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Maê Nascimento, Léia Cardenuto,
Garry Cockburn, M. Rosaria Filoni (Eds.)
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International Institute for Bioenergetic Analysis

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**The Clinical Journal of the
International Institute for Bioenergetic Analysis
(2022) Volume 32**

With contributions by Scott Baum, Garry Cockburn,
Maria Cristina Francisco, Louise Fréchette, Diana Guest,
Thomas Heinrich, Christoph Helferich, Susan Kanor,
Jan Parker, Helen Resneck-Sannes,
Vincentia Schroeter and Guy Tonella

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Dear Colleagues of the Bioenergetic Community

Here we are with the second volume of our Journal in the times of the Covid-19 pandemic. Considering that we have been living in the midst of so many restrictions, every opportunity for us all to be in contact must be taken! This was the case of the 26th International Conference of Bioenergetic Analysis “From Isolation to Connection”, which happened October 15–17, 2021, in an online format and organized by our members in Brazil. At the time we called this event a “Pre-Conference” because it was intended to be a forerunner of a “real” conference in 2022 where people could meet in person – if Covid allows us! Maybe because this opportunity was so “rare” and precious, we had a large audience exchanging theoretical points of view, experiential workshops and group discussions – all of us aware of the importance of being together! Thus, in thinking about our colleagues who were not able to be present, the Editorial Team thought how important it would be to share some Conference material as a way of all of our members being together and connecting.

From the Conference Panels, we have Maria Cristina Francisco and Thomas Heinrich who look at “Pluralities” and all the diverse cultural, racial, and sexual realities of the human family and the prejudices people face; then we have Panel discussions at the Conference about themes vital for us as bioenergetic therapists: Louise Fréchette, Vincentia Schroeter and Susan Kanor examine “The Strength of Bioenergetics”; then Guy Tonella reminds us that emotional regulation is at the heart of individual and social homeostasis, and also is at the very centre of our bioenergetic methodology.

We have Helen Resneck-Sannes’ Keynote talking about the need for sensitivity to the isolation and traumas experienced by ‘the Other’ in order to establish healthy connections. And lastly, we have Scott Baum discussing the difficulty for psychotherapists when dealing with borderline or psychotic conditions – where

the very possibility of connection has been seriously damaged by early relational trauma.

Augmenting this Conference content, we present other papers focusing on important perspectives in our thinking and practice of Bioenergetics. Garry Cockburn's paper examines the physical dynamics of primitive states that are manifesting more frequently in our clinical practice in these troubled times. Diana Guest and Jan Parker discuss touch as a therapeutic intervention, its ethical use, and how important it is to educate therapists and undertake research in this matter. Christoph Helferich in his article talks about the eternal dilemma when it comes to describe a human being – body, mind, ego, soul – always divided! And he brings a case in which he uses a special technique of touching with the patient. Finally, we have Guy Tonella presenting his ESMER model, showing the structural development of the Self with its five functions, and all the complexities involved.

Sadly, in the midst of this thrilling content, this Edition of the Journal also recognizes that we lost an incredible psychotherapist and a brilliant master who will be sorely missed – Bennett Shapiro left us November 14, 2021. To honor him, three of our colleagues who knew him well from each of the Regions of the IIBA, Odila Weigand, Vita Heinrich-Clauer, and Garry Cockburn, pay tribute through beautiful eulogies!

And just at the moment of submitting the manuscript of the Journal to the Publisher, we received word that we have also lost another of our brilliant original forebears. Eleanor Greenlee of San Francisco died on 13 January 2022. As Michael Conant wrote, "Eleanor's enthusiasm and dedication to Bioenergetics for five decades affected and inspired people all over the globe. She was one of the finest ambassadors we've ever had, full of knowledge and heart. She will be missed by me and many others who were fortunate enough to know her and her work."

We would like to acknowledge the precious contributions of our colleagues: the Reviewers of the articles, Vincencia Schroeter, Odila Weigand, Leia Cardenuto, Garry Cockburn; and the Translators of the Abstracts, Claudia Ucros (French), Rosaria Filoni (Italian), Thomas Heinrich (German), Rebecca Liu Jianpu (Chinese), Angelina Samartova (Russian), Jaime Perez (Spanish), Maê Nascimento and Leia Cardenuto (Portuguese). Vincencia Schroeter has also contributed her artwork to our cover as she has for each edition since 2019, and for that we are most grateful. Her painting shows animals who are specialists in social connection, to reflect the theme of our 26th Conference in Brazil.

And finally, Bioenergetics is about energy, vitality and joy – and we try to be in this world according to its principles! I hope you enjoy the whole Journal,

joining us in the movement toward new discoveries and developments of our body/analytical approach – Bioenergetics Analysis.

Maê Nascimento
January 2022

Honoring Bennett Shapiro

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This eulogy was delivered by Rabbi Lynn Greenhough when Ben was buried Tuesday Nov 16, 2021¹



Bennet (Ben) Shapiro, Benjamin ben Benjamin v'Yohanna

Born: March 26, 1932, St. Louis, Missouri

Died: November 14, 2021, 10 kislev 5782

Buried: November 16, 2021, 12 kislev, 5782

Historic Jewish Cemetery, Victoria BC, Rabbi Lynn Greenhough

What does it mean to live with generational angst, a torment of darkness in the soul – where and how to find the light? I think these questions and this quest dominated the life of, Ben Shapiro.

In our morning blessings we read:

ברוך אתה יי אלהינו מלך העולם, יוצר אור ובורא חשך.
עשה שלום ובורא אֶת הַפֶּל ... ברוך אתה, יי, יוצר המאורות

Blessed are you, God our God, Ruler of the universe, who forms light and creates darkness, who makes peace and creates all things ... Blessed are you, God, who forms light.

1 This Eulogy was shared courtesy of members of the Western Canada Institute for Bioenergetic Analysis (WCIBA). Our thanks and condolences to Bennett's family for sharing this Eulogy.

God created light and fashioned darkness, and in doing so created Seder, order in Creation. For, as God filled Creation, with all of its variations of lights and darkneses, so too are we each our own manifestations of creation, of light and darkness. Shadow, darkness, forms us, and allows us to envision pathways of light and love, or union.

Ben was born in St. Louis, and his childhood/adolescence was turbulent. His mother, from the Loeb family, wrestled with her sons very being, a wrestling for identity and control, both caught in that tangle of self and other similar to that of Jacob's wrestling with his angel/demons. That wrestling would never abate; it would act to inform Ben's work for his lifetime. Darkness reveals light, and released from those inner devils – as Ben termed them, came Life Force.

Ben married Millie, and adopted her daughter Lucinda, when Lucinda was 8. In many ways Ben didn't know how to father, he had to learn – as do we all – how to become a parent. But in his final hours he could speak his truth of his love for her, his daughter.

Ben was internationally renowned for his work; he published papers by the hundreds. Bioenergetics, a field that provides for releasing emotions from physical bodily restraints, was his training ground, with his mentor and teacher Alexander Lowen, which then allowed him to develop his ideas about Life Force, his true métier. How can we become who we are meant to be – how can we resolve that question of purpose?

Ben was in Esalen in its early years, in 1966–67. The hot tub of Esalen was a meeting place for many souls disaffected with traditional therapeutic methods – one can only imagine those conversations in the steamy waters, overlooking Big Sur. Those formative waters of Esalen coalesced within Ben and he continued his journey of honing his own methodologies. His practice would unite physical and emotional selves, and release the internal demons of both himself as therapist and mentor and those of his clients, releasing darkness into joy, peace, union.

Ben was a mentor and a teacher to many; his students spanned the globe. 'All the world's a stage ...' Ben loved that world stage. Increasingly, he became focused on transmitting his ideas, spending long stretches of time away from home. Home, for Ben, was both internal, as he formulated his ideas, and external, his work, necessitating travel far beyond Victoria; he spent many years in Europe attending workshops and conferences where he tutored and trained his devotees. From the mid '80's through 2016, Ben created innovative psycho-therapeutic programs, wrote training manuals and worked in private practice. The family home was full of people, of life energy, with both Millie and Ben sharing their creativity and talents.

Sadly these last years have been difficult for Ben as kidney disease kept him close to home, closer than his spirit wanted many days. Lucinda was his advocate, his window, his confidante, and she tirelessly worked to keep him comfortable.

People knew Ben variously as demanding, and gentle, brilliant and wise, self-absorbed and loving. He loved to laugh, he was honest, Ben lived for his work. And many lived and will continue to grow into themselves through his life's work.

May all who knew Benyamin ben Benyamin v'Yohanna hold their facets of memory into light, into blessing, into life.

My Experience with Bennett Shapiro

Odila Weigand, São Paulo, Brazil

Bennett Shapiro opened a bright space in my professional and personal life. My first encounter with Ben was at one of the Whistler workshops, in the late 1980s. He taught about rescuing the vital energy invested in negativity. The transparent logic of his teaching enchanted me and led me to become his attentive follower. I learned a lot, but most of all I really liked that big and kind person, intense and witty, able to humorously bring to light the pains deeply hidden under layers of stubbornness and rigidity. From therapist and teacher, he became my friend. I was surprised because he sent me some of his articles before publishing, asking for my opinion. I know he used to ask some colleagues, and included me.

I had the pleasure of translating several of Ben's articles into Portuguese and spread them among the Institutes of Bioenergetic Analysis in Brazil. We organized some workshops with Ben at the Institute of Bioenergetic Analysis of São Paulo, for teachers and students. He left his mark on all of us. One cannot talk about Resistance, Transference, and Counter Transference without remembering his subtly ironic way of, wearing a smile and wistful eyes, and with a clever sentence or two, transform resistance into insightful understanding. Playfully and without pain.

With the changes in the universe of body psychotherapy, starting around the 1970s, following the transformation of culture and what was called the passage from Oedipus to Narcissus, Ben again offered us a series of therapeutic resources to work with early traumas. The Boundary Building and Curling series have become invaluable resources for body psychotherapists and clients, especially in these months of pandemic and online psychotherapy.

Ben, you touched our feelings, induced us to laugh and cry, but above all you helped us to grow. I like to imagine that your spirit remains curious and creative, always searching for authenticity at the core of each individual or situation.

Your physical presence has faded but you inhabit the heart and memory of those who had the privilege of knowing you.

Memories

Vita Heinrich-Clauer, Osnabrück, Germany

Bennett Shapiro, a dedicated International Bioenergetic Trainer in the tradition of Alexander Lowen, died in November 2021 at the age of 89. His death has moved many of us, as his life and work did deeply in various ways. Ben was characterized by colleagues who had known him with respect and admiration. He was seen as creative, brilliant, inspiring, humble, integer, warm, gentle, loving, honest, headstrong, self-absorbed and all the time ready for a good laughter. This is just a choice of some of the echoing words when he died. I can affirm everything from my personal experience with him!

When Ben first came to my place he asked if I would have enough pillows for him in his guest bed! Amazingly he ordered 6–7 of them! That time I didn't understand the deep meaning of working day and night on boundaries to limit one's fears and shadows. Later he did a lot of energetic work with cushions to teach us about containment of fear. His focus was always on our dark sides and devils, and at same time on fear, fear of life, life and life force.

Ben has been my most important teacher, supervisor, colleague and friend. He had not been part of my bioenergetic training which went from 1985–1991 with Eleanor Greenlee and Frank Hladky. He never had been entangled that way with me. Thus, I felt mainly supported as a person with my therapeutic skills – and less formally educated or evaluated by him.

From 1994 on we started a postgraduate training with him following the idea of Ali Peters. Right away, I was fascinated and frightened by his strong presence and self-assurance. At the same time, I felt his warm-hearted never-ending questioning of a person's mask – the false self. Also, he didn't hide his tears at all when he felt a colleague was in danger of losing his/her true self.

Learning from him was like discovering a new bioenergetic Continent. This was especially true with his understanding and teaching of narcissism, of the darker sides of a person, and of borderline organization. This was so enriching. His playfulness and humour when giving direct feedback to sabotaging games in con-

tact with oneself and others was unique. Often it has been hard to stomach what he said!

From 1996 on, I invited him once a year to come to my city to give me supervision in my office. He worked with my patients in front of me. This was a new way of supervision for me and gave me a lot of insight – as well as sometimes thrills to my patients. His big shoes standing in the entrance were sometimes the first threatening impressions a patient had of him. And so, this initial contact with him triggered their full awareness and loosened their mask and the psychological defenses that they used every day.

Ben teased me a lot with phrases like “you little psychologist, you are cocooning me!” or “what the hell is countertransference?” Later on, he was working on the base of countertransference as if he had never done this before. And he could work in a unique way with the patient’s resistance and devilish games. Once he fell asleep while working with a patient of mine in my office. She had resisted all the time and he seemed to lean back and think about the process. But then he started snoring. My patient looked amused at first. He woke up and asked, “did I fall sleep?” I answered, “you even snored.” He nodded his head and said to my patient who was a Marshall-Arts therapist, “can you at least enjoy that you are so strong that you got a trainer to fall asleep? I am well-known for being able to work with resistance. But you got me!” From that moment on the session went well as she could then go with his interventions.

He went with me into a church in Osnabrück “Let’s pray that BA will survive!”

In summer 2009, Jörg and I spent three weeks in Vancouver/Canada visiting Ben in his private house for a while before starting a trip on Vancouver Island. I will never forget a seven hours hike we did up the Pacific coast with him. He was a fatherly caring host, giving his best by serving us a breakfast according to our wishes, and at the same time prescribing where we should go. We were quite ready, after five days of being in his hands, for the two of us to begin our adventure on Vancouver Island alone.

I can only write this way about our contact because he knew about his “bothering” parts himself. He could confess his pushy, impatient parts and one could share those things with him frankly. This directive and constantly advisory part of him sometimes bothered me a lot and sometimes made me very angry – in his supervising work as well as in private contact. He was the one who gave way to my endless fighting with him without being mad at the end with each other. He could pick up the theme the next day and he could apologize. I loved him for this. Those qualities were precious for me. Ben gave me a picture of Marlene Dietrich, with her voice and her androgyne luscious expression, because he thought I al-

ways came along as too shy and girly-like. Ben inspired me to sing a song for my pelvis “Only you”, and copied the song text for me. But first he sang it for me.

He supported me becoming a Faculty member and International Trainer. Later on, he teased me all the time because of my engagement on behalf of the IIBA in committees. We were struggling, he coming from the “lonely rider” position, and me coming from the wish to belong to a family. I tried to bring it to his consciousness that he is part of the family IIBA and that he needs it. But how could I dare to talk to him about neediness!

Later on, he started publishing in the IIBA Journal again, and wrote some excellent papers. He did not cite papers except Lowen and Reich. It seems that he didn't have the need to read other books, but to explore Lowen's and Reich's concepts for himself. For instance, his concept of charging-containing is something that I had not learnt before and have not seen described elsewhere. Also, another of his unique contributions was the combination of body work with vocal expression in a way that does not lead to exhaustion and feelings of emptiness, but results in the building up of boundaries and the energizing of the person. Also, he was fair in handling payment, not charging as much as others in his role as International Trainer – once reducing his fee when he felt he had got a lot for himself during the work. Ben, in his last years, taught bioenergetics by using pictures of types – like Stan and Ollie – to explain personality dynamics, and not only explaining them, but energizing them bodily.

In 2017, after he had turned 85, he gave a last workshop in Osnabrück with Miriam from Brazil, Hugo from Switzerland, Luca and Paola from Italy, Jörg, Hauke, and me from Germany. This was my last precious experience with him in his presence. The last time that I saw him. It was painful to see him losing his capacity to walk due to his Parkinson disease. But at the same time it had been an amazing experience to see him again as curious and driven as ever by his wish to explore more of the vitalizing exercises he endlessly invented during the last years of his work. I had, over the years, a lot of grandfatherly transference onto him but did not experience him as being old. Then at his last visit I had to acknowledge his illness and I felt like my “grandfather” was now becoming a person whom I should care for during the days he was working with us.

Dear Ben, I hope you were able to leave this world in agreement with yourself and that you knew deeply that you were so important and precious to so many of us! And that you could see that the IIBA wasn't moving away from the heritage Lowen gave us, and that your parting wasn't a lonely trip you did all by yourself! We will miss you and the quality of a creative follower and son of Al Lowen who became a very enriching and unique grandfather for us.

Rest in peace! And please, don't try to convert all the virgin angels in heaven by telling them about their devilish parts! If you are in heaven!!!! Wherever you are now I won't ever forget you.

Bennett: Bringer of Light into the Darkest Places

Garry Cockburn, Wellington, New Zealand

When the telephone would ring at 7.15am on a Saturday morning – something that happened five to ten times a year for a period of about 10 years from 2005 onwards – I knew that when I sprang out of bed and answered the phone, I would hear a distinctive voice say, “Hi Garry, its Ben here.” It was a privilege to be one of the people around the world whom Ben would contact to share his latest techniques to be “road tested”, or to talk about the ideas in his latest draft paper.

I am forever grateful to Ferrell Irvine from Chicago, who emigrated to New Zealand in 1991 in order to set up a Bioenergetic Training course. Ferrell, who had met Ben at Whistler Conferences in Canada, insisted that Ben come to New Zealand to teach in the training programme, which he did in November 1992 and December 1993. Bennett then stayed in regular touch with us from that time until we last saw him at Victoria on our way home to New Zealand after the Toronto Conference in 2017.

Ben would often express his gratitude for his colleagues on Vancouver Island and members of the Western Canada Institute for Bioenergetic Analysis for being supportive of him and his explorations. That admiration was mutual as Amey Lariviere, also from Victoria recently wrote,

“I have known Ben a very long time. He was my Bioenergetics trainer in the late 80's and early 90's and I have worked with him throughout the years and in his latter groups till he retired in August 2019. What an immense amount of knowledge he possessed. So brilliant. We were all so blessed to have learned from him and to experience his love and zest for life and all our 'devils.'”

Ben wasn't particularly interested in psychoanalytic theories or reading 'about' psychotherapy when I tried to suggest interesting theoretical lines of enquiry. Rather, he was a committed student of the muscular energies of the body, and all his work was a meditation on Lowen's writings and diagrams, especially Fig. 6 in Chapter 2 of *The Language of the Body*. Ben would often remind me that the original title of that book was *The Physical Dynamics of Character Structure* in

order to emphasize that the energetic and psychological dimensions of life were rooted in the physical body. An intrepid explorer of the heights and depths of the human experience, Ben was always ready to defer to Alexander Lowen's wisdom. As Ben once said to me, "whenever I climb a new peak of the Himalaya's, thinking I have made a new discovery, I always find a cairn of stones that showed that Lowen had already been there."

While Ben may have sincerely believed this to be true, all those who experienced his brilliance, his joyous sense of humor, his profoundly sensitive radar at detecting the 'devil' in every form of resistance, be it at the 'nah-nah-nah-naah-nah!', the 'ha-ha', the 'heh-heh' or the maniacal levels, or his commitment to helping groups understand that the negativity that necessarily arises is a treasure to be savored and worked with, or his work on boundary-building, all knew that they were in the presence of a uniquely creative and brilliant therapist. And to have been taught by him, gave one the confidence to bring light and love into the darkest places, to struggle with demons, not only of one's patients, but also of one's own, as that is what he profoundly modelled in his own struggles to free his own life force.

Michael Maley, a longtime colleague of Bennett's and a member of the '79ers, has written to Bennett, "I only have fond memories and feelings about our interactions in the Bioenergetic community ... the discussion we had around the importance of relational connections in therapeutic work, the walks together and the foot-races we used to have at conferences, the dinners we shared, and the visits to your home on Vancouver Island. I hope that wherever you are is pleasing to you as you prepare for your next adventure. Love, Michael."

Members of NANZIBA and the IIBA are forever grateful for having known and been taught by Bennett Shapiro. And as Ferrell Irvine wrote to me when hearing of Bennett's passing, "So sad for all of us. I loved that man!". So sad indeed, and so loved by us all.

Pluralities¹

Maria Cristina Francisco

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Abstracts

Plurality is a conceptual tool that makes diversity explicit. Its importance lies in the theoretical field of studies. Plurality encompasses social values, collective lifestyle, ethics, respect, justice, knowledge of various cultures, and the impact of physical and psychological suffering created by prejudice and discrimination. Understanding the different types of knowledge and the mechanisms that keep them concealed and that affect them can contribute to reducing prejudice, fear, and insecurity in the face of the unknown. A confrontation occurs in the presence of insecurity. Fear and anger emerge, and violence becomes an act of eliminating that which is considered threatening. Moreover, the contemporary context adds technology, competition, and speed to this equation, and the result impacts our lives, disconnects us, and anesthetizes our social and emotional bodies. As a principle of plurality, diversity is key to our lives. There is no survival without transformation. We and the world are in constant change. This involves action, learning, and both personal and social experience.

Keywords: body, plurality, diversity, emotion, transformation

Pluralidades (Portuguese)

Pluralidade é uma ferramenta conceitual que torna explícita a diversidade. Sua importância reside no campo teórico dos estudos. Pluralidade abarca valores sociais, estilo de vida coletivo, ética, respeito, justiça, conhecimento de várias culturas, e o impacto do sofrimento físico e psicológico criado pelo preconceito e pela discriminação. Compreender os tipos diferentes de conhecimento e os mecanismos que os mantêm escondidos e os afeta, pode contribuir para reduzir o preconceito, o medo, e a insegurança em face do desconhecido.

¹ Panel Presentation at the 26th IIBA Conference, October 2021.

Um confronto ocorre em presença da insegurança. Medo e raiva emergem, e a violência se torna ato de eliminação daquilo que é considerado ameaçador. E ainda mais, o contexto contemporâneo soma a tecnologia, competição e velocidade a esta equação, e o resultado disto impacta nossas vidas, nos desconecta, e anestesia nossos corpos sociais e emocionais. Como princípio de pluralidade, a diversidade é a chave para nossas vidas. Não há sobrevivência sem transformação. Nós e o mundo estamos em constante mudança, Isto envolve ação, aprendizagem e experiência tanto social como emocional.

Pluralità (Italian)

La pluralità è uno strumento concettuale che rende esplicita la diversità. La sua importanza risiede nel campo teorico degli studi. La pluralità comprende i valori sociali, lo stile di vita collettivo, l'etica, il rispetto, la giustizia, la conoscenza delle varie culture e l'impatto della sofferenza fisica e psicologica creata dal pregiudizio e dalla discriminazione. Comprendere i diversi tipi di conoscenza e i meccanismi che li tengono nascosti e che li influenzano può contribuire a ridurre pregiudizi, paure e insicurezze di fronte all'ignoto. Il confronto avviene in presenza di insicurezza. Emergono paura e rabbia, e la violenza diventa un atto di eliminazione di ciò che è considerato minaccioso. Inoltre, il contesto contemporaneo aggiunge tecnologia, competizione e velocità a questa equazione, e il risultato ha un impatto sulle nostre vite, ci disconnette e anestetizza i nostri corpi sociali ed emotivi. In quanto principio di pluralità, la diversità è la chiave della nostra vita. Non c'è sopravvivenza senza trasformazione. Noi e il mondo siamo in costante cambiamento. Ciò implica azione, apprendimento ed esperienza personale e sociale.

Pluralités (French)

La pluralité est un outil conceptuel qui rend la diversité explicite. Son importance réside dans le champ théorique des études. La pluralité englobe les valeurs sociales, le mode de vie collectif, l'éthique, le respect, la justice, la connaissance des différentes cultures et l'impact des souffrances physiques et psychologiques engendrées par les préjugés et la discrimination. Comprendre les différents types de connaissances et les mécanismes qui les maintiennent cachés et qui les affectent peut contribuer à réduire les préjugés, la peur et l'insécurité face à l'inconnu. Une confrontation se produit quand il y a insécurité. La peur et la colère émergent, et la violence devient un acte d'élimination de ce qui est considéré comme menaçant. De plus, le contexte contemporain ajoute à cette équation la technologie, la compétition et la vitesse, et le résultat impacte nos vies, nous déconnecte et anesthésie nos corps sociaux et émotionnels. En tant que principe de pluralité, la diversité est la clé de nos vies. Il n'y a pas de survie sans transformation. Le monde et nous-mêmes sommes en constante évolution. Cela implique l'action, l'apprentissage et l'expérience personnelle et sociale.

