on the part of the client and the therapist. For example, with masochistic clients we can often see that all our apparently constructive suggestions run into emptiness and that we experience both impotence and sadistic impulses in the bodily manifested countertransference. We have to welcome this to ourselves and transform it into a suggestion to the client by asking him to take an energetically charged position and trying the following words in our direction: “I am torturing you with my friendly submissiveness, my doubts, my zeal ... I will sabotage all your efforts!” The vocal expression plays an important role. Activating the hidden, aggressive dark sides of the person, often clad in plaintive victimhood, in contact with the therapist, in a vocally and physically expressive manner, reinforcing them, exaggerating and then bioenergetically energizing them, shows releasing effects on multiple levels. It is a way to solve the victim-perpetrator dynamic caused by trauma about the perceived ineffectiveness and powerlessness in contact with other people. The act stops being about either inferiority or superiority, letting the other part of the person only act indirectly by compulsion. It is a way out of the false self, the narcissistic facade, paving the way for more authentic behavior. Through the Sounding, the activation of the tongue and the pharyngeal sounds that express aversion, we find a true self-expression – in this case, embodied relationship statements with destructive impulses – rather than through speaking exclusively, which is controlled by the left hemisphere.

2 Negative Introjects – Shadows

2.1 Inhibition of “Aggredere” – Detached destructive aggression

Among the psychoanalytic authors, it is Verena Kast in particular who, with her understanding of the split-off, destructive aggression, offers a supplement to our bioenergetic perspective, metaphorically extended by the term “shadow” (according to C. G. Jung). Ben Shapiro has taken up the psychodynamic concept of the shadow and started to work on the inner devils in an energetic way with a whole fireworks of bioenergetic techniques. Kast writes about the life-affirming perspective of Aggredere much in the vein of A. Lowen (Kast 1994, p. 149):

“Aggression is the urge to approach people and things in order to get them moving, of course also in the sense of tackling. However, the desire for commitment and the fear of autonomy often make us fear the expression of anger and self-assertion. Aggression of course also means that we can stand in opposition to someone and are hardly going to be loved for it. A reason for many people not to see and live their aggression, but for that, they will one day be overwhelmed by it. The repressed, detached aggression then indirectly manifests itself all the more violently, alien to us in contact with others or ourselves. The inhibition of natural aggression leads to destruction and fear of one’s own inner readiness for violence. The more inhibited the natural aggression is, the easier it becomes destructive, the more we fear our own violence.”

Negative introjects show themselves as unconscious, destructive relationship patterns in contact with oneself and others and are persistent (Kernberg, 1999). They are to be distinguished from identifications that are more accessible to consciousness and feel changeable, although they may have a narcissistic component. Parentifications are also more on the level of narcissistic self-regulation: the support of a parent in the sense of a self-object or assumption of roles, which usually developed on the basis of seduction without physical penetration and violence.

Why and how do we adopt the unconscious demonic attitudes of our parents? The motive of attachment, the emotional, physical closeness that is trustfully sought by the child, the definite dependence on the parents, are reasons why the shadow of our parents can settle in us. As children we do everything for our parents to be loved. We love, imitate and also internalize those who abuse us. We develop our dark sides to protect ourselves from threatening forces in our original family by shifting the protest and our feelings of hatred inward so as not to be rejected and abandoned by loved ones. Unfortunately, the unconscious demonic attitudes of the parent who threatened us are also introjected and internalized.

In my opinion, this process requires a body-psychotherapeutic explanation: negative introjects develop during childhood and adolescence as a result of intrusive, destructive actions, verbal violence, careless and malicious omissions by parents. These are boundary violations of a physical and/or mental nature. Actions and words that usually have helplessness inducing, neglectful, shaming, hostile qualities. Physical violence such as beatings, forced feeding, penetration into bodily orifices for the purpose of cleanliness with hidden sexual motive, sexual abuse, omission of help and support with traumatizing consequences. Verbal violence in the form of devaluations and embarrassment (e.g. laughter, ridicule), sadistic behaviour, expectations that are exaggerated or disproportionate in relation to the age of the child, contradictory or impossible rules of behaviour (cf. Hirigoyen, 2002, p. 52). It can be looks, words, touches, omission of touches. In principle, such border violations have interrupted or prevented the self-regulation of the organism (in relation to sleep, food, sexuality, movement, body care, contact, play).

Within the context of the detachment from the parents in adolescence we turn against depreciation and severity if we have the physical, mental, spiritual strength and sufficient social support. Often there is a countermovement along the lines of “I don’t want to become like my parents”. This does not mean, however, that we can leave a tendency towards self-hatred and self-deprecation solely through a conscious decision. For many of us are frightened by the power of these unconscious parts of ourselves and deny their existence. The negative introjects (as well as the positive ones) are anchored in the body, incorporated, implanted (Clauer & Heinrich, 1999; Heinrich 2003; Ogden et al., 2009), and therefore stubborn in their impact on relationships (Freyd & Birrell, 2013). They are often re-updated and compulsively repeated in thoughts, images, actions in relationships. Then their enormous energy, which finds no solution, destroys the joyful affirmative contact with oneself and other people. The rejection is often projected onto the other person, who is then perceived as threatening. This can also be the therapist!

2.2 Shadows in the Therapeutic Relationship

Most clients, and many therapists, have dark sides that often go unnoticed and unconsciously affect the therapeutic relationship. I deliberately say “most” clients and “many” (hopefully not all) therapists because I assume that we have usually developed a head start in terms of self-awareness of our dark sides through self-analysis and supervision. Analytical Psychology according to C. G. Jung works on understanding and on the emotional holding power verbally:

“To see this aggression, in all its shades, with the fantasies that accompany it, deciding what can be lived out, what can’t, what simply has to be endured as psychological tension, that is working with the shadow. And it is this work on the shadow that makes us conflict capable” (Kast, 1994, p. 149).

Kernberg goes even further by writing:

“The therapist must not only be able to identify himself with the commander of a concentration camp, with the torturer in a dictatorship, with the sexual feelings of an incestuous father or a sadistic mother. He must also be able to feel the pleasure of destroying, throwing a bomb” (Kernberg, 1999, p. 9).

If a therapist is not aware of his dark side, the therapy is in danger. The less he knows his dark sides, the less he can discover them in his clients. Not only do victims need helpers, but helpers are also often in need of victims. Such blind spots can either lead to a collision with the client’s sabotaging unconscious (the iceberg sinks the Titanic) or to a collusion, wherein therapist and client jointly

avoid deep and painful therapy processes (Kast, 1994, p. 150; Shapiro, 2000). Self-deprecating and externally-deprecating introjects are often explosives in the therapeutic process and are suitable for relationship terminations. This is what happened to me with during the first interaction with a client, a collision.

Example 1: Narcissistic insult in the first hour:

I will give you an example of a first contact that caused me to slip on the countertransference. My shadow was activated in the first minutes of the preliminary interview with a woman who reported a lot of insults at work that had occurred two years prior. Listening to her, I immediately noticed that she lacked humour and resilience. I also didn't want to look into her offended, contemptuous face for long. I could not imagine patiently surviving a long therapy period with her in the future. I asked her if she had an "elephant's memory" for offenses and whether she was resentful? I immediately offended her with this comparison, although I like elephants and thought I had worded it carefully. She immediately experienced it as a devaluation to be compared to an elephant. And I already noticed in the first minutes of the encounter that she was too sensitive for me. I guess that's where her parental introject and mine clashed with each other? – (This statement "You are far too sensitive" is part of my childhood experience). My solution was to tell her that I was not sufficiently attuned to her to work with her in the long run. I didn't want to hurt her any further.

On the other hand, we grant clients the unrestricted right to their own shadowy defence. They seek our help because they are usually not aware of their inner conflicts and traumatizations at the beginning of the therapy, and as a result they have developed symptoms. Since negative introjects are anchored in the body, we often grasp them only as a subtle feeling in the complementary countertransference – that of inevitably becoming the punishing, disregarding perpetrator or even the punished victim by our patients.

Kast speaks of passive, resigned victims as an expression of a situation that has stagnated for too long. The aggression that would set the situation in motion is detached. "Even those who make themselves victims act aggressively in a powerless refusal" – "And no aggression is more destructive than the aggression of those who have been victims for too long" (Kast 1994, p. 151ff.). She mentions as examples for blockages of the therapy process: the client's assertion that he no longer understands what is being said; silence; "nothing works" – no suggestion is appropriate; suggestions are demanded, but only to show how absurd they are. Your proposal for paradoxical verbal work with victim identification sounds basically bioenergetically confrontational and is familiar from working with masochistic structures: to confirm the passive-aggressive "victim clients" in their belief that nothing really works! As therapists we could help to find reasons why there can be no solution in this situation. Why nothing works. If you are

lucky, says Kast, the “victim” gets angry and suddenly finds something that works. The helper must draw in the detached aggression, but can easily become a victim, slip into the role of the aggressor or guilty party (ibid., p. 146ff.). However, we do not feel comfortable in our skin and may not know what to do, because we actually mean “well” for our clients. Purely affirmative therapeutic attitudes will only take you so far here. It is not enough for the therapist to encourage the clients to see their good sides whilst not having worked on their aggression and negative introjects. It is also not enough if the therapist is not able to question his own narcissistic attitude; to help, to be exemplary, knowing and strong.

3 Externalization of Destructive Personality Traits

To be possessed by devaluing inner voices, to be overwhelmed, or to have a picture of a hated person constantly before one’s eyes, causes feelings of powerlessness. The technique of externalizing the hated, introjected object offers a way out of this varying compulsion to attack either oneself or others in relationships. However, I like to use this technique differently from how it is used, for example, in ego-state therapy (Shapiro, 2017), because it goes past projection and offers various possibilities of emotional, physical solution. And given as a homework assignment for the next few weeks, it is a step towards autonomy for clients. My guidelines are not narrow. I only ask which element feels physically detached for a funeral, the purification and destruction of something old: fire, water, earth or air? All clients will find a spontaneous answer. Then I ask them to choose and later create an object they would like to bury on their behalf. I give them a few examples of such symbolic objects, pictures, etc. But the task of finding one that applies to them remains with the client. Their creativity is demanded. The ritual itself should give them the opportunity to connect *pleasurably* with their destructiveness. It should be fun!

The creation starts a process of emotional and physical solution. The bound-up emotions of grief, anger, disgust, sadism, the joy of evil are triggered, energetically charged, something that cannot succeed through words alone. At the same time, self-effectiveness is experienced in the process of creation and in the ritual of the funeral.

Example 2: Report from a patient with incest history

“In the meantime, I’ve created an object of aggression. It was a real challenge and the result was a life-size figure with a penis made out of a stuffed pink sock :-)) :-)) :-)). Your suggestion has been fruitful. It also didn’t take much for me to take out my aggressions on this doll. The actually challenging process was giving myself permission to create it and thereby have a concrete counterpart, i. e. to see, feel and act out my aggression in an object-related way.”

And on Saturday evening she/he experienced her/his transformation in a fire ritual with sage, lavender, a shroud, candles and chants in the quarry and when she/he was almost burned, people dropped in, although it was already pitch dark – 10 pm.

“My partner was there, although he was really worried that we could be reported for burning of hazardous waste if someone saw us; as the object was made of pillow stuffing, duct tape, garbage bags and acrylic filler. It was really adventurous and I am glad and relieved to have done it. More about that in the next hour.”

Hands and eyes are energized through active work with the hands. The inner image is transferred to an arm's length away, instead of being intrusive and forceful on a mental level and impairing physical sensations. In traumatized patients, eyes and hands (especially wrists) are mostly frozen energetically, detached from the rest of the body. The eye-hand coordination during the creation process will lead to processing and unloading of the original experience as well as re-integration (a sensorimotor re-appropriation). The exaggeration of individual characteristics by over-shaping and garish painting, the hateful, penetrant, penetrating (eyes, mouth, penis, hands, vagina), exhausting, leaching, making clear the unpleasantly seductive, makes room for aggressive impulses. Particularly one's own aggression expressed therein can be lived lustfully and at the same time vicariously, harmlessly through the object, without acting in a way that is harmful to oneself or others. In the process, feelings of hatred and disgust are brought out of one's own body. The materials, the creation process (kneading, mashing, smearing, painting, shaping) and the type of object should be haptic and visual fun.

Example 3: The negative mother introject during masturbation

Mr. L. late forties, hardly any sexual experience with women, no relationship, no children. He is very active professionally and successful as a freelance psychologist. His mother has been mentally ill (depressed) since his birth. As a young boy he was already responsible for the emotional state of his mother. His father had been absent a lot, and had practically handed over responsibility for his mother to him. When he would get back from kindergarten/school, she often would often sit in front of the TV in her bathrobe, devoid of motivation, and “binged” one show after the other. He himself, when exhausted, also sometimes falls into excessive TV and candy consumption. He often finds younger women beautiful, starting at the age of 40 he does not find women sexually appealing. Those much younger women whom he finds sexually attractive himself usually do not respond to his desire. He reports of “exhausting, destructive” masturbation fantasies, which leave him “empty, without energy, depressed” afterwards.

These are self-damaging rituals that have to do with the feeling of “sucking out” women (mother figures). The bioenergetic therapy lasted over forty hours. On the

comprehension level, I interpret his professional overactivity as defence against the internal part (the maternal introject) which, like his mother, is devoid of energy, regressive, depressive and watches too much television. Mr. L. recognizes himself in this interpretation of his energetic dynamics. – What was the client’s feeling when he came home as a young boy and found his mother like this? To explore the introject, I ask him to give me a concrete account of his inner image: his mother sitting in her bathrobe in front of the television. Her posture, her facial expression, what exactly did the bathrobe look like? Which fabric? How did it feel? My suggestion for further work on this introject takes us in direction of externalizing and shaping the inner image. I gave him the homework of designing a mother figure out of paste-glue and newspaper, and to look for a fabric that looks and feels like the fabric of the red bathrobe. Later, the client tells me that he wanted to drown this figure in a pond near his parents’ house, but unfortunately the pond was frozen over. So, it “occurred” that he was able to dispose of it in his parents’ garbage can in front of the house, which was very satisfying for him. In the course of the bioenergetic therapy, he learned to limit these masturbation images of “sucking out” even further through pelvic body work. He now feels rather refreshed after masturbation.

4 Physical Expression of Reluctance, Disgust, Aversion by Darwin, Tolkien, Reich and Lowen

In his 1872 work, “The Expression of the Emotions in Man and Animals”, Charles Darwin explores the similarity of expressions both within species and between species. What particularly impressed him about human studies was the fact that forms of physical, emotional expression (especially facial expressions) are similar in people all over the world, regardless of their cultural heritage. I was interested in how Darwin described the universal, non-verbal expression of reluctance, disdain, mockery, loathing, displeasure, disgust, contempt. The following quotes are important for the bioenergetic perspective (Darwin, 2000, p. 287ff.):

“Since the sensation of repugnance originally arises in connection with the act of eating or tasting, it is natural that the forms of expression for the same consist mainly of movements around the mouth. But since disgust also causes anger, it is usually accompanied by a frown and often also by gestures, as if one wanted to push away the disgusting object or to oppose it.”

“Extreme disgust is expressed by movements around the mouth which are identical to those preparing for an act of vomiting. The mouth is opened wide, the upper lip is pulled back strongly, which brings the sides of the nose into strong wrinkles, and the lower lip is stretched forward and turned over as much as possible.”

“Stretching the tongue forward to make an adverse object fall out of the mouth might explain why stretching the tongue generally serves as a sign of contempt or

hatred. Mouth and nose are involved in the expression, the connection to sense of smell and taste plays a role. For example in wrinkling one's nose, showing canines, exhaling sharply out of one's mouth, sticking out the tongue, spitting, guttural sounds like achch..., uchch..., puhh..., phhh..."

A client, for instance, answered my question, "Do you love your wife?" – "Phh..., I can't really tell". "And do you love your children?" – "Phh..., can't tell either. But they love me. I don't know why, either." During this, there was more facial expression of his nasal root and vocal expression than explaining words.

The Maori Haka ritual for getting ready to face the opponent before battle contains many such gestures, sounds, and sticking one's tongue out.