Pluralidades (Spanish)

La pluralidad es una herramienta conceptual que hace explícita la diversidad. Su importancia radica en el ámbito teórico de los estudios. La pluralidad abarca los valores sociales, el estilo de vida colectivo, la ética, el respeto, la justicia, el conocimiento de diversas culturas y el impacto del sufrimiento físico y psicológico creado por los prejuicios y la discriminación. Comprender los diferentes tipos de conocimiento y los mecanismos que los mantienen ocultos y que los afectan puede contribuir a reducir los prejuicios, el miedo y la inseguridad ante lo desconocido. En presencia de la inseguridad se produce un enfrentamiento. Surgen el miedo y la ira, y la violencia se convierte en un acto de eliminación de lo que se considera amenazador. Además, el contexto contemporáneo añade a esta ecuación la tecnología, la competición y la velocidad, y el resultado impacta en nuestras vidas, nos desconecta y anestesias nuestros cuerpos sociales y emocionales. Como principio de pluralidad, la diversidad es clave en nuestras vidas. No hay supervivencia sin transformación. Nosotros y el mundo estamos en constante cambio. Esto implica acción, aprendizaje y experiencia personal y social.

Pluralitäten (German)

Pluralität ist ein konzeptionelles Instrument, das Vielfalt explizit macht. Ihre Bedeutung liegt im theoretischen Bereich von Forschung. Pluralität umfasst soziale Werte, kollektiven Lebensstil, Ethik, Respekt, Gerechtigkeit, Wissen über verschiedene Kulturen und die Auswirkungen von physischem und psychischem Leid, das durch Vorurteile und Diskriminierung entsteht. Das Verständnis der verschiedenen Arten von Wissen und der Mechanismen, die sie verbergen und beeinflussen, kann dazu beitragen, Vorurteile, Ängste und Unsicherheiten angesichts des Unbekannten abzubauen. Wenn Unsicherheit herrscht, kommt es zu einer Konfrontation. Angst und Wut kommen auf, und Gewalt wird zu einem Akt der Beseitigung dessen, was als bedrohlich angesehen wird. In der heutigen Zeit kommen zu dieser Gleichung noch Technologie, Wettbewerb und Geschwindigkeit hinzu, deren Ergebnis sich auf unser Leben auswirkt, uns abkoppelt und unseren sozialen und emotionalen Körper betäubt. Als Prinzip der Pluralität ist die Vielfalt der Schlüssel zu unserem Leben. Ohne Transformation gibt es kein Überleben. Wir und die Welt sind in ständiger Veränderung begriffen. Dazu gehören Handeln, Lernen und sowohl persönliche als auch soziale Erfahrungen.

Плюрализм (Russian)

Плюрализм – это концептуальный инструмент, который делает разнообразие явным. Его значение лежит в теоретической сфере исследований. Плюрализм охватывает социальные ценности, коллективный образ жизни, этику, уважение, справедливость, знание различных культур, а также влияние физических

и психологических страданий, создаваемых предрассудками и дискриминацией. Понимание различных типов знаний и механизмов, которые их скрывают и влияют на них, может способствовать уменьшению предрассудков, страха и неуверенности перед лицом неизвестного. Противостояние обусловлено неуверенностью. Возникают страх и гнев, и насилие становится актом устранения того, что кажется несущим угрозу. Более того, современная ситуация добавляет к этому уравнению технологии, конкуренцию и скорость, и результат влияет на нашу жизнь, разъединяя нас и обезболивая наши социальные и эмоциональные тела. Как принцип плюрализма, разнообразие – ключ к нашей жизни. Без трансформации невозможно выжить. Мы и мир находимся в постоянном изменении. Это предполагает действие, обучение, личный и социальный опыт.

多元化 (Chinese)

多元化是一个辨析差异性的概念性工具，它的重要性体现在理论研究领域。多元化包括社会价值、集体生活方式、伦理、尊重、公正、各种文化下的知识，由偏见和歧视产生的对身体和心理的影响。理解那些让它们保持隐藏并影响着它们的不同类型的知识和机制，有助于促进减少偏见、恐惧和面对未知的的不安全感。在感到不安全的时候冲突会发生，恐惧和愤怒出现，暴力变成了一个被认为是具有威胁性的灭绝性行动，更多的是，当代的背景又添加了技术、竞争和相应的速度，其结果是影响我们的生活、隔离我们，麻木我们的社会性和情绪性的身体。作为多元化的一个准则，多样化是我们生活的关键，没有转化就没有生存，我们和世界在持续的变化，包括行动、学习和个体和社会经验等方面。

Pluralities

We are social beings, and this human particularity reveals how we live collectively in different territories, with different lifestyles and experiences. Therefore, there is no uniformity. We are diverse. Diversity identifies the existence of cultures and groups and their various expressions and types of language.

Plurality is a conceptual tool that makes diversity explicit, a tool of this multiplicity of social groups that coexist (or not) in the same space. It is a way of understanding elements and recognizing their value and the potential of each individual and a collective through their learning process. When diversity is marked by inequality, prejudice, and discrimination, plurality points to elements that can help us understand these differences, seeking respect as an expression of human dignity. Therefore, being familiar with the concept of plurality is directly connected to understanding and welcoming differences.

In a contemporary society such as ours – which is highly technological, marked by a hyper-valorization of images and selfies on cell phones – we get more

pleasure out of seeing ourselves than in seeing the existence of others. Our way of life is fast-paced and promotes competition and individualism. Basic human needs are overlooked, and we have become vulnerable. All these issues affect our bodies because culture constitutes us and dictates how we think and act. This separate way of denying the existential humanization processes that occur within collectiveness and disconnects us from one another due to the weakening of our bonds. How we are in the world has become automated and drives us to alienation. We are no longer a collective but a manipulated mass. This immediatist view, aimed at the here and now, where it is every man for himself, distances us from the importance of the past, ancestral culture, from the meaning of history as a formative element of human beings, and from understanding the meaning of social integration: integration with ourselves, others, our emotions, our spirituality, and with nature. We have incorporated the discourse of results and convenience, the discourse of the market, materialism, and technique. The capitalist way of production prevails to the detriment of all social relations. Immediate satisfaction and omnipotence come first, and others mean nothing. This has consequences: human beings who are physically and psychologically wounded, technologically hyperconnected and insensitive, disoriented, with no sense of meaning in life, and hostages to prefabricated needs.

All these conditions eventually produce insensitivity and intolerance towards others. They numb our emotions and twist our perception of reality – additionally, the social problem of being a country marked by colonization and enslaving of bodies creating paradoxes. On the one hand, as stated by Cortella (2020, Location 114), “Brazil is one of the countries with the greatest cultural, natural, geographic, and biological diversity in the world. It gathers people of all kinds, origins, genders, accents, and religions.” On the other, it is deeply affected by violence, confrontations, and discrimination rather than representing the sum of our differences. We are a people living in strain, conflict, and fear, and one of the psychological foundations of discrimination is fear, which manifests itself as insecurity. We have undergone a long alienation process due to colonization, experienced as apathy and indifference towards others that dehumanize and rank relationships because it prolongs itself and involves one generation after another.

In Brazil, racism is diffuse but effective enough to marginalize Blacks and assimilate Indigenous people. This process diminishes and dehumanizes them, causing traumatic experiences in the everyday lives of these marginalized people. Our country implemented the policy of whitening the population, working to attract European immigrants after abolishing slavery to try to eliminate the black color in people. Genocide has always been a part of Brazilian history; however,

the number of deaths among Black (Vasconcelos, 2020) and Indigenous (Garcia, 2021) people is increasing. Brazil is the country where more homosexuals are murdered (Bortoni, 2018), and the richness of our diversity is seen as a barrier to our development. As far as the environment is concerned, diversity is driven by exploitation ever since the European colonial invasion, not to mention the brutality against the female gender. Prejudice and discrimination are pervasive and increase our social inequality.

Without a doubt, the peoples who are discriminated against suffer from fear of annihilation and angst. The pain is acute. Fear and anger are constant in the context of intimidation and humiliation. Illnesses emerge as a result of the emotional restraint that must be exercised in this hostile and threatening environment. Victimized suffer from foolishness, ignorance, and emotional vulnerability and can only stand because they see themselves in terms of racial supremacy. They see those who are different as strange, weird, and threatening. This condition produces fear, and when faced with an alleged threat, in extreme cases, they attempt to eliminate the other both physically and existentially. The presence of this feeling increases the distance when it comes to coexistence.

The importance of plurality lies in working cross-sectionally, bringing information to various fields of action: social, institutional, educational, and artistic. It involves presenting knowledge about human rights, the environment, and the inequality produced by relationships based on domination and exploitation, subordinating a culture.

In addition to living in a realm of automatic actions in our contemporary society, prejudice restricts our thoughts. We are twice affected: first by losing our capacity for critical thinking, and second by becoming insecure, unrooted, and vested in restrained emotions. This perpetuates the silence and neutralizes our differences. We are trained to listen to and read a single story that perpetuates the colonizer's hegemonic discourse, which is based on erasing and demonizing the cosmic vision and knowledge of Indigenous peoples and trafficked Black people, who are the formative social elements of this country.

It is essential to reveal what has been concealed and the concealing mechanism. This increases our critical thinking. Education is a vital resource that adds plurality to our narratives. Broadening our knowledge also broadens our understanding.

African philosopher John Mbiti popularized the term "Ubuntu", which means: "I am because we are and because we are, I am" (Tamosauskas, 2020, p. 244). This idea, which is essentially also practiced and, at the same time, a desire, can be found under other names in different cultures: "Hunhu", "Botho", "Munhu", "Omundu". What happens to one person happens to the group; what

happens to the group happens to one person. This sense of collectiveness reduces the helplessness in which we live. We begin to welcome and embrace others as being part of the story. Sharing experiences gives us the feeling of safety and protection. Partaking in experiences evokes a wealth of diversity. It is a very enriching heritage. We can prevent ignorance by broadening our repertoire of knowledge and our listening, letting ourselves be affected by what happens.

Psychotherapy also has an essential role in plurality. As Reichian therapists, we know that individual psychotherapy should not be separated from the social realm because social events and inequalities impact our minds and bodies. Bestowing legitimacy to suffering, to the narrative of cultural experiences by ancestral people through listening and understanding one's value helps people find inner and outer resources for transformation. It improves self-esteem, sharpens one's sense of justice and social inclusion, and helps overcome the restrictions imposed by oppression. Plurality implies attitude and change. According to the ancestral philosophy of African peoples such as Nagô and Yoruba, this union takes place in the body: "The term *axé* has to do with strength and action, the quality and condition of the body and its capacities for realization" (Sodré, 2017, p. 160).

Institutionally, in the professional field, by reviewing the range of references and bibliography I have been using and paying attention to my actions, I can help establish a dialogue about commitment and social justice ethics that favors a type of psychotherapy that goes hand in hand with a sense of justice. This results in me recognizing myself as a therapist embedded in a social context and different realities and experiences. These are principles of tolerance perception and change in mentality. Another focus of plurality and diversity is that they are essential to our lives. There is no survival without transformation, without collectiveness. We and the world are in constant change. This ongoing construction involves action, learning, and both personal and social experiences.

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Pride and Prejudice¹

The Bioenergetic Work with LGBTIQ*

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Abstracts

This Conference paper accepts the challenge of talking about the plurality of LGBTIQ in twenty minutes, as well as describing how we as Bioenergetic therapists can work with LGBTIQ* clients to support them in finding their self-esteem to get self-effective.

Keywords: homonegativity, transnegativity, narcissism, hetero-centric, cis-centered

Orgulho e Preconceito

O Trabalho Bioenergético com LGBTIQ* (Portuguese)

Este artigo apresentado na Conferência aceita o desafio que é falar sobre a pluralidade do LGBTIQ em vinte minutos, bem como descrever como nós, como terapeutas Bioenergéticos, podemos trabalhar com clientes LGBTIQ* para apoiá-los a encontrar sua auto-estima tornando-se auto-suficientes.

Orgoglio e pregiudizio

Il lavoro bioenergetico con LGBTIQ* (Italian)

Questo documento della Conferenza accetta la sfida di parlare della pluralità di LGBTIQ in venti minuti e descrive come noi, come terapeuti bioenergetici, possiamo lavorare con i clienti LGBTIQ* per aiutarli a trovare la loro autostima per diventare auto-efficaci.

Orgueil et Préjugés

Le travail en Analyse bioénergétique avec les LGBTIQ* (French)

Cet article de conférence relève le défi de parler de la pluralité des LGBTIQ en vingt minutes, ainsi que de décrire comment nous, thérapeutes bioénergétiques, pouvons travailler

¹ Panel Presentation at the 26th IIBA Conference, October 2021.

Thomas Heinrich

avec les clients LGBTQ* pour les aider à retrouver leur estime de soi afin de devenir auto-efficaces.

Orgullo y Prejuicio

El Trabajo Bioenergético con LGBTQ* (Spanish)

Esta ponencia acepta el reto de hablar sobre la pluralidad de LGBTQ en veinte minutos, así como describir cómo nosotros, como terapeutas bioenergéticos, podemos trabajar con clientes LGBTQ* para apoyarles en la búsqueda de su autoestima para conseguir ser efectivos para sí mismos.

Stolz und Vorurteil

Die bioenergetische Arbeit mit LGBTQ* (German)

Dieser Konferenzbeitrag nimmt die Herausforderung an, in zwanzig Minuten etwas über die Pluralität von LGBTQ* zu sagen und zu beschreiben, wie wir als bioenergetische Therapeut*innen mit LGBTQ*-Klient*innen arbeiten können, um sie dabei zu unterstützen, ihr Selbstwertgefühl zu finden und selbstwirksam zu werden.

Гордость и предубеждение

Биоэнергетическая работа с ЛГБТИК* (Russian)

Этот доклад на конференции берет на себя смелость рассказать о множественности ЛГБТИК за двадцать минут, а также описать, как мы, биоэнергетические терапевты, можем работать с клиентами ЛГБТИК*, чтобы поддержать их в поиске оценки “я” для достижения эффективности

傲慢与偏见

运用躯体动力分析和LGBTIQ工作 (Chinese)

这篇会议论文是接受了在20分钟之内讨论关于LGBTIQ的多元性讨论的挑战的结果，描述了躯体动力分析师如何与LGBTIQ的来访者工作，支持他们找回自尊从而获得自我效能。

Introduction

About one month before the presentation, I watched a complex of broadcasts in a German television channel about German people of color (3SAT, 2021). The scientists who were interviewed in the broadcast (namely Karim Fereidoni, Juliane Degner, Iniobong Essien, Joshua Kwesi Aikins, Alice Hasters) talked about the prejudice Germans of color are confronted with every day. As a central example there was one question quoted: “Where are you coming from?” If the German of

color answers “I am from Berlin”, the next sentence will be “No, I mean where are you really coming from?”

Of course, it was a simplification of the many kinds of discrimination Germans of color are confronted with in their native country. The “reduction to the one question” makes the issue fit in the broadcast format, from where the idea of prejudice, discrimination and violence could be explained in simple words, in probably too simple ways.

Preparing my presentation, I felt in a similar position: How can I talk about LGBTIQ* showing the complexity and their pluralities of lifestyles coming from the different questions they have to solve in their lives and giving the audience an idea of their issues in therapy, especially in Bioenergetic Analysis in a twenty-minute talk?

One Sunday later, some members of the new elected German parliament were interviewed in a further broadcast. There was a black German who talked about his goals for his election period. I couldn’t follow his speech, because I was busy with my perceptions that his German was pure and accent-free. “Ouch!”

One of my friends is a German of color. When I saw the first broadcast I mentioned above, I had the impulse to get into contact with her. Then I thought why should I? To show her: “Look, I am interested in your problems!” No! It is not her problem. She knows about discrimination and violence every day.

Implicit Association Test

It is up to me to change something. It is important for me, that I was so impressed by the information I obtained there: the information about the Implicit Association Test (Greenwald, McGhee & Schwartz, 1998), with which somebody can check his/her own attitude towards different groups of the society, in this specific situation the attitude towards white people and people of color; information about the doll test of Mamie and Kenneth Clark from 1939/40 (Clark & Clark, 1950), which was used to examine Afro-American children’s internalized racism. The Afro-American children had to assign all attributes they were told to a white or a black doll, which had no differences but the color of their skin. The children pointed whenever a negative attribute was mentioned to the black doll. And it broke my heart to see that they made clear that they would rather play with the white doll but identified themselves with the black one.

When I found the Implicit Association Test on the internet (<https://implicit.harvard.edu/implicit/>), I did it to check my racism and was positively surprised

to get the result: “Your data suggest: balanced attitude between whites and blacks”. – Was it really my balanced attitude or a bias of the test?

Then, I thought what will probably happen, if I run this test referring to homo- and heterosexuality. As a gay man, who is out thirty-eight years now, founding and leading a gay and lesbian counseling center for seventeen years, working still with queer teams and especially with gay clients, my attitude between heterosexuals and homosexuals should be balanced as well, if not more positive on homosexuals. What I found was “Their data suggest: Strong automatic preference for heterosexual over homosexual people.” Ooops! – Should the process of internalized homonegativity be kind of the same stability than the internalized racism for the Afro-American children in the study of the Clarks, of which they suffered from?

Attitude Change

Actually, I hope I can give you some inspiration with this presentation to go further with your own studies and trials to change your attitudes about racism, gender, homo-, bi-, trans-, and inter negativity. If you are interested in gaining more knowledge about the lifestyle of LGBTIQ*, which would be the first step to proof and change an attitude: search for them in your area! The Internet will help you to find contact. If you build up connections with them, it will enhance your capability to work with your LGBTIQ* clients (i. e., knowing where they could refer to in their environment) and it will make your life easier and more colorful – independently if you are part of this community till now or not.

If you are interested in gaining more knowledge about specific issues LGBTIQ* are dealing with in their lives, an entrance could be my article in the IIBA Journal No. 29 (Heinrich, 2019). You will find there a clearer definition of each group, the importance of coming out processes and those of transition, of internalized negativity towards the own subgroup, the impact of intersectional aspects (that means that you are suffering more of stress, if you are not only homosexual but also a woman or/and person of color or/and trans) and so on. If you want to have deeper information about the therapy and counseling of LGBTIQ* clients, you will find more about in Göth & Kohn (2014) and in Günter, Teren & Wolf (2021).

This might sound a little bit snappish or snarky to you. But this is because the situation of LGBTIQ* differs a lot from the laws of a country and the culture of a region. And this can change rapidly – mostly to the worse – by some new

governmental issues. So, the differences are huge: some countries, like Iran and Saudi Arabia have death penalty laws for homosexual men. But even countries such as Germany, where Lesbians and Gay men are allowed to marry and to adopt at least the child of the partner, there is a Transsexual Law, that order what trans persons have to do to get the medical treatments for sexual reassignment paid by their health insurances and to get allowance to change their documents referring to the sex they are identified with. And even in Germany a peak of the iceberg of hate-crimes and all-day violence against LGBTIQ* was the murder of two gay men on October 4th, 2020, who were walking as tourists in a big German city and which the mass media didn't report as a murder by hatred for a long time. And Lesbians reported in a survey of our counseling center PLUS that some of them experienced physical violence of their fathers or husbands in the period of coming out to their families (Haas & Göth, 2006).

But there are other issues, with which LGBTIQ* are bothered with during their everyday life: do school principals out trans teenagers at their school in front of the whole class or are trans teenagers allowed to change their clothes in the locker room of the gender they are identified with? Have lesbian girls a possibility to meet other lesbian girls in a safe space like a youth group for lesbian and queer girls in the city where they live, or which is located at least close by? Is it possible for a boy to embrace his girl- and boyfriends, and hang around in body contact with them in public without being exposed and probably as well bodily attacked as a “faggot” from the other people around? Why do some gay men discriminate other gay men as “queens”? Why do some lesbians accuse trans men of betrayal and reducing the diversity of specifically female patterns of desire?

Two Important Dimensions

I would like to focus here on one issue: In the groups of LGBTIQ* there are 2 different dimensions of sex, which make clear how different these groups are LGB – these letters stand for Lesbians, Gay men and Bisexuals – are dealing with a non-heterosexual sexual orientation: That means that their problem in this world is the sex of the persons they are attracted to. Trans and Inter persons are dealing with the sex and gender, which is how they are referred to by others.

In the last decade, more and more trans adults and teenagers came in our gay and lesbian counseling center in Mannheim and asked for support. What became clear to me during my work with them is, that if there is a questioning of others about their sex or gender, its impact on their life is so much deeper than merely

bothering about the sex of the person you are longing for or living with. I don't want to make the problems of LGB smaller. The stress a person has to deal with is dependent upon the amount of support the person gets from the environmental response to further prejudice and discrimination. So it might be that a trans child could develop more easily in a setting of an open mind family than a gay boy does in a fundamentalistic religious family with patriarchal values and structures.

What I want to clarify is, that the groups of LGBTIQ* are pretty different among each other, and there is a big difference in the enjoyment of life even within the individual groups. And because of the two dimensions of sex within the LGB and the TI there could be persons who are in more than one group: it is possible that a trans person can be gay or lesbian. The most of them, who I could get to know describe their sexual orientation anyhow as pansexual.

Devaluation Through Prejudice, Discrimination and Violence

I am coming to the main issue on which I would like to focus in this presentation: all people who are suffering from prejudice, discrimination and violence are suffering from devaluation. On top of it, most people of color and the LGBTIQ* suffer from the lack of an adequate response or acknowledgement starting by looks of others of their social environment.

In the language of trans and inter people there is the term of "being misgendered": they experience being assigned to the wrong gender. That is the biological assigned gender, which differs from their identity gender, with which they feel authentic. Another study of our counseling center showed that persons who cannot be clearly assigned to one gender are more exposed to physical violence (Göth & Jäger, 2019).

And as well, lesbian girls and women, and gay boys and men, suffer from feedback: growing up in a hetero-normative world of about 70–95% of heterosexuals (TNS-Emnid, 2001), they get – if they get at all – flirty looks from the wrong, the opposite sex pupils and adults. At least in the time before or while in coming out, they hide their own looking onto a desired person as well. So, there is almost no experience of being seen as a person in her/his sexual attractiveness and needs.

In difference to people of color, where normally at least one part of the family suffers from the same devaluating prejudice, discrimination, and violence, LGBTIQ* children grow up in a family without their parents knowing about

their being “different” from them. Here the term “cuckoo kid” is an image to describe this situation of being “the only one” and therefore “a lonely one” in their world.

In terms of therapy, we would describe this as a narcissistic wound. In the post Freud Psychoanalysis, homosexuality was seen as a specific characteristic of neuroticism (Radó, 1965; Bergler, 1956). This view is also found in Reich's early writings (1927). So probably Lowen adopted those views in his book *Love and Orgasm* (1965) and saw homosexuality as a form of early narcissism. But since we now understand better the environment in which LGBTIQ* are growing up, it becomes clear that it is the other way around: being and growing up as LGBTIQ* leads to a bigger narcissistic wound. The German gay liberation movement in the 1970 was provoked by the movie “It is not the homosexual who is perverted, but the situation in which he lives” (Praunheim, 1971). Internalizing the devaluation by the social environment leads to the well-known internalized negativity referring towards their own sexual orientation or gender identity, which almost all LGBTIQ* suffer from in a certain way. In former times this was called internalized trans-, bi, or homophobia, but this sets an anxiety in the foreground, which is not the root of the problem. It is not the fear of LGBTIQ*, which puts them under pressure, it is the hatred about their being different that makes them suffer in the societies of this world. These wounds of the body-self need support and acknowledgement to analyze the experiences of deep psychic injuries and to heal and build up a stable self-esteem. This would be the base that LGBTIQ* clients can become self-effective into action for their coming out and/or transition and building up a self-chosen environment of relationships and for their self-realization.

Some LGBTIQ* who come into the state of self-acceptance seem to overdo this state. They look proud and celebrate their liberation day, mostly known as “transgender day of remembrance” and “Gay and Lesbian Pride” day with a specific parade and lifestyle in some cases in an extroverted style. But isn't it another form of discrimination to criticize them for developing being proud about their art of being?

Therapeutic Work

Taking this for granted, we are coming to the first and important attitude as therapists of LGBTIQ* clients: Taking them seriously in their needs of valuing their special situation, it is important to support them in their own specific art

of living. On the other hand, it is important to focus as well on their experiences of being devaluated and hurt, to feel the pain again, and feel not to be alone or even abandoned with this again. So, the possibility can develop to stay in their individual kind of being and develop the self-realization from there on.

As we have seen, helpful therapeutic work with LGBTIQ* needs to turn the connection between narcissism and homo- or transsexuality upside-down: not that homo- and transsexuality are characteristics of a narcissistic disturbance, but that the narcissistic lack of acknowledgement make LGBTIQ* suffer specially from society's hetero- and cis-centrist attitudes. Then, we could understand that especially with trans clients the so-called co-morbidity of diseases like social anxiety, eating disorders, and depression are not to be solved, before we can give them our acceptance, but afterwards. In Germany, this acceptance is materialized in an expert's report which trans clients need to get the hormone treatments and operations for sex reassignment paid by the health insurances.

More than that, we can help LGBTIQ* clients if we change the image of the perfect gender role models like they were fixed in Lowen's patriarchal understanding of the gender roles of his time. I am not the first who has criticized this view of Lowen. I well remember the International Conference in Seville 2007, when Fina Pla presented on a panel about the need to change Lowen's role model of the "right" women. But I don't see that there are enough new Bioenergetic ideas written down how we see a strong and mature woman of today and how we can accompany girls and women there. Still, the main resources of the theory taught in Bioenergetics are still Lowen's books.

In his book *Narcissism* (1984), Lowen allows men to have less feeling to stay in the higher-rated Phallic-Narcissistic Character, while women who act the same than them, are rated down to the Narcissistic Character Type – rated down in the sense that they are lower in a row Lowen built up of different narcissistic expressions in different personality types.

Working in a gay and lesbian counseling center for such a long time, I had the honor to get to know a lot of lesbians who are not oriented to a world guided by men (which would be patriarchal). They have developed a stronger focus on orienting to a woman's way of living, which includes having to work harder to earn the same money as their male colleagues or to get the same positions as men in a company, and at the same time having less resources from their families of origin. The identity they developed in this misogynistic and homonegative world leads to the devaluation of strong and powerful women.

If we transmit the pictures of patriarchal gender role models of the rigid character structure further and further towards the next generations of bioenergetic

therapists and clients, we do not only keep the gender role of heterosexual men and women fixed, but also of those of lesbians, gay men, trans and intersexual people as well as non-binary persons and queers.

The Power of Words

Let's have a short example how we could start to change perceptions by a new wordings: in the language of today, we discriminate between hetero- and homosexuals. Heterosexuals are persons who are attracted by people of the other sex. Homosexuals are persons who are attracted by people of the same sex. If we would use instead of the terms "homosexual" and "heterosexual", we use the terms "gay" for people who are attracted by men – independently of their own sex – and the term "lesbians" for people who are attracted by women – again independently of their own sex – I guess something would change in our point of view and feeling connected towards others. Nowadays so-called heterosexual men and homosexual women named as "lesbians" would recognize that they would have a lot in common, that is the longing for female bodies and love referring to women. Likewise, nowadays so-called heterosexual women and homosexual men named as "gay" could find more in common than yet. And finally, the sex of the person who is named gay or lesbian wouldn't matter at all. By this means, the focus on the discrimination of the sexes would get less.

Does this sound funny to you? Or queer? Or strange? Or inappropriate? Of course, it is a playful game with our language. But it is not the first time a change of using the language changes something in society. This was done in a good way by people who identify themselves as "queer", even this term was used before and is still as devaluation, if somebody doesn't behave "straight". In contrast, the last USA President changed a lot of negative examples as i. e., "alternative facts" and "great".

But could it be that a new meaning of "gay" and "lesbian" would have to feel funny, queer, strange or inappropriate? Because you would feel marked by a word, which is devaluing in our language of today with all its impacts of being less-worth? – then you might experience what lesbians and gay men are experiencing their whole life from the early childhood on.

But I would like to put the focus of the last minutes on another point, which emerges more and more during the last part: the prejudice against LGBTIQ* and the prevention of their self-esteem, that means pride, are different in dimensions, depth, and complexity. But they are connected around the discrimination and

violence of the sexes. This discrimination seems to be one of the most important ones for the human mankind.

If a woman is pregnant, the first question she gets from others is: “is all fine, in sense of: is it (the fetus) healthy?” and the second one is “Do you know already, if it becomes a boy or a girl?” That could be seen as a kind of funny or boring tradition; if not significantly more female fetuses are aborted than male (The world factbook, 2019).

Following the thought that prejudice, discrimination, and violence of LGBTIQ* has to do with the discrimination of women, we see a high correlation between the freedom and well-being of woman and LGBTIQ* in the same society. There are possibilities that gay men and lesbians can marry and adopt children and the laws are protecting and supporting trans, inter and non-binary people, if women’s rights are high developed. On the other hand, we have the most dangerous situation for women in the fundamentalistic religiously ruled states like Iran, Saudi Arabia, Qatar and Afghanistan, where at least gay men are prosecuted to death by law and the situation of the LGBTIQ* is mostly not known at all.

So, I ask myself, if there is one thing about LGBTIQ* which would bring the change for inclusion of these subgroups of society, it would be when it is no longer of any interest if a baby were a girl or a boy.

Conclusion

Let me close my presentation with some sentences:

- Prejudice, discrimination and violence against LGBTIQ* is stronger if there is prejudice, discrimination and violence against other groups of the society, especially against women.
- Prejudice, discrimination and violence against LGBTIQ* is stronger, if there are fixed gender role models like in the patriarchal view of mankind.

We need to open our ideas of health for men, women and non-binary persons to their special situation in life. If we look more into how persons are cut down in their individual situation of growing up, we will come to a point where on one hand we have to get political to support the rights of all discriminated groups in the different societies – whether they are Lesbians, Gay men, Bisexuals, trans, inter or non- binary persons, queers, people of color or with disabilities, indigenous people, migrants, religious minorities as Jews outside of Israel, Rohingyas, and all the other discriminated groups which I didn’t mention here. That doesn’t mean

that we don't have to know about the specific situation of their lives. We even have to learn more about them.

Therefore, on the other hand, when we commit ourselves into tracking our own prejudice, discrimination, and violence, we could change the situation in our direct social environment.

On a third hand – yes, if there is plurality we might have even three hands – if we have the image, that every person has an own potential to develop into a full self-realization, then another quote might fit better than women and men or gay and lesbians: “If we would think of the human mankind, that there are as many genders as persons, sex or gender wouldn't be a category to limit people, but everyone could develop in the own potential by them.”

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Strengths of Bioenergetics

Three Papers from Panel Presentation¹

1 Panel Presentations at the 26th Conference of the IIBA, Oct. 2021

Abstracts

The following three papers are based on a Panel Presentation called “Strengths of Bioenergetics” from the 2021 IIBA Pre-Conference. Each of the three presentations focuses on dimensions that contribute to the strength of Bioenergetic Analysis. *Louise Fréchette* presents the history of the development of Bioenergetic Analysis and the validity of its basic concepts. Then *Vincentia Schroeter* provides ideas on the current state of Bioenergetics, including shifts in the organization and the inclusion of modern concepts that enhance the work. *Susan Kanor* projects her view to the future of Bioenergetics, discussing the importance of broadening the lens beyond one-to-one therapy to incorporate social and political movements.

A força da Análise Bioenergética

Princípios básicos, conceitos fundamentais, e valores (Portuguese)

Os três artigos aqui apresentados se referem a apresentação de um painel da Pré-Conferência Internacional (2021) sobre o tema *Pontos fortes da Análise Bioenergética*. Cada uma das apresentações aborda as dimensões que contribuem para a potência da Análise Bioenergética. Louise Fréchette fala sobre o processo de desenvolvimento dessa abordagem e a importância de seus conceitos básicos. Vincentia Schroeter fala sobre a situação atual da Bioenergética, incluindo mudanças na organização e a inclusão de conceitos modernos que contribuem para aperfeiçoar o trabalho. Susan Kanor projeta sua visão de futuro da Bioenergética, apontando a importância de ampliar a visão para além do processo terapêutico individual, incorporando movimentos sociais e políticos.

Principi di base, concetti fondamentali e valori dell'analisi bioenergetica (Italian)

I seguenti tre articoli si basano sulle relazioni presentate nel panel della Conference dell'IIBA del 2021 su “Punti di forza della bioenergetica”. Ognuna di esse si concentra su aspetti che contribuiscono alla forza dell'Analisi Bioenergetica. Louise Fréchette presenta la storia dello sviluppo dell'Analisi Bioenergetica e la validità dei suoi concetti di base. Vincentia Schroeter fornisce idee sullo stato attuale della Bioenergetica, compresi i cambiamenti nell'organizzazione e l'inclusione di concetti moderni che migliorano il lavoro. Susan Kanor proietta la sua visione sul futuro della bioenergetica, discutendo l'importanza di ampliare l'obiettivo oltre la terapia individuale per integrare i movimenti sociali e politici.

Forces de l'Analyse bioénergétique

Principes de basic, concepts fondamentaux et valeurs en Analyse bioénergétiques (French)

Les trois articles suivants ont été rédigés pour la présentation d'un panel intitulé "Forces de l'Analyse bioénergétique" lors de la conférence de l'IIBA de 2021. Chacune des trois présentations se concentre sur les dimensions qui contribuent à la force de l'Analyse Bioénergétique. Louise Fréchette présente l'histoire du développement de l'Analyse Bioénergétique et la validité de ses concepts de base. Ensuite, Vincenia Schroeter donne des idées sur l'état actuel de l'Analyse bioénergétique, y compris les changements dans l'organisation et l'inclusion de concepts modernes qui améliorent le travail. Susan Kanor projette sa vision de l'avenir de l'Analyse bioénergétique, discutant de l'importance d'élargir l'optique au-delà de la thérapie individuelle pour y intégrer les mouvements sociaux et politiques.

Fortaleza del Análisis Bioenergético

Principios Básicos, Conceptos Fundamentales y Valores en el Análisis Bioenergético (Spanish)

Las tres ponencias siguientes se basan en la presentación de un panel llamado "Fortaleza de la Bioenergética" de la conferencia del IIBA de 2021. Cada una de las tres presentaciones se centra en las dimensiones que contribuyen a la fuerza del Análisis Bioenergético. Louise Fréchette presenta la historia del desarrollo del Análisis Bioenergético y la validez de sus conceptos básicos. A continuación, Vincenia Schroeter aporta ideas sobre el estado actual del Análisis Bioenergético, incluyendo los cambios en su organización y la inclusión de conceptos modernos que mejoran el trabajo. Susan Kanor proyecta su visión hacia el futuro del Análisis Bioenergético, considerando la importancia de ampliar el objetivo más allá de la terapia individual para incorporar los movimientos sociales y políticos.

Die Stärken der Bioenergetischen Analyse

Grundprinzipien, grundlegende Konzepte und Werte der Bioenergetischen Analyse (German)

Die folgenden drei Beiträge basieren auf einer Podiumsdiskussion mit dem Titel "Stärken der Bioenergetik" auf der IIBA-Konferenz 2021. Jede der drei Präsentationen konzentriert sich auf Dimensionen, die zur Stärke der Bioenergetischen Analyse beitragen. Louise Fréchette stellt die Entwicklungsgeschichte der Bioenergetischen Analyse und die Gültigkeit ihrer Grundkonzepte vor. Dann stellt Vincenia Schroeter Ideen zum gegenwärtigen Stand der Bioenergetik vor, die Veränderungen in der Organisation einschließen sowie moderne Konzepte einbeziehen, die die Arbeit bereichern. Susan Kanor wirft einen Blick in die Zukunft der Bioenergetik und erörtert, wie wichtig es ist, die Sichtweise über die Einzeltherapie hinaus zu erweitern und soziale und politische Bewegungen einzubeziehen.

Сильные стороны биоэнергетического анализа
Базовые принципы, фундаментальные концепции и ценности в
биоэнергетическом анализе (Russian)

Следующие три статьи основаны на панельной презентации “Сильные стороны биоэнергетики” на онлайн конференции ИВА 2021 года. Все три презентации посвящены аспектам, которые способствуют сильным сторонам биоэнергетического анализа. Луиза Фрешетт представляет историю развития биоэнергетического анализа и обоснованность его основных концепций. Винцентия Шрёттер высказывает идеи о современном состоянии биоэнергетики, включая изменения в организации и включение современных концепций, которые улучшают работу. Сюзан Канор излагает свой взгляд на будущее биоэнергетики, рассматривая значение выхода за пределы терапии “один и один” чтобы включить социальные и политические движения.

躯体动力分析的力量
躯体动力分析中的基本原则，重要概念和价值 (Chinese)

下面三篇文章是基于2021年ИВА大会中名为“躯体动力分析的力量”的论坛演讲。每篇文章都聚焦于躯体动力分析的力量不同纬度，Louise Frechette 讲述了躯体动力分析的发展历史，和基本概念的确认。Vincentia Schroeter 讲述了当代躯体动力的状况，包括组织中的转化和提升工作的现代概念的混淆。Susan Kanor 投射了她个人对躯体动力分析未来的观点，讨论了超越一对一咨询与社区和政治运动合作的更大视角的重要性。

Basic principles, Fundamental Concepts and Values in Bioenergetic Analysis

Louise Fréchette

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Abstract

The original basic principles, fundamental concepts and values laid out by Wilhelm Reich and Alexander Lowen constitute, to this day, a solid basis upon which we continue to build and expand the theoretical corpus as well as the clinical practices of today's Bioenergetic Analysis.

Keywords: organic pulsation, character structure, grounding, authenticity

Basic Principles, Concepts, Values

The strength of Bioenergetic Analysis first rests in its basic principles, its fundamental concepts, and its values. Wilhelm Reich, and then Alexander Lowen left us with a precious legacy, on which we continue to build.

In *Character Analysis* and *The Function of the Orgasm*, Wilhelm Reich (1933, 1942) laid the foundations of a new type of psychotherapy that took into account the somatic aspect of the person in the psychotherapeutic process. His work led him to elaborate important principles like the antithetical function of the sympathetic and parasympathetic nervous systems, as well as the functional identity principle, both of which brought a biological, observable dimension to his theory on character analysis.

Lowen (1958, 1976) built on the foundations laid by his mentor, to create the Bioenergetic Analysis approach, by writing about various character types in a first major opus titled *The Language of the Body*. Then, in *Bioenergetics*, he summed up

the basic tenets of Bioenergetic Analysis and offered a synthesis of the character types. Lowen also developed the concept of grounding, a key notion in Bioenergetic Analysis.

Let us now see how these original concepts, basic principles and clinical practices developed by Reich and Lowen constitute to this day a sound basis and a testimony to the strength of Bioenergetic Analysis.

Reich's Antithetical Function of the Sympathetic and Parasympathetic Nervous Systems and the Concept of Organic Pulsation

Reich thought that the strength of an organism lied in its capacity for pulsation: the stronger the pulsation, the stronger the vitality of the organism. He argued that the capacity for pulsation is related to the degree of freedom to which the energy can freely flow from the core to the periphery of the organism. However, because of the challenges of life, this energy flow does not circulate freely as we oscillate between states of expansion and states of contraction. Reich's belief was that if an organism became less defended, less armored through therapeutic work, the amplitude of movement between states of expansion and contraction would increase, thus allowing a stronger organic pulsation and more vitality in the organism.

Reich's concept of the antithetical function of the sympathetic and parasympathetic nervous systems, although elementary at the time, and since revised in the light of the development of Porges's (2011) Polyvagal theory, still was an attempt at bringing a scientific dimension to the phenomenon of expansion and contraction in the living organism, based of his observation of unicellular organisms like amoebas.

To this day, when we do therapeutic work, we are still mindful of the quality of the pulsation of life we witness in our patients' bodies. We still observe what helps our patients to relax, feel safe, become more expressive, and let more of their true Self come to the surface. Conversely, we also pay attention to the context in which they retract, contract, pull in, freeze, or disconnect, due to a state of fear, or to whatever defensive manoeuvre that has been triggered in the course of the work. Hence, the understanding of the ebb and flow of the energy from the core to the periphery, is still to this day an important component of our therapeutic work.

This organic pulsation principle is not merely an intellectual concept. It rests on scientific, observable phenomena that are now being confirmed by the re-

search in neurobiology, and therefore constitutes a solid building block in our theoretical construct.

Reich's Functional Identity Principle

Another basic principle formulated by Reich can be viewed as a cornerstone in our approach. It is the functional identity principle. This principle states that the function of the bodily tension patterns is identical to that of the defense mechanisms on the psychic level. In other words, the body reflects the inner psychic organization in the form of typical postures or bodily tension patterns.

“Character armorings were now seen to be functionally identical with muscular hypertonia. The concept ‘functional identity’ which I had to introduce, means nothing more than muscular attitudes and character attitudes have the same function in the psychic mechanism. They can replace one another and can be influenced by one another. Basically, they cannot be separated. They are identical in their function” (Reich, 1975, p. 243).

The functional identity principle, which was developed in *The Function of the Orgasm*, several years after Reich had written his opus on *Character Analysis*, was probably one of the most brilliant insights into the relationship between body and psyche, at the time. It was a ground-breaking finding as it opened up new possibilities with regards to a type of clinical practice that took into consideration the observation of tension patterns in a person as a key factor in the understanding of his/her psychic organization. It expanded on and deepened the initial insight Reich had when he first wrote *Character Analysis* while he was still the analyst preoccupied with the analysis of formal resistances, writing the following:

“The way the patient speaks, looks at and greets the analyst, lies on the couch, the inflection of the voice, the degree of conventional politeness which is maintained, etc., are valuable cues in assessing the secret resistances with which the patient counters the basic rule. And once they have been understood, they can be eliminated through interpretation. It is not only *what* the patient says but *how* he says it that has to be interpreted” (Reich, 1976, p. 54).

Here, again, a basic principle like that of functional identity is at the foundation of the therapeutic work we still do to this day. In our practice, we still pay atten-

tion to tension patterns and to how they may reveal typical defensive attitudes. It gives us clues as to how a person had to armor himself/herself in order to survive. The fact that the functional identity principle still guides our intervention is another testimony to the relevance and soundness of this theoretical concept.

Lowen's Character Types

Like his mentor Reich, Lowen believed in the concept of organic pulsation. He developed Bioenergetic Analysis around the notion of restoring the natural pulsation in the body by directly working with the muscular armor with a triple aim. By softening the bodily tension patterns, he believed this facilitated the access to the person's core feelings, while allowing him to work as well with the ego defenses triggered in the course of the work. Lowen's clinical practice of focusing on softening the muscular armor was designed to open up energy circulation in the body in order to restore the vitality and the expressive capacities of the person.

Lowen was also a strong believer in Reich's functional identity principle. He was a keen observer of his patients and because he had a special talent for body reading, he eventually started to differentiate between various types of tension patterns related to different types of issues, which led him to write about various character types. He eventually developed a chart that defined five character types: the schizoid, the oral, the psychopath, the masochist and the rigid.

It is important, however, to remember that Lowen himself expressed regrets for having developed the character types because he thought therapists tended to "label" their clients. As a matter of fact, when he published *Bioenergetics*, where he presented a synthesis of the main aspects of the character types, he insisted on the importance of "seeing the person" as opposed to trying to fit that person into a type:

"We, bioenergetic therapists do not approach a patient as a character type. We see him as a unique individual whose striving for pleasure is fraught with anxiety against which he has erected certain defenses. Determining the character structure enables us to see his deeper problems and so to help him free himself from the limitation imposed by his past life experience" (Lowen, 1976, p. 137).

Indeed, in his later years, Lowen continued to expressed regrets for having elaborated his character types chart, and he kept emphasizing the importance of "seeing the person" in order to understand the unique way of being of each patient.

Despite Lowen's misgivings about having elaborated the character types, they are still taught to this day, and they have their usefulness. As teachers, we always insist that character types not be used as labels. The useful contribution of the character types to our approach has been to help us better understand that various core issues may arise at various developmental stages, related to a variety of painful experiences (rejection, abandonment, seduction, control, rejection of sexuality) and that these experiences would impact the person in different ways, both somatically and psychically. They constitute important points of reference to help us understand the complexity of a patient's unique existential struggle, as we may observe a combination of issues or layers related to more than one character type in the same person.

To this day, the reference to character types helps us connect what we observe in the bodies of our patients, with what we hear about their personal history as well as their current plight. However, we had to learn how to use the character types in such a way as to refine our ability to "see the person". We also had to expand the original chart to eventually include characterological organizations like the borderline and the narcissist, as well as expand on our understanding of the more primitive structures. Still, all in all, the original character types Lowen has left us constitute a solid basis upon which we continue to build and expand our theoretical concepts and clinical practices as bioenergetic analysts.

Lowen's Concept of Grounding

Although Lowen understood the value of surrendering to one's sexual response and tender feelings, which had been Reich's sole focus in later life, Lowen also believed patients should be helped to own their strength and develop their capacity for self-assertion (aggressive energy). Consequently, Lowen paid attention to the importance of verticality in the therapeutic work. He wanted to make sure that his patients could face the world on their own two feet when they came out of an intense therapeutic session, hence the concept of grounding.

Lowen's concept of grounding is another cornerstone of Bioenergetic Analysis and another strength of our approach. Grounding means finding one's connection to the ground, bringing down the energy to the feet, to the earth. By doing so, a person finds an anchor, settles in his/her center of gravity, not only somatically but psychically as well. By grounding, a person learns to self-regulate, to self-possess his/her inner experience and as well as his/her capacity for self-expression.

“What I do know surely is that the more a person can feel his contact with the ground, the more he can hold his ground, the more charge he can tolerate and the more feeling he can handle ... This makes grounding a prime objective in Bioenergetic work. It implies that the major thrust of the work is downwards. That is to get the person *into* his legs and feet” (Lowen, 1976, p. 196).

As we have experienced in the evolution of Bioenergetic Analysis throughout the years, grounding remains a precious concept as well as a valuable clinical tool to work on self-regulation, especially with issues related to trauma. Hence, grounding remains another important cornerstone in the contemporary practice of Bioenergetic Analysis. It is a solid concept that has proven its value in our clinical practice.

Lowen’s Faith in the Body

The strength of Bioenergetic Analysis also resides in its founder’s unwavering trust in the wisdom of the body and in its potential for healing, a trust he knew how to communicate through his writings and during his workshops. However, the downside of Lowen’s deep conviction that he was correct in his views, resulted in an authoritarian attitude that did not leave much space for confronting his ideas and his practices. Nevertheless, his legacy is still major in terms of the depth of the healing work that is being done in Bioenergetic Analysis.

Bioenergetic Analysis and Core Values of Authenticity and Congruence

Right from the beginning, Lowen insisted on the need for every therapist and trainer to “do their work”, meaning undergoing personal therapy and continuing to work on one’s personal issues even after training was completed. The Bioenergetic Analysis training itself always expected a high degree of personal exposure that revealed vulnerability and authenticity. The many hours of therapy and training we all had to go through forced us to face our own issues and be authentic and true to ourselves as much as possible. In our community, authenticity and congruence are highly valued. We are far from perfect, but at least, as a collective, we have at heart to try to be open and honest with one another and to be aware of our own shadow. This is not always pleasant or easy to do, we do not always live

up to that expectation, but I still believe this is one of our strengths. Not only is it one of our strengths, but it is also what helps us feel connected to one another on a deep level, despite our many differences.

Trying to Fill in the Gaps Left by Reich and Lowen

As sound as our basic concepts, principles and clinical practices had been, thanks to Reich and Lowen, Bioenergetic Analysis had its limitations, both theoretically and in practice. This is due to the era in which it was developed as well as to the style of its founder. After Lowen stepped down as director of the International Institute, there was a strong need to fill some gaps and to connect to the mainstream of psychotherapy. In the second intervention on this panel, Vincentia Schroeter will address the story of how we continued to evolve.

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Winds of Change

The Present State of Bioenergetic Analysis

Vincentia Schroeter

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Abstract

This is an edited transcript of one part of a three-person panel presentation for the IIBA Conference: *From Isolation to Connection* (2021). It follows changes in the growth of the organization from the early years and changes in the Bioenergetic curriculum over time.