The figure of Gollum in the *Lord of the Rings* inspired me while working with vocal expressions of malice, meanness, indignation, pain and suffering, disgust, contempt, sycophancy, pitiful (Tolkien, 1983). Simply put: everything that one would not like to be, but which is well suited for energizing one's own negativity. As a symbol for the shadow of a split personality, widely known, and equipped with all the ugliness of physiognomy and voice, it offers, in my experience, a creepily refreshing potential for the solution of the first three segments after Reich. Gollum itself, however, stands for the sustained division between soul and body, the blocked energy in the voice: neither does it show the tongue, nor does it really retch anything out.



Figure 1: Tolkien's "Gollum" – Example of a Personality Split (Source: <http://ardapedia.herr-der-ringe-film.de>; drawing on the right: Bente Schlick [CC-BY-SA])

The name Gollum was given to him because he emits a noise that sounds like "Gollum" whenever he is feeling appetite, suffering or indignation. In other words, the name is intended as onomatopoeia, because it strongly reminds us of the gurgling and smacking sounds Gollum makes. British actor and director, Andrew Serkis, gave Gollum/Sméagol his voice in *Lord of the Rings* and *The Hobbit*. Serkis states in an interview that he had studied the Gollum's personality in depth and was looking for a voice that could express Gollum's pain. He concentrated on the

sounds coming from his throat. While he was reflecting on it, he happened to be inspired by one of his cats, who retched out a cat pellet before his eyes. This happens through an incredible convulsion and a wave movement of the whole spine from bottom to top. Andy Serkis did not come to develop this voice by studying anatomy and voice therapy books or bioenergetics. He did, however, bring life to Gollum as a character with his psychologically sound observation, empathy and enormous acting and vocal abilities.

Here are two entertaining examples of parodies of Theresa May and Donald Trump:

- https://www.youtube.com/watch?v=6sGH_v1mDEE from minute 3.40.
- <https://www.youtube.com/watch?v=64mWOoj68qo>

Wilhelm Reich (1942) described body armor in segments that are functionally involved in emotional expression or its blocking. If we follow Darwin's phenomenology of unwillingness, our clinical experience and neurobiology, the first three segments are critical to its expression (Reich, 2010).

- 1st segment "ocular": musculature of forehead, eyes, cheekbone region
- 2nd segment "oral": lip, chin, throat, upper neck muscles
- 3rd segment "neck/throat" uses the deep neck musculature and the Sternocleidomastoid muscles (neck turner). The emotional function of neck armor can be felt by trying to suppress crying or anger.

According to Alexander Lowen, the jaw, in particular, plays an important role in emotional control. Alexander Lowen sees it as the "Portcullis of the Personality", the key to all other blocking mechanisms in the body. All contractile muscles of the upper body (mouth and jaw muscles, tongue, neck, diaphragm, intercostal muscles, etc.) as well as the pelvic muscles are involved. Like Reich, he emphasized the gag reflex and the vocal expression as important for the solution of the blockages (Lowen, 1979, p. 241ff.).

5 Therapeutic Approaches

Reich and Lowen both worked with character analysis, biographically, in the tradition of Freud. The model for this was the urge theory with focus on inhibition of aggression and sexuality as disease triggering. Analysis and body techniques were primarily based on the therapist's activity (monadic approach), but both had great intuitive, interactional aptitude. The danger of the urge theory-based, classical bioenergetic perspective lies in overlooking the destructive relationship patterns of the patients and their energetic urgency in self-perception and perception of others, and in limiting therapy to dissolving or cathartic methods, without working on these patterns of contact to oneself and in contact with others. Con-

sequences of trauma, such as dissociation, intrusion, shock-induced paralysis, lack of expressiveness and mistrust (projection/introjection) in interpersonal contact can only be dealt with through interventions such as kicking and hitting with a tennis racket (Lewis 2008) to a limited extent. Apart from expressive motoric and vocal techniques (hitting, kicking, screaming), the treatment repertoire also included hands-on techniques for unblocking, in particular for triggering the gag reflex and freeing of the throat and diaphragm. This procedure serves to open voice blocks and to discharge the suppressed feelings with pressure on the Scalenus muscles and the Sternocleidomastoid (Heinrich-Clauer, 2015, p. 41).

“The best way to disrupt the “swallowing” of emotions is to trigger the gag reflex” – “If the reflex is activated or if it is possible to make the patient vomit, the emotions held by the neck armor are exposed” (Reich, 2010, p. 492).

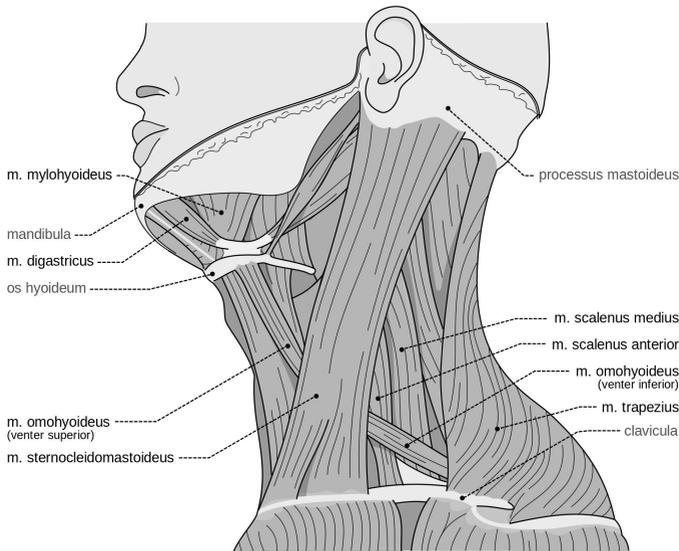


Figure 2: Muscle of the Neck³

The sympathetic nervous system, which is part of the vegetative nervous system and triggers flight and combat reactions, is directly connected to the short neck muscles. It stiffens them in situations involving stress, anger or fear. The direct reaction chain between the mandibular joint, short neck muscles and the floor of

3 https://de.wikipedia.org/wiki/Musculi_scaleni#/media/File:Musculi_coli_base.svg. Von Olek Remesz (wiki-pl: Orem, commons: Orem) – Own work, based on this picture from Gray's Anatomy., CC BY-SA 2.5, <https://commons.wikimedia.org/w/index.php?curid=2339732>

the mouth also plays a central role. If one of these parts is hypertonic, the others also react with hypertension. Tension in the short neck muscles or in the chewing muscles reactively leads to over-tension in the front neck (Spiecker-Henke, 2013, p. 191). In this context it is important to know that the psoas is reflexively connected to the opposite head turner (M. Sternocleidomastoid). A one-sided persistent, visible shortening of the head turner may indicate a functional disbalance caused by the contracted psoas (*ibid.*, p. 179).

So while Reich and Lowen worked on the blockage of vocal expression of anger, crying, aversion with hands-on techniques (or recommended a daily ritual with lukewarm water for the vegetative triggering of nausea), Ben Shapiro suggests numerous exercises for energizing our dark side, which work without hands-on methods of the therapist and are based on a psychodynamic understanding of the different demonic parts of our person. I learned most of what I know about working with negativity, one's own devil/witch on the energetic level, from him. He also shows us that, for example, the acting out of the facial and vocal expression of the "village idiot", tongue outstretched, is a suitable energizing means for narcissistic structures; to clear the head, to work on one's own know-it-all attitude and arrogance or to solve this posture (Shapiro, 1994, 2000, 2006).

Discharging techniques that promote emotional expression are valuable and not fundamentally inappropriate. It is however necessary to expand them by linking them with inner images and – especially for clients with victim experience – with charging-containment exercises, in order to promote self-efficacy so that they do not end up in a passive posture again. Concerning the work with destructive parts of a person, I am interested in such concepts of negative inner images that allow a connection to be established between psychodynamics (introjects as a mental defence mechanism) and patterns of muscular blocking that unfold in the encounter between therapists and clients. Concepts that respect and consider the detached aggression contained in negative introjects in their relationship statement – and that direct diagnosis and intervention not only to the vegetative, muscular, fascial level of the client's body. I focus on vocal expression in order to use the less invasive voice work so that the clients can become self-effective and autonomous in their relationship to me. The clients should be given the freedom to find own interpretations instead of external ones, as well as the possibility to develop an authentic vocal expression. The tongue plays a special role here.

6 Bioenergetically Expressive Work with Negativity: Functional Energetic Aspects – (throat–mouth–tongue)

After having studied the body's resonance and voice for some time (Heinrich-Clauer, 2015), I was interested in how these phenomena and functional connec-

tions of the vocal expression of negativity can be explained anatomically? Why is it worthwhile to give more thought to the bioenergetic work with the tongue? Why does the guttural vocal expression of disgust and reluctance and the tongue lengthen the neck? Why does this open the eye block? Why does hearing improve? The neurophysiological effects of negative and positive primary emotions on vocal expression and auditory perception of human voices and facial expressions can be described with Stephen Porges's Polyvagal Theory. There is a coupling of the ventral vagus complex (VVC) to regulate gaze and attention, facial expression, prosody and the ability to listen (Porges, 2010, 75ff; Heinrich-Clauer, 2015, p. 34ff; Winkler, 2018).

In an external or internal threat situation, the sound of human voices is perceived more vaguely, the voice loses its ability to modulate, facial expression range decreases and changes to negative expressions, the eyelids hang down. The tonus in the entire VVC is reduced to promote combat or escape behaviour and to restrict social behaviour.

In socially safe situations (high tonus of the VVC), humans can show friendly facial expressions, make eye contact, express themselves with an appealing sound of voice and rhythm of speech. The muscles of the middle ear are influenced in such a way that human voices can be clearly distinguished from background noises. In the inner ear, the Stapedius muscle is innervated, thereby improving social hearing of speech (a kind of orientational reaction). The auditory tuba (ear trumpet or Eustachian tube) is opened when the soft palate is stretched.

In many bioenergetic interventions, we have used the tongue's extension in the therapy process intuitively to express disgust and reluctance. This was part of our background experience, but we do not have more detailed explanations of the anatomical connections in terms of efficacy and little explicit repertoire of exercises, except for Ben Shapiro (Heinrich-Clauer, 2015). As early as 1942 Reich pointed out: "The tongue musculature essentially attaches to the bones of the cervical vertebrae" (Reich 2000, p. 492): an important indication that there are functional connections between the tongue and the spine, the skull base musculature, i. e. with the ocular segment and the solving of the eye block. The tongue "is a grandiose acrobat of movement" and "The almost unlimited possibilities of the tongue essentially determine sound formation and resonance" (Spiecker-Henke, 2013, p. 277).

The oral cavity consists of the hard and soft palate, the floor of the mouth with the tongue. The hyoid bone (os hyoideum) is a u-shaped bone below the floor of the mouth, which is not connected to the rest of the skeleton, but suspended by muscles and ligaments between the base of the skull and the floor of the mouth on the one hand and the sternum on the other hand. Hyoid bone and larynx are connected by a muscular-fascial membrane to form a functional unit. The base of the tongue is innervated by the vagus (innervation of the tongue by the hyoglossal nerve). If the hyoid bone is lifted by an overstretched floor of the mouth, the larynx also lifts at the same time (ibid., p. 255). Therefore, the spastic

tongue muscles are functionally connected with the pushing down of the Adam's apple and the contracture of the deep and superficial neck muscles. The spastic contracture of the neck segment therefore involves the tongue. This occurs when tears and rage are swallowed! The larynx (sphincter) protects us with reflex cough attacks if foreign bodies penetrate via the respiratory tract. In other words, it is primarily a "lifesaver" and only secondarily responsible for communication (*ibid.*, p. 254). But when emotional expressivity is suppressed, voice versatility is restricted by, among other things, increasing tension in the laryngeal muscles. There is a neural connection here, from the limbic system to the striated laryngeal muscles via the vagus. The inability to react spontaneously and adequately to the environment becomes itself a source of chronic stress (Sonntag, 2003, p. 56).

When Andy Serkis was looking for a voice for the Gollum figure, he focused his attention on the pharynx/throat to identify a space for the expression of (held) pain in the body. The pharyngeal or throaty sounds are well suited for this. All expressions of pleasure and pain are linked to the width or narrowness of the throat. The throat width (parasympathetic innervation) is related to feelings of lust, joy, develops when laughing, enjoying delicious food or pleasant situations. The narrow throat (sympathetic innervation) accompanies emotions such as grief, anger and crying, somatic complaints. Each narrow throat is accompanied by a raised position of the larynx and muscle contractions in the throat and mouth (Spiecker-Henke, 2013, p. 130).

The pharynx is a cavity containing air (anatomically speaking, it consists of three cavities), the diameter of which is highly flexible. Food intake, respiration and communication pass through these cavities. This flexibility is important for vocal expression. The explanation for the blocking or opening of the voice can be found in the system of pharyngeal muscles (ring muscles). The rear throat tract is made up of three ring-shaped muscle bundles, the pharyngeal cords (*Mm. Constrictores pharyngis*), which are important for swallowing. The upper constrictor superior is attached at the back to the skeletal parts of the skull base, at the front to the hyoid bone and the larynx. The constrictors stop under the base of the skull and are replaced by a connective tissue-like membrane (Rohen, 1975, 1977). The middle constrictor obstructs the hyoid bone in its mobility when it is over-stretched. This impairs resonance and sound formation.

When activated, it supports the soft palate in sealing off the nasopharyngeal cavity (Spiecker-Henke, 2013, p. 274f.). The nasopharyngeal cavity can be blocked or opened by raising and lowering the soft palate, which is important in the case of obnoxious smells or feelings of disgust. The close connection between perception or expression of disgust and aversion and the sense of smell and taste is explained functionally by this (*cf.* Darwin and Siegel).

Here we also find the functional explanations, which are important for bioenergetic work; that in expressive vocal, motoric work with defensive emotions a solution takes place where the cervical spine is unblocked, the neck is longer, and the eye blockage is solved.

7 Summary

Darwin showed how the expression of unwillingness is associated with taste and smell organs and how mouth, nose, throat and tongue are involved. Gestures such as sticking out the tongue, spitting, annoyed frowning, wanting to push away or pull back the lips, and guttural sounds are part of it. Reich discovered the emotional function of neck armor (third segment). He spoke of the “swallowing” of emotions, like crying, whimpering, sorrow, anger, aversion – and in his work on the solution of inhibited vocal expression he relied on the triggering of the gag reflex. Like Reich, Lowen emphasized the gag reflex and the vocal expression as significant for the solution of the blockages (Lowen, 1979, p. 241f.). Both concentrated on the neck armor (Scalenus and Sternocleidomastoid musculature) with hands-on techniques, and less on the tongue and throat. These muscle groups per se have no communicative, social component. Shapiro extended the bioenergetic methodology by charging-containing exercises for the voice, working with introjects (devils) as well as the pleasurable sticking out of the tongue. He developed this intuitively, creatively, without explaining the functional references. But in this way he integrated a social-communicative organ, the tongue, into the work with our shadow/introjects.

If Gollum could now stick out its tongue, openly show its contempt and puke, or express its desire, it would no longer be the split character. For it is precisely the bound aggression that leads to pain (victim role) and insidiousness (perpetrator role) showing themselves alternately. The integration of his person does not succeed (it speaks of itself in the third person). He also appears as an asexual being. His voice testifies to the binding of aggression in the throat and tongue blockage. Just as crying openly is blocked. At the end of the film the Gollum emits a resounding scream as he plunges into the magma of the fire cave and dies. During his lifetime he could not free himself in his voice. Here, the opening of the throat would probably be a way of solving destructive introjects, just as it can happen in energetic work with clients.

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Life Force: The Source of Self-Regulation, Love and Bonding¹

The Therapeutic Functions It Underlies

Guy Tonella



Abstracts

“Life force” is at the core of the prodigious upsurge in the complexification of the living, from the bacterium to the human being, thanks to the life force’s regulating principle: “homeostasis”. Lowen had faith in the life force, in the unsuspecting skills of the human organism, in his intelligence, in his capacities of self-regulation. We, bioenergetic therapists, are today “ferrymen” between the atom and the spirit, “ferrymen” between nature and culture, “ferrymen” between individual homeostasis and ecological homeostasis, “ferrymen” between the grounding in the earth and the oceanic feeling. We transmit to our patients these bonds of attachment that unite us both to humanity and to nature: these links are sensori-emotional in nature, intrinsically intelligent and deeply regulating.