Keywords: Bioenergetics, attachment, self psychology, trauma, polyvagal

Sociological and Theoretical Issues

Alexander Lowen's development of the theory and technique of Bioenergetics in the late 1950's never became a major mainstream movement in psychology, but it attracted many followers, spreading first in the United States of America and over time across the world. However, there were rocky trails and sometimes potholes on the expansion of Bioenergetics over time.

Some of these issues were sociological and some theoretical. Here is some history of the sociological growing pains of the institute. As the organization blossomed it became necessary for Lowen to create a formal institute that would train and certify Bioenergetic Analysts. The IIBA (International Institute for Bioenergetic Analysis) was headed by Lowen and had a board of directors. The force of Lowen's charismatic personality and his precise ability to zero in and read the body inspired his followers. The road flowed like a peaceful river toward the sea of knowledge. But just as a teenage son challenges the authority of his father, when students rose to become trainers, some began to question the master. A few of those "sons" criticized his methods or wanted to add to them. Lowen was an authoritarian figure and had difficulty allowing any new ideas into his tent. Some of those trainers were

ostracized. In this patriarchal time, most of the trainers in leadership positions were men, and women had to jump through more hoops than the men to prove they were competent Bioenergetic therapists. In the late 1980's a schism formed over what was called the East Coast style (more orthodox, "hard Bioenergetics") and the West Coast (more relational based "soft Bioenergetics") style. Some of these new ideas had threatened to, as one trainer said, "throw the body out with the bathwater." In 1990, Lowen put his foot down to protest these "softer" methods stating that, "people are not doing enough bodywork". He created a "back to basics" curriculum insisting all trainers and trainees adhere to a strict regimen. People either left or conformed. In 1996, Lowen, who preferred performing Bioenergetic work over running a big organization, stepped down as executive director.

In 1999 some trainers from around the world came together to revamp the curriculum to include both the traditional tenets and add some modern additions that trainers felt enhanced the therapeutic dynamic. I remember being a new international faculty member and spending four days in breakout groups in New York discussing these issues. A new curriculum was written, spearheaded by Violane deClerk that satisfied all parties. A healing of the earlier East-West split spread through the organization. What were some of these movements that made their way into the tent of Bioenergetic teaching?

Influence of New Movements

Bioenergetics was created to work with neurotic types and was based on a one-person model, meaning the therapist is an authority who knows what is best for the client. In the book *Narcissism: Denial of the True Self*, Lowen reports that he was working with a bragging client and "I became annoyed and pointed out his narcissism" (Lowen, 1983, p. 48). The two then butted heads and the client got more entrenched in defensiveness. To me this is an example of a failed intervention.

As a therapist I have also come upon times when my interventions were not successful, or I felt I did not have the right resonance with my client. I would rush off to Bioenergetic supervision. Sometimes the answer was not there. These are the times a therapist lifts the skirt at the floor of their philosophical tent and peeks outside to see if some other method will help. What other winds were sweeping through the clinical psychology field? I perked up my ears to hear what new books therapists were reading, new classes they were taking, and I listened to how these other methods enhanced their work.

I will do a brief review of the major movements that were brought inside that tent and got incorporated into the orthodoxy of Bioenergetic curriculum.

Attachment theory

The work of John Bowlby (1988) and Mary Ainsworth (1978) looked at infant development styles and gave therapists a new lens as to what therapeutic stance to take with their adult clients based on this dynamic. The early attachment work was championed by Bioenergetic trainers David Campbell and June McDonough in Scotland and later Guy Tonella in France. This work dovetailed well with Bioenergetic character types and added the lens of looking at secure and insecure attachment styles. With attachment the nuances of the therapeutic dyad are elaborated and enhanced. The therapist as authority figure loses prominence as the therapist examines the transference and countertransference issues related to attachment styles. For example, a schizoid client may exhibit a dismissive adult relational style, which is based on an early avoidant attachment. This type of client needs help to feel safe by the therapist, who creates a trusting environment before introducing any somatic work.

Self-Psychology

I watched a Bioenergetic trainer do a demonstration with a psychopath trying to make the client reach. The client's hands shook, he appeared jarred and looked dissociated. The therapist missed that the client was complying but was not present. The work was not successful. As a group we wondered why and discussed the "conflict versus deficit" model. When do you break down armor and when do you fill a hole in the client's psyche? Which clients need more relational support in order to do successful somatic work? Any client without a strong sense of self, particularly those with primarily pre-oedipal structures needed to be examined. We looked first to Lowen (1983). He had placed borderline pathology on the narcissistic continuum, but he never wrote a book about borderlines. This left a pothole. Heinz Kohut (1984) specialized in working with primitively organized patients and his model of the therapist becoming a self-object that the patient can use to help themselves develop a stronger self was a pivotal addition to the field. I studied self-psychology at a contemporary psychoanalytic society and gained skills at working with deeper pathologies, which enhanced my work. The work

around understanding mutual regulation of affect was enhanced by Allan Schore (2003). A client who becomes “grounded” in relationship with the therapist, often becomes receptive to finding that ground in their own bodywork.

Trauma work

Neuropsychobiology began to make a big imprint on the field of clinical psychology in the 2000's, both with the research and recognition of PTSD, and the methods of Peter Levine (2010), Bessel Van der Kolk (2015), and Gabor Mate (2012). These spawned new ways to work with acute and developmental trauma. Trauma crosses all character types, so a Bioenergetic therapist could take character into consideration and work with the newer understanding of the brain in terms of trauma and healing vortexes, dissociative states and up and down regulating. However, many in the trauma field are against catharsis, which is a major tenet in Bioenergetics. They consider catharsis to be flooding and not healing. See Bioenergetic Analyst Angela Klopstech's (2005) excellent writing defending catharsis, which includes Bioenergetic methods to work with frozen affect or dysregulation.

Polyvagal Theory

Polyvagal theory (Porges, 2011) became popular in 2015 with a new understanding about the role of the vagus nerve in regulating our physical and emotional states. Polyvagal theory takes us further into the body and brain unity that Reich and Lowen touted in the 1930's. With MRI, fMRI and PET scans we can now see what lights up in the brain and learn more about stress, thinking and feeling. We can address the nervous system in a more sophisticated way in our Bioenergetic work. Some of these physiological hooks also provide scientific validation for Bioenergetic Analysis. Cognitive-behavioral schools have always been a top-down method of treatment. Polyvagal theory broadens the appeal of working primarily from a “bottom-up” approach, which we do in Bioenergetics. Helen Resneck-Sannes (2002), Jörg Clauer (2011), Margit Koemeda (2012) and Vincentia Schroeter (2016) have published articles exploring the marriage of Bioenergetics and newer developments in neurobiology.

There have been other movements in the field over the past fifty years and you may have training in some that meld beautifully with your somatic Bioenergetic work. As an institute we have been flexible enough to fold in some of these new-

er developments in ways that improve our work with patients. The basic tenets of energy dynamics and character are the trunk of our tree. And like two arms reaching toward the sky from a Bioenergetic bow, may we continue to grow new branches and leaves that are fed by the strength of that trunk.

There have been modern voices that have turned the heads of Bioenergetic Analysts and made us pay attention in a new way to some of our beliefs, examine our therapeutic stances and shift our views when it comes to inclusion of various populations. Susan Kanor will now present material on this current environment in the Bioenergetic landscape.

Postscript

This presentation was prepared as part of a three-person panel for the IIBA Conference (2021) *From Isolation to Connection*. The Panel theme is “The Strengths of Bioenergetics.”

For a more comprehensive exploration of the changes since the beginning of Bioenergetics, the reader is referred to Guy Tonella’s 2008 article cited below on “Paradigms for Bioenergetic Analysis at the Dawn of the 21st Century”. Tonella elaborates the development of new paradigms in psychology, placing Bioenergetics within a larger context historically and theoretically. For an update of how Bioenergetic curriculum is changing, read “Self-Regulation and Psychodynamics in Bioenergetic Analysis” by Jens Tasche (2021). The author proposes ten theses containing theoretical considerations for current post graduate Bioenergetic curriculum in Poland. This type of curriculum is consistent with the folding of modern paradigms into the basic recipe of teaching Bioenergetic Analysis.

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Vincentia Schroeter is a member of the international faculty of the IIBA, member of SCI-BA, and editor of the IIBA journal (2008–2018). She is a co-author with Barbara Thomson of *Bend Into Shape, Techniques for Bioenergetic Therapists* (2011); author of *Communication Breakthrough: How Brain Science and Listening to Body Cues Can Transform Your Relationships* (2018); and author of *Tilt: Seeking Balance in Troubled Times* (2021).

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Bioenergetics Going Forward

Susan Kanor

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Abstract

Given the cultural, political, environmental and health challenges we face in 2021, we have become even more deeply aware of our own prejudices and fears. In the bioenergetic community we are called upon to respond— within ourselves, with our clients and with society at large. Bioenergetic Analysis gives us a unique and important perspective to be used as we move forward in this decade. This article asks us to consider the call to become more aware and to expand our work to include those who do not have privilege. We can look to the social clinics in Brazil as a model for reaching out beyond our middle-class private practice work.

Keywords: prejudice, domination, suffering, chaos, social clinics

The cultural reality we now find ourselves in is one that requires a greater understanding of how domination and degradation of one group based on any of these factors – their birthplace, nationality, biology, age, ethnicity, personal history, refuge or immigrant status, class, behavior, skin color, gender, sexual preference, religion, belief system, education, ability or disability, or size – negates their humanity and our own and interferes with a real sense of our interdependence. We are all imperfect—no one is superior or inferior to another. We, in the Bioenergetic community, have a depth of understanding of human wounds that knows no boundaries. We respond with empathy as our shared needs are voiced. We resonate with the words of James Baldwin, an African American writer, who said “The interior life is the real life.” We know that prejudice leads to dangerous negative judgments of people and causes great suffering. We feel the suffering of our clients and one another. We know how disrespect, hatred and domination affects people and believe that the Bioenergetic approach to emotional pain is a truly

human and accessible method. As we interact with our environment and learn more about the nightmarish effects of climate change and of the pandemic, we have become more and more frightened. This sense of chaos and uncertainty that we face is universal. We know that staying grounded, self-regulating, and keeping our breathing open is necessary as we navigate the difficult changes we must face.

Looking ahead, we would benefit from addressing some crucial questions, such as:

- How can we in our relationships help individuals become more sensitive to the feelings of others? (It certainly happens in our training groups, therapy groups and workshops.)
- How can we facilitate learning about our own prejudices? (Workbooks like *Me and White Supremacy* by Layla Saad can be very helpful in this regard.)
- How can we spread our work beyond our small circle?
- How do we become a less middle and upper middle class, white, heterosexual organization?
- How can our international Bioenergetic organization bring more people who do not live in privileged communities into our circle?

There are models for us to learn from in Brazil. On the website for Latin America's bioenergetic community, FLAAB (Federação Latino-Americano de Análise Bioenergética), members report that in Recife, Brazil, beginning 40 years ago, social clinics were established to give less privileged sections of society, including children and adolescents, the opportunity to access Bioenergetic psychotherapy. The work is offered to pregnant women, families, institutions, schools, and others. Between 2005 and 2015, 5167 people were treated. When the program began, most of the demand came from students, domestic workers, doormen and others who earned roughly a minimum salary. As the economic, financial, and social crisis in Brazil at the time became worse, this profile began to change and people who had not previously been included, such as public sector employees, bank staff, teachers and other professionals sought out the service. In West Central Brazil – Brasilia – in 2014 a social clinic opened, following the example of other bioenergetic societies in Brazil. "Its aim is to contribute to people's physical, mental and emotional health and to extend access to psychotherapy in and around the capital to sections of the population with limited financial resources" (IIBA clinical journal, 1999). There are similar social clinics in Rio de Janeiro, Sao Paulo and the area surrounding Sao Paulo.

In addition, there are bioenergetic training programs in Russia and China that serve people who had not been able to afford our services in the past. Al-

though wonderful, it is still not nearly enough to meet the need. In order to move forward, here are some questions we must address:

- Can we offer training programs in Africa or in other parts of Latin America or the Caribbean? Can we offer scholarships and/or free programs to those who want to grow with our work?
- Is there the interest and the energy to do the fund raising it would take to create clinics in under serviced areas in other parts of the world?
- Can we offer free or very low-cost workshops in our own communities?
- Can we offer more pro-bono individual or group Bioenergetic therapy sessions?

Conclusion

Are we able to take up this kind of challenge? I believe that with an intention to be more inclusive, to “think outside the box” and with our collective creative capacities we can meet this challenge. These questions and the answers we find can help Bioenergetic Analysis develop and become more accessible to a broader population. As we face a world in which it is becoming more and more difficult to remain grounded and open to “the other”, the first thing we must encourage is the incorporation into our hearts of the statement written by Helen and Scott that echoes the social justice statement of the IIBA. That would give us a strong starting point from which to address and act on the need to be a more open and inclusive organization in the future.

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Thinking About Bioenergetic Analysis Today¹

Guy Tonella

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Abstracts

I gave a keynote speech about the disease of civilization at the 2nd South American Conference of Mind-Body Psychotherapy, which happened online in November, 2020. Although I had written this article before the pandemics, I had already the feeling that emotion and feeling were going down at the core of biological, social and collective regulation. Emotion's source had become consumerism and immediate pleasure. Pandemics has brought the same social-political response through the worldwide: confinement and isolation. In these times, the bioenergetic psychotherapist can help to recover individual homeostasis and social regulation.

Keywords: homeostasis, adaptation, emotion as regulating factor, Bioenergetic Analysis

Pensando sobre a Análise Bioenergética hoje (Portuguese)

No 2º Congresso Sul-americano de terapia corpo-mente, que se deu por vídeo-conferência em novembro de 2020, fiz uma palestra sobre a doença da civilização. Embora tenha escrito esse trabalho um pouco antes do início da pandemia, eu já tinha a impressão de que a emoção e o sentimento estavam muito diminuídos no coração da regulação biológica individual e da regulação social e coletiva. A emoção passou a ter como fonte o consumismo e o prazer imediato. A pandemia veio criar uma resposta sócio-política comum a todas as regiões do mundo: confinamento e isolamento. Nestes tempos, o psicoterapeuta bioenergético pode ajudar a recuperar a homeostase individual e a regulação social.

1 Panel presentation at the 26th IIBA Conference, October 2021 Other Panel members were Odila Weigand and Patrizia Moselli.

Pensare oggi l'analisi bioenergetica (Italian)

Ho presentato una relazione sulla malattia della civiltà alla 2a conferenza sudamericana di psicoterapia psico-corporea, che si è tenuta online a novembre 2020. Sebbene avessi scritto questo articolo prima della pandemia, avevo già la sensazione che emozioni e sentimenti andassero collocandosi al centro della regolazione biologica, sociale e collettiva. La fonte dell'emozione era diventata il consumismo e il piacere immediato. La pandemia ha portato la stessa risposta socio-politica in tutto il mondo: confinamento e isolamento. In questi tempi, lo psicoterapeuta bioenergetico può aiutare a recuperare l'omeostasi individuale e la regolazione sociale.

Penser à l'analyse bioénergétique aujourd'hui (French)

J'ai donné un discours sur la maladie de la civilisation lors de la 2ème conférence sud-américaine de psychothérapie psycho-corporelle, qui s'est déroulée en ligne en novembre 2020. Bien que j'avais écrit cet article avant les pandémies, j'avais déjà le sentiment que l'émotion et le sentiment s'effondraient au cœur de la régulation biologique, sociale et collective. Le consumérisme et le plaisir immédiat étaient devenus la source des émotions. Les pandémies ont apporté la même réponse socio-politique à travers le monde: le confinement et l'isolement. En ces temps, le psychothérapeute bioénergéticien peut aider à retrouver l'homéostasie individuelle et la régulation sociale.

Pensando el Análisis Bioenergético hoy en día (Spanish)

En la 2ª Conferencia Sudamericana de Psicoterapia Mente-Cuerpo pronuncié una conferencia online sobre la enfermedad de la civilización, que tuvo lugar en noviembre de 2020. Aunque había escrito este artículo antes de las pandemias, ya tenía la sensación de que la emoción y el sentimiento estaban en el núcleo de la regulación biológica, social y colectiva. El consumismo y el placer inmediato se habían convertido en las fuentes de la emoción. Las pandemias han traído la misma respuesta socio-política en todo el mundo: el confinamiento y el aislamiento. En estos tiempos, el psicoterapeuta bioenergético puede ayudar a recuperar la homeostasis individual y la regulación social.

Nachdenken über Bioenergetische Analyse heute (German)

Auf der 2. Südamerikanischen Konferenz für Mind-Body-Psychotherapie, die im November 2020 online stattfand, hielt ich eine Grundsatzrede über die Krankheit der Zivilisation. Obwohl ich diesen Artikel vor den Pandemien geschrieben hatte, hatte ich bereits das Gefühl, dass Emotionen und Gefühle im Kern der biologischen, sozialen und kollektiven Regulierung untergegangen sind. Die Quelle der Emotionen war das Konsumverhalten und unmittelbares Vergnügen geworden. Die Pandemien haben weltweit die gleiche sozialpolitische Reaktion hervorgerufen: Eingrenzung und Isolation. In diesen Zeiten kann

der bioenergetische Therapeut helfen, die individuelle Homöostase und die soziale Regulierung wiederherzustellen.

Размышления о биоэнергетическом анализе сегодня (Russian)

Я выступил с основным докладом о болезни цивилизации на 2-й Южноамериканской конференции ментально-телесной психотерапии, которая проходила в режиме онлайн в ноябре 2020 года. Хотя я написал эту статью до пандемии, у меня уже было ощущение, что эмоции и чувства снижаются в основе биологической, социальной и коллективной регуляции. Источником эмоций стало потребительство и немедленное удовольствие. Пандемия вызвала ту же социально-политическую реакцию во всем мире: заточение и изоляцию. В это время биоэнергетический психотерапевт может помочь восстановить индивидуальный гомеостаз и социальную регуляцию.

今日BA之思考 (Chinese)

020年11月,在线上举行的第二届南美心智—身体心理治疗大会上,我做了关于文明之病的主题演讲。尽管我是在疫情之前写的这篇文章,我当时已经感觉到情感和感觉向下到了生理、社会和集体规则的核心。情绪的源头已经变成了消耗主义和及时行乐。疫情在世界范围内带来了同样的社会—政治的回应:隔离和疏远。在此期间,躯体动力分析治疗师可以帮助人们恢复个体的动态平衡和社会调节。

“Malaise in civilization: when emotion is no longer at the heart of biological and social homeostasis”: this is the title I gave to my lecture at the *2nd South American Congress of Body-Mind Therapy* which finally took place by videoconference in November 2020. I just wrote it before the beginning of the pandemic. I already had this strong impression that emotion and feeling, while at the heart of biological individual regulation, were also at the heart of collective and social regulation.

Emotion is the essential factor ensuring the homeostasis and adaptation of biological organisms and also ensuring the homeostasis and adaptation of social organisms. We act, think, and relate adaptively in response to what we feel and sense within ourselves. What we feel emotionally guides us in our choices, in our decisions, in our actions and interaction. This is how individual organisms and social organisms preserve their balance, their survival, and their creative adaptation.

The worldwide pandemic has disrupted or eliminated some of these regulatory mechanisms, although differently in North America, Latin America, Europe, and Asia, depending on the cultural histories and the conscious/unconscious

references each region has. The pandemic has created a sociopolitical response common to all regions: confinement and isolation of varying intensity. This has had multiple consequences:

- People reacted individually in very different ways: by dissociation and absence of emotion, or conversely by emotional hyperactivation producing fear and sometimes despair. Odila Weigand will develop this aspect and its antidote, for instance, stimulating hope as a resource to deal with fear and despair;
- The family and social bonds were distended: it was impossible to get together; it was difficult to share powerful emotions if there were disagreements and people were confined; and there was the fear of losing a loved one; etc. Patrizia Moselli will talk about the necessity to be back in mutual emotional contact, of re-finding trust, joy, resilience, and working on the effects of pandemic trauma.
- The bonds within the population were divided, even broken, for many reasons:
 - In some countries or regions, access to health care has been unequal, accentuating inequalities between certain social groups: rich and poor, white and black, natives and emigrants, etc.;
 - National governments have given the population more or less accurate information, sometimes counter-information, or fake news, to maintain their power and control over social movements;
 - Direct and embodied exchanges are decreasing in favor of remote or virtual exchanges promoted by the use of cell phones, social networks, multiple digital applications, and of course, videoconferencing. We, in bioenergetic analysis, have had to develop our work through videoconferencing with Zoom, both in therapy and with training groups.
 - At a macrosocial level, information is processed in the form of algorithms that classify and categorize people and institutions and their preferences. These algorithms also influence the functioning and the decisions of the State, often without any external control, in domains as varied as education, health, employment and justice. Unfortunately, they give rise to highly biased and affectless choices under the pretext that they are neutral and objective because they are mathematical.

The emotional life of populations is thus oriented by algorithms designed to influence their tastes and to preserve social, financial, and political interests. Emotion, a source of socio-cultural regulation, is anaesthetized in favor of emotion

as a source of consumer and recreational pleasure, stifling reflection and critical analysis of the political, economic, and cultural models chosen by those in power and ordering the lives of individuals and communities.

I have not mentioned, on a larger scale, the conflicts, wars, terrorism, and waves of migration driven by survival and the suffering of the disenfranchised, all of which testify to the failure of intercommunity and international homeostatic processes. Is it because cultural homeostasis extended to the planet itself is only a tentative project, often undermined by conflicts of adversity where domination once again replaces cooperation?

But beware! Communities of human beings are predictable only up to a certain point. The thoughts and actions generated by emotions and attachments sometimes give rise to unforeseen, non-linear behaviors that are out of step with expected evolution and are, in this sense, revolutionary: the need for wild freedom is the fundamental characteristic of emotion and emotional attachment.

Freud, at the dawn of the Second World War, evoked in 1930 a *Malaise in Culture*. He evoked the “death drive”, a destructive cultural drive, as a central factor that puts our societies in check. Lowen, in 1985, evoked the “narcissistic values” promoted by the Western societies, denying the reality of biological body, feelings, and emotions, to identify only with images and fantasies: images of admired self, images of power and wealth, with sometimes a certain contempt and a certain arrogance towards the other.

If emotion is at the heart of the homeostatic individual and social regulation, a fortiori today in these times of pandemic, then the bioenergetic psychotherapist can intervene since emotion is at the heart of his methodology. We have today, even more than yesterday, a fundamental function: restoring trust within oneself and within social communities, reducing division by increasing cooperation, reducing inequalities, whether they be ethnic, religious, social or gender-based.

As bioenergetic analysts, we can awaken the Nature that has been inscribed in us, in our patients, in the depths of our cells, for thousands of years. Bioenergetic analysis makes more sense today than it ever has. In bioenergetic analysis, we have a rich panoply of exercises and body and emotional exercises centered on the return to a homeostatic balance (between energetic charge through breathing and energetic discharge through movement), on the perception of body sensations (cold/hot, hard/soft, tense/loose, etc.), and on the expression or emotional abbreviation (of fear, sorrow, anger, joy, love, etc.).

We have scenarios to explore aggressive force, rage, and destructive impulses in a regulated way (kicking, racket, etc.), and scenarios to explore the tender cohesive forces of love (such as reaching out). We teach our patients, within

the therapeutic relationship itself, through intersubjective exchanges and intense transference moments, to construct, where they are lacking, the forms and limits that we must put on our expressions and interactions so that they are regulated and set in motion other regulating processes, both at the personal, interpersonal, and social levels.

So, I am sure that we can help our patients get through conflicts enriched rather than embittered, that we are able to make fair and creative decisions that beautify our cultures, that we can put an end to senseless and unnecessary fratricidal wars.

This is what motivates me, dear colleagues, to continue even more today than yesterday, this exciting work with my patients and with you within the International Institute for Bioenergetic Analysis, for coming back from isolation to connection: connection with oneself, connection with others, interconnections grounded in the human, cultural and social tissue.

About the Author

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Bodies In Disassociation: Microaggressions and Re-traumatization¹

From Isolation to Connection

Helen Resneck-Sannes

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Abstracts

The following is a Keynote given at the 2021 Bioenergetic Pre-Conference in Brazil. It describes how members of an institute or a therapist can precipitate re-traumatizations by not empathically connecting with a person's description of prejudicial and racial trauma in her history. The process of disassociation is described, as well as a path for empathic understanding.