Key words: life force, regulatory homeostasis, ESMER functions, therapist’ functions

¹ Keynote Address delivered to the 25th IIBA Conference in Portugal, 25 May 2019.

La force vitale: La source d'autorégulation, d'amour et d'attachement. Les fonctions thérapeutiques que cela sous-tend (French)

La "force vitale" est au cœur de la prodigieuse recrudescence de la complexification du vivant, de la bactérie à l'être humain, grâce à son principe régulateur: "l'homéostasie". Lowen avait foi dans la force vitale, dans les compétences innées de l'organisme humain, dans son intelligence, dans ses capacités d'autorégulation. Nous, thérapeutes bioénergétiques, sommes aujourd'hui des passeurs entre l'atome et l'esprit, des passeurs entre nature et culture, des passeurs entre l'homéostasie individuelle et l'homéostasie écologique et systémique, des passeurs entre l'enracinement dans la terre et le sentiment océanique. Nous transmettons à nos patients ces liens d'attachement qui nous unissent à la fois à l'humanité et à la nature: ces liens sont de nature sensorio-émotionnelle, intrinsèquement intelligent et profondément régulateurs.

Fuerza vital: La fuente de la autoregulacion, Amor e Union. Funciones terapeuticas que subyacen (Spanish)

La "fuerza vital" está en el centro del prodigioso aumento de la complejidad de los vivos, desde la bacteria hasta el ser humano, gracias al principio regulador de la: "homeostasis". Lowen tenía fe en la fuerza vital, en las habilidades desprevenidas del organismo humano, en su inteligencia, en sus capacidades de autorregulación. Nosotros, terapeutas bioenergéticos, somos hoy "barqueros" entre el átomo y el espíritu, "barqueros" entre la naturaleza y la cultura, "barqueros" entre la homeostasis individual y la homeostasis ecológica, "barqueros" entre la tierra y la sensación oceánica. Transmitimos a nuestros pacientes estos lazos de apego que nos unen tanto a la humanidad como a la naturaleza: estos vínculos son de naturaleza sensorio-emocional, intrínsecamente inteligentes y profundamente reguladores.

Forza vitale: fonte dell'autoregolazione, dell'amore e del legame. Le funzioni terapeutiche sottostanti (Italian)

La "forza vitale" è il fulcro dell'impulso prodigioso della complessità della vita, dal batterio all'essere umano, grazie al principio regolatore della forza vitale: "l'omeostasi". Lowen aveva fede nella forza della vita, nelle insospettabili capacità dell'organismo umano, nella sua intelligenza, nelle sue capacità di autoregolazione. Noi terapeuti bioenergetici, oggi siamo "traghettatori" tra la l'atomo e lo spirito, "traghettatori" tra cultura e natura, "traghettatori" tra omeostasi individuale e omeostasi ecologica, "traghettatori" tra il radicamento nella terra e il sentimento oceanico. Trasmettiamo ai nostri pazienti questi legami di attaccamento che ci uniscono sia all'umanità che alla natura: questi legami sono di natura sensoriale-emotiva, intrinsecamente intelligenti e profondamente regolatori.

Força Vital: A Fonte da Autorregulação, Amor e Vínculo. As Funções Terapêuticas em que se baseia (Portuguese)

A "força vital" está no centro do extraordinário aumento na complexificação da vida, da bactéria ao ser humano, graças ao princípio regulador da força vital: a "home-

ostase”. Lowen tinha fé na força vital, nas habilidades insuspeitadas do organismo humano, em sua inteligência e em sua capacidade de autorregulação. Hoje, nós, terapeutas bioenergéticos, somos “mensageiros” entre o átomo e o espírito, entre a natureza e a cultura, “mensageiros” entre a homeostase individual e a ecológica, entre o “grounding” na terra e o sentimento oceânico. Transmitimos aos nossos clientes esses vínculos de apego que nos unem à humanidade e à natureza: essas conexões são de caráter sensorio-emocional, intrinsecamente inteligentes e profundamente reguladoras.

Lebenskraft: Die Quelle der Selbst-Regulation, Liebe und Bindung. Die therapeutische Funktion, der sie unterliegt (German)

“Lebenskraft” ist im ‘Kern’ des erstaunlichen Auftriebs in der Komplexifizierung des Lebens, vom Bakterium bis zum Menschen, dank des die Lebenskraft regulierenden Prinzips: der “Homöostase”. Lowen glaubte an die Lebenskraft, an die arglosen Fähigkeiten des menschlichen Organismus, an seine Intelligenz, an seine Möglichkeiten der Selbstregulation. Wir, bioenergetischen Therapeut_innen, sind heutzutage “Fährleute” zwischen dem Atom und dem Geist, zwischen Natur und Kultur, zwischen individueller und ökologischer Homöostasis, zwischen Erdung und ozeanischen Gefühlen. Wir übertragen unseren Klient_innen diese bonds of attachment, die uns vereinen sowohl mit der Menschlichkeit und der Natur: diese Verbindungen sind natürlicherweise sensorisch-emotional, intrinsisch intelligent und zu tiefst regulierend.

Жизненная сила: источник саморегуляции, любви и бондинга. Терапевтические функции в её основе (Ги Тонелла) (Russian)

“Жизненная сила” лежит в основе поразительного роста уровня усложнения жизни, от бактерий до человека, благодаря регулируемому принципу жизненной силы: “гомеостазу”. Лоуэн верил в жизненную силу, в навыки человеческого организма, о которых мы еще не догадываемся, в его разум, в его способности саморегуляции. Мы, биоэнергетические терапевты, являемся “паромщиками” современности, соединяющими атом и дух; “паромщиками”, соединяющими природу и культуру; “паромщиками”, соединяющими гомеостаз отдельного человека и гомеостаз экологии; “паромщиками”, соединяющими заземление в земле и ощущение “растворения в океане”. Мы транслируем нашим пациентам эти связи, которые объединяют нас как с человечеством, так и с природой: эти связи являются сенсорно-эмоциональными по своей природе, разумными и глубинно-регулирующими по своей сути.

The Origin of The Force

The Big Bang brought about the formation of our planets. One of these, planet Earth, was shaped over 4600 million years ago. Star dust that carries this imprint forever, is evident in the physical-chemical composition of our celestial body: minerals originating from the universe's compositional material, all types of atmospheric gases (oxygen amongst others) and proteins, carbohydrates and lipids from the fruits of nature that developed on Earth. Our tubular physiology (respiratory, digestive, neural and blood tubes) is an endless fractal tree that resembles that of rivers, trees, leaves as well as that of telluric networks. Our anatomy is conceived as a pump that throbs in a similar fashion as our expanding universe. Our psychology creates our daily reality in the same way as the universe created the Earth; it creates ghosts, like the photonic mirages in the desert; it creates bottomless anguish, like the galactic black holes that absorb energy and matter.

Chance and contingency can drastically change the fate of the planets. This was the case 65 million years ago when a rocky shooting star collided with the Earth, triggering the disappearance of the dinosaurs and benefiting the appearance of mammals, and later the emergence of humanity and, with homo sapiens 200,000 years ago, the advent of the spirit and of culture. Nature had found inherent resources that enabled it to rise from the ashes and from the darkness in which it had been plunged. Through "emergence" and "self-organization", it was able to recreate the advent of Beauty and Happiness on the Earth. Nature, intrinsically, carries Life, intelligence and the power of self-healing, both for itself and for the creatures it engenders. This Force drives the universe, the earth, nature and the living.

This Force drives the human being. This life force is its emerging principle, irreducible to an assembly of atoms of carbon, oxygen and hydrogen. At the descriptive level it remains a mystery, but it is a reality at the intimate experience level. These intimate, subjective and intersubjective experiences are the foundation of our bio-energetic approach: we *experience* how the force, the vital impulse and its energetic flows propel the life within us. Beauty thus is self-imposed in its original state: energetic.

Regulating the Force to Increase the Complexification of the Living

However, a look at the last 4 billion years confirms that the Force, the vital impulse, needs to be regulated to give rise to evolution. Only a regulated energetic – bioenergetic – process has led to the prodigious upsurge in the complexification of the living, from the bacterium to the human being.

Bacteria, which appeared about 4 billion years ago, are the oldest terrestrial forms of biological life. They are simply a nucleus-free cell, but they have already developed a complex social dynamic in which they cooperate with each other, challenging other groups in order to secure territories and resources, and battling to defend their territory.

For 100 million years, invertebrate insects such as ants, bees and termites have developed complex social routines, in which their tasks are intelligently distributed, aimed at finding vital resources and transforming and dispersing them within their colony. Their complex architectural nests include well planned circulation routes, ventilation systems along with a waste disposal system. They have developed a whole system of governance around their queen, and they boost an organized economy.

Living systems, driven by life force, have not, thus, ceased to become increasingly more complex. But this has only transpired thanks to the life force's regulating principle: "homeostasis" (Damasio, 2018). Homeostasis is a life force regulating system in action within the organism: it regulates the circulation of fluids, the organism's pressure, its tissue tension degree, as well as the rhythm of the evolved systems, such as the cardiac and respiratory systems, etc. Homeostasis links bacterial behavior to the emergence of human behavior.

It is as if, within each cell initially and later in the entire organism, there existed an "intention" to reach a self-regulated state of life. Living systems behave as if driven by an uninformed and involuntary desire to move towards the future. This desire is what homeostasis supports by coordinating the set of processes that maintain order within the cell, and maintaining the coherence of its structures and functions, despite the threats of chance. Homeostasis has never aimed at a perfectly stable economic state between energy income and expenditure. It has favored an energy surplus state, with a positive imbalance that allows us to act, create and ensure that life goes on.

Ultimately, as the complexity of the living has increased during the course of its evolution over the last 4 billion years, life force regulated by homeostasis engendered the successive development of *five fundamental functions*: the energy function, the sensory function, the motor function, the emotional function and, finally, the representational function, specifically human, all constitutive of the Self (Tonella, 2008). These functions supported the emergence of consciousness, of the spirit, of verbal language and of culture.

This regulated force drives the human organism made up of billions of cells, drives its brain which is composed of billions of neurons, drives the spirit born from the interaction between those billions of cells and billions of neurons, drives the communities of human organisms that build culture.

A regulated metabolic dynamic, guided by homeostasis, would be the essential factor that typifies the origins of life, the essential process for the conservation of life and the generating principle of its creative dimension.

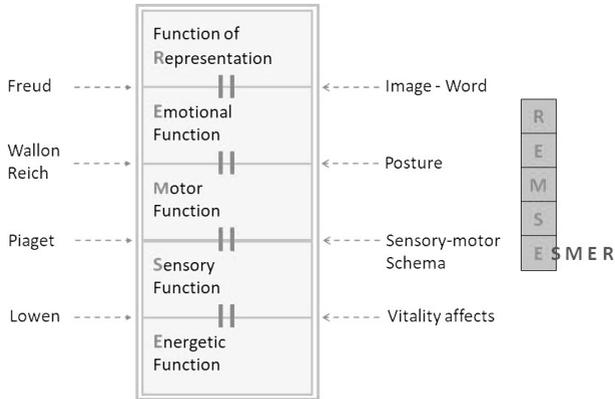


Figure 1: The Self and its Five Functions

The Therapist – “Guardian” and “Regenerator” of the Force

Wilhelm Reich and later Alexander Lowen relentlessly traced the Force within us: it was called “bioenergy”, energy of the universe converted into biological energy. This life force became the fundamental subject matter of this wonderful therapeutic method developed by Lowen and that brings us here.

A bioenergetic therapist has, therefore, this first essential function: to help patients continuously renew their vitality, driven by the bioenergetic force. Because Lowen conveyed that paradigm: human complexity is only alive, loving and creative when it succeeds in preserving its energetic potential, when it manages to regenerate that life force that occasions it to act and interact.

To this end, the bioenergetic therapist uses a variety of exercises and “energetic” task situations that are the envy of many other Schools.

Two big functions organize this energy potential:

1. *The expansion-contraction function:* The flows of energy functionally run from the organism center towards its periphery, which is from the inside to the outside, creating expansion and supporting the adaptive action or the act of communication (Refer Figure 2). This is true at a cell level (from the nucleus to the membrane), and it is also true in terms of the organism as a whole (from the inside to the outside) (Reich, 1940). But muscle contraction can interrupt that flow, preventing it from reaching the periphery and inhibiting expressiveness and motor skills. Chronic muscle contraction then paralyzes expression and action.

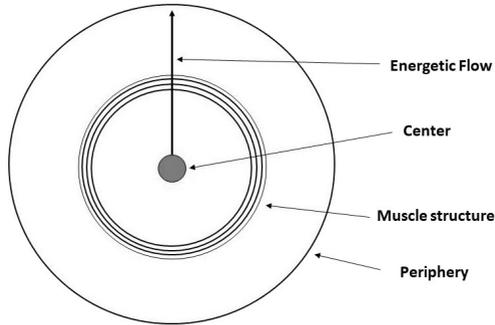


Figure 2: The Direction of the Force from Centre to Periphery

2. *The pulsating and wave function:* The energy flow which runs from the center of the organism to its periphery is rhythmic: the alternating expansion and contraction produces pulsation (Refer Figure 3). These rhythmic pulsations drive all living beings, from the amoeba to human being (Reich, 1940). The segmental organization of vertebrates made the *pulsating function* more complex, to which a *wave function* was associated (Reich, 1940, p. 314). But when the pulsating/wavy movements are interrupted, movement is no longer generated: the energy, sensory and emotional states diminish considerably, until they can no longer be perceived.



Figure 3: The Pulsatile Function

The Therapist – Co-Regulator of the Life Force and of the Self

The bioenergetic therapist has this second essential function: to help patients find or recover their sense of homeostatic regulation. How does the therapist do this?

Firstly, through co-integrating the pendulous movement of opposing experiences (Refer Figure 4). At all levels of the Self, the life process swings like a pendulum between extremes (Lowen, 1958, p. 68; pp. 81–84): between inhalation and exhalation, between hyper-arousal and hypo-arousal of sensory functions, between muscle contraction and relaxation, between love and hate, between yes and no.

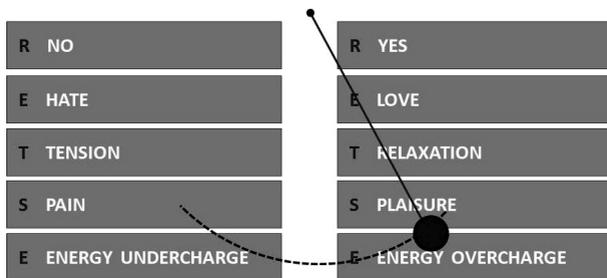


Figure 4: The Pendular Function

This pendulous movement has to learn to build bridges between the extremes, to co-integrate opposites and to find a halfway reference point between them, a centre through which the pendulous movement will not cease to pass throughout its continuous regulation ... until it becomes the centre of the Self, the centre of gravity of a vertically aligned Self.

Porges’s Polyvagal Theory

Stephen Porges’s (2011) polyvagal theory suggests a new modelling of the post-traumatic Self entailing four different positions:

A When it is in the area of optimal activation (refer Figure 5);

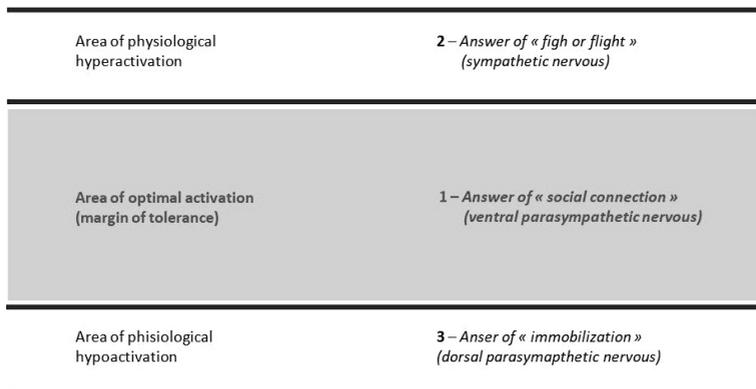


Figure 5: Polyvagal Theory: Optimal Activation

B When it is trapped within the extreme polarity of chronic sympathetic hyper-arousal (refer Figure 6);

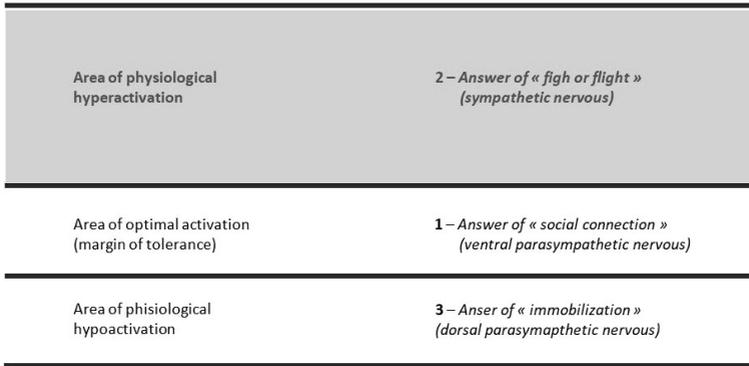


Figure 6: Chronic Sympathetic Hyper-arousal

C When it is trapped within the extreme polarity of chronic dorsal parasympathetic hypo-arousal (refer Figure 7);

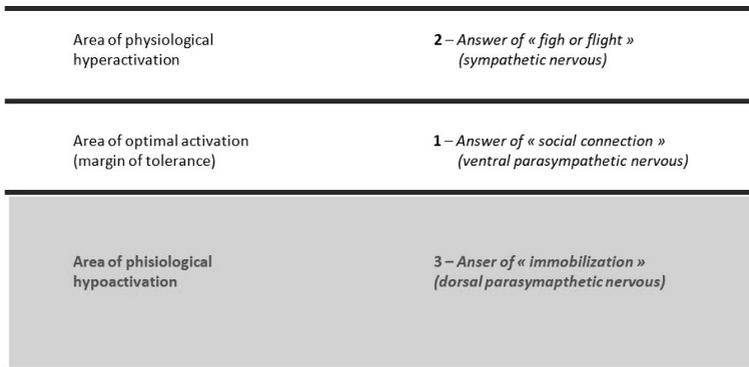


Figure 7: Chronic Sympathetic Hypo-arousal

D When it is trapped in continuous shifts between one extreme and the other (Siegel, 1999) (refer Figure 8).

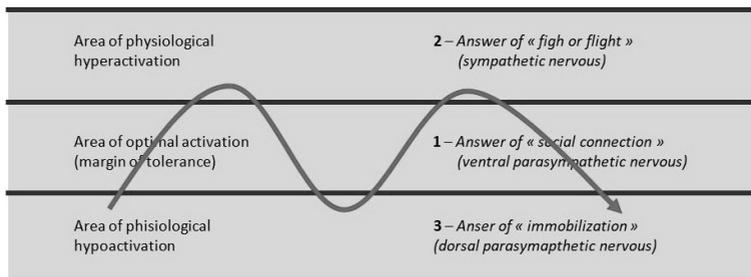


Figure 8: Continual Shift Between Hyper- and Hypo-arousal

Secondly, the therapist helps the patient find or recover their sense of homeostasis through the pendulous movement regulator of functional bipolarities. The therapeutic process is thus aimed at restoring the regulating “pendulous movement” within an optimal physiological arousal area of the organism: neither too much nor too little.

➤ The functional bipolarity between an *energy charge*, which is handled by the upper half of the organism, and an *energy discharge*, which is handled by the lower half of the organism, the organism, ultimately, seeking its balance or “energy balance” (Lowen, 1972, p 55). The principle of “grounding” follows from this (Lowen, 1958, p. 79) (refer Figure 9).

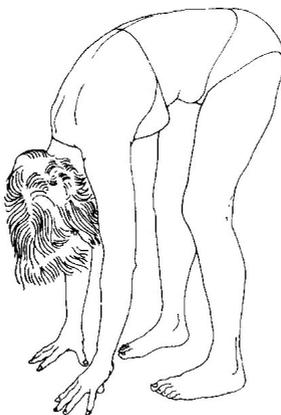


Figure 9: The Grounding Position

- The functional bipolarity between a sensory and tender expression handled by the anterior side of the organism and a motor and aggressive expression handled by the posterior side of the organism, the organism, ultimately, seeking balance and the union of them both (Lowen, 1958) (refer Figure 10).

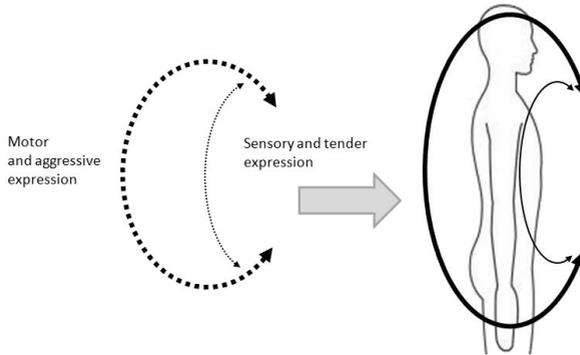


Figure 10: Bipolarity Between Anterior and Posterior Side of Organism

- The functional bipolarity between *intellectual and sublimation* activities produced by ascending flows of physiological arousal and the *motor and sexual activities* produced by descending arousal flows, the organism, ultimately, seeking to balance and co-integrate these antithetical flows (refer Figure 11).

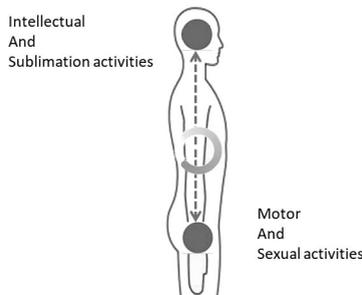


Figure 11: Bipolarity Between Upper and Lower Part of Organism

To respond to all these organismic regulations needs, there are numerous resource exercises initially created by Alexander Lowen and described in his publications, and which were later improved by successive generations. The most classical ones involve breathing exercises as well as the use of the respiratory stool, kicking, reaching out, grounding, the use of the racket, etc.

The Therapist – Transmitter of Relationship Regulating Properties

The human Self has also had to develop a regulated social relationship system. Humanity inherited relational and behavioral skills from the species that preceded us, particularly the large apes with which we share at least 95 per cent of our genome. The attachment bond that unites a large ape with its offspring or with the other congeners already possesses most of the properties on which the human attachment bond and, ultimately, any human social relationship is based.

We bioenergetic analysts have understood that these properties and values were first expressed, over the course of the millennia, in corporal and interactional modes that were assisted by an ever-increasing brain complexity (Damasio, 2017). Our limbic system bears an attachment instinct imprint, with a tendency to provide support and comfort; empathy is inscribed in brain nerve structures, especially in mirror neurons.

The bioenergetic therapist has this third essential function: to help patients discover, rediscover or develop the six properties of the attachment relationship that organize and regulate all future social relationships (Tonella, 2014):

- *Mutual intentionality*: designates the conscious interpersonal determination to express one's intentions and to interact with another/others. It is at the source of intersubjective relationship and of shared meaning (Trevarthen, 1979, 1998).
- *Mutual synchronization*: designates the interpersonal effort aimed at synchronizing the rhythmic aspect of the exchanges: responding to another neither too early nor too late (Beebe, 2000). To this end, the physiological rhythm of the biological systems, such as the respiratory rhythm, and the behavioral relational rhythm, as for example the linguistic rhythm, must also be synchronized (Reite and Capitanio, 1985, p. 235).
- *Affective attunement*: this is about adjusting to the partner's emotional state, both in the non-verbal mode, through vocal, miming, postural, gestural, tactile micro-adjustments, as well as in the verbal mode (Stern, 1985). These echoes, resonances, affective vibration phenomena participate in the feeling of being "received" and "understood".
- *Containment*: containment offers, by definition, a contour that delimits and unites a fluctuating and unfocused content. The musculature and its tonicity variations constitute the prototype containing the arousal flows so that they can be metabolized and non-toxic: not be overwhelmed, without overwhelming the other either. The other, for example a therapist, may also play a containment role when appropriate, for example with his/her patient (Bion, 1977).
- *The regulation of vitality and sensory-emotional states*: this involves maintaining internal homeostasis within a "physiological margin of tolerance" between

the two extremes of hyper-arousal and hypo-arousal (Siegel, 1999). The arousal flows thus regulated can then be contained, tolerated and tuned towards psychic attention, for possible elaboration followed by action (Schoore, 1994, 2003; Porges, 1997; Beebe and Lachmann, 2002).

- *Repair*: in interpersonal relationships, repair follows a loss of attunement, a desynchronization, or a loss of containment or emotional self-regulation. This implies recognizing one's own failure, transforming the negative feelings that it generates into positive feelings and re-establishing mutual intimate communication (Tronick, 1989). The ability to repair increases one's vitality and one's attachment skill (Greenspan, 1981, cited by Schoore, 2003), as well as power of resilience (Demos, 1991).

These six properties enfold the germ of social values such as justice, ethics and peace, which are embodied in cultural, artistic, sports and scientific manifestations. This International Conference is a good example of this. In order to discover and develop each of these six properties, several interactive exercises have been created (Tonella, 2014) allowing to discover/develop each of these six properties.

The Therapist – “Ferryman” from Nature to Culture

To maintain its homeostasis, the living organism must be in close relationship with its natural environment. It has differentiated itself from Nature, and yet it is what it is made of. It belongs to nature. It consumes nature, but it has to restore it. Homeostasis of a biological nature is intrinsically linked to homeostasis of an ecological nature. It is from these successful regulations that emerged life, becoming then more and more complex. From nature is born the human being then the culture.

We are undoubtedly the only species that has developed a cultural dimension based on symbolization processes through signs, images or words. But we must admit that the species that preceded us within evolution groomed us to develop the processes and behaviors that promote culture as a cohesive factor of humanity.

We are therefore, once again, bioenergetic therapists, drivers and choreographers of a vital dance in which instincts inherited from the need for constant adaptation to the natural environment consort with the desire to belong to a culture that molded us from birth and continues to stimulate our desires. Upon reaching adulthood, at best, we experience a state of harmony between the need for nature and the desire for culture, and on occasion contradictions and conflicts caused by fissures between instinct and desires, between nature and culture.

The bioenergetic therapist has this fourth function, equally essential: we are repairers of bonds between nature and culture, because, when working with the

body, we discover lost or dormant instincts or millenary sensations, inhibited by everyday tensions, stress, the quest for performance or for one's social image. In therapy, we awaken sensory-emotional constellations that, in one's breathing, recall the wind and, through movement, evoke dancing in the wind. Bioenergetic analysis engages in a constant dialogue between immemorial corporeal flows and emerging cultural models. Let us never forget those principles and techniques that Alexander Lowen taught us since the 1960s, founders of a practice of one thousand-year-old body intelligence.

This is how the work of bioenergetics makes us swing between being anchored to the mainland (the "grounding" of Lowen, 1958) and the "oceanic feeling" of belonging to the universe as a whole. We are rock and we are wind. We are atomic matter and we are vagabond spirits. The bioenergetic experience weaves that continuum between the atom and the spirit, that dizzying complexity from which restoration, creation, love and beauty arise. It has that extraordinary power to lend life to the union between the infinitely small and the infinitely large, between the feeling of humility and the feeling of exaltation.

If our own bioenergetic therapy has been able to germinate these different levels of consciousness within us, then we will pass them on to our patients. We will transmit bonds of attachment that unite us both to humanity and to nature: the nature of these bonds is sensori-emotional, and they are intrinsically intelligent and deeply regulating.

The Therapist – Promotor of Life Force, Love and Attachment

The bioenergetic therapist has, finally, this fifth imprescriptible function: that of working in the human dignity dimension and promote it. We try to seed love in the hearts of our hurt, unloved, mistreated, abused patients: love of self and love for others. "Without love ... we are nothing," sang Edith Piaf. Love makes us beautiful and clairvoyant: the beauty of flowers, of a starry sky, of the sound of the waves, the murmur of the leaves in the trees ... Love cares: it takes care of oneself, of others, of nature.

I believe that love, like empathy, like taking care of another and of nature is not a simple psychic construction or a mental awareness. It is above all a state of being, sensory and emotional, that dwells deeply within us and is handed on to us through the process of attachment by our mother: our biological mother as well as mother Nature. A multitude of age-less sensory-emotional constellations stem from this maternal conjunction, born from stardust converted into atoms, cells, heart, womb, brain, implicit memory, and arms outstretched to another.

The bioenergetic therapist, due to his/her humanity and universal presence, returns to the patient's physical consciousness those sensory and emotional states

matrices of life. When an organism beats, vibrates, recovers its light, millions of photons are expelled which in turn illuminate others, going through concentric layers, from the nearest in which his loved ones reside, to the farthest, where the absent reside.

As bioenergetic analysts, we have an implicit commitment: to transmit the memory of the universe turned into Nature on earth because it is engraved in our physical-chemical properties, in our vital pulsations, in our corporal rhythms, and in our attachment interactions with the members of our own species, of other species, with the trees, the flowers, mountains and rivers. Perhaps we have that particular mission of transforming that implicit memory into an explicit memory because our tool is our body and our purpose is the awakening of those sensory-emotional constellations becoming self-consciousness, the consciousness of humanity, the consciousness of Nature in which it is immersed and is its cradle. Happiness is in that preserved Beauty that blooms within oneself and around oneself.

Bioenergetic analysts are only “ferryman” on multiple levels. We conduct from the macro-system, which creates the universal feeling of infinite beauty, up to the micro-system, which creates the intimate sensation of cellular pulsation. We are “ferryman” from the atom to the spirit, from cellular reality to self-consciousness. We are “ferryman” from belonging to Nature up to inscription in Culture. We can also be, in these troubled times, regenerators of individual and collective consciousness.

We are the energy of the stars converted into human matter and bodily intelligence. We are the spirit of the universe placed by the wind in a dance, in a poem, in a song. Listen to this song how beautiful it is! (*Casta Diva* from Vincenzo Bellini’s opera *Norma*, sung by Filippa Giordano).

This voice invites us to spirituality, doesn’t it? But where is the spirit? Quantum physics teaches us that it is in each one of our atoms and in each of the atoms of the universe; it is beyond time and space, everywhere at once. The spirit cannot be located. It is quanta, it is a property of this vast ecological system that is the universe to which we belong. The spirit is star, mankind and wind.

May the force be with you!

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The Challenge is “Now” and “In the Future” for Bioenergetic Analysis¹

Patrizia Moselli

Abstracts

Alexander Lowen developed his theory by observing what happened in the evolution of the child and in the construction of his/her defenses. Character defenses block vitality and therefore we could define “vitality” as the procedural memory of our “natural child” who, in the course of their development, has created so many characterological adaptations. Vitality is blocked because it is disorganized by developmental traumas that prevent the natural process of adaptation generated by a loss of love and by attachment disorders. So, working with the life force becomes the center of the therapeutic process, since our vitality is blocked by disorganized defenses that we could consider to be real post-traumatic stress syndromes. Rebuilding “safe relationships” becomes fundamental to create that energy field in which the individual can experience his/her “asleep” vitality. The therapist must be able to convey bonds of attachment that can connect the patient to both humanity and to nature. The therapeutic relationship explores the nature of these bonds, which is fundamentally sensory and emotional, intrinsically “intelligent”, as guided by profound regulatory processes.