Keywords: disassociation, microaggression, racism, bias, re-traumatization, empathy

Corpos dissociados: micro agressões e retraumatização

Do isolamento à conexão (Portuguese)

Este texto foi apresentado como palestra na Pré- Conferência Internacional do IIBA, que teve lugar no Brasil em 2021. Descreve como membros de um instituto, ou um terapeuta podem precipitar uma retraumatização por não terem tido uma conexão de empatia com a descrição de uma experiência pessoal de um trauma relativo a preconceito. Descrevo tanto o processo de dissociação como o de um caminho para uma compreensão empática.

Corpi in dissociazione: microaggressioni e ritraumatizzazioni

Dall'isolamento alla connessione (Italian)

Quella che segue è una relazione presentata alla conferenza dell'IIBA del 2021 in Brasile. Descrive come i membri di un Istituto, o un terapeuta, possano causare ri-traumatizzazioni.

¹ Keynote Address to the 26th IIBA Conference, October 2021.

ni non collegandosi empaticamente con la descrizione che una persona fa di un trauma causato da pregiudizio e razzismo vissuto nella propria storia. Viene descritto il processo di dissociazione, nonché un percorso per la comprensione empatica.

Corps en dissociation: Micro-agressions et re-traumatisation De l'isolement à la connexion (French)

Le texte suivant est un discours prononcé lors de la conférence Bioénergétique 2021 au Brésil. Il décrit comment les membres d'un institut ou un thérapeute peuvent provoquer des re-traumatisations lorsqu'ils ne se connectant pas avec empathie à la description réalisée par une personne d'un traumatisme préjudiciable et racial faisant partie de son histoire. Le processus de dissociation est décrit, ainsi qu'un chemin pour une compréhension empathique.

Cuerpos en Disociación: Microagresiones y Retraumatización Del Aislamiento a la Conexión (Spanish)

Lo que sigue es una conferencia magistral pronunciada en la Conferencia Internacional del IIBA 2021 en Brasil. Describe cómo los miembros de un instituto o un terapeuta, pueden precipitar retraumatizaciones al no conectar empáticamente con la descripción que hace una persona de un trauma racial y causado por prejuicios en su historia. Se describe el proceso de disociación, así como un camino para la comprensión empática.

Körper in Dissoziation: Mikroaggressionen und Re-Traumatisierung Von der Isolation zur Verbindung (German)

Der folgende Text enthält die Eröffnungsrede, die auf der bioenergetischen Konferenz 2021 in Brasilien gehalten wurde. Er beschreibt, wie Mitglieder eines Instituts oder ein Therapeut Re-Traumatisierungen auslösen können, indem sie sich nicht empathisch mit der Beschreibung eines vorurteilsbehafteten und rassistischen Traumas in der Geschichte einer Person verbinden. Der Prozess der Dissoziation wird beschrieben, ebenso wie ein Weg zum empathischen Verstehen.

Отделенные тела: микроагрессия и ретравматизация От изоляции к соединению (Russian)

Ниже приводится текст выступления на онлайн конференции ИВА по биоэнергетике 2021 года в Бразилии. В нем рассказывается, как члены правления института или терапевт могут спровоцировать повторную травматизацию, не сопереживая человеку, описывающему предрассудки и расовые травмы в своей истории. Описан процесс разотождествления, а также путь к эмпатическому пониманию.

解离中的身体：微侵入和再次创伤

从隔离到连接 (Chinese)

下文是2021年巴西的躯体动力分析大会的主题演讲，描述了一个机构的委员会成员，或者一位治疗师，由于缺乏共情的和他人连接到一个人在个人历史中由于偏见和种族歧视而造成的再次创伤，描述了解离的历程，和带着共情去理解的方法。

Introductory Statement for Journal Article

This Keynote is a description of my interaction with the Board of Trustees of the International Institute for Bioenergetic Analysis. People, like myself, who have experienced trauma due to prejudice, homophobia, or racial injustice can become reactive, when we receive a response that isn't empathic to our injury. While the Board of Trustees was working diligently to write a social justice statement, my traumatized protector was operating as a filter on high alert and was reactive to any information perceived as dismissive. I needed a more empathic response, but the inability to respond is a problem for all of us who deal with social injustice. The media inundates us with stories of bombings of synagogues and mosques, murders of people color, attacks on homosexuals and transgendered; and we so often see the misery of unhoused people shivering with cold, that our psyche disassociates; and can even sometimes, normalize these encounters. The Board of Trustees is comprised of people, like ourselves, who when working on issues of social injustice are not able to always respond in the most optimal empathic manner; and as a result, we sometimes traumatize the people we most want to help.

Introduction to Keynote

This morning's talk is about microaggressions and how they can provoke a re-traumatization. A microaggression is a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority. These transgressions occur against the "other", those who are not members of our tribe.

So, hello all. Let me take a look at you, my tribe. We members of the IIBA represent people from a more diverse group than any other therapy institute that I know. And, it is in this institute, where I have developed my therapy skills and made lasting friendships. People are tribal, tending to look out for members of our own family, religion, and/or ethnic group, which is sometimes detrimental

to people who aren't a member of our tribe. For example, the war between Arabs and Israelis, Bosnians and Serbians. Our tribe, Bioenergetics is an offshoot from Reichian analysis. Reich was developing his ideas as Nazi Germany rose to power. Although he was born Jewish, he never directly confronted antisemitism but did write about the armored man, whose heart is closed and who is disassociated from his vulnerable self, allowing him to engage in acts of cruelty. Reich is our legacy and I come from a Reformed section of Judaism, whose mission is to heal the world. Not to convert. It is very challenging to convert to Judaism, but as Rabbi Tarfon, said: "It is not your responsibility to finish the work of perfecting the world, but you are not free to desist from it either." And as the Talmud says: (A book interpreting Jewish law) "Pray as if everything depends on God. Act as if everything depends on you." So, it has been my intention, as well as that of my grandmother, parents, my two brothers and our children to live a life of engagement in social justice. Combating the myriad aspects of racism and prejudice is one way I hope to make the world a better place for people who are transgendered, Muslims, Jews, Asians, people with dark skin, homosexuals, and all those whom we consider to be the "Other".

And because we are therapists, I wish to talk about injustice as it asserts itself in an international therapeutic organization, like the IIBA, and in our therapy offices. Specifically, I am focusing on racism. I am using this term, loosely to describe bias by one member of a group or institution toward another. Although institutional racism influences personal choices, as a therapist, my focus is on each person and how to educate and help her navigate this treacherous field, specifically in our therapy offices.

Of course, if I am to be effective as a therapist dealing with issues of social justice, then it behooves me to be conscious of my implicit beliefs and traumas regarding this issue. I was unaware of a trauma until recent events conspired to recreate the perfect storm inside of me. But first, I want us to engage in a little exercise. Sit with your feet flat on the floor and take some time to ground, breathing into the lowest part of your back on the inhale; and gently let out a long exhale, while pushing into the floor with your feet. Eyes can be closed or open but with a soft focus. Exhale should be soft, not pushing the breath. Inhale and exhale without a pause between the two.

Now, imagine that you are leading a bioenergetic group. It is primarily composed of white people, maybe one Asian, and one black person. A white person enters the room and looks at the black person and says: "I don't want to be in a room with a nigger". What do you as group leader do or say? Remember your response. I will return to this later.

Social Justice Statement

As I mentioned, I was unaware of my own traumatic history regarding racism and prejudice until recently. For some time Jayme Panerai, a Faculty member and Member of the Board of Trustees, and I have been trying to have a statement of social justice placed on the IIBA website. Although some people were supportive, a statement was never posted. With “Black Lives Matter” claiming headlines worldwide, I suggested the possibility of a social justice statement being posted on the IIBA website to the IIBA Faculty at a meeting a few months ago. I was advised that a statement should be submitted to the Board of Trustees (BOT), who had the authority to place the statement on the official website of the IIBA. I enlisted Scott Baum’s input, as he was a previous President of the IIBA, and I felt I needed an ally and witness in this process. He helped me write the last part, which is especially important. Here is the statement.

The members of the IIBA share in the anguish and rage felt by many at the growing list of names of people of color who have fallen victim to discrimination, hatred, abuse, violence and murder, in the United States and worldwide. These victims are a representative group of the many people, worldwide, who have suffered, and died, at the hands of those whose hatred, prejudice, and abuse of power free them to enact the most destructive elements of human nature. The response to the current pandemic caused by COVID-19 reveals the ways that these same forces are manifested. There is a disproportionate toll on the lives of people of color and the poor, resulting in reduced access to healthcare, less access to well-paying jobs, fewer opportunities for educational and social advancement and distinct over-representation in prison systems, at least in the US.

The IIBA recognizes the inherent destructiveness in these outcomes and the actions and attitudes that lead to them. This acting out of destructiveness goes directly against the philosophy and mission of the IIBA. We are founded on principles of acceptance of the human in all of us, and in the equal value of all human beings. We are united in our struggle to face and restrain the destructive in ourselves and those we work with. The IIBA pledges to provide a safe place for people of all philosophies, nationalities, genders, sexual orientations, races, and religious beliefs, to engage in a process of self-exploration and healing. And we make an affirmative commitment to study the origin, facilitation, and expression of destructive impulses, in ourselves and others, that lead to the furtherance of human suffering. Signed: Helen Resneck-Sannes, Ph.D.

It was after submitting this statement that my husband I took off to Mexico. We had completed our round of vaccines and wanted to travel, while we felt safe and ahead of possibly another wave of a variant of the virus. A year had passed and it was my first opportunity to be mask free, but I still had the residual fear of dying from Covid, was aware of my bodily space and out of habit was still holding my breath if people came to near, so as not to breathe in the virus.

It was a sunny day in Mexico, and cool breezes swept over me as I lay peacefully resting on one of the few lounge chairs with padding, which my upgrade to elite status at the resort had awarded me. I found myself surrounded by Republicans and a very loud Trump supporter, whose speaking voice was a shout and I was also aware that I was the only Jewish person present. I was acquainting myself with the others, finding about who they were and about their lives, while staying silent about my own political beliefs. It was then that I received a letter from the Board of Trustees saying the statement was “too long and too political (and many felt this is primarily a US problem)” and that the statement would be shortened for the website. I agreed. It was long ... but too American and too political? Couldn't at least the last paragraph be included?

A couple of days after I receiving the response from the BOT, I received an email from my best friend in high school reminding me that when I broke the traditional boundaries and became the first Jewish person attending my high school and to this day the only Jewish person, the Ku Klux Klan put up threatening signs on my school bus route. This memory was the impetus for my following response to the IIBA.

I am struggling with the BOT's response to my social justice statement for the website: That it is too political and American. I don't swim in a white heterosexual male Christian fish tank. I am on the outside; and for me, as well as many others, the entitlement and hatred of the white heterosexual Christian majority have left scars of personal trauma, that you don't want to know about, any more than I do ... And to avoid them, you name them as political, and thus not a priority for the IIBA. For me, your response is re-traumatizing.

I have always been afraid of being invaded by the Nazis or a hanging mob, so that I have learned to lie down and pretend I am dead, barely breathing, so they will ignore me, thinking I am already dead. It is my personal trauma as well as many other peoples throughout the world and does not feel political.

A couple of days after receiving the BOT's letter, my best friend from high school, wrote, reminding me that when I began to attend my high school in rural Indiana, being the first and only Jewish person; probably to this day, the Ku Klux Klan (a white Evangelical Christian terrorist organization, like neo-Nazis and skin

heads and all those other white Nationalist hate groups, who have found a foothold throughout the world) posted hate signs along my bus route. When she reminded me, I had a vague flash of knowing, but not remembering and really truly don't want to remember it now; or think about it, or deal with it any more than you.

I do remember the threatening phone calls and the cross burned on our lawn, because my parents were invited to cross a line, that had been forbidden to Jews.

When in high school and my parents did cross the line and moved into a Christian neighborhood and I was asked to integrate the two communities, the hate words and rejection didn't feel political, but, personal. I overcame the initial onslaught and became an accepted and well-liked member of my high school. I am lucky. Many people have other stories.

To say this is an American issue surprised me even more. Synagogues, Mosques and cemeteries are bombed and desecrated in Germany, France, and Italy. Muslims, transexuals, and Asians are being harassed and murdered. Dark skinned people in New Zealand and Brazil face racism every day.

Dark is bad. White is good. It echoes around the world.

I understand how you don't want to face these issues. My bioenergetic therapist made disparaging remarks about Jews during my therapy. I accepted them, knowing I must take it because that is how the world works.

So, I was at first willing to shut up, except for the loud sounds of Reich and Lowen roaring at you as they turn over in their graves.

And now I want to add that injustice only becomes political, when a law is enacted against it. It is okay to have slaves, rape and murder your wife, until a law is enacted preventing it. Then those acts are political. And to make my point that this is not only an American issue I refer you to the articles in the latest issues of our own IIBA journals.

Universality of Sexism and Racism

Monica Monteriù (2021) states: "The issue of maltreatment of women and how it is widely known, worldwide and a cross-cutting phenomenon, present in every social class, regardless of education, income, culture, origin or age. Equally known are the disastrous effects on women's health, in many instances recalled by the World Health Organization" (p. 121).

Fina Plà Vila (2021) elucidates the harmful effects of sexism and that it is so deeply rooted that we reproduce it unconsciously (p. 179). Rossana Colon-

na (2021) discusses the effects of internalized homophobia and chronic trauma resulting from the threat of violence when displaying homosexual preference in public, leading to increased vigilance and inadequate coping strategies for dealing with the perceived stigma. And this quote from Maria Cristina Francisco (2021) states beautifully how the trauma from racism, while denied cannot be avoided.

“Racism is so established in our everyday lives that those who are not paying attention believe it does not exist. However, those who suffer from its presence know all too well about its existence. Racism is in the air and the senses recognize it. It goes down your throat and suffocates you. It touches your skin and freezes you. It makes noises in your ears and drives you mad. Your gaze is on trial. Racism has grounding, it is rooted and sustains itself in relational bodies and minds. It dictates our way of seeing, understanding, and acting in life. Like a virus, racism infects the body. No one is immune. (I repeat). No one is immune. Even those who do not consider themselves to be racists reproduce various racist practices with immediate or slowly unfolding effects that are even lethal, both physically and psychologically” (p. 13).

Into the Trauma Vortex

I received a letter immediately back from the BOT advising that the statement is a priority and is being considered for the website, perhaps incorporated into the Strategic Plan and maybe into the ethics statement. I wrote back:

Thank you for your quick response. I am sorry that I misunderstood your previous email. I was in Mexico surrounded by Republicans, and a very loud abrasive Trump supporter, The process of re-visiting that time, when my community chose me and my family as integrators was more painful than I had thought it would be. However, at the end of a few days in Mexico, the Trump supporter has been silenced and I was accepted into the group of Republicans, so my past still serves me as a bridge builder. Thank you for hearing me and now I would like to move on from my own past, not think about it and continue to work for social justice.

Sometimes, events in the world, when there is trauma carry us into a vortex from which we cannot escape. At that point, I had really given up hope that anything I did would actually make a difference for people to have an empathic understanding. Although I was in Mexico, a self-part was back in high school, managing how I was perceived by others. Somehow, the previous interchange regarding having

it on the website was wiped out of my conscious awareness. And, I have no conscious memory of writing the email responding to it.

At this point, I am wondering whether that was the point of disassociation or when I received the email: "I hear your passion and also the trauma you carry in your body." I didn't have a broken leg. Healing it in my body? Injustice and persecution have been happening since the beginning of time. What I heard was: "shut up, handle it, and go away". The same type of response I had heard from another international faculty member, who replied that I grew up in an awful place that allowed these things to happen. She grew up in Nazi Germany. I didn't understand how these people, who I know to be caring, sensitive individuals could be disconnected from an empathic understanding in their responses.

I do remember that after reading that last statement: "the trauma you carry in your body", hurt and puzzled, I go to sleep in my chair by the ocean. When I awake, everyone has departed. A woman has left her purse with her cell phone sitting on the table. I put her phone in her purse and walk to where she is playing volley ball, to let her know that I am leaving and does she want her purse. As I walk toward the game, I feel like I am in a movie and none of this can be real. I don't feel present. The Trump acolyte is jumping up and down, yelling and screaming and turning red. He looks like a child having a temper tantrum. And then, the ball is served. It arcs in the air and sways way far to the left, coming right at me. No one moves. Like someone has stopped the film action, and we are frozen. I lean forwards to catch it; and then for some reason, stop myself. A young Mexican boy runs for it, but feels the same magnetic force pushing him away from the ball. A white young teenage girl leaves her place at the net, reaches for it and jerks back. We are connected by some mysterious force.

I tell the woman about her purse, she says its fine, and asks if I will be at the beach, tomorrow. I say: "yes". And the next day my status is risen, so that people are asking my advice on certain matters. Like in high school I have gone from being a dirty Jew or Kike, who drinks blood during Passover Seders to an officer of clubs, one of the editors of the yearbook and school paper and having leads in the school plays.

I am white so I can conceal my beliefs and religious preferences. The same is true for LGBTQ people. Gender and sexual preferences can be concealed. As Lingiardi (2007) writes:

"We are led to ask ourselves a silly question which obviously is not supposed to have an answer: what's worse, being penalized because of our skin color, but enjoying our emotional bonds making our life worth living, or being born in an apparent context

of equality and then having our right to our emotional integrity denied and being forced to internalize and conceal this trauma?" (p. 145; translated by the author)

I don't find this question silly. The need to belong, to be a member of a tribe during adolescence is strong, even if it means silencing my beliefs. Blacks, Asians don't have that option. Their skin color, the shape of their eyes, give them away. They can't merge into the group and deny who they are. However, maintaining the connection is at a cost.

Part of me split to become a member of the tribe and left the other part behind and that self-part became the "Other." In my paper on shame, I discuss how outliers – the only Jew, the only homosexual person – may hide, trying to conceal the shame they feel at the rejection. The self that is being protected can become hostile to the part that doesn't have the support of the culture or the community. The hater inside can become anti-woman, anti-sexual, racist and attack the life force inside, that wants to erupt, but can't. Your mind can't be allowed to know of the hostility around you (Resneck-Sannes, 2019, p. 53).

I returned home, but looking back I can see now that I was in a trauma vortex that Peter Levine describes as an eddy off-shooting from the stream. This is a powerful current that derails the progress of the stream and can elicit in others the most re-traumatizing responses. We have names for it, like projective identification. I see couples activating, where lines of one person's traumatic script is negatively feeding into his loved one's script. They are re-traumatizing each other without understanding that they are living in two different dramas right now. I often have clients ground and then walk toward each other and reach. The woman who has been afraid of her angry father sets up severe boundaries with her partner. I ask her to look at the man who is in front of her now. Instead of the angry threatening father, there is a man with shoulders bent forward with hurt and sadness emanating from his eyes. Then, I ask him to approach her. Look at her. Is this woman who is setting up severe boundaries your cold mother; or, a woman who is frightened? He looks at her and sees her stiff body, and that her eyes are wide with fear.

Also, while this enactment is occurring with the Board of Trustees, I am emerging from living with a background of Covid, which is threatening to overwhelm us with horrible outcomes for people of my generation, death or a life of infirmity, post Covid syndrome. So, there is quite a bit of wariness about contact and distance, and personal space. With the effectiveness of the vaccines, the threat of Covid dissipates and we are no longer walking away from people. Walking calms the amygdala (the part of the brain that responds immediately to threat). As we emerge from our fear, we come into fight, so, there is quite a bit of aggres-

sion. And people are emotionally erupting around me. I am enveloped in a field of traumatic energy that elicits statements from people like: “Why didn’t you go home, when I told you to.” It was in another context, and a few years ago, while at a dinner, a woman told me that United States is a Christian country and non-Christians should leave.

Only after tripping over the dishwasher and bruising my hip, legs and arms was I woken out of this trancelike traumatic state. Silencing, keeping quiet, and not speaking are ingredients that feed isolation; and, consequently, loneliness. I feel alone in a state of deep grief. It was that last sentence: “the trauma you carry in your body” that put me in a trance.

Coming Back to My Body

Coming back into my body, I feel waves of intense sadness sweeping over me. I reach out to a group in Santa Cruz with whom I am beginning to form a connection. We are psychologists for social justice. They are empathic, joining with me, willing to respond to my grief. I began having a headache in Mexico when this all started and the pressure in my head is building. I know I need to cry, but I can’t, as crying has never been easy for me.

I think about driving two hours to Berkeley so that Sylvia Conant can go into my occipital ridge and help me release. I am afraid, though. She is the only person I have talked with about this exchange with the Board of Trustees, other than my husband, the political justice group, and Scott, who I asked from the beginning to join in the email exchange, as I felt I needed a witness. And I have only shared some of this with Sylvia. I meet with a group of bioenergetic therapists every six weeks, but I don’t bring it up there. I don’t trust them to get it.

I trust Sylvia to go into my occipital ridge, look into my eyes and hold whatever I am feeling as I release it. She was my bioenergetic trainer, a colleague who has enriched my professional life with her endless curiosity about healing trauma in the body. She is a wonderful friend of immense courage. With all that I have written, I still am hesitant. I hope she will be there, but I am afraid to take a risk and let myself be that vulnerable.

As Lowen says:

“Both feelings, longing and hopelessness, threaten to undermine the person’s defense against the feeling of heartbreak and open the gates to a flood of sadness in which he fears he may drown. Still, the impulse to break out and to find love,

no matter how painful, will inevitably arise, and with it a feeling of panic at the prospect of being abandoned again” (Lowen, 1988, p. 81).

I lie on the floor, ground and charge and have a memory of Sylvia’s hands on my head and begin to sob deeply, feeling the pain of my broken heart. And at the same time my mind comes back on line and I am having an onslaught of memories: past threats, rejections, and comments hinting of past violence to Jews. I remember the events but the details blur. I can’t identify the people making the comments. I am well-versed on PTSD and realize that I am experiencing intrusive memories (not flashbacks) of this material that I have not forgotten ... just don’t want to know about. And finally, these memories coalesce into a map and I am beginning to understand in a way that I never have ever tried to comprehend how I ended up being the only Jewish family in that neighborhood and the only Jewish person at that rural school.

After deep sobs my headache resolves and I now know what trauma was being reactivated by the BOT. As I had no awareness of the email about the statement appearing on the website, I couldn’t understand why the IIBA was so dismissive in their response, I heard that this was personal, didn’t involve them and that my trauma was not their problem. How could people who are members of this organization respond so dismissively? Why couldn’t the IIBA respond? Wishing me healing in my body? So, is it my Jewish body or being born in rural Indiana that is the problem?

Perhaps, it is as Bessel Van de Kolk (2014, p. 194) says:

“Nobody wants to remember trauma. In that regard, society is no different from the victims themselves. We want to live in a world that is safe, manageable, and predictable – and victims remind us that this is not always the case. But in order to understand trauma, we must overcome our natural reluctance to confront it and cultivate the courage to listen to the testimonies of survivors and help them go on with their lives.”

Human Suffering

I walk by some unhoused people, looking out from their makeshift shelters. I see their suffering. They look cold and hungry. Often, I offer them a protein bar or at least engage in a brief conversation; but other times, it is too much and I stop feeling ... avoid eye contact, and am distant. I remember Liane Zink at the panel

in Portugal talking about her heart ache when she saw the suffering of the poor in Brazil, aching when she sees the homeless. I saw her pain. She was ignored. We go numb, because it is too much to bear.

I am so sad. John, a member of my social justice group tells a story in response to my heartache. He was working with a group on racism in Washington DC. There were about 300 men and one of the black men began screaming, angry, appearing that he might become violent. All of the men surrounded him and John; who was one of the facilitators and is white, began saying things like: "I get it. I get what you have been through." The black men tell him to leave. You don't get it. They say he wants to know that you have his back. Have his back. Will protect him. Will stand up for him. He tells this story and I break into deep sobs. Who will stand up for me? Who has my back?

I get it. The members of the Board of Trustees of the IIBA won't help hide me from the terrorists who might bomb my synagogue. As I mentioned earlier, I have erased an awareness that a statement will appear somewhere on the website. For me, it feels like even making a statement can feel too risky for some. I call Scott and tell him we need to talk. I am leaving this organization. I can't belong to a therapy organization, refusing to take a public stand. Then, Scott tells me that I have been asked to give a Keynote. It is on the website. Of course, it is in Brazil. And it is in Brazil. The land of great music, sound systems, food and beautiful people who love to party and sing and dance, whose citizens have been tormented by an authoritarian power-hungry leader, who's people are starving, who have one of the highest murder and Covid rates in the world. Brazil, where they have started a clinic for indigent mothers, who gave an excellent Keynote on racism and introduced the topic into our Journal. They want me. I am giving this talk.

And the result of all this? What I hope for is the outcome of this story is that if you have people of color, or Asians, or Muslims, or Jews, or traumatized women, or transsexuals: Know this. Please get this. Be ready to watch their back.

Responsiveness to the 'Other'

What would that look like? What if that person in a group with only one black person had a chance to decide whether she wanted to deal with this racist person in a group of all white people? She may have some needs that you haven't thought of. She's not speaking up unless she knows that you have a supporting hand on her back, that you are aware of her need for protection, that you will attend to her first. First. Not the white racist or the misogynistic rich famous movie star. You

will change the rules and the homosexual, the transgendered, the abused woman, black people will be watched over. They don't come into the group with the same entitlement as the others. Notice that most songs about loving each other are from black artists. As an outlier, I have always had to open my heart, to try to belong, to be part of the tribe. In the therapy room, please open your hearts and let us outliers, who don't have the culture's first place be part of your tribe. To care about us as much as you care about your own.

Now back to our initial exercise. Do you remember your response? Well, I now ask you to re-visit your response. Imagine the group again. White members with maybe one Asian, one black. A white person enters the group and looks at the only black person with hatred and says: I refuse to be in a room with that "nigger". What would you say?

Now imagine you are in a group with someone you feel protective of – a daughter, a friend, a client – and she was recently raped. A man enters and looks at her lasciviously and says: "We guys could have fun with that hot little body of yours."

Think of the first response you gave at the beginning of this talk. Now, given what you know are you going to handle it differently this time? When someone is a member of your tribe: like your daughter, or a friend, you respond differently.

There was a first draft of my Keynote. The responses to reading that draft differed, if given by a homosexual, a person of color or a Jew vs. a white heterosexual non-Jew. The white non-Jews were hesitant, feeling the BOT was over-portrayed as the villain, while the others responded more empathically, even saying they were crying while reading it, and were resonating with my experience of being "other". However, if the focus is on the BOT or IIBA as villains, then I have not accomplished anything by writing this Keynote. The members of the BOT are elected volunteers, representing each of the geographic areas comprising the IIBA. Decisions are made using a system, called, gradients of agreement².

Although to achieve an agreement is sometimes a long arduous process, the result is that any member who has a hesitation has a voice and for a "yes" vote, almost everyone has to agree, although one person can still register a "no". The BOT did decide to post a statement on the website, which is assurance that the issues were addressed, that almost every member of the BOT is in agreement concerning what it states. The final outcome is that the statement is buried deep in the website; so that realistically, it is almost impossible to locate, which can

2 For a complete explanation of gradients of agreement: <https://www.lucidmeetings.com/glossary/gradients-agreement>

be seen as avoiding taking a public stand. However, posting on a website with a group of words is meaningless, unless followed by a commitment to act on those words. Having a statement without an accompanying empathic understanding is more destructive than having no statement at all.

Conclusion

We are therapists; and if we make a statement about our willingness to acknowledge the trauma from systemic racism, then the statement must be followed by a commitment to actively work on our own individual numbing and disassociation. I read to you again the end of the statement, which is Scott's addition:

“The IIBA pledges to provide a safe place for people of all philosophies, nationalities, genders, sexual orientations, races, and religious beliefs, to engage in a process of self-exploration and healing. And we make an affirmative commitment to study the origin, facilitation, and expression of destructive impulses, in ourselves and others, that lead to the furtherance of human suffering.”

This organization which is composed of multiple nations, and ethnic groups, religions, and races has not only supported me in giving this Keynote, but is encouraging me to share my truth and has asked me what they need to know that would have prevented the re-traumatization.

I remind you that the denial by the organization of the importance of acknowledging social trauma has been happening for a long time, such that I had asked Scott to be a witness to ensure that another person was aware and could verify my reality. This was the first time the organization presented a willingness and opportunity to consider a statement.

Traumatic fields around people can pull for re-traumatization. During this time, the members of the BOT representing each of their countries were managing Covid, with their accompanying anxiety and grief and were likely in their own activation. And, I am being pulled by my already activated nervous system, into an environment mirroring an earlier trauma, and once again receiving the message that the statement is: “too political and too American”. It is about you, but really doesn't concern us.

My response to: “What could have made the process with the Board of Trustees easier for me?” First of all, every email I sent was attended to and I never felt dropped. The Board was attentive and was working diligently to write a social

statement. However my traumatized protector was operating as a filter on high alert and reactive to any information perceived as dismissive. In an ideal world the BOT could have responded with: “The BOT is strongly in support of your statement. It invites us into an examination of the destructive elements from our culture that live inside us.” Or, they could have responded with caring and concern in response to my email sharing my memory of the Ku Klux Klan. “Thanks for sharing your history. What happened to you is awful. We are engaged in discussing the statement for the website.” “What happened to you sounds hard. I am so sorry you had to suffer that treatment. I understand how affected you are by these issues and we are addressing them.”

Those words would have helped offset the: “too American and too political statements”. I would not have heard once again, that the IIBA is unwilling to take a stand. This is not something we want to look at or know about. Take your traumatized body away and heal thyself.

What I truly long for is a more bioenergetic response, with an empathic understanding of the wound. Traditional bioenergetics placed people in stress situations, with the idea that the information could help break through the unconscious barriers against feeling. My husband, a non-Jewish white male was asking me what is it that people aren't “getting”? After several days of trying to tell him, and out of frustration, I did something quite mean. He has one shoulder that never fully developed its musculature, due to having polio as a child. He was coming through the door after walking the dog and I said to him, “You can't come into this house (our home). We can't tolerate cripples”. His face showed shock, and then deep pain. I watched his shoulders slump and he stared at the floor.

I felt so bad, as I gently said: “You are starting to self-attack. You don't need to do that.” I held him and we were both teary. He said: “I get it. Now, I understand.”

By writing this Keynote, I'm hoping that you will have a more empathic understanding of the self-attack that accompanies the rejection of us due to religion, skin color, sexual identifications and preferences.

After the traumatic memories and with the support of the social justice group in Santa Cruz, memories of teachers and friends who supported me during that time began emerging. And what has enabled me to continue sharing my process has been the support and caring from people from my bioenergetic tribe. I am deeply touched. Thankyou.

Never forget that justice is what love looks like in public – Cornel West

Love isn't a state of perfect caring. It is an active noun like 'struggle' – Fred Rogers

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“Reconnection”¹

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Abstracts

The centrality of the therapeutic, and therapist, conviction that reconnection to others is a central aim of the psychotherapeutic process is brought under examination. Re-connection implies a connection has existed. This premise may be inaccurate as far the inner structure of people with early and chronic severe relational trauma. The significance of this perspective is explored for its relevance to the understanding of processes of attachment, bonding, and dependency. And its impact on clinical practice.

Keywords: connection, re-connection, autism, borderline and schizophrenic personality organizations

Reconexão (Portuguese)

A centralidade da convicção que o terapeuta e a terapia tem, de que reconexão ao outro é um objetivo central do processo terapêutico, é trazida aqui para ser examinada. Re-conexão implica que uma conexão existiu. Essa premissa pode ser imprecisa quando se trata da estrutura de pessoas com traumas relacionais crônicos precoces. A significância dessa perspectiva é aqui explorada por sua relevância na compreensão dos processos de apego, vínculo, e dependência. Bem como seu impacto na prática clínica

Riconnessione (Italian)

Si esamina la centralità del terapeuta, di ciò che è terapeutico e la convinzione che la riconnessione con gli altri sia una finalità centrale del processo psicoterapeutico. La riconnessione implica l'esistenza di una connessione. Questa premessa può non essere salda nella struttura interna delle persone con gravi traumi relazionali precoci e cronici. Il significato

1 Keynote Presentation to the 26th IIBA Conference, October 2021.

di questa prospettiva viene esplorato per la sua rilevanza per la comprensione dei processi di attaccamento, legame e dipendenza. E per il suo impatto sulla pratica clinica.

Reconnexion (French)

L'auteur examine la conviction thérapeutique, et du thérapeute, que la reconnexion aux autres est essentielle dans l'objectif central du processus psychothérapeutique. La reconnexion implique qu'une connexion a existé. Cette prémisse peut être inexacte en ce qui concerne la structure interne des personnes ayant subi un traumatisme relationnel grave, précoce et chronique. L'importance de cette perspective est explorée pour sa pertinence dans la compréhension des processus d'attachement, de lien et de dépendance. Et son impact sur la pratique clinique.

Reconexión (Spanish)

Se examina la centralidad de la convicción terapéutica y del terapeuta, de que la reconexión con los demás es un objetivo central del proceso psicoterapéutico. La reconexión implica que ha existido una conexión. Esta premisa puede ser inexacta en lo que concierne a la estructura interna de las personas con traumas relacionales graves tempranos y crónicos. Se explora la importancia de esta perspectiva por su relevancia para la comprensión de los procesos de apego, vinculación y dependencia. Y su impacto en la práctica clínica.

Rückverbindung (German)

Die zentrale Überzeugung des Therapeuten und der Therapeutin, dass die Rückverbindung mit anderen ein zentrales Ziel des psychotherapeutischen Prozesses ist, wird untersucht. Rück-verbinding impliziert, dass eine Verbindung bestanden hat. Diese Prämisse ist möglicherweise unzutreffend, was die innere Struktur von Menschen mit frühen und chronischen schweren Beziehungstraumata betrifft. Die Bedeutung dieser Perspektive wird im Hinblick auf ihre Relevanz für das Verständnis von Prozessen der Bindung, des Bondung und der Abhängigkeit untersucht. Und ihre Auswirkungen auf die klinische Praxis.

Воссоединение (Russian)

Рассматривается главенствующая роль убежденности терапевта в том, что воссоединение с другими – главная цель психотерапевтического процесса. Воссоединение подразумевает, что связь уже была. Эта предположение может быть неверным в случае внутренней структуры людей с ранней и тяжелой хронической реляционной травмой. Значение этой проблематики исследуется с точки зрения ее актуальности для понимания процессов привязанности, соединения и зависимости. А также ее влияние на клиническую практику.

再次连接 (Chinese)

心理治疗的核心和治疗师本人，确定了和他人的再次连接是治疗性历程的一个中心目标的这个观念被检视。再次连接暗示着连接曾经存在过，这个假设对于有早期和长期的严重依恋创伤的人的内在结构来说可能是不准确的。探索这个观念的重要性在于对于理解依恋过程、连接和依赖的相关性，及其对临床执业的影响

Introduction

I have put the title of this talk in quotation marks to denote the fact that the word “reconnection” is taken from the program of the conference. But I intend to deconstruct its meaning. Deconstruct here referring to an analytic process by which hidden, and opposite, meanings to the word are found than were consciously meant by the user of the word. “Reconnection” contains assumptions, attitudes, feelings, hopes; agonies and joys of separation and return, sendings and summonings; abandonments and recoveries; ruptures and rescues. These and more are basic constituents and rhythms of relationship.

For reconnection to occur connection must have existed. We are, of course, prepared for connection to another human being from conception onward. This is our evolutionary heritage. As an organism we do not enter the world without the minimal connections necessary for survival during pregnancy and birth. However, to conclude from the fact of survival before, during, and after birth, and into a life outside a mother’s body as evidence for the further capacity for connection – in all the complex ways we mean that word – is a mistaken assumption.

We, meaning psychotherapists, make these assumptions like everyone else, unconsciously and habitually. But as the speaker coming after me in the program, Christian Dunker (2010), goes to great lengths to illuminate in his work, it is an essential part of the psychoanalytic enterprise (I will use that to mean all of us engaged in psychodynamic psychotherapy) to question our assumptions. In part because they form part of our deployment of power in the psychotherapy relationship. We are, after all, experts in relationship processes, and what we say – and don’t say – has great weight. In his last work, Bernard Brandchaft (2010) one of the originators of the intersubjective theory and method of psychotherapy and relationship, enjoins and encourages, demands, even, that psychotherapists be attentive to our preconceived attitudes, ideologies, attachments, and idealizations, so that we do not fail to learn and to understand our patients and ourselves.

Connection

Reconnection implies the existence of connection, connection lost or broken, attenuated, disrupted, not fully developed. But what if connection was not possible to begin with? Does reconnection mean anything in the context of connection that did not exist? Or is it possible we mean different things by connection, or with different entities? Working from my personal and professional experience I will say that in the case of early chronic and severe relational trauma, the kind that results in the formation of borderline and schizophrenic personality organization, the initial connection, to which reconnection refers, does not exist – or at least not in a form that corresponds to the experiential ideas of connection most therapists embody.

First we have to address appearances. It is undeniable that there is a thrust in all of us to be in relationship to others. This thrust has endogenous elements. Among those are to respond to an evolutionary imperative to form bonds to others that will assure physical, emotional, and psychic survival. Contact comfort cannot replace the physical sustenance necessary for survival, but the physical cannot alone support the holistic development of the organism. So, infants will try anything, do anything to create an appearance that will allow them to engage sustaining energies in the environment. And, indeed, the environment demands those forms. Adults are themselves schooled, by experience and socialization, in the expectable forms of connection that children are expected to evince, and they may not respond to other non-conventional attempts at connection with them.

This combination of forces, internally driven, and externally imposed creates enormous pressure to generate a conventional-enough appearance by a child, so that the environment will respond, at least minimally, to the child's need for connection. We are such plastic creatures that we can form these created identities and appearances, and sometimes appear to be quite related in our interactions with others. But the underlying substrate of experiential structures needed for actual connection, based on perceptual apprehension of the other, including emotional understanding, is absent. It is not hiding, defensively, behind denial, it has not been built. If a therapist speaks glowingly and convincingly of the benefits of the *restoration* of connection to a person in such a state that person has little choice but to assume the possibility exists in them. That can begin a continuation of the maintenance of a pretend persona capable of connection. Or it can result in the collapse of personality as the despair of the impossibility of connection, as the therapist has conceptualized and presented it, is revealed to be beyond the person's capacity to accomplish. This clinical configuration is one of the sources

for the reports and experiences of psychotherapeutic failure, particularly with patients organized as borderline personalities.

Diagnosis of Autism Today

We might take a moment here to think about the intersection of current social reality with our experience of the reality of the dynamic psychotherapy environment. How do we understand the upsurge in diagnoses of autism in children in the last 15–20 years? In my formative years as a psychologist, working with children, autism was a grave diagnosis indicating severe conditions of cognitive, emotional, and interpersonal limitations. It was understood to stem from severe pre-natal brain damage, or from an early environment remarkable for the severity of abuse and neglect, resulting in very evident and limiting, even crippling symptomatology – obsessive-compulsive defenses at the far end of the continuum of severity, in fact. Among those symptoms were clusters of states and behaviors that revealed extensive and seemingly intractable deficits in basic interpersonal functioning, and the expectation was that any therapeutic work would be aimed at creating connection, not restoring what was never there, and it would be arduous and likely with limited success.

What are we seeing with the greater incidence of this diagnosis? Are we encountering an epidemic of early brain and central nervous system damage? Is it that these are children who would not have survived in earlier generations, and are now brought through crises of early infant and child maturation and so surviving longer? This theory does not square with epidemiological data that shows relatively normal Apgar scores for neonates who are then later diagnosed with autism, usually based on emotional and interpersonal symptomatology. Are we labelling early childhood manifestations of emotional and interpersonal disturbance with a diagnosis that at least implies an organic, rather than functional cause? If so, why?

The social pressure to avoid and deny the damaging effects of parental behavior on children’s psychic, emotional, interpersonal functioning and personality development is ever-present; what Reich (1973) called the emotional plague. If this denial of, or refusal to recognize the omnipresence of damaging adult behavior on children is a source for both the prevalence and acceptance of a diagnosis that would have arrested our attention with its distressing implications in the past, then this analysis can be applied to the understanding of the failure to recognize the absence of connective capacity in people with early, severe, chronic relational

trauma in their histories. And since the acceptance of this severe diagnosis and its rather sudden (and alarming) propagation has also spread to psychotherapists of all orientations, it may explain why there is a lack of sensitization to the severity of an underlying state of absence of, and incapacity for interpersonal, emotional, and psychic connection.

Personal History

I was born after a long and undoubtedly painful and traumatizing delivery since I was in the breech position, to a mother who was to die some forty years later of an esophageal hemorrhage, a condition often associated with severe alcoholism. The exact diagnosis of fetal alcohol syndrome is a matter of discussion but certainly in some version applies to me. Also, my maternal grandmother was quite likely paranoid schizophrenic although that might not have been apparent until later in life than the time of my birth. Still, I spent the first six years of my life with considerable time with both my mother and her mother. And not very much after that.

The effect of my mother's psychopathology including devastating attacks on my personality, integrity, and sincerity as a human being are evident in the somatopsychic experience of being, body, and mind, for me. As I have described before, connection to others, such as it is, arises from middle layers of my body, while at the center there is emptiness. A father who gave the appearance of connection, in the relationship sense, did, in fact, offer more life and structure to me, but he too had deep and abiding limitations in his ability to form affective, covenantal, bonds. And when he was challenged by me to face himself, turned on me with the force of abandoning rage and disdain which I must have known, on some level, was there even when I was a child, since I was always afraid it would happen.

The sundering of soul from body, and the destruction of the deep somatopsychic structures, at the core of body and being, are the effects of the kinds of chronic relational trauma that eventuate in borderline and schizophrenic personality organizations. These states and conditions preclude connection, attachment, dependency, the basic functions of relationships. To see and experience this reality in the psychotherapy relationship the therapist must set aside preconceptions and assumptions about the indestructibility of the force for and capacity to connect. Appearances of connection must be seen and experienced for what they are: attempts at fabricating evolutionarily necessary ties to others, to create what should

be there in the person, what will match environmental expectations. It does not represent underlying organized structures capable of these actual, durable connections.

Re-connection

Exposing oneself to this state of being in another is likely to throw the therapist into a state of bewilderment, de-orientation, de-energized states, altered states of consciousness, the terror of non-connection, the despair of impossibility of connection, that the patient is experiencing. It is here that re-connection is possible. But it is not the re-connection of a person, the patient, who has had no connection as the therapist would recognize it, but the rather the therapist's repeated efforts at connection and *re*-connection that become the operative therapeutic activity.

Many years ago, some years into my bioenergetic psychotherapy with Vivian Guze a conversation arose between us about my initial contact and phase of treatment with her. I do not any longer remember the sequence, but she said to me: “I didn't feel from you the usual attachment I am accustomed to from people, so I just waited until my attachment to you formed.” In time I became very dependent on my therapy with Vivian, and on her. Her evident commitment to felt experience was life-giving. But that dependency was absent any deep feeling for her as a person, a condition I continue to struggle with in all my relationships, as I have all these years. In this state of affairs everything in relationship is geared to creating elements of connection in the absence of an underlying pre-natal and neo-natal connection and relationship framework. I remember well in my therapy with Vivian the first time I experienced the internal awareness of another person, and realized that I had never experienced object constancy, that is a visceral knowledge of the existence and being of another person, until that moment.

Clinical Implications

What are the clinical implications of this reality I am describing? Can bioenergetic psychotherapists use our own knowledge of the subtleties of interoceptive perception to delve into and experience what these states of being, without capacity for connection, are like? And, more importantly, can we suspend expectations and exhortations of re-connection while we explore the realm of un-connection,

making re-connection the work of the therapist, reaching out to and touching someone in the void of unconnectedness?

To speak of re-connection in this reality is un-reality. As such it has the potential to madden the patient with the taunting expectation to be able to do something that she or he cannot do. A generally bad condition for a psychotherapeutic process based on the truth of a person's body-felt experience. Averting this outcome will require the therapist to extend her or himself to re-connect with someone for whom reciprocal connection may be impossible in a form recognizable to the therapist, who must then carry the connection function, validate the experience of lack of connection, honor connection in any form, demand, at some point in the therapy process that the patient also honor the presence of that connection, and do that work without the requirement that another kind of connection, familiar to and gratifying for the therapist, can ever grow.

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The Physical Dynamics of Primitive States¹

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Abstracts

Primitive mental states, such as used by people suffering from psychosis, psychogenic autism, and severe borderline personality organization, may also be manifest in ‘ordinary’ people who are impacted by the ‘emotional plague’ of existential anxiety sweeping the planet. The implicit supposition within Bioenergetic Analysis is that our patients have a self and a sensory base to their experience that gives rise to the capacity to feel and to think. There is a radical need to reconsider this presupposition if we are to help many of our patients. There is a need to recover Lowen’s insistence on the “physical dynamics” that underlie psychic phenomena, and to do this with theoretical frameworks, models of practice, and therapeutic principles that are adequate to the task. This article is an invitation to participate in that important process.

Keywords: primitive states of mind, theory of mind, physical dynamics, sensation, ESMER

A dinâmica corporal dos estados primitivos (Portuguese)

Estados mentais primitivos, como se apresentam em pessoas que sofrem de psicose, autismo psicogênico e organização de personalidade borderline severa, podem também se manifestar em pessoas “comuns”, que sofrem o efeito da “praga emocional” da ansiedade existencial que se alastra pelo planeta. A suposição implícita na Análise Bioenergética é a de que nossos pacientes têm um *self* e uma base sensorial em suas experiências que propiciam uma capacidade de pensar e de sentir. Há uma necessidade radical de se reconsiderar este pressuposto, para que possamos ajudar muitos de nossos pacientes. Precisamos retomar a insistência de Lowen sobre a “dinâmica física” subjacente ao fenômeno psíquico – e deve-

1 This paper was presented by Zoom to the Southern California Bioenergetic Conference (SCIBA) February 2021.

mos fazê-lo com alicerce teórico, modelos de prática e princípios terapêuticos adequados a essa tarefa. Este artigo é um convite para participar deste importante processo.

La dinamica corporea degli stati primitivi (Italian)

Gli stati mentali primitivi, come quelli delle persone che soffrono di psicosi, autismo psicogeno e grave organizzazione borderline di personalità, possono manifestarsi anche in persone “normali” colpite dalla “peste emotiva” dell’ansia esistenziale che sta dilagando sul pianeta. Il presupposto implicito nell’analisi bioenergetica è che i nostri pazienti abbiano un sé e una base sensoriale per la loro esperienza che dia origine alla capacità di sentire e pensare. C’è un bisogno radicale di riconsiderare questo presupposto se vogliamo aiutare molti dei nostri pazienti. È necessario recuperare l’insistenza di Lowen sulle “dinamiche corporee” che sono alla base dei fenomeni psichici, e farlo con quadri teorici, modelli di prassi e principi terapeutici adeguati al compito. Questo articolo è un invito a partecipare a questo importante processo.

Dynamiques corporelles des états primitifs (French)

Les états mentaux primitifs, tels que ceux présents chez les personnes souffrant de psychose, d’autisme psychogène et d’organisation de la personnalité borderline, peuvent également se manifester chez des personnes “ordinaires” qui sont touchées par la “peste émotionnelle” de l’anxiété existentielle qui sévit sur la planète. La supposition implicite de l’Analyse bioénergétique est que nos patients ont un Soi et une base sensorielle à leur expérience permettant à la capacité de ressentir et de penser d’émerger. Il y a un besoin radical de reconsidérer ce présupposé si nous voulons aider un grand nombre de nos patients. Il est nécessaire de retrouver l’insistance de Lowen sur la “dynamique corporelle” sous-tendant les phénomènes psychiques, et de le faire avec des cadres théoriques, des modèles de pratique et des principes thérapeutiques adaptés à cette tâche. Cet article est une invitation à participer à cet important processus.