Key words: character, complexity, defense, energy, planetary humanism

Le défi du “Maintenant” et du “Dans le futur” pour l’Analyse Bioénergétique (French)

Alexander Lowen a développé sa théorie en observant ce qui se passait dans l’évolution de l’enfant et dans la construction de ses défenses. Les défenses de caractère bloquent la vitalité et nous pourrions donc définir la “vitalité” comme la mémoire procédurale de notre “enfant naturel”, celui qui, au cours de l’évolution, a créé de nombreuses adaptations caractérogiques. La vitalité est bloquée parce qu’elle est désorganisée par des traumatismes du développement qui empêchent le processus naturel d’adaptation généré par une perte d’amour et par des troubles de l’attachement. Ainsi, travailler avec la force vitale devient le centre du processus thérapeutique, puisque notre vitalité est bloquée par des défenses désorganisées que nous pourrions considérer comme de

1 Panellist Response to Guy Tonella’s Keynote Address to the 25th IIBA Conference in Portugal, 25 May 2019.

véritables syndromes de stress post-traumatique. Reconstruire de la “sécurité dans la relation” devient fondamental pour créer ce champ d’énergie qui permet à l’individu de faire l’expérience de sa vitalité “endormie”. Le thérapeute doit être capable de transmettre des liens d’attachement qui puissent connecter le patient à la fois à l’humanité et à la nature. La relation explore la nature de ces liens, qui sont fondamentalement sensoriels et émotionnels, intrinsèquement “intelligents”, guidés par de profonds processus de régulation.

El desafío es “ahora” y “en el futuro” para el analisis Bioenergetico (Spanish)

Alexander Lowen desarrolló su teoría al observar lo que sucedió en la evolución del niño y en la construcción de sus defensas. Las defensas del carácter bloquean la vitalidad y, por lo tanto, podríamos definir la “vitalidad” como la memoria procesal de nuestro “niño natural” que, en el curso de la evolución, ha creado tantas adaptaciones caracterológicas. La vitalidad está bloqueada porque está desorganizada por traumas del desarrollo que impiden el proceso natural de adaptación generado por una pérdida de amor y por trastornos del apego. Entonces, trabajar con la fuerza vital se convierte en el centro del proceso terapéutico, ya que nuestra vitalidad está bloqueada por defensas desorganizadas que podríamos considerar síndromes de estrés postraumáticos reales. La reconstrucción de “relaciones seguras” se convierte en fundamental para crear ese campo de energía en el que el individuo puede experimentar su vitalidad “dormida”. El terapeuta debe ser capaz de transmitir vínculos de apego que puedan conectar al paciente con la humanidad y la naturaleza. La relación explora la naturaleza de estos vínculos, que son fundamentalmente sensoriales y emocionales, intrínsecamente “inteligentes”, guiados por procesos reguladores profundos.

La sfida è “ora” e “nel futuro” per l’analisi bioenergetica (Italian)

Alexander Lowen ha sviluppato la sua teoria osservando cosa accade nella fase evolutiva del bambino e nella costruzione delle sue difese. Le difese caratteriali bloccano la vitalità e quindi potremmo definire la “vitalità” come la memoria procedurale del nostro “bambino naturale” che, nel corso della fase evolutiva, ha creato così tanti adattamenti caratteriali. La vitalità è bloccata perché disorganizzata da traumi dello sviluppo che impediscono il naturale processo di adattamento generato dalla perdita dell’amore e dai disturbi dell’attaccamento. Quindi, lavorare con la forza vitale diventa il centro del processo terapeutico, poiché la nostra vitalità è bloccata da difese disorganizzate che potremmo considerare vere sindromi da stress post-traumatico. Ricostruire “relazioni sicure” diventa fondamentale per creare quel campo di energia in cui l’individuo può sperimentare la sua vitalità “addormentata”. Il terapeuta deve essere in grado di trasmettere legami di attaccamento che possono collegare il paziente sia all’umanità che alla natura. La relazione esplora la natura di questi legami, che sono fondamentalmente sensoriali ed emotivi, intrinsecamente “intelligenti”, guidati da profondi processi regolatori.

Para a Análise Bioenergética, o Desafio é “Agora” e “No Futuro” (Portuguese)

Alexander Lowen desenvolveu sua teoria observando o que acontecia na evolução da criança e na construção de suas defesas. As defesas de caráter bloqueiam a vitalidade e, portanto, poderíamos definir “vitalidade” como a memória de procedimento de nossa “criança natural” que, durante a evolução, criou tantas adaptações caracterológicas. A vitalidade é bloqueada porque é desorganizada por traumas de desenvolvimento que impedem o processo natural de adaptação gerado por uma perda de amor e por distúrbios de apego. Portanto, trabalhar com a força vital torna-se o centro do processo terapêutico, pois nossa vitalidade é bloqueada por defesas desorganizadas que poderíamos considerar verdadeiras síndromes de estresse pós-traumático. Reconstruir “relacionamentos seguros” torna-se fundamental para criar o campo de energia em que o indivíduo pode experienciar sua vitalidade “adormecida”. O terapeuta precisa ser capaz de transmitir laços de apego que possam conectar o cliente à humanidade e à natureza. O relacionamento explora a natureza desses vínculos, que é fundamentalmente sensorial e emocional, intrinsecamente “inteligente”, porque é guiada por processos regulatórios profundos.

Die Herausforderung ist “Jetzt” und “in der Zukunft” für die Bioenergetische Analyse (German)

Alexander Lowen entwickelte seine Theorie bei der Beobachtung dessen, was in der Evolution des Kindes und in der Konstruktion seiner Widerstände geschieht. Charakterliche Abwehr blockiert die Lebendigkeit und damit können wir “Lebendigkeit” definieren als das prozedurale Gedächtnis unseres “natürlichen Kindes”, das im Laufe der Evolution so viele charakterologische Adaptierungen geschaffen hat. Lebendigkeit ist blockiert, da sie desorganisiert wurde durch Entwicklungsstraumata, die den natürlichen Prozess der Adaption verhindern durch den Verlust von Liebe und Bindungsstörungen. So wird das Arbeiten mit der Lebenskraft zum Zentrum des therapeutischen Prozesses, da unsere Lebendigkeit blockiert ist durch desorganisierte Abwehr, die wir als real post-traumatische Stresssyndrome ansehen können. Der Wiederaufbau “sicherer Beziehungen” wird grundlegend, um das Energiefeld zu bilden, in dem das Individuum seine “schlafende” Lebendigkeit erfahren kann. Die Therapeut_in muss fähig sein, bonds of attachment zu fördern, die die Patient_in sowohl mit der Menschlichkeit als auch mit der Natur verbinden kann. Die Beziehung entdeckt die Natur dieser Bänder, was fundamental sensorisch und emotional, intrinsisch “intelligent” sowie durch einen tiefen regulatorischen Prozess geleitet ist.

Вызов Биоэнергетическому Анализу в “сегодняшнем дне” и “в будущем” (Патриция Мозелли) (Russian)

Александр Лоуэн разработал свою теорию наблюдая за тем, что происходило в процессе развития ребенка и построении его защит. Защиты

характера блокируют жизнеспособность, а следовательно “жизнеспособность” можно определить как процедурную память нашего “естественного ребенка”, который в процессе своего развития создал так много характерологических адаптаций. Жизнеспособность заблокирована, потому что она была дезорганизована травмами развития, которые препятствуют естественному процессу адаптации, вызванному утратой любви и нарушениями привязанности. Восстановление “безопасных отношений” становится необходимым для создания энергетического поля, в котором человек сможет ощутить свою “спящую” жизнеспособность. Таким образом, работа с жизненной силой оказывается в центре терапевтического процесса, поскольку наша жизнеспособность заблокирована дезорганизующими защитами, которые можно считать реальными посттравматическими стрессовыми синдромами. Терапевт должен быть способен передать узы привязанности, которые могут соединить пациента как с человечеством, так и с природой. В отношениях исследуется природа этих уз, которые являются сенсорными и эмоциональными в своей основе, “разумными” по своей сути, поскольку ими управляют сильнеешие регуляторные процессы.

Introduction

This article represents my comments on Guy's Tonella interesting speech at the 25th IIBA Conference. Guy's presentation raises interesting questions for bioenergetic analysts, asking us to consider and respond to the needs and challenges of the “Global Village”. This brings to mind the reflections of Edgar Morin (1990), in his essay *On Complexity*, and more specifically what he defines as “planetary humanism”.

I make this comparison because, at the same time that I received Guy's speech, I also invited Edgar Morin to Italy (such a curious case of “synchronicity”) for the annual conference of the Italian Society for Psychotherapy, where every approach is represented. As Guy reminds us, as bioenergetic analysts, we have to consider globality as it represents a challenge to complexity.

Complexity and Simplicity

We should also be open to a new kind of knowledge that overcomes the separation between the different kinds of knowledge. In today's world we can educate ourselves to understand a more complex knowledge. Guy reminds us that we must not cultivate/follow the aims of simple thinking which might lead us to control and dominate the true reality. Rather, as bioenergetic analysts we need to practice

a more complex form of thinking that can work with reality and dialogue and negotiate with it.

At this point, let's dispel some illusions, the first of which is believing that complexity can lead to the elimination of simplicity. In effect, according to Morin's opinion, theory is a complex, anthropological-biological-physical whole. Human beings cannot be separated from nature: they originate within living physical nature. At the same time, they emerge from nature through culture and knowledge. Therefore, what is human is also complex because it is multifaceted. Humanity is not just animality, and yet there is no humanity without animality. So, these reflections seem to me to fully affirm the thoughts and visions of both Alexander Lowen and Wilhelm Reich.

In today's world, as Guy explains, the cosmic condition of every individual is situated within an enormous expansion in the Cosmos, formed by billions of galaxies and stars, of which the Earth is just a small part. Therefore, order and disorder coexist, as well as animality and nature, all of which form Man's condition. Man is linked both to his biophysical origin and to the psycho-socio-cultural one, and these are in relationship with each other.

Guy started talking about the Big Bang. I like to think about the rhythms and sounds of the fetus in the womb of the mother as humanity's “Big Bang”. As Lowen reminds us, we were born of the Cosmos (Lowen, 1984), born by nature and life, but because of our culture and mind, we have become strangers to this universe. According to Morin's assumptions, and as Guy points out, in terms of evolution, we bioenergetic analysts need to evolve our thinking (theories), allowing us to acquire new knowledge and going beyond the physical separation typical of the 19th and 20th century paradigms.

The Challenge for Bioenergetic Analysis

We need a bioenergetic theory that encapsulates and educates our field based on this complexity. For example, the basic problem of how to make the “old” coexist with the “new” reflects the evolution of bioenergetic analysis. Morin states that culture is not only fragmented in separate parts but also split in two blocks. This seems to reflect also the nature of our bodies and thought. Thus, on the one hand we have humanistic culture, which represents the world of our emotions, and on the other the scientific one, which represents the building of our cognition (Morin, 1990).

I guess that this is the challenge bioenergetic analysis will be involved with, “now” and “in the future”. For instance, respecting our humanistic roots and placing love as an important therapeutic agent. But we also need to pay attention to rigorous research that allows us to dialogue with and be listened to by the scientific community. This can allow us to not be confused and diffused as

in so many “New-Age” approaches (where even Wikipedia unfortunately places us).

When teaching, I have shown two videos about pleasure and pain in childhood: they are taken from two Infant Research protocols granted by “La Sapienza” University in Rome². I generally use them in conferences when I compare Bioenergetic Analysis with other approaches, to show the role of implicit memory, assuming that this kind of memory will remain embodied. The videos illustrate that the “*fundamental processes that regulate non-verbal interaction remain the same throughout life*” (Beebe & Lachmann, 2002).

As Reich stated, if relationships related to pleasure, attunement and love develop the sense and sensations of pleasure in the child’s body, then relationships related to sadism, repression, and neglect must create in the child’s body sensations of resistance, pain and negativity which are inscribed in the bones, cells and in the immune system (Reich, 1933).

Pain is inscribed in the muscular structure at a molecular level. Epigenetics explains how inflammations and contractions also affect the role of health because these implicit memories remain inscribed in the adult’s body, imprisoning life’s energy. Thus “the old” theory returns, because in the “old days” we were experts in dealing with resistance and negativity.

The challenge for therapists, especially in this narcissistic world which avoids conflict, is how to deal with our client’s negativity without scaring them. As we all know, our life force is often restrained and encapsulated in resistances. At the same time, we know that successful therapeutic depth needs an energetic and dynamic model. Without a model of a deeper primary process at work, psychotherapy is restricted to compensation, adaptation, a cognitive understanding of compromise, and of reluctant acceptance.

The Work of Bennett Shapiro

So, the fundamental questions seem to be: *how can the life force be restored in the world of today?; how can we mobilize the still stagnant, contracted and blocked energy?; how can we restore life pulsations in the body and concretely work with this energy in the therapeutic field?*

Guy has already answered these questions in depth. I have also found the contributions of our IIBA Faculty Emeritus colleague, Bennett Shapiro, very interesting. Bennett has given us so many reflections and techniques about dealing with resistance. He can also be considered an expert in the use of humour and play in psychotherapy. His work with the *subselves*, in my opinion, allows us to

2 Material is kindly provided by Dr Renata Tambelli, PhD, Department of Dynamic and Clinical Psychology, “La Sapienza” University in Rome.

differentiate between the Ego states, and helps us integrate them with object relational theories.

Shapiro starts with the exploration of devils and negativity, then develops a *subelves* theory that, in my view, makes him very current in the modern psychotherapy panorama and allows us to be aligned and dialogue with many trauma theories, e.g. Ogden & Fisher (2105). Shapiro (2009) states that

“Subselves are islands of shock, fear, pain, anger, formed in childhood. They protect us from being threatened again and they have a lot of energy.”

This is a concept close to the *internal psychic object*. The concept of internal psychic objects is the result of the internalization of parental figures and which are erected in the Ego, reinforcing the task of removal. The Ego partially assumes the task of representing the object in internal psychic life, so as to be able to maintain the relationship. This starts a structural differentiation in the Ego, in consideration of the fact that what was once an external object relationship now comes to be internally represented by a relationship between a part of the Ego that still remains, and another part that now represents the object. The focus of the work is to energize what is present even if not yet perceived or thought. Every subself has its own body and psychological characteristics, the intuition being that each of them can be expressed in a bioenergetic way.

Bennett developed an original modality to get in touch with resistances and he developed techniques intended to build a system of greater energy charge in the client. All this work is done to avoid scaring the patient, whilst allowing the therapist to dialogue with the patient’s resistances. The patient will then be able to sustain a greater energy charge and therefore increase/improve their vital force (Shapiro, 2008).

Another Challenge

In fact, in our age of complexity, another challenge is represented by the aspect of play and lightness. If we think of the social media, for instance, people seem to avoid everything that is tragic, painful, and complicated. Unfortunately, life is also tragic, painful and complicated but the narcissistic culture seems sometimes to take us away from these visions/aspects of life.

At the beginning, the therapist is like a “ferryman”, the fascinating metaphor used by Guy, moving, from my point of view, from culture to nature. The therapist is confident in the self-regulating force, helping the client to see their fear of emotion, their fear of instinctual forces, and helping them to build the vital trust to maintain their identity in reality. However, our clients are sometimes unable

to face the challenges of reality. In this sense, I like to think about the *Therapon* (θεραπων) metaphor. *Therapon* is the patient/warrior's helper, who, on the chariot, gives arrows and weapons to the patient/warrior who uses them to deal with his life battles.

So, psychotherapy can be seen as an epic voyage. The client, like the Epic Hero, goes through the "tragedy" of life. To escape, however, the patient exists in a world made by relief from pain, but also by dissociation. The warrior metaphor leads us also to reflect on how a healthy aggressiveness is fundamental for self-determination in our difficult and complex times. I think of the Latin word, *Ad-gredior* (to approach, advance, attack, undertake, seize opportunity, attempt) that strongly connects to vitality.

In fact, it is only when we are grounded in our emotions – both positive and especially negative ones – that we truly meet our life force. This brings us back to the paradox of complexity. Therefore, therapists must have the ability to be more and more grounded in their feelings and reality and avoid taking refuge in "mythical" aspects that separates them from the client.

In Bioenergetic Analysis what is important nowadays are the following:

- Going slowly
- Building trust and connection
- Transmitting empathic resonance
- Helping clients to find their own *locus of control* in the body
- Working on deep shame and self-hated
- Dealing with the client's feelings of anger and rage emerging from the past

Conclusion

In my view, there are three categories of important challenges that Edgar Morin has brought to our attention that everyone actively involved in Bioenergetic Societies, such as Presidents, Directors, Teaching Committee members must face. These are:

- *Cultural challenge*: on the one hand, there is humanistic knowledge and on the other, technical-scientific culture. It is fundamental for us to integrate both these dimensions in an ethical vision. This means investing much more in the next generation and in their ability to get involved in "passionate" research.
- *Sociological challenge*: thought and emotion must be in a constant dialogue. Thinking must always be integrated into an emotional vision of the world. As Lowen reminds us, knowledge and thinking are never enough to enter the patient's world. Our thinking alone will never be enough to fully guide us as therapists. We need our feelings to enter the territory of the person who is our client.

- *Civic challenge*: the therapist’s role must be considered in a broader context. Third millennium challenges have to do with so many problems, not only regarding private practice but also concerning the application of bioenergetic analysis to other fields that are characterized by democratic deficits: for example, social integration, the common good, the environment, working with disadvantaged classes, and so on.

Personal Note

In the history of our community I have experienced that sometimes it has not been easy to deal with conflicts that arise from differences concerning individual and theoretical visions. Personally, I believe that healthy conflict based on love and vitality should not lead to a fear of confrontation, but rather to a more authentic encounter with others. Of course, our visions may be different, but we should remember that we have all a “common base”. I therefore think that all of us should make a considerable effort and pay a lot of attention, both as individuals and as members of a community, to the relational and communicative aspects of belonging to the IIBA.

This brings us back to respect for our roots and at the same time, it pushes us towards the evolution of our approach both “now” and “in the future”.

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Love as Regulator of the Life Force¹

Pye Bowden

Abstracts

The author proposes a role for love in the regulation of the body. Regulation of the life force is critical for a newborn baby because the baby cannot regulate itself and because early patterns of regulation have surprising longevity. A mother who loves her baby is regulated by her own loving, since pleasurable emotion is the consequence of a body that is regulated. She can then pass this regulation onto the baby, body to body. Lowen surmised that love was somehow connected to the organ of the heart and McCraty et al. from the HeartMath Institute have confirmed this connection and have demonstrated that the heart is also responsible for the central system-wide signalling that synchronises the body as a whole in pleasurable feelings such as love. The author shares a personal reflection that illustrates the power of love in the life and death struggles of early infancy.

Key words: love, homeostasis, primordial feelings, heart, coherence

L'amour comme régulateur de l'élan vital (French)

L'auteur propose un rôle pour l'amour dans la régulation du corps. La régulation de la force de vie est essentielle pour un nouveau-né car le bébé ne peut pas se réguler tout seul et parce que les modèles de régulation précoces qu'il met en place ont une longévité surprenante. Une mère qui aime son bébé est régulée par son propre amour, car une émotion agréable est la conséquence d'un corps qui se régule. Elle peut ensuite transmettre cette régulation au bébé, de corps à corps. Lowen a supposé que l'amour était en quelque sorte relié à l'organe du cœur. McCraty et al. de l'Institut HeartMath ont confirmé cette connexion et ont démontré que le cœur est également responsable du signal central qui synchronise le corps dans son ensemble par le biais des sensations agréables telles que l'amour. L'auteur partage une réflexion personnelle qui illustre le pouvoir de l'amour dans les luttes de la vie et de la mort dans la petite enfance.

1 Panellist Response to Guy Tonella's Keynote Address to the 25th IIBA Conference in Portugal, 25 May 2019.

El Amor como regulador de la fuerza vital (Spanish)

El autor propone un papel para el amor en la regulación del cuerpo. La regulación de la fuerza vital es crítica para un bebé recién nacido porque el bebé no puede regularse a sí mismo y porque los patrones tempranos de regulación tienen una longevidad sorprendente. Una madre que ama a su bebé está regulada por su propio amor, ya que la emoción placentera es la consecuencia de un cuerpo que está regulado. Luego puede pasar esta regulación al bebé, cuerpo a cuerpo. Lowen supuso que el amor estaba de alguna manera conectado con el órgano del corazón, y McCraty, del Instituto HeartMath como Al, han confirmado esta conexión y han demostrado que el corazón también es responsable de la señalización de todo el sistema central que sincroniza el cuerpo como un todo en sentimientos placenteros como el amor. El autor comparte una reflexión personal que ilustra el poder del amor en las luchas de la vida y la muerte de la primera infancia.

L'amore come regolatore della forza vitale (Italian)

L'autrice parla del ruolo per l'amore nella regolazione del corpo. La regolazione della forza vitale è fondamentale perché il bambino appena nato non può regolarsi da sé e perché i primi schemi di regolazione hanno una longevità sorprendente. Una madre che ama suo figlio è regolata dal suo stesso amore, poiché l'emozione piacevole è la conseguenza di un corpo regolato. Può quindi passare questa regolazione al bambino, corpo a corpo. Lowen ipotizzò che l'amore fosse in qualche modo collegato all'organo del cuore e McCraty et al. dell'Istituto HeartMath hanno confermato questa connessione e dimostrato che il cuore è anche responsabile della segnalazione a livello di sistema centrale che sincronizza il corpo nel suo insieme in sentimenti piacevoli come l'amore. L'autrice condivide una riflessione personale che illustra il potere dell'amore nelle lotte di vita e di morte della prima infancia.

O Amor como Regulador da Força Vital (Portuguese)

O autor propõe uma função para o amor na regulação do corpo. A regulação da força vital é fundamental para um recém-nascido, porque o bebê não pode regular a si mesmo e porque os padrões iniciais de regulação têm uma longevidade surpreendente. Uma mãe que ama seu bebê é regulada por seu próprio amor, já que a emoção agradável é a consequência de um corpo regulado. Ela pode então passar essa regulação para o bebê, corpo a corpo. Lowen supôs que o amor estivesse de alguma forma conectado ao órgão do coração e McCraty et al., do Instituto HeartMath, confirmaram essa conexão e demonstraram que o coração também é responsável pela sinalização geral do sistema que sincroniza o corpo como um todo, em sentimentos agradáveis como o amor. O autor compartilha uma reflexão pessoal que ilustra o poder do amor nas lutas de vida e morte da primeira infância.

Liebe als Regulator der Lebenskraft (German)

Für die Autorin spielt die Liebe eine Rolle in der Regulation des Körpers. Die Regulation der Lebenskraft ist entscheidend für ein Neugeborenes, da es sich nicht selbst regulieren

kann und da frühe Regulationsmuster überraschend langandauernd sind. Eine Mutter, die ihr Baby liebt, ist reguliert durch ihre eigene Liebe, da angenehme Emotionen die Konsequenz sind für einen regulierten Körper. Sie kann diese Regulation über den Körper an ihr Kind weitergeben. Lowen vermutete, dass die Liebe irgendwie verbunden war mit dem Herzorgan. McCraty et al, vom HeartMath Institute haben diese Verbindung bestätigt und haben gezeigt, dass das Herz auch verantwortlich dafür ist, dass das ZNS Signale weitergibt, die den Körper als ein Ganzes synchronisiert in angenehmen Gefühlen wie die Liebe. Die Autorin vermittelt eine persönliche Reflektion, die die Kraft der Liebe in den Lebens- und Todeskämpfen der frühen Kindheit sichtbar macht.

Любовь как регулятор жизненной силы (Пай Боуден) (Russian)

Автор рассматривает роль любви в телесной регуляции. Крайне важно то, как регулируется жиненная сила новорожденного, потому что младенец не может сам себя регулировать, и потому что эти ранние паттерны регуляции оказываются, на удивление, долговечными. Маму, которая любит своего младенца, регулирует её собственная любовь, так как приятная эмоция исходить из тела, которое уже отрегулировано/настроено. Тогда она может передать эту регуляция младенцу, от тела к телу. Лоуэн высказывал предположение, что любовь каким-то образом связана с сердцем как органом, а Маккрати и др. из Института математики сердца подтвердили эту связь и продемонстрировали, что сердце также отвечает за передачу сигналов в рамках всей центральной системы, которая синхронизирует тело как единое целое в таких приятных чувствах как любовь. Автор делится личными размышлениями, которые демонстрируют силу любви в борьбе жизни и смерти в раннем младенчестве.

Introduction

In his Keynote address, Guy calls upon us to leave our hearts, minds and eyes wide open while we think about “what is bioenergetics” – not only through the lens of the whole world, but also of the universe beyond. And not only through the vast spaces amongst and beyond the stars but also down into the heart of nature and its invisible particles of matter ... and everything in between. Guy also reminds us as bioenergetic therapists to remember and deeply recognise all this, because “it is engraved in us- in our physical-chemical properties”, and in our “vital pulsations” and “corporeal rhythms” (Tonella, 2019). In other words, we humans ARE all this. And furthermore, he points out that bioenergetics took on the shape it did because Reich and later Lowen, “relentlessly traced” (Tonella, 2019) the profound Force that bound this all together. They called it bioenergy – “energy of the universe converted into biological energy” (Tonella, 2019) and it became the home of Bioenergetic Analysis.

While Guy has seemed to point our way to everything as we have seen, there is much more in the pages of his Keynote. For instance, he seems to have produced updated versions of the fundamental bioenergetic concepts, basing them on the radical principles of the life force itself. Guy's Keynote also has the feeling of including us all, since it seems honed by his years and years "on the road" and by the multitude of societies, cultures and races that he has immersed himself in, and seen so deeply. And so, for me, his presentation today feels a bit like a Christmas stocking filled with many gifts – learnings from his travels in lands near and far that we can read again and again to renew our inspiration in Bioenergetics.

The Role of Love

Understandably, after all this I asked myself: whatever have I got to say? What can be added to this? Eventually an answer came to this question: I could see the place for a feminine perspective. For me, Guy's paper did have on reflection, a sense of the masculine. Perhaps this was because of its cosmic scope and intricate scientific detail. And while there was more than a hint of the sacred, as seen in the merging of all things, there seemed also some feeling of restraint: self-regulation was a relatively common theme and love wasn't in the foreground.

And so, I would like to share some thoughts about 'two-person' regulation and the role of love in this critical life endeavour. Now yesterday at the Conference, we had some powerful input from Professor Darcia Narvaez describing what families and communities so desperately need if they are to thrive and how often these days this is just not available. There was the implication that love was involved – or not involved – but the word was pretty much invisible, and never centre stage. This presentation starts with love and seeks to ascertain its influence, its properties and the power that creates and drives it.

And, there isn't anywhere better to look at these questions than where the new-born meets its mother. Now, as we know from the writings of Steven Porges and Allan Schore, this tiny newcomer is in dire need of a "regulating other" and simply would not survive without it. So, we might assume that evolution would have produced something powerful to keep that baby alive. And when we look at the pathway from the beginning of pregnancy to its birth, the baby's mother has been strongly invited out of her head and into her body through the experiences of pregnancy, morning sickness, and the birthing process. And then there are the hormonal tides awaiting her when that baby is born. All of this, we might imagine, is a valiant attempt by nature to provide the most reliable life force regulation possible.

Of course, it does not work out like this for all babies but if the mother can respond to the power of her own hormones, then she will love her baby, because that is what those hormones are for. And that in turn means she will be likely to

care for it through both good and bad times. Other mothers, however, may not get access to this ability and may not love their baby – they may resent or even hate it. Again, we know from Alan Schore’s work that there is likely to be a considerable difference in the life force regulation of those two hypothetical babies. And it is likely that at least some of this difference is about the mother’s ability to love.

Love and Regulation

So, what is the role of love in regulation? In Damasio’s book *Self Comes to Mind* (2010) he clearly states that powerful positive feelings such as love, are simply by-products of a well-regulated body. In fact, the experience of pleasurable feelings is a sign that one’s bodily systems are functioning in the most favourable place within their own narrow homeostatic range. And furthermore, when this happens, these systems are also in a state of coherency with each other. Damasio notes that the effect of all this produces a sense of ‘fluidity and ease’ in the whole body. The reverse is also true. Homeostatically “dangerous ranges (express themselves) as not-so-pleasant or even painful feelings” (2010, p. 55).

So, the mothers who have been able to come through the birth process with the effect of serotonin and oxytocin in place are not only likely to love the baby, this love will ensure that the mother’s own body is being positively regulated. And this will give the mother a much greater ability to respond calmly and empathetically when the baby is distressed. She can hold that baby’s breaking heart close to her own steady heartbeat ... or she can walk the baby, or she will do whatever is going to calm its painful state. But this is not all!

Damasio calls the baby’s earliest feeling experiences “primordial feelings” (2010, p. 20) and describes them as “wordless, unadorned and connected to nothing but sheer existence” (p. 21). These feelings arise in the periaqueductal gray (PAG) of the upper brainstem and are simply the result of the baby’s response to the particular environment it has been born into. More importantly, these very early feeling states become embedded within the homeostatic process itself. This happens because the PAG is one of three upper brainstem nuclei that are tightly bound together, in a “thousandth of a second” feedback loop with the body. And, their combined role is to maintain life. The presence of the PAG’s feeling experience within this fundamental life regulation loop means, that while patterns of homeostatic regulation in the physical body are being set early on in life, so too is the patterning of these early emotional states. Damasio goes on to say that these early states become a “deep root which cannot be alienated” (p. 200) and that they become “indispensable components of the self” (p. 76). So, we see from this, that the emotional component of early life force regulation is likely to have a disproportionate power over how this baby is going to feel.

The net effect of all this is that loved babies' bodies are likely to be increasingly regulated by the Social Engagement (Ventral Vagal) (Porges, 2011, p. 120) setting of the mother's ANS, while the lives of resented or hated babies will more likely be dysregulated by the mother's Dorsal Vagal System, and as we were told yesterday at the Conference, this latter has a devastating and lasting impact on self-regulation. And so, we see again, that the profound differences in those two hypothetical babies' lives, right from the start, may well continue unfolding throughout their life spans. And this would suggest that the presence of love in that baby's life is likely to have a considerable impact on its life ahead.

Now I'd like to return briefly to Guy's Keynote and to his description of love as a "state of being that dwells deeply within us". He also notes that "it is handed on to us through the process of attachment by our biological mother" (Tonella 2019). And this most certainly seems to be just the case.

The Heart – Regulation, Resonance and Coherence

The question now as we go deeper into the qualities of love becomes, how does this fluid, easy state of the body that underpins love come about? And does it have anything to do with our hearts? We know that the ANS is the deepest layer in this process, but how might this state get organised in the body proper? And it seems that Lowen, in his Preface to "Love, Sex & Your Heart" (2004) was wondering something similar when he said, "If the heart is involved in every experience of love, as it seems to be, then we must assume that such expressions as a "heart filled with love" also describe a physical phenomenon." And then he adds. "Although hearts do not fall to pieces when love is rejected or a loved one is lost, clearly something breaks in such situations."

So now we have one answer: Damasio tells us that the heart doesn't break when we feel "heart-broken", but that heartbreak is a symptom of a heart, mind and body that are all functioning under homeostatic strain. This creates dysregulation and plunges us into one of those "not-so pleasant or even painful feelings" (2010, p55). Yes indeed!

The second question is, how is it that these total body events come so miraculously into resonance?

Now McCraty and his colleagues at the HeartMath Institute have come up with some relevant thinking about this in their article "The Coherent Heart" (2006). This paper describes their first ten years of research and how they were mindful of Damasio's position that negative and positive emotional feelings are created by negative and positive body states. In a recent review of their early work McCraty described how their research had focussed on the heart because they found this particular organ was the most sensitive measure of emotional change (2009, p. 57). Having established this however, they then went on to ask them-

selves, as Lowen had, why people had experienced the feeling or sensation of love (and other regenerative emotions), as well as heart-ache, in the physical area of the heart?"

To find answers to this more fundamental question McCraty described how they had carried out detailed research focussing on such measurements as the EEG, (brain waves) SCLE, (skin conductance) ECG (heart rate), BP blood pressure and hormone levels. As a result of this focus on the heart they found that it was not the heart rate, or even heart rate variability that was the most significant aspect of the heart's involvement in emotion. It was its rhythmical patterns of beating. As well, they came to see that communication and synchronicity within and amongst the body's systems occurred *because of* the "generation and transmission of these of heartbeat rhythms" (2009, p. 56). They also came to believe that this means of transmitting signals was only one of four ways in which information from the heart was passed on throughout the body and brain. The other ways were neurological, hormonal and electromagnetic. From these experiments McCraty and colleagues proposed that the heart was in fact generating "system-wide signalling" and that this was what produced a "global level of organisation that bound and synchronised the body as a whole" (2009, p. 60). This seemed to them a good fit with Damasio's conviction that it was the coherence level of body and brain functioning that determined whether pleasurable or painful feelings would be experienced. And now it seems that the heart might stand at the centre of all this.