La dinámica física de los estados primitivos (Spanish)

Los estados mentales primitivos, como los que utilizan las personas que padecen psicosis, autismo psicógeno y organización límite de la personalidad severa, también pueden manifestarse en personas “normales” que sufren el impacto de la “plaga emocional”, de la ansiedad existencial que recorre el planeta. La suposición implícita en el Análisis Bioenergético es que nuestros pacientes tienen un Self y una base sensorial en su experiencia que da lugar a la capacidad de sentir y pensar. Hay una necesidad radical de reconsiderar esta suposición si queremos ayudar a muchos de nuestros pacientes. Es necesario recuperar la insistencia de Lowen en la “dinámica física” que subyace a los fenómenos psíquicos, y hacerlo con marcos teóricos, modelos de práctica y principios terapéuticos adecuados a la tarea. Este artículo es una invitación a participar en ese importante proceso.

Die physische Dynamik von primitiven Zuständen (German)

Primitive mentale Zustände, wie sie bei Menschen mit Psychosen, psychogenem Autismus und schwerer Borderline-Persönlichkeitsorganisation auftreten, können sich auch bei "normalen" Menschen manifestieren, die von der "emotionalen Plage" der Existenzangst betroffen sind, die den Planeten heimsucht. Die Bioenergetische Analyse geht implizit davon aus, dass unsere Patienten ein Selbst und eine sensorische Basis für ihre Erfahrung haben, die die Fähigkeit zu fühlen und zu denken hervorbringt. Es ist dringend notwendig, diese Annahme zu überdenken, wenn wir vielen unserer Patienten helfen wollen. Wir müssen Lowens Beharren auf der "physischen Dynamik", die den psychischen Phänomenen zugrunde liegt, zurückgewinnen und dies mit theoretischen Rahmenwerken, Praxismodellen und therapeutischen Prinzipien tun, die der Aufgabe angemessen sind. Dieser Artikel ist eine Einladung, sich an diesem wichtigen Prozess zu beteiligen.

Физическая динамика примитивных состояний (Russian)

Примитивные психические состояния, как, например, у людей, страдающих психозом, психогенным аутизмом или с тяжелой пограничной структурой личности, могут проявляться и у "обычных" людей, которые находятся под влиянием "эмоциональной чумы" экзистенциальной тревоги, охватившей планету. ИмPLICITный постулат биоэнергетического анализа заключается в том, что у пациентов есть "я" и сенсорная основа их переживаний, которая порождает способность чувствовать и думать. Крайне необходимо пересмотреть этот постулат, если мы хотим помочь многим нашим пациентам. Необходимо восстановить то, на чем настаивал Лоуэн: "физическую динамику", лежащую в основе психических явлений, и сделать это с помощью теоретических основ, моделей практики и терапевтических принципов, адекватных этой задаче. Данная статья – приглашение к участию в этом важном процессе.

原始状态的身体动力 (Chinese)

原始的精神状态,比如遭受精神病,心理性自闭和严重的边缘人格组织,当人们受到席卷全球的存在焦虑的"情绪瘟疫"冲击时,也可能呈现在"正常"人身上。躯体动力分析中的明确假设,就是我们的病人有一个自体,和一个基于自身经验的感官,这些给予了他们感觉和思考的能力。如果要帮助我们很多的来访者,现在迫切需要重新思考这个预设。需要再次包含勒温坚持的在心智现象之下的"身体动力",在一个适合目标的理论框架、操作模型、和治疗原则中去工作。本文邀请你参与到这个重要的历程中。

Introduction

This paper is not primarily about how to work with people with severe mental health problems, such as psychosis, psychogenic or pathological autism,² or severe borderline personality organization, but to alert us to the prevalence of primitive states of mind that are becoming increasingly manifest, especially at this time. It is my presumption that only a few Bioenergetic therapist are directly treating pathologically autistic or psychotic patients. However, I am convinced that many of us will have had unusual countertransferential experiences, as I have had, with so called, “ordinary” people. By having an appreciation of these states of mind, we can be informed by appropriate theoretical frameworks, clinical models and by some key therapeutic principles that will be of use to use to clinicians using a mind/body approach.

“Physical Dynamics” and Sensations in Lowenian Bioenergetics

The 2003 edition of *The Language of the Body*, published by Bioenergetic Press, has Lowen’s original name of the book *Physical Dynamics of Character Structure* as part of the title. This is entirely appropriate, as it reflects Lowen’s creation of a psychology of character structure based primarily on physical dynamics: the body and the drives.

Lowen’s purpose in writing his first major book is more fully stated in Chapter 2, *Somatic Aspect of Ego Psychology*, and that is “to make available to analytic therapists an understanding of the dynamic somatic processes which underlie the psychic phenomena observed in analysis” (2006, p. 19). Lowen, at the end of this chapter, makes a very strong case for the necessity to work both on the somatic and analytic levels in order to restore the functional unity of the person – Bioenergetic Analysis providing this unifying therapy.

The strong presupposition in Lowenian Bioenergetics, which is inherent in the Ego Psychology and Freud’s Structural Model, which Lowen used as the theoretical underpinning for Bioenergetic Analysis, is that most characterological

2 It is important to note that “pathological autism” is not the same as biological autism, which is a genetic brain disorder. Rather it is a primitive psychological defence against intrauterine or very early experiences of terror without the protective awareness of having a sensory surface.

issues arise from unresolved Oedipal issues, and that the patient has a repressed but intact core self that can be freed by somatic and analytic techniques. Lowen did not treat psychotic or pathologically autistic individuals, and his theory of schizophrenia, as will be explained later, was based on Ego Psychology. The result of this is that Lowenian Bioenergetics does not have an adequate theoretical base that could guide clinical work with patients suffering from primitive wounds to the mind/body.

This paper will elaborate on the foundational idea that is inherent in Bioenergetic Analysis, and now being discussed in many psychoanalytic articles, *that the sensations of the body provide the foundational floor for the development of the mind/body and the sense of self*. This is a concept that we implicitly take for granted in an unreflective way, but it is vital to understand that in psychosis and in pathological autism, this sensory floor is missing, unavailable, or is dramatically distorted, so that the person is unable to relate to themselves, to others and to the world.

An understanding of primitive states of mind will assist us in understanding and being able to “bear with” patients who are forced to use “extraordinary protections” (Mitrani, 2001) to ward off unbearable and unlivable states of mind and body.

Serendipitous Events Leading to Understanding

There were a series of serendipitous events that lead to my interest in this area of study, and to my presenting this paper at the SCIBA Conference with the intention of fostering an on-going dialogue among Bioenergetic practitioners in this important area of work. I will outline those events leading to this area of study.

I am fortunate to belong to a reading group of seven psychoanalytically-minded psychotherapeutic colleagues. We have been meeting together to read papers on a fortnightly basis for more than 10 years. My supervisor, Diane Zwimpfer, who is the convenor of the group, has long had an interest in the primitive mental states and how these are sometimes manifested defensively in patients. In July 2020, Diane presented a Zoom workshop entitled *Hidden Infant Terrors in the Room*, on working with patients with autistic psychological defences (Zwimpfer, 2000) to the New Zealand Association of Psychotherapists.

In her detailed case discussion of four patients, she referenced the British Kleinian object-relations theorists, such as Wilfred Bion, Esther Bick, Donald

Meltzer, Frances Tustin, and Anne Alvarez. She also referred to Thomas Ogden and James Grotstein in the USA who have written extensively on primitive states of mind. Near the conclusion of her talk, I was excited to hear her state:

“From my experience, the body speaks. We are familiar with the dictum that the body remembers the trauma, but tend to associate it with particular and actual assaults on the body of the child. I am thinking more of the signs that the body has something to say ...”

She then referred to particular symptoms her patients displayed: such as severe throat constrictions; a sensation of a hole in the back; a young man who masturbated compulsively, not for erotic reasons, but as a primitive infantile enactment of trying to get life-giving milk from his mother’s ungiving breast; an evacuated body with no sensations; a frozen body, a horror of anything that excited the senses, such as salivation with food or any evidence that the body contained movement or aliveness. Diane continued ...

“It is through following these pathways and their associated fantasies that we can reach in deeper. We need to listen for the voice which will never be voiced, of the castaway infant; it is hidden in the habits and the language of the body. To understand, to decipher these symptoms and fantasies, we have to unhook ourselves from our go-to position of assuming that there is a self and other, the assumption that there is a world of feelings, even if repressed. Sensations carry only the potential for feelings, they do not symbolize a feeling.”

I was struck by the profundity of these observations: “unhook ourselves from the go-to position that there is a self and other ... that there is a world of feelings ... that sensation carry only the potential for feelings, they do not symbolize a feeling.” For me, the unexamined presuppositions, the implicit articles of faith, that I had learned in my Bioenergetic training, and that I took for granted with all my patients, was that they had a self, that they were capable of accessing feelings, and that if I supported them to contact the sensations within their body, they would become more embodied, more integrated and be capable of more joy and pleasure in life.

Another serendipitous event in August 2020 was our reading group’s study of Franco De Masi’s paper on *Psychosis and analytic therapy: a complex relationship*. Franco De Masi is an influential Italian analytic psychiatrist from Milan who has written extensively on working with psychotic patients. De Masi’s position is that

psychosis is formed in very early childhood at a sensory level where the infant withdraws from psychic reality, and in early adulthood the mind, no longer an organ of thought, is used as a tool to produce sensations that make psychic, emotional and relational reality incomprehensible. The mind, saturated with archaic sensory elements, then produces delusions and hallucinations out of this sensory processing (De Masi, 2006, 2020). De Masi's emphasizes *sensory processing*, which he believes is now being recognized as an important element in psychic development in the psychoanalytic world.

Still another relevant event occurred in September 2020. As a member of the Editorial Team for the IIBA Journal it was my task to be editing the papers presented for publication for the 2021 edition of the Journal. One of these papers, *A Memoir of Psychotherapy* by Scott Baum describes his journey through soul murder and madness and his more than 30 years of intensive therapy with Dr Michael Eigen, of New York, who is renowned for his work with early states of mind and for one of his many books, *The Psychotic Core* (2018a). Scott's descriptions of his long struggles to reinhabit a mind and body that could participate in ordinary relational reality was breath-taking and so illuminative of the role of somatic therapy and loving compassion in the restoration of the mind/body.

As if these strands weren't enough, I then started to notice that many recent psychoanalytic articles in the *International Journal of Psychoanalysis* (IJP) from authors in France, Israel, Italy, the United Kingdom and the USA, were focusing on very early primitive states of mind and on autistic and psychotic states. To my surprise, many of these authors were making copious reference to the role of the body and bodily sensations. There were, of course, multiple references to Freud's statement: "*The ego [the "I"] is first and foremost a bodily ego ... the ego is ultimately derived from bodily sensation, chiefly from those springing from the surface of the body*" (Freud, 1923, p. 26).

The psychoanalytic articles on psychosis had phrases referring to: "*the lived body ... the symbolizing functions of the body,*" (Weiss, 2020); "*working-through centered on the body*" (Poyet, 2019); "*When the body is the receiver*" (Birksted-Breen, 2019); "*somatic countertransference*" (Eekhoff, 2018); "*microprocesses at the body-mind border*" (Karacaoglan & Lombardi, 2018); "*the eclipse of the body*" (Ferrari, 2004); and "*the analyst who treats psychotics has to be in contact with his own body and its sensation*" (Resnik, 2018).

These articles no doubt caught my attention because I was sensitized to the subject matter, but I did not especially go looking for these topics. It would seem to me that the focus on primitive states of mind, autism, unreachable states, psychotic states and especially the focus on the role of the body in these areas of

interest, is something that is very topical and “in the air”, so to speak. If this is the case, then this should be of great interest to us as Bioenergetic therapists.

These authors within the psychoanalysis tradition proclaiming the relevance of the body, sadly, make no reference to “him who shall not be named”, Wilhelm Reich, the first in that tradition to elaborate on the role of the body within psychotherapy and the somatic treatment of schizophrenia. In fact, Reich’s one and only extended case description was of his work with a schizophrenic woman, described in *Character Analysis*, (1991, pp. 399–503) and first published in German in 1933. Reich’s insights and theoretical observations are very much in sync with modern psychoanalytic thinking (or perhaps vice versa!). It is a very moving description of his therapeutic courage and compassion, and well worth reading if you have not done so.

“The Emotional Plague”

As well as these more direct associations to the study of primitive states, I was also aware of the general level of anxiety that seems to be everywhere, and that patients seem to have been displaying more primitive anxieties than usual. I was reminded of Wilhelm Reich’s phrase, *the emotional plague* that arose out of his sociological thinking about *The Mass Psychology of Fascism* (1946). Perhaps it is not too far-fetched to think that another emotional plague is arising today from *The Mass Psychology of Fascism* in this Trumpian and autocratic age. According to Reich, the emotional plague arose from the systematic repression of sexuality by Church and State across the centuries. This is obviously no longer the case. We are now facing a new species of emotional plague triggered, not by the suppression of sexuality, but by an underlying *real existential terror* related to the Climate Crisis and the possibility of the mass extinction of many life forms, including humans, a terror which has been further thrust into our face and lungs by an actual viral plague, Covid-19. Those working therapeutically with children are noticing the rise in numbers of young children with severe anxiety and OCD type behaviors, and adolescents are saying, “Why bother, we’re stuffed!” Added to this we have socio-political crises and threats to the democratic order arising from the Trumpian attack on truth and good order, the political extremism of White Supremacy and the delusional conspiracies of QAnon, as well as the rise ultra-authoritarian regimes around the world.

All-in-all there is a major threat of psychological *fragmentation*, the key metaphor to describe today’s realities (Tracy, 2020), and many people may no

longer have adequate scaffolding for their minds to ward off primitive anxieties associated with this general fragmentation of meaningful social structures. The present situation can affect even stable personality structures, let alone people who have had catastrophic or adverse childhood relational traumas. And is likely we will be dealing with an increase of these primitive anxieties and primitive somatic defences in our therapeutic practices.

If this general hypothesis is accepted, at least in its intent, then a deeper understanding of what is happening to people may be gained, not by reference to Freudian sexual theory as traditional Lowenian Bioenergetics does, but by reference to the somatic and psychic defences used in more primitive states of mind and body, against impending psychological annihilation and terror of the Void.

The Deepest Realms of the Human Mind

When considering primitive states of mind, real existential questions arise about the nature of reality and of consciousness itself. It's important to have this as the background to our considerations, as these primitive states can challenge us existentially at this depth of ultimate understanding. We also need to positively remind ourselves of what James Grotstein alluded to when he referred to “the countless domains and dimensions of wisdom we unwittingly have at our disposal” in his review of Michael Eigen’s book, *Contact with the Depths* (2018b).

The seemingly irrational contradiction that *nothingness, infinity, profound emptiness and darkness, have the potential to give rise to everything*, is to be found not only in many cultural myths of creation, in philosophical and religious traditions, but also in psychoanalytic thinking. For instance, in New Zealand, the Maori myth of creation says that in the beginning there is “Te Kore” – the dark void, the emptiness that is the realm of potential being. Philosophically, there is Plato’s and Plotinus’ concept of “ἐπέκεινα τῆς οὐσίας” (goodness beyond being). Aristotle distinguished between the “Quantitative Infinite” that you can find in mathematics, physics and astronomy (endless space) and the “Actual Infinite”, an invisible ultimate reality that is the source of all reality (Tracy, 2020). Theologically, there is the Jewish Kabbalistic concept of “אין סוף – ein sof” (infinity), the Buddhist concept of “Śūnyatā” (Sanskrit: शून्यता), void, emptiness), and 13th century Christian mystic, Meister Eckhart’s concept of “the hidden darkness of the eternal godhead (nothingness)” (Harrington, 2018) out of which both God and the human soul emerge and return to.

All these concepts try to name the process that “everything comes from (and returns to) Nothing”. Echoes of this concept of infinity or nothingness are also found in modern psychoanalysis through the influence of Wilfred Bion, a British psychoanalyst, with his concept of Zero “O”, (which he derived from his study of Meister Eckhart), which is also described as the ineffable, the transcendent “Real”, the infinite boundlessness that strikes our sensory and perceptual systems; it is found in Ignaceo Matte-Blanco’s (1975) concepts of “infinity and infinite symmetry”; it is found in Donnel Stern’s (2018) book on “The Infinity of the unsaid: Unformulated experience, language and the nonverbal”; it is found in Antonino Ferro’s (2010) “unlimited dimensionality, the unconscious as infinite” and it is found in James Grotstein’s (2007) in-depth reflections on Bion’s concept of “O” Zero.

This *nothingness with potential* is starkly contrasted with the terror and existential angst of a chaotic void, an *emptiness without meaning or potential*, resulting in the meaningless shapes and objects of pathological autism, the grinding empty/overflowing madness of suicidality and murder, in the hauntings of demons, ghouls, monsters and other denizens of the deeply troubled mind/body, and in the paranoia, delusions and hallucinations of psychosis. This state of ultimate chaotic consciousness has been psychoanalytically described by Wilhelm Reich as “contactlessness”; by Grete Bibring as “primal depression”; by Donald Winnicott as “psychotic depression” and a “failure to go on being”; by James Grotstein as “Nothingness, Meaninglessness, Chaos and The Black Hole” and “withdrawal into alienation”; by Frances Tustin as “black hole anxiety”; by Margaret Mahler as “annihilation anxiety”; by Michael Balint as the “basic fault”; by Michael Eigen as “the psychotic core”; by Franco De Masi as the “psychotic nucleus”; by Ignacio Matte-Blanco as “infinite asymmetry”; and by Marcus West, a Jungian, as “the darkest place”.

I believe, in our own tradition, Alexander Lowen, opened up his own personal empty chaotic space when he was failed to be held therapeutically by Reich and he felt he was “doomed” (1996). Lowen was then led to find the body as the basis on his reality. Lowen’s apotheosis of the body can be seen both as a defense against the threat of psychological annihilation from his earliest experiences of his terrorizing mother, and his discovery of the sensory basis of the mind and the self, which led him to develop Bioenergetic Analysis with its unique contribution to the therapeutic world.

It is important to appreciate these ultimate forms of consciousness. Positively, we can try to be open to the potential of embodied mysticism, i. e., to see more deeply things as they Really are, to genuine I-Thou relationships, and ethically,

to the infinite respect we owe to the face and body of the other (Levinas, 1989). It is harder, but also necessary, to be open to the negative and chaotic forms of ultimate consciousness that confront us when we experience murder and madness, suicidality and psychosis, autistic states, and other lesser forms of human suffering. Exposure to these states will strongly challenge us to the core of the position we secretly have as therapists of being able to help another, and perhaps even challenge our own sanity at times. Bob Hilton (2007) has written extensively about this level of being challenged and the smashing of our therapeutic narcissism and the capacity for being simply present even in the face of rootlessness and meaninglessness, and even death.

Normal Development and the Development of the Mind/Body

It helps to understand abnormal primitive states of mind by contrasting them with what is “normal”. Modern infant research tells us about what infants actually can do, and how meaningful sensations are the basic floor of psychological life. Beebe and Lachmann (2002) show how mothers and infants are engaged in highly complex interpersonal interactions from birth. They form a dyadic unit of organization. Remember Winnicott’s dictum that ‘there is no such thing as a baby’. These mutual interactions are the sensorimotor and presymbolic basis for a functional mind/body.

There are developmental transformations and reorganizations occurring continuously and constantly through skin-to-skin, face-to-face, body-to-body movement, and vocal interactions. These interactions are organized through dimensions of time, space, affect and arousal patterns. The baby’s brain functions to detect regularity, to generate expectancies, and to act on these expectancies. These become the basis for later symbolic forms of self- and other- representations.

At 10–12 months, the representations of expected interaction patterns are abstracted into generalized prototypes (or schemata) and become largely unconscious organizing structures and the informational memory structures in the mind/body for good or ill.

From a neuroscience point of view, Antonio Damasio’s (2010) work shows how the primitive structures of the brainstem, especially the periaqueductal gray, produce sensations and *primordial feelings* that are the foundational steps in the construction of consciousness, the mind, and the sense of self. It is these powerful “proto emotions” that are so influential on our later psychological and somatic

functioning. And Allan Schore's work on Affect Regulation and Affect Dysregulation (2003) has shown conclusively how the early attachment context creates neurological structures in the right hemisphere of brain for the development of a secure sense of self. Schore also documents how serious neglect and the disorganized attachment of an infant result in pathological functions and structures in the right limbic system of the infant, including premature cell death and elevated levels of toxic stress hormones that impact negatively on developing brain structures.

A Change from a Scientific to a Hermeneutic Paradigm

We have been examining what infants can do in terms of normal development with data gathered from infant and neurological research. We have been using information that helps us understand the human mind/body from within a scientific paradigm, i.e., with information that can be empirically verified. While empirical knowledge informs and guides clinical practice, there is a different paradigm – the hermeneutic paradigm, i.e., methods for understanding and interpreting reality – that is, perhaps, more directly relevant for our clinical understanding of what happens in the therapy room.

Many psychoanalytic theories, such as Drive Theory, Ego Psychology, Object Relations Theory, etc., have sometimes been presented solely as scientific theories, perhaps reflecting Freud's original intent to establish psychoanalysis as a science. In general, psychoanalytic ideas and theories have not met with great success as being empirically verifiable. That does not invalidate them. It is clinically useful to also regard these theories and concepts from a hermeneutic point of view, i.e., as metaphors that can better help us interpret human behaviour. The important thing about these metaphorical theories is that they open up meaning "in front of" an experience, i.e., they give us a way to understand, to open up our perceptions of difficult and hard-to-understand realities (Tracy, 1975). Christopher Bollas (2011) suggests that we need to learn all the theories we can so that they become unconscious "perception-structures" to help us participate more deeply in the client's reality. These theories do not necessarily empirically describe actual reality, they just help us to interpret it and to guide our actions.

I would like to propose two major theoretical perspectives that can help us participate more deeply in states of mind/body when things go dreadfully wrong in childhood, resulting in psychogenic autism, psychosis and other disturbances. The first is "the theory of mind" of Wilfred Bion, an English Kleinian who al-

so lived in Los Angeles for 10 years, and lectured in Latin America and Italy, where his influence is still strong and his ideas developed by influential psychoanalysts. Bion's key ideas have been developed and promulgated in the USA by James Grotstein (2007, 2009).

The second theoretical exposition is that of Thomas Ogden, a psychoanalyst of San Francisco, who in his book "The Primitive Edge of Experience" (1992) shows how we structure experience by the dialectical relationship between three modes of generating experience: the autistic-contiguous, the paranoid-schizoid and the depressive positions.

What we will affirm in both of these theories is that the overall continuum of the development of the mind/body is from sensation to affect to cognition. This reflects the Bioenergetic Analyst Guy Tonella's ESMER model that we will describe below.

Bion's "Theory of Thinking"

Bion's work is complex and wide-ranging, but I want to focus on his "theory of thinking". There are two key ideas within his theory of thinking: the idea of "container and contained" and the idea of "projective identification". Bion believed that the mother was a "container" for the unregulated, raw, somatic/sensory/affective experiences of the infant (the elements that had to be "contained"). Bion called these raw unregulated sensory/affective experiences " β -elements". The mother, "contains" these β -elements, metabolizing them in her body and psyche through a process of "reverie" (an idea similar to Winnicott's "primary maternal preoccupation") transforming these β -elements into α -elements, through her " α -function" – her thinking and symbolizing function. The infant then internalizes the containment and the α -function of the mother, and it is this that enables the infant and then the child to increasingly undertake the mental "digestion" required for it to make sense of sensations, to confront reality and allow the mind to develop in the process of "learning from experience" (Bion, 1962).

You may be conversant with an imaginary poem by a hungry baby that Daniel Stern wrote in his book, *Diary of a Baby* (1998), that wonderfully describes these sensory/affective β -elements.

A storm threatens. The light turns metallic. The march of clouds across the sky breaks apart. Pieces of sky fly off in different directions [...] The world is disintegrating. Uneasiness grows. It spreads from the centre and turns into pain. It is at

the centre that the storm breaks out [...] it grows stronger and turns into pulsing waves [...] the pulsing waves swell to dominate the whole weatherscape. The world is howling. Everything exploded and is blown out and then collapses and rushes back toward a knot of agony that cannot last – but does.

Bion's play of words (Alpha and Beta) was meant to show how the reverie function of the mother underpins the "alphabetizing" of the child's mind – the ABC's of starting to make meaning of sensory experiences. The α -elements become regulated sensory/affective elements that later on can be used by the mind for symbolic functioning, for thinking, for dreaming, and for relational reality. In other words, to make sense of the sensations of experience.