Now whatever your view of the work carried out by the Heart/Maths Institute and the way they have progressed this information I have to say, their portrayal of the heart as a conductor of the orchestra makes sense to me in understanding the constant ebb and flow of the ever-varying emotional states that we experience. And by now it also seems to me unsurprising, that the presence of a loving mother's beating heart in a baby's life not only profoundly affects the course of its life, it must surely be one of the most powerful life force regulatory devices known to mankind.

Personal Story

I'd now like to add a small unplanned story to end this paper. My mother really wanted a fourth baby. My father was finishing his doctorate and this baby was to be hers as he didn't want another child. When the baby was born they each wanted a different name for this baby but couldn't agree on which would be the main one. So, the baby never really got a name and is still known by the nickname which happened to turn up around that time. But now, after many, many years of deep bioenergetic work, I have experienced and recognised a number of feeling states that can only pertain to that baby. In each there is the absolute absence of

words, the utter helplessness of being a bundle that could be handed around at will and there was the simplicity of beingness – and somehow a knowing.

When this baby first arrived in the world, she seemed to just know, that she knew this mother very well indeed and had been bathed in her love all the time she had been growing in her womb. This baby also seemed to know that she herself was love – this deriving from the comfort of the loving maternal body. My mother told me many years later that when she first saw me, there was a something about me – I seemed to be saying “here am I, this is me”. One day recently when I was involved in a group session lying down and listening to some exquisite music, I realised that I would have to tune out because something very deep was stirring. Later I was thankfully able to replay the same music and dropped again into this same state. This time I *was* that tiny baby with that mother, and I was bathed in the bliss and glory of a universe where humanity and spirit were one. This state was so clear to me that I surprised myself by suddenly speaking out loud in wonder – my mother was “the love of my life” – and in that instance, recognised all the terrible failures of connection that I had experienced throughout so much of it.

When I tried to put the blissful part of this experience into words later that day, the only thing that described the experience of being that baby was that I was simply a shining star of energy that was composed of my own and my mother’s love and that it went out beyond us into the universe. I was blissfully unaware at that time, however, that there was an “other” who would soon obliterate all this.

And now in present time, as I at last finish struggling with myself to complete this presentation, I realise that the life and death struggle between my parents for the heart and soul of that baby, was being played out as I have tried to write a piece about love and early regulation. One moment I have felt high on the crest of a wave and the next I was plunging down into the depths of hopelessness. But now, I am inspired by Guy’s statement that the connection with the mother consists of “star dust – converted into atoms, cells, hearts, womb, brain, implicit memory and arms outstretched to another”. So now I am deciding that it is time to walk away from under some existential sword that has always been threatening to fall down on me if I had too much of anything. As from now I would hope to live more permanently, more radiantly in that powerful life force of love I had so briefly experienced, right at the beginning of my life.

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When My Body Fails Me

Therapy for Women with Infertility

Leslie Ann Costello

Abstracts

This paper discusses the emotional processes that occur when a couple faces a diagnosis of infertility. There are gender differences in how people relate to this problem. Women's experience of infertility may include pregnancy loss, medical intervention, and separation from the creative self. Issues that arise in therapy include the struggle with the diagnosis, coping with social relationships, grief and bereavement, and treatment decision-making. The treatments can alienate women from their bodies. A woman's history of fertility struggles may underlie other reasons for being in therapy. The somatic focus of bioenergetic analysis is particularly helpful to women as they reconnect to the body through expressing a wide range and intensity of feelings. Case examples illustrate some of these points.

Key words: infertility, maternal mental health, pregnancy loss, assisted reproductive technology, mothering

Quand mon corps me met en échec. Thérapie pour les femmes souffrant d'infertilité (French)

Cet article traite des processus émotionnels émergeant lorsqu'un couple est confronté à un diagnostic d'infertilité. Il existe des différences suivant le sexe dans la manière de vivre ce problème. L'expérience de la stérilité chez les femmes peut inclure une perte de grossesse, une intervention médicale et une séparation d'avec le soi créatif. Les problèmes à gérer dans la thérapie incluent la lutte contre le diagnostic, la gestion des relations sociales, la douleur et le deuil, ainsi que les décisions à prendre quant au traitement. Les traitements médicaux peuvent éloigner les femmes de leur corps. Les antécédents de la femme en matière de lutte pour la fertilité peuvent sous-tendre d'autres raisons d'être en psychothérapie. L'analyse bioénergétique est particulièrement utile pour les femmes car elle leur permet de se reconnecter à leur corps en exprimant une gamme étendue et intense de sentiments. Des exemples illustrent certains de ces points.

Quando mi cuerpo me falla Terapia para mujeres con Infertilidad (Spanish)

Este artículo discute los procesos emocionales que ocurren cuando una pareja enfrenta un diagnóstico de infertilidad. Existen diferencias de género en la forma en que las

personas se relacionan con este problema. La experiencia de infertilidad de las mujeres puede incluir pérdida del embarazo, intervención médica y separación del ser creativo. Los problemas que surgen en la terapia incluyen la lucha con el diagnóstico, el manejo de las relaciones sociales, el duelo, y la toma de decisiones sobre el tratamiento. Los tratamientos pueden alienar a las mujeres de sus cuerpos. El historial de luchas de fertilidad de una mujer puede ser la base de otras razones para estar en terapia. El enfoque somático del análisis bioenergético es particularmente útil para las mujeres, ya que se reconectan al cuerpo mediante la expresión de una amplia gama e intensidad de sentimientos. Los ejemplos de casos ilustran algunos de estos puntos.

Quando il mio corpo mi tradisce. Terapia per donne non fertili (Italian)

Questo articolo affronta i processi emotivi che si verificano quando una coppia affronta la diagnosi di infertilità. Esistono differenze di genere nel modo in cui le persone si relazionano a questo problema. L'esperienza di infertilità delle donne può includere la perdita della gravidanza, l'intervento medico e la separazione dal sé creativo. I problemi che sorgono in terapia comprendono la lotta con la diagnosi, la gestione delle relazioni sociali, il dolore e il lutto e il processo che porta alla terapia. I trattamenti possono alienare le donne dai loro corpi. La storia di una donna in lotta per la fertilità può accompagnare altre ragioni per essere in terapia. Il focus somatico dell'analisi bioenergetica è particolarmente utile per le donne che si riconnettono al corpo esprimendo una vasta gamma e intensità di sentimenti. Casi clinici illustrano alcuni di questi punti.

Quando meu corpo falha. Terapia para mulheres com infertilidade (Portuguese)

Este artigo discute os processos emocionais que ocorrem quando um casal enfrenta um diagnóstico de infertilidade. Existem diferenças de gênero na maneira como as pessoas lidam com esse problema. A experiência de infertilidade das mulheres pode incluir a perda da gravidez, a intervenção médica e a separação do eu criativo. Os problemas que surgem na terapia incluem a luta com o diagnóstico, o enfrentamento das relações sociais, o luto e a perda, bem como a tomada de decisão sobre o tratamento. Esses tratamentos podem alienar as mulheres de seus corpos. O histórico de luta pela fertilidade de uma mulher pode estar subjacente a outras razões para que ela esteja em terapia. O foco somático da análise bioenergética é particularmente útil para as mulheres, pois elas reconectam-se ao corpo através da expressão de uma ampla gama e intensidade de sentimentos. Exemplos de casos ilustram alguns desses pontos.

Wenn mein Körper mir nicht gerecht wird. Therapie für unfruchtbare Frauen (German)

Dieser Artikel diskutiert emotionale Prozesse die auftreten, wenn ein Paar mit der Diagnose der Unfruchtbarkeit konfrontiert wird. Es gibt Geschlechterdifferenzen darin, wie Menschen auf das Problem reagieren. Die Erfahrung von Frauen auf Unfruchtbarkeit beinhaltet den Verlust von Schwangerschaft, medizinische Interventionen und die

Separierung vom kreativen Selbst. Themen, die in der Therapie auftauchen, sind der Kampf mit der Diagnose, Copingprozesse mit den sozialen Beziehungen, die Trauer und der schmerzliche Verlust sowie der Entschluss zu einer Behandlung. Die Behandlungen können Frauen von ihren Körpern entfremden. Die Geschichte einer Frau, mit Unfruchtbarkeit zu kämpfen, mag andere Gründe mit sich führen, sich in Therapie zu begeben. Der körperliche Fokus der Bioenergetischen Analyse ist besonders hilfreich für Frauen, da sie sie wieder mit ihrem Körper verbindet durch den Ausdruck vieler verschiedener und intensiver Gefühle. Fallstudien illustrieren einige der genannten Punkte.

Когда мое тело меня подводит. Терапия женщин, страдающих бесплодием (Лесли Кейс) (Russian)

В данной статье рассматриваются эмоциональные процессы, которые возникают в ситуациях, когда пара сталкивается с диагнозом бесплодия. Существуют гендерные различия в том, как люди относятся к этой проблеме. Опыт женщин с бесплодием может включать в себя смерть плода во время беременности, медицинское вмешательство и отделение от творческого ээла (творческой самости). В терапии поднимаются такие темы, как борьба с диагнозом бесплодия, решение проблем, связанных с социальными отношениями, горе, переживание утраты, необходимость в принятии решений, связанных с лечением. В результате лечения у женщины может возникнуть ощущение отчуждения от своего тела. История борьбы женщины за свою фертильность (попытки родить) может скрывать за собой другие причины для терапии. Соматическая направленность биоэнергетического анализа оказывается для женщин особенно полезной в процессе того, как через выражение самых разнообразных чувств и разных по интенсивности чувств они вновь соединяются со своим телом. Некоторые из приведенных высказываний будут подкреплены конкретными примерами.

Introduction

Most psychotherapies attempt to resolve problems and relieve symptoms. However, bioenergetic analysis is a system of psychotherapy that also seeks to help people make changes in their fundamental relationship to themselves and the world. Infertility affects one in eight women in North America (“Fast facts about infertility”, 2017), and many of these women seek psychotherapy for help with the emotional distress that may accompany problems with infertility.

Traditionally, analytic models of human development have focused on the mother as actor in the infant and child’s life. The newest literature on pre-and perinatal psychology emphasizes the foetal experience, though the events preceding pregnancy are also influential (Fauser, 2015). That is, circumstances surrounding

the pregnancy are relevant and what happens to the mother in her life and her intersubjective world will affect her mothering experience and hence her child. If a woman has spent years, thousands of dollars, and has had multiple losses, including failed attempts at pregnancy and miscarriage, in order to achieve this pregnancy, this baby will be imbued with layers of meaning that are independent of the child's own characteristics (Ehrensaft, 2005).

In the psychoanalytic literature on treating women's fertility, consensus is scant, but the existing body of work is rich and provoking. Freud theorized that that female infertility was primarily psychogenic in origin and he confirmed this assumption by observing the link between depression symptoms and infertility (Giuliani, 2005). More contemporary work has deemed the woman's struggle with fertility was likely to be the cause of her depressive symptoms (Berg & Wilson, 1991; Ramenzanzadeh et al., 2004).

Bioenergetic literature includes few papers about infertility. However, there is literature that is specific to women's sexual and reproductive experiences. Michele Dupey-Godin's work on women's experiences of their abdomens offers insight into methods for helping women to find and articulate the body's messages about fertility (Dupey-Godin, 1987). Christa Ventling has written sensory awareness exercises for pregnant women to influence the post-natal mother-infant attachment (Ventling, 2007). Within the narrower domain of infertility, Vincentia Schroeter shares her personal process on dealing with her own reproductive trauma. Her experience moved her to create an infertility focus in her clinical practice to support women to voice their inner experience and deep feelings related to their infertility (Schroeter, 2002). Infertility impacts the physical and psychological experience of women, making body-oriented therapy a sensible choice, and bioenergetic therapists have the tools to help a woman navigate the journey.

My professional introduction to reproductive trauma came while working in a hospital-run prenatal clinic. The agency's lack of resources to appropriately support women after miscarriage or stillbirth became painfully obvious. To fill this need, we sent nursing and case management staff for training, and implemented a program to support bereaved families. My interest in parental bereavement persisted and led me to research family reconstitution after infant loss (Grout & Romanoff, 1999). As a bioenergetic therapist, my interest in reproductive mental health was oriented to postpartum mood and anxiety disorders, but I quickly became aware of the importance of being attentive to the fertility stories underlying client experiences. I did an assessment on an eight-year-old girl for anxiety. During the parent feedback interview, her mother disclosed her history of eight pregnancy losses before this child's pre-term birth. This history had created a parenting context in which the child's anxiety was a reflection of her mother's enduring grief and fear. Another client, Anna, came to therapy to adjust to her diabetes diagnosis. Unbeknownst to Anna and to me, the adjustment was really to a future without motherhood, with infertility a by-product of her diagnosis.

Women describe the experience of infertility like being lost in an unfamiliar place. In this new land there are no natives and only unwilling immigrants. The language is unfamiliar, the landscape foreign, and there are no roadmaps. Nobody arrives by choice. For most couples, the time spent in infertility is the first prolonged crisis of the relationship and the diagnosis of “infertility” is the first encounter with a significant medical problem (Watson, 2005; Burns, 2005).

Infertility is a medical diagnosis that is assigned when a couple has been trying to conceive for a year without success or has other medical problems that interfere with fertility. As a medical problem, there are a number of potential treatments under the broad label of Assisted Reproductive Technology (ART). Infertility can have a cause or can be “cause unknown.” There is also “secondary infertility,” in which the fertility struggle occurs after a child has been born. This is no less difficult, though the struggles are often dismissed by people with primary infertility. Gay and lesbian clients are also affected by reproductive complications.

There is much shame and/or embarrassment around fertility issues, perhaps because fertility is related to sexuality. Couples’ shame and embarrassment can leave them alienated from others, particularly after several failed cycles without conception. They may not tell their families or friends and may keep treatment a secret. The shame is automatic and often not identified and couples don’t seek support from the usual sources. Often, infertility becomes a family secret or part of a hidden story.

Gender and Infertility

Struggling to have a baby is a couple’s wound, but when a couple is unable to conceive they may find it very hard to talk about with each other. Men and women experience infertility differently. For men, fathering a child is an accomplishment and an achieved status. Not being successful may cut into a man’s sense of himself as an adult. Men also often perceive infertility to be about sexual dysfunction, and view it as emasculating and damaging to the ego (Clarke, Martin-Matthews & Matthews, 2005).

For women, the cut is different and deeper, perhaps because a woman’s body is often implicated in the original problem of infertility and always implicated in interventions. Women bring their characteristic defensive and coping styles to this crisis. Regardless of the source of infertility, a woman’s body is involved, particularly her abdomen. Infertility may highlight an already-present feeling of powerlessness (Dupey-Godin, 1987). The failure to conceive may be seen as a failure of the body to “work correctly,” or a failure to give her husband something that he wants. As Clark et al. (2005) found in their interviews with infertile men and women, the body as a whole may be seen and felt as “shameful and inadequate” (p. 103). Most profoundly, the inability to conceive “intensifies the perceived

alienation of the self from the body” (p. 103). Another gender difference lies in socialization to adulthood. Many women have been socialized to anticipate motherhood. This socialization to motherhood happens early and is repeatedly reinforced by social values. Thus, for many women, the image of adulthood is synonymous with motherhood. Her sense of self-to-be carries an expectation that she will create a family. Once a woman begins the active process of trying to conceive, the images of self-as-mother become prominent and active.

Women are the people who initiate therapy when fertility is an issue, and women who bear the major treatment burden. Even when male factors are causal, if in-vitro fertilization (IVF) is indicated, the woman is the one who will take hormone injections to ripen her eggs, will have her eggs harvested, will have the procedure to introduce the embryos and will continue to take hormones to support the pregnancy. Thus, women take on the painful interventions even when the source of the infertility lies with her partner. Even in “male factor” infertility, women’s bodies continue to be the locus of interest and the woman often takes on the shame and stigma as if her body is the causative factor.

After Susan and Jerry experienced three failed intrauterine insemination (IUI) procedures, it became clear that the problem was likely in the sperm. The choice that arose for the couple was between IVF and the more complex, more expensive intracytoplasmic sperm injection (ICSI) which maximizes the likelihood of fertilization. Logic suggested that the ICSI procedure was more likely to be successful. However, choosing it made clear that sperm quality was a factor in their infertility. Susan wanted to protect her husband from confronting that he might be the source of their infertility, as she felt that realization might be too difficult for him.

A woman’s alienation from her body, in which she experiences her “self” as separate from her body, is a source of suffering in infertility. When the body and self are not connected, and in fact are experienced as in conflict, the woman feels “not herself.” She believes, at times, that only a baby will help her to retrieve her lost self and seeks desperately for a solution to the problems of infertility. The sojourn in the strange land of infertility is temporary, though it does not feel like it. Whether a woman emerges as a parent or creates other ways to make meaning of her experience, her re-connection to herself is a major goal of therapy. While people are unique, there seem to be four areas that emerge in working with women in this struggle. They are the struggle with the diagnosis, coping with social relationships, grief and bereavement, and treatment decision-making. Each of these is discussed below.

The Struggle with the Diagnosis

For women, the diagnosis of “infertility” can offer relief because it implies a solution and treatment options. However, the problem of infertility itself is

unbounded. Each intervention might offer an end solution but also carries simultaneous uncertainty. With each failed intervention, new decisions must be made. As difficult as infertility may be, it is often helpful to know that infertility is not a permanent situation and can be resolved through a number of avenues to parenthood or choosing not to parent (Domar & Kelly, 2004). For one of my clients, just to hear that infertility would not be forever gave her a sense that it was okay to continue treatment.

Coping with Social Relationships

Women's social lives suffer when they are struggling with fertility and they may not share the degree of their suffering with their spouse. In addition, the shame and private nature of the problem often means that women do not share their feelings with family or friends. Women are confronted with other people's pregnancies, baby showers, baby pictures, and complaints about parenthood. Women express feelings of anger, rage, and confusion regarding their strong responses to others' pregnancies and children. Family members can be insensitive, and a woman may often prefer to avoid social situations that exacerbate her feelings of emptiness and grief. Women struggling with infertility risk increasing social isolation, but avoidance is understandable when connecting with family and friends results in increased suffering.

Some exposure to other people's babies is unavoidable, and the lack of sensitivity for the infertile woman can have a staggering impact. After her second round of IVF, Nadine miscarried twins at nine weeks gestation. Shortly afterward, an employee of Nadine's became unexpectedly pregnant with twins and was vocal about her frustration and anger. Nadine could not escape this employee's complaints about her pregnancy. Nadine arranged for the employee to report to another supervisor for the duration of the pregnancy, thus making it possible for Nadine to work. In therapy, she expressed the rollercoaster of emotions she was experiencing.

In therapy, a woman can express the rage, sorrow, fear, grief and guilt that accompany the diagnosis of infertility and the struggle to keep her footing when her peers all seem to be pregnant or parenting. Expression of deep feeling may create space for her to be able to make use of social supports and can also be helpful in developing scripts for managing unexpected social challenges.

Grief and Bereavement

More than anything else, infertility brings bereavement. Much of the work of therapy is to support a wide range and intensity of feelings about the losses. These losses are multiple and cumulative, and it might not be obvious to the woman

that her unhappiness is related to her infertility. One woman came in to see me presenting symptoms of depression. After several sessions, she shared that her specialist told her she would not be able to have children. She and her husband had passively absorbed this information and didn't discuss the ramifications of this news. They did not acknowledge the emotions surrounding the news and did not address the loss of the expected parental self, loss of the anticipated child, loss of the acknowledgement of adult status that comes with the announcement of a pregnancy. There is a loss of the joy and pleasure of sharing good news with family and friends.

There is also the monthly loss of pregnancy unachieved. That is, from the moment of trying to conceive, each month brings the possibility of a baby. When a woman who is trying to conceive feels menstrual cramps or sees menstrual blood, she feels a strong experience of loss. For many women, the only place to acknowledge this loss is in therapy. This imaginal loss is deeper and more meaningful than simply not getting an object you desire. It is also a loss that contains hope for the next month and the next cycle. As the months pass and the losses mount, the hope shrinks.

"I don't feel like myself," is a common statement, and there is loss of the "self-as-usual," particularly when one is in ART treatment. This statement is suggestive of alienation from the body-as-self. A woman loses personal control when she embarks on ART treatment. Her menstrual cycle becomes of great interest to others including medical professionals, her sexual behaviours are monitored, her adherence to the treatment regimen is tracked and charted, and she herself is drawn into looking at her body as an object in the treatment process.

The losses of infertility are deeply contextualized within the extended family. What infertility means to a woman is influenced by her relationship with her own mother. In becoming pregnant, she may seek to connect to her mother, to give her mother a grandchild, or to achieve adult womanhood in her mother's eyes. When a woman contemplates becoming a mother, there are complex layers of experience, memory, and the meaning of mothering to explore (Stern, 1995; Stern & Bruschweiler-Stern, 1998). When motherhood is not readily available, these layers take on heightened significance. In the therapy office, client and therapist can gently explore the meanings of fertility, motherhood, and the way she takes her place in the intergenerational cycle of her family.

Pregnancy loss is a label that comprises a range from early miscarriage through full-term stillbirth, including ectopic pregnancy, severe birth defects, and, at times, therapeutic abortion. Family support for these kinds of losses is often limited and may not be helpful. Women experience losses and grief differently and a woman's response to a loss cannot be predicted. One client I saw had six early pregnancy losses after the birth of her first child. She appeared unfazed and did not consider it of therapeutic concern. The thought of not having another child disturbed her, but she planned to keep on trying until it "worked." The seventh

pregnancy resulted in a daughter. Another client miscarried at seven weeks and after two years continues to suffer from the loss, which is exacerbated by her difficulty in conceiving again. Her persistent infertility gets in the way of resolving the grief of the loss of her first pregnancy. As seen in these women, the grief of infertility, like the grief of pregnancy loss, is highly individual.

In its essential form, infertility is about a failure to create something that has great meaning to the woman. This is more than feeling “less than” other women, or even “less than” the person a woman thought she would be. This is a feeling of being diminished, perhaps smaller or less substantial than expected by herself and possibly others. Some women who struggle with infertility and particularly with pregnancy loss report an aching emptiness in the belly or in the arms, as if they were are longing to hold someone that doesn’t even exist (Glaser & Cooper, 1988).

Treatment Decision-Making

Each decision a couple makes has various consequences and each step represents movement down a path without any guarantees. The nature of the treatment leaves women and men with the power in the decision-making process (Clark, et al, 2006). A man may defer to his partner since she “has to go through it.” However, ART treatment is expensive, much of the cost being out-of-pocket, and many couples must decide between ART and other investments in their lives. The financial pressure can become a source of conflict in the relationships, particularly when one spouse is more invested in having children than the other.

ART treatments can be ranked by invasiveness and range from administration of hormones to adjust cycle length to the use of a gestational surrogate with donor egg and sperm. In therapy, the nature and meaning of the different treatments can be fruitfully explored. The therapist can help the client to feel and articulate the meanings that each intervention has for her. The choice to use gamete donors or surrogacy is particularly complex and those decisions evoke emotion and raise questions about the importance of biological/genetic connection to the child.

A woman desires to make good decisions for herself, her partner, and the children she hopes to have. In therapy, a woman can be supported to experience her feelings when making these decisions. Many interventions are unpleasant, uncomfortable, and likely to violate her sense of personal dignity and efficacy and it is important to address the thoughts and feelings that surface. Men will often be less willing to move forward on some of the treatments because they don’t want to feel responsible for “putting her through” an uncomfortable intervention. Women who desperately want to have a baby may become very stoic about the inconvenience and pain associated with the treatments. Since the woman has made the decision to move forward, she may feel constrained in expressing any negative

thoughts or feelings about the process or what she is experiencing. Therefore, therapy becomes a safe place where she can express the strong feelings that can arise.

Shawna's and Tim's Story

Shawna and Tim came for a single session in preparation for using a donor egg procedure. They had married in their late 30s, a first marriage for both. Tim was happy with his life and planning to build a new house. However, Shawna could see this new house as meaningful only if their family included a child. The therapy session with me was mandated by their medical provider and the goal was to examine the couples' perspective on using a donor egg, how they planned to choose a donor, how they would inform their families and how they would inform their future child. This couple were typical and were focused on achieving a pregnancy. They had not begun to think about parenting a child from a donor egg procedure. They had been through failed IVF and poor embryo outcomes that were attributed to Shawna's age, hence the referral for donor egg. For Shawna, getting pregnant was the primary focus.

More than a year later, Shawna contacted me for a follow-up visit. She had been through two very difficult miscarriages after IVF using the donor eggs. Her reason for coming to therapy was to get support in deciding whether to try a final time for pregnancy, as there were two embryos left from the donor egg procedure. She came alone for two sessions. She expressed both her fear of another miscarriage and her deep desire to carry a child. Despite her two traumatic miscarriages, her desire for a baby was still very strong. She expressed to me, "After what I have been through, I know I can handle whatever happens to me. I know I can go through anything." Shawna also could imagine being happy in a childless future.

In contrast to the couples' first visit, this time Shawna was very much on her own. She reported that she thought Tim had given up on the "baby project." He had thrown himself into building the house. She was able to acknowledge both his need to step away and her own need to keep trying. She left her second session confident that she had explored her own feelings and thoughts about the choice in front of her.

I was struck by Shawna's willingness to persist in trying to give birth to a child. The process of pregnancy and birth was critically important to her. In our individual sessions, Shawna appeared strong in her body and in spirit and I admired her strength and determination after extremely difficult pregnancy losses. She was certain that she could survive anything, including childlessness. Even though Tim's energy for having a child had flagged, she was willing to move forward. A year after our last session, I got an email from Shawna with a picture of her two-month-old son. Receiving this picture was a poignant moment for me. I was touched by Shawna's willingness to include me in the joy of her motherhood.

If a couple choose to stop striving for a pregnancy, they are faced with a question of whether to be childless or to adopt children. Some families start the adoption process as soon as they become aware that pregnancy may not be easily achieved. This can be adaptive; where I practice, adoption takes about eight years. One of my clients started adoption proceedings simultaneously with the treatment for her endometriosis. A married lesbian woman started adoption proceedings at the same time that she started IVF. She was clear that if her IVF was not successful, and she and her spouse would have an advance start on the eight-year wait.

Deciding to adopt is a complex process, quite different from deciding to proceed with fertility treatment. One obvious difference is that children may be adopted at any age. One client is certain she could only adopt an infant though her spouse states that she would love a child or a young teenager. My client with endometriosis can imagine welcoming and loving a child of any age. For couples who move toward adoption, there are long waits and large expenses. Many families spend savings or go into debt for infertility treatment: the financial demands of adoption may be impossible to meet after years of ART. Some people fear that they may not be able to bond to an adopted child. Others are concerned about adopting a child who doesn't look like a member of the family. Parents who have biological children may be concerned about introducing an adopted child into the home. These reservations may bring guilt and shame, but creating a therapeutic milieu that facilitates opportunity for expression of fears and concerns can aid the decision-making process.

After many years of fertility treatments or after seeking adoption, choosing childlessness can seem an obvious solution. There is a difference between resigning oneself to not having a child and choosing to be childless. The first engenders collapse under some great weight and the second is using personal power to decide on one's own behalf.

As a therapist, I have encountered people whose presenting concerns masked a history of fertility struggles. I have learned to screen for pregnancy losses and early postpartum experiences, gently checking on how these impact the person. Unintegrated, losses can persist, subtly and not-so-subtly influencing a woman's life. Integrated into the context of family life, these experiences can provide a richness of texture and story that support a woman's sense of herself.

Cynthia's Story

Cynthia, age 47, a police officer, sought treatment for work-related post-traumatic stress disorder. She also had a history of pregnancy losses, including a first-trimester abortion, a complex early miscarriage, and a twin pregnancy that resulted in a stillbirth and a healthy baby. Each of these experiences carried its own weight and intense emotional burdens with a complex array of feelings including

anger, shame, grief, and guilt. In the context of her work-related injuries it would be easy to miss these issues in therapy. However, her history of pregnancy losses asserted itself in dreams, intrusive thoughts, and emotional flashbacks. Cynthia worked hard in therapy to resolve her losses using journaling, ritual, and allowing herself to experience her feelings about her abortion, her miscarriage and the death of her son. After many months of working on resolving these issues, she arrived in session one day to show me, with delight, her new tattoo. She had three sets of angel wings marked on her left arm closest to her heart.

Tara's Story

Even without pregnancy loss, marking the loss of the dream of a family can help a woman to see her way forward. Tara came into my office knowing only that there was something she wanted to talk about. She and her spouse purchased a four-bedroom house with the intent of having a family. After several years and a number of failed attempts to get pregnant, they decided together that ART or adoption were not options that they wanted to utilize. The couple enjoyed traveling and the financial burden plus the uncertainty of these interventions made both options unacceptable. Tara and her husband agreed to this decision. However, she had difficulty in working with her real estate agent to sign the documents to sell her house. Tara was analytical and logical. She knew that selling the house was the right decision, but she avoided completing the paperwork and couldn't understand what was getting in the way of doing what she thought she wanted to do.

In therapy, we explored the meaning of the house. Tara shared with me her dream of having her own children and a home. Tara's sister and two nieces lived next door, and the sisters dreamed about raising their children together. Tara loved being next door to her little nieces, but the couples' new chosen lifestyle no longer consisted of owning a large home in the suburbs. In fact, they had already chosen a condominium. Tara and I discussed creating a symbolic ritual that involved saying goodbye to the dream and the family that the house represented. She and her husband developed a ritual to allow them both to release this dream of children to make room for the new life. In her next session, Tara reported that she felt less encumbered and ready to move forward. I suspect that she only needed to acknowledge that she was saying goodbye to her dream of children for the shift to occur in her life.

Making Use of the Experience

Part of reconciling oneself to a different future than parenthood is the acknowledgement of an ending. Often, there is a next step beyond marking the ending

of the dream of parenting a family. This step involves making use of the time she spent in infertility. Whether a woman becomes a mother or opts to be childless, her experiences in infertility offer great richness to her lived experience. Women who have gone through infertility have confronted obstacles to a deeply desired creation. They have experienced their own strength and vulnerabilities, felt their despair and endured suffering. Living a creative life means constructing a way to encapsulate that richness from the past into the next endeavour. As a woman leaves the shore of infertility she must incorporate all she has learned. Sometimes the experience of infertility helps a woman to see others with greater compassion. She also knows that she can endure much more than she ever knew. Some women use their experiences to reach out a hand to others through opening conversations or even facilitating support groups. No matter how a woman constructs her experience, it will become the essence that she can incorporate into the ongoing creation of herself.

Conclusion

Discovering that the dream of parenthood is challenged by infertility is often an emotional blow. Women are deeply affected because their bodies are implicated no matter the cause of infertility, and because of their socialization around motherhood. Assisted reproductive technology offers treatments but no guarantees, and is expensive, often painful, inconvenient and difficult. After the diagnosis of infertility, women struggle to cope with social demands to appreciate other people's babies, with their own relationships to their mothers and with the ongoing decision-making about treatment, or about whether to adopt or choose childlessness. Therapy can help a woman to express all of the feelings that arise, support her to consider her own needs in the decision-making process, and to help her to reconnect to the body that has failed her in her striving for motherhood. The experiences garnered during the time of infertility can be integrated to be a valuable part of her ongoing creative self.

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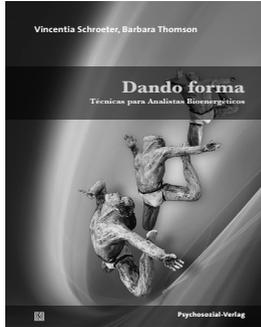
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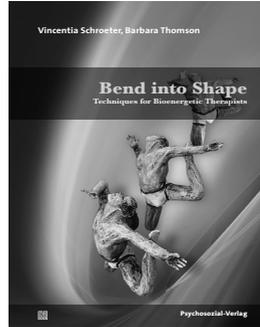
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