The energetic transfer, to and from between infant and mother, occurs through the process of "projective identification". This is a process of somatic/sensory/psychic communication whereby raw sensations are "muscularly" ejected from one psyche/soma and projected into another psyche/soma. We will all have had experiences of this in the therapy room where we felt unusually sleepy, or unable to think, or experienced sensations, e. g., of sadness, that we suspected belonged more to the client than to ourselves. Bion understood this as a normal process of unconscious communication but also as one that can be used pathologically in psychosis. Hence, good mother/infant communication is an appropriate analogy for the therapist/patient communication.

Bion saw this process at work pathologically with people experiencing psychotic states, whereby "minutely split particles" of β -elements could be projectively lodged in external objects (things or other people) which the person then experienced as persecuting and controlling him, for instance, experiencing the TV or radio talking about them. Bion called these externalized objects "bizarre objects". A good example of this is in Reich's description of his work with the schizophrenic woman. Whenever Reich focused on her bodily streamings, especially pleasurable streamings, there was a marked shut down of her body and an increase in the power of external "evil forces". Reich concluded that these "*forces ... are distorted perceptions of basic [...] sensations*" (Reich, 1991, p. 422) – prefiguring Bion by over 30 years.

The advance Bion made was to make these transformed sensation and affect, presymbolic α -elements, and the α -function, the very stuff, the ABC's, of thinking. The α -function of the infant not only allows her/him to further process sensory/affective experiences, it also allows the infant to connect with, incorporate, and use the inherent archetypal, preconceptions of a nurturing object. The activation of this genetic inheritance creates a maternal matrix for internalization and psy-

chological growth of a sense of self and other (Zwimpfer, 2020). The infant is then to be able to learn from experience, to be able to store information for unconscious processing, for dreaming, for thinking while awake, for mentalizing experiences of self and other, and even for being able to repress and suppress feelings.

Without this maternal matrix, the infant would be living a nightmare of unregulated sensory experiences from which she/he cannot wake up, living in the grip of β -elements which cannot be made unconscious or transformed. For Bion, these β -elements will be got rid of by evacuation through projection if they are not transformed. With autistic pathology, the infant is left without a sensory structure and maternal matrix to protect her/him from the void. The infant has no container, no skin, and is left unintegrated and unable to create meaning. And, in the psychotic process, the psychic energy of these β -elements, and in fact, major parts of the patient's personality itself, has to be projected outwards through delusions, hallucinations, confused thinking and speech for the person to survive as a completely emptied, evacuated and unreachable self.

Bion's appreciation of the foundational role of the body in the creation of mind led him to say: "*Thus there could be a physical-psychoanalysis just as there could be a psychological-psychoanalysis*" (The Brazilian Lectures, 1990, p. 65). Unfortunately, he did not appear to have heard of Reich or Lowen, as the words "Bioenergetic Analysis" contain these two very dimensions, and the hope for a physical psychoanalysis that could work with the mind/body. Bion's influence has been enormous in the psychoanalytic world especially in helping to understand psychosis and powerful countertransferential phenomena. I would recommend reading Grotstein if you are interested in Bion's work.

In summary, I believe Bion's "theory of thinking" is important to help understand some of the primitive states we meet in the therapy room and for understanding the somatic countertransferential experiences and the difficulties we may experience with certain patients.

Thomas Ogden's Description of How Human Experience is Structured

The next theoretical presentation will allow us to go even deeper in understanding the complexities of what we meet in the therapy room. These ideas are complex, but I have found them extremely useful for decoding some of my countertransferential experiences, for understanding some of the defences used by patients, and for deepening my discussions in supervision.

As I mentioned earlier, Thomas Ogden is a psychoanalyst from San Francisco who has integrated the work of Frances Tustin (1992) and that of British Object Relations Theory, especially the Kleinian perspective on the paranoid/schizoid and the depressive positions, into a unique approach using a dialectical method of understanding that is also inherent in the work of Reich and Lowen.

Ogden shows how there are three modes of psychological functioning: the autistic/contiguous, the paranoid/schizoid and the depressive positions. Each mode has its own characteristic way of experiencing the “I-ness” of the self, of experiencing others, has its own type of anxiety, and its own type of defense, and generates its own forms of transference and countertransferential experience.

For Ogden, we all have these three modes which are in a dialectical relationship with each other. What that means is that each mode of generating experience creates the other modes, informs and preserves the other modes, but is not either of the other two modes. In order to illustrate the ubiquity and dialectic of these relationships, Ogden points to our experiences of night and day, light and dark, sound and silence, consciousness and unconsciousness where each dimension creates and preserves the other, but is not identical (1992).

Pathology develops when there is a collapse into just one or other of these modes of generating experience, e. g., a person suffering from pathological autism has collapsed their way of generating experience to the mode where they cannot use the sensory experience of contact with another sensory surface (contiguity) to generate meaning or emotion or a sense that there is another person out there to protect themselves from the terror of a chaotic void.

Likewise, a severe collapse in the direction of the paranoid/schizoid mode, as used by borderline and schizophrenic patients, results in massive splitting as a defense and a way of organizing experience. Psychic pain is managed by the use of omnipotent thinking, denial of reality, and splitting off complete sections of autobiographical experience and the rewriting of history. Also “bad” experiences are projected out into other people or objects. In cases of psychosis, there is a fragmentation of the personality and the evacuative projection of the negative elements of the self into external objects.

A collapse in the depressive mode generates anxieties about self and other. The normal depressive position is a mode of generating experience by having a sense of oneself as an interpreting subject who is aware that one is generating his/her own thoughts and feelings and that others do the same, and that we can understand each other. Anxiety in this position may give rise to deep sadness that one’s failures have driven others away or that one has deeply hurt people we love, or that it may be impossible to express our most private feelings and be truly known by another.

The following Table One sets out Ogden’s three modes of generating experience, and describes the sense of “I-ness”, the sense of “the other”, the type of anxiety experienced, the main defenses used, and the type of transference experienced under each of the three modes. It is important to realize that we all have these three dialectical modes of generating our experiences, but a collapse into only one mode of generating experience gives rise to a particular form of pathology.

Dimensions	AUTISTIC-CONTIGUOUS POSITION	PARANOID-SCHIZOID POSITION	DEPRESSIVE POSITION
“I-ness”	Primitive inchoate sense of self, created by sensations at skin surface and rhythmic movements, sounds, gazes. Provides sensory “floor” and integrity of experience	Very little ‘subjectivity’ The self is like an object buffeted by thoughts, feelings. The source of the immediacy of concretely experienced symbolized experience	Sense of self as a ‘subject’ generating own thoughts, feelings. Generates historical subjectivity, and the richness of symbolically mediated experience
“The Other”	<u>Autistic</u> : No experience of a surface. <u>Contiguity</u> of surface with another surface: skin to skin. Sensation-based	Others are all-good or all-bad. No shared experiences	Others are their own ‘subjects’ and can be in relationship with me
Anxiety	Formless dread, terror that one is rotting, bodily fluids leaking, terror of falling into endless space, dissolving, disappearing	Lives in 2-D time-space dimension – anxiety of an eternal present Change is not possible, and one is always endangered	Guilt, sadness, fear, shame
Defense	The use of hard/soft/flat surfaces to try to create a ‘skin’ to protect against terror. Use another as a “2 nd skin”	Splitting, Projective Identification, Denial, Omnipotent thinking Loving/hating are omnipotent and cannot be used relationally. Discontinuity of experience Manic defences	Un/c blocking of impulses and feelings
Transference	No transferences as person is trapped in world of sensation.	Therapist ‘is’ the other (not ‘like’, but ‘is’)	Un/c attempt to recapture past feelings. Therapist is ‘like’ the other

Table 1: Ogden’s Three Dimensions of Generating Experience.

To make Ogden’s and Bion’s frameworks a little more intelligible, I would like to share a few casework experiences where I think patients were using autistic

and/or paranoid-schizoid modes of organizing their experience, and where “normal” bioenergetic techniques were not particularly helpful.

1. A young woman would start each session by following me very intently and intensely with her eyes for about 5–10 minutes without saying anything, as if wanting something vital from me. Her bright eyes were glued to me with expectation. She could never articulate what she wanted. Sometimes she would then start playing a very haunting song from a musical instrument that sounded like a voice from the other side of the grave. I came to understand she was looking for a primitive type of sensory contact that is indicative of the autistic/contiguous position. Esther Bick calls this a “2nd skin formation”, and Donald Meltzer calls it “adhesive identification” (Ogden, 1992, p. 41).
2. A high functioning executive has spent several years exploring his internal struggle between his angel of light and his demon, sometimes regressively screaming terribly in an infantile voice and babbling incomprehensible words. When his demon was active, but never really showing itself, I often felt like a flea on the back of an elephant trying to steer the elephant to the sounds of his gleeful “ha ha’s” at his power and my impotence. He would frequently drop into a deep hypnotic sleep for 10–20 minutes. Often, I could not stay awake, dropping into a dreamless sleep, but always waking just before he did. He would say how refreshed he felt, put on his tie and suit coat and go back out into the business world. His angel/demon split was obviously omnipotent functioning at the paranoid/schizoid level. I think that the healing sleep was a form of adhesive identification at the autistic/contiguous level, in which he was making some form of deeply unconscious contact with myself, to protect himself from nameless dread.
3. I could not stay awake with a client. It felt like was being inexorably pulled into an unpleasant drug-induced sleep. I said to him, “you are probably noticing that I am sleepy. Can you say to me ‘wake-up!’?” He then had a very startling experience of visually hallucinating his father sitting in my chair. His mother had been very seriously schizophrenic when he was young, and his father had “never woken up to” just how terrifying it was for the children. We had not been discussing his mother or father at that time. My presumption is that there is a very early “psychotic nucleus” (De Masi) from his infantile and childhood experiences, that is very tightly bound by his strong rigid body. He told me that if his mother’s madness measured 100 on a scale of 1–100, then his inner child would register at 1000.
4. A young man who had had several psychotic admissions to hospital, seemed to be functioning very well and able to talk about his daily experiences in an

ordinary way. I had seen him about ten times at irregular intervals over several years and felt we had the beginnings of a good therapeutic relationship. Suddenly he said to me, “you just don’t understand me”, finished the session and never came back. Recently, I read De Masi’s words, “How many times have you had a psychotic patient say, ‘You just don’t understand me!’”. In other words, I was treating him as though he was primarily neurotic and functioning on a depressive level, but I did not realize his hidden primary internal reality was split off and paranoid – i. e., he was operating at a completely different level and I was not on his “psychotic wavelength” (Rosenfeld, 1987).

5. Another man used to come dressed in a large old curtain. He clearly had a psychotic part and non-psychotic part of his personality. He could talk about his family history in fairly ordinary terms, but most days, in a sort of psychotic monologue, he would tell me how he was personally responsible for all the ills in the world happening at that moment because of his failure to read the signs. For instance, his failure to notice the letters “A” and “F” and numbers on a poster in the street resulted in Air France, Flight 447 crashing into the Atlantic Ocean in 2009 killing all on board. He caused it and it was his fault, and yet he showed no emotional concern or obvious guilt. I saw him for a couple of months, was empathetically supportive of his dilemma of being responsible for all the catastrophes in the world, such as the Iraq war, but I didn’t have a clue how to handle his delusions and convoluted, complex, and interwoven ideas of reference. Once or twice, I experienced a strange sort of déjà vu altered sense of consciousness that maybe everything is connected, and maybe we can influence events just like he says. I had a momentary terror that the madness was catching. In the psychotic state he was clearly operating primarily in an extreme paranoid-schizoid mode of an unchanging present from which there was no escape.

Reichian, Lowenian and Modern Bioenergetic Approaches to Primitive States

I have referred briefly to Reich’s very long case description of his work with a woman suffering from schizophrenia and his observation that the hallucinatory *“forces ... are distorted perceptions of basic ... sensations ... that are projected out into things”*. Reich does not seek to explain the schizophrenic process in terms of Freudian Drive theory or Freud’s structural theory of id, ego and superego and Oedipal functioning. Rather he explains it in terms of the basic bio-energies of

the body. He states (p. 433) that “the schizophrenic process had to be understood in terms of deep bio-physical processes which underlie and determine the functions of the mind [...]. The symptoms have nothing to do with psychology.” He also notes that, “the schizophrenic cannot recognize the source of primary ... sensations and ... streamings, and therefore interprets them poorly and distortedly ... (and attributes them) to external causes.” I think Reich’s study and his conclusions about the basic sensations of the body determining perceptions and the functions of the mind, prefigure Bion’s ‘theory of mind’ and very much prefigure modern psychoanalytic understandings of the schizophrenic process.

Alexander Lowen addresses the problem of schizophrenia in two key places: in the 2nd last chapter of *The Language of the Body* and in the first few chapters of *The Betrayal of the Body*. The chapter on schizophrenia in *The Language of the Body* is largely descriptive and theoretically rests on Freudian Ego Psychology, and is therefore of limited use for understanding primitive states of mind. Lowen positively reminds us in *The Betrayal of the Body* (1967, p. 5) that “the feeling of identity stems from a feeling of contact with the body [...] a person experiences the reality of the world only through his body.” He emphasizes that “the complete loss of body contact characterizes the schizophrenic state.” And that “schizophrenia is a withdrawal and regression to infantile or archaic levels of functioning as a means of survival” (1967, p. 2 & 5).

What we can summarize from Lowen’s writings on schizophrenia is the primary importance of the body and its sensations as the foundation of the self – “you are your body” as Lowen says repeatedly.

A quick perusal through the IIBA Journals shows there has been relatively little written about primitive states over the years by IIBA members. Réjean Simaud, a Bioenergetic psychologist from Canada, has worked for many years with psychotic patients in both a hospital and clinical setting and he presented a workshop at the IIBA conference at Montebello in Québec in 1988 in which he outlined the theoretical underpinnings of his approach (Winnicott, Khan, Searles), and how he used bioenergetic techniques to help patients develop an ego boundary and how to express an emotional charge.

The IIBA Faculty Members who have written about this area are: Scott Baum (2021), who has detailed his own courageous journey as mentioned above; Guy Tonella (2015), who from the 1970’s to the 1990’s worked with psychotic patients and people with severe mental disabilities in France; Robert Lewis’ (2004a, 2004b, 2004c) work on “Cephalic Shock” grew from his abiding interest in early terrors and “unthinkable anxieties” for which there are no words, and he shows the strengths and shortcomings of traditional Lowenian Bioenergetics for work-

ing with borderline and bipolar personality organizations; and Robert Hilton's (2007) work on rootlessness, schizoid phenomena and therapeutic narcissism is relevant for working in the area of primitive states. My apologies to other IIBA authors who have written in this area of whom I am unaware.

Scott Baum's (2021) description of his personal journey and his understanding of borderline and psychotic personality organizations highlights the fact that, because of profound infantile relational trauma, there may not be any somatic or psychic 'self' structure, no 'self' in the sense that most therapists usually presume a patient to have, and so there is no base on which the patient can relate to the world or form a therapeutic relationship. The view Scott opens up of "a universe characterized by murdered soul, shattered personality, sensations of aloneness, death, terror, horror and pain that are interminable" is a much less benign world than that implied in Guy Tonella's model below, and is a salutary warning to the inherent challenges to the psyche of any therapist willing to walk into this world of excruciating agony and hopelessness.

Guy Tonella has developed an extended coherent theory and model for understanding psychosis and autism. Guy Tonella has written a chapter, entitled *Body Psychotherapy and Psychosis* in *The Handbook of Body Psychotherapy and Somatic Psychology* (2015, pp. 717–723). This is essential reading for Bioenergetic therapists interested in understanding primitive states from an energetic and somatic perspective. Guy shows how the structural lack of vertical co-integration between the core body/mind functions, the ESMER functions (Energetic, Sensory, Motor, Emotional, Representational), leaves the person without a coherent sense of self and exposes the person to extraordinary frightening states of non-integration, instability and confusion.

As well as this sense of disintegration and fragmentation between the structural levels of experience, the psychotic person does not have access to the gradations of experience between the extremes at each level of functioning. The basic energy of the body is lacking in gradations of activation/deactivation, resulting either manic or depressed (hyper/hypo) energetic functioning. Sensations are either too hot or too cold, too hard or too soft. Muscle tone is either hyper- or hypo-tonic. Emotions are either hostile or ecstatic. The environment is experienced by the mind as totally good or bad. At every level there is the omnipotent experience of extremes, that are pathologically split into chronic bipolar states. There are no integrated internal behavioral schemata of self and other, that are normally established by the attachment process between mother and infant, to underpin and predict what will happen in relationship to self and other.

Guy's theoretical model also helps explain the somatic rigidities experienced in primitive states. He explains how the innate basic psycho-tonic and psycho-motor mechanisms, e.g., curling up, turning away, are de-energized and immobilized by psychotic withdrawal into frozen somatic states that keep the head dissociated from the body through rigid neck musculature. This dissociation between head and body prevents the perception of the body sensations and emotions and these frozen states morph into a pathological dissociation of the self. There are only two possible outcomes: an autistic, completely mute resignation; or a self-sufficient position that blots out the dissociations and terror and replaces them with sensory and emotional hallucinations that produce self-generated satisfaction (2015, p. 719).

Guy Tonella's theoretical model of psychotic processing points us decidedly in the direction of finding ways of including the body in the healing of primitive states. In general, this involves growing a patient's awareness of their bodily sensations and affects, and learning to identify with them, so that the linkages between the basic ESMER structures can be established.

Guy's theoretical model, with its embedded developmental sequence of ESMER, is not so much a high-level theoretical construct like those of Bion and Ogden, but more a map of what happens and a guide to clinical practice. Nor does it describe the raw terror and horror, nor the potential for malevolence involved in working clinically with patients suffering from borderline and psychotic states, as described by Scott Baum.

However, all of these: a high-level theory, an applied model, and an appreciation of the potential for psychic terror, horror and malevolence are essential for clinical practice, and for managing the powerful transference energies that pervade the therapy room and the body/mind of the therapist if they are prepared to be present where "things fall apart" and where "the centre cannot hold" (Yeats, 1989).

Summary

To summarize the discussion so far:

- The sensory/affective processes of the body provide the foundational floor for the development of the mind and a sense of self;
- An understanding of this fact, and the implications of not having a somatic sensory floor and a 'self', will help us understand the primitive states of mind that are increasingly evident at this time;

- The sensations of the body can be used defensively in primitive states of mind to defend against psychological annihilation and the terror of the Void and to void the self;
- The therapeutic task is to grow a patient's awareness of their bodily sensations and affects, and learn to identify with them, so that the higher functions of the mind/body can be regulated, and help the patient be in touch with reality.
- These affirm Reich and Lowen's insights into the "physical dynamics" of the personality.

Therapeutic Principles

This paper is not primarily about how to work with people with severe mental health problems, such as psychosis, but to alert us to the prevalence of primitive states of mind that can be manifest in our 'ordinary' patients, especially at this time. By having an appreciation of these states of mind, we can be informed by some key therapeutic principles that will be of use to use as clinicians, using a mind/body approach:

- the need for your own boundaries
- internal space, patience and compassion
- capacity to bear agony and ecstasy
- reflective thinking and supervisory support
- transforming sensory data within a trusting relationship.

The Need for Your Own Boundaries

In general, our personal boundaries need to be both strong and flexible, not flaccid nor rigid. However, by definition, people using the primitive defense of "projective identification" are going to challenge our boundaries. That means we are going to be energetically invaded, our psyche/soma temporarily induced into strange states, and we cannot prevent it. What it does mean is that we need to develop a good radar system and recognize what is happening to ourselves and are able to regain our equilibrium after a period of time, with supervisory support if necessary. In passing, I can also recommend Christopher Bollas' wonderful book *When the Sun Bursts* (2015) on his work with schizophrenic patients. He has described what it is like being in the *schizophrenic presence or atmosphere* of someone who has crossed over into a robotic, non-human world. He notes that in that

schizophrenic atmosphere, a clinician sometimes may have bizarre thoughts, e. g., that a cup might fly through the air and hit him and also produce strange anxieties about being safe in the ordinary world. So, having good boundaries does not mean being rigid and keeping everything out, or going completely crazy oneself, but being less afraid to experience these states, knowing that they will pass with time and that our equilibrium can be restored.

Internal Space, Patience and Compassion

Another way of talking about boundaries, is to note that we have to have the “internal space”, the psychological, mental and spiritual capacity, to allow the “presence” of the projected internal objects of the patient. Grotstein (2009, pp. 143ff.), notes that the mind is not a 3-D bag that ‘contains things’ but rather a faculty for registering the profound dimensions of Zero ‘O’, the divine, the ineffable, the infinite, the chaotic, the monstrous and demonic, beta elements etc., that we talked about near the beginning. People can experience their own ‘internal objects’ as a blessing or a curse, depending on how they have encoded their experience of themselves and others (Grotstein, 2009, p. 155). The challenge for therapists is to have the internal space, patience and compassion to modify over time these dark internal forces of the other (and of one’s own).

Capacity to Bear Agony and Ecstasy

A key question for therapists is whether we have the capacity to bear the agony and the ecstasy of another’s mind/body. Robert Hilton (2007) has written about extensively about this in respect of his own journey through the demonic side and the shattering of the therapist’s narcissism. And Robert Lewis (2014, p. 3) has poetically described the ineffability of the living body and the efforts to listen to someone’s soulful cry that cannot be fully grasped or comprehended.

When you have no words for your feelings, for what happened to you, for what is missing in you, we listen to the inner resonance – of your inchoate secrets – as it lives in your body. But we also listen carefully to your words and are touched by them when they come from a depth of your being that no one can put a hand on. We invite you to surrender to the spirit of your body and the body of your spirit – and in so doing, to embrace your true self.

This capacity to bear agony is described by Michael Eigen's in his work with "Milton", whom Scott Baum has disclosed is a pseudonym for himself (Baum, 2021).

"Whether or not I could help Milton was scarcely the issue. The first question was whether I could bear him. To bear something of what he seemed to be bearing seemed crucial. Milton was attempting to bear the unbearable. He looks at me with love at the end of many sessions, as he heads out the door. He loves me for letting him pulverize me into nothing, for being there in the nothing" (Eigen, 2004, p. 109).

Reflective Thinking and Supervisory Support

Obviously, if the capacity of our minds can somehow bear these primitive states, our own and those of patients, we do need some strong scaffolding to make sense of these phenomena. This is where reflective thinking, theories and models, and supervisory support are essential. And even though Bion may have believed a good theory is only useful for the first three sessions, and after that it's just you and the patient creating your structures, I believe that theoretical frameworks and models are essential "perceptual-structures" (Bollas), or conceptual scaffolding, for navigating the often messy and chaotic realities in the room. I have presented two "perceptual structures", Bion's "theory of mind" and Ogden's "structure of experience". We have also briefly examined Guy Tonella's theoretical model of psychotic processing, which points us decidedly in the direction of finding ways of including the body in the healing of primitive states. In general, this involves growing a patient's awareness of their bodily sensations and affects, and learning to identify with them, so that the linkages between the basic ESMER structures can be established.

Transforming Sensory Data Within A Trusting Relationship

One of the key differences between bioenergetic analysis and psychoanalysis is the use of the body itself as a medium of building and maintaining a trusting relationship. We recognize that a person's relationship with their own body, even in its most inchoate form, is the foundation of being able to be in relationship at all. Very few psychoanalysts highlight the primacy of the body, although The

Brazilian/Italian psychoanalyst, Armando Ferrari, (2004) has tried to counter “the eclipse of the body” in psychoanalysis by writing about the importance of supporting a person’s *vertical* relationship with their own body sensations, before attention is focused on the *horizontal* transference relationship with the therapist.

In Bioenergetic Analysis we use the medium of the body itself and focused sensory awareness, to build a sense of contact and safety. This subliminal level of contact is a real advantage when dealing with primitive states. It offers the potential to re-establish sensory processing as the basis of thought, of symbolic and relational processing.

The dilemma for body therapists in working with patients with very primitive defences, is that while the body and its sensations are the ground for developing new emotional experiences and structures for thinking and relating, the body and its sensations also provides the very data that the disembodied mind uses for constructing hallucinations and delusions and other primitive defences to remove the person totally from reality. So, working with the body at the level of sensation is not an easy or quick pathway to health, even though it is foundational.

In Scott Baum’s article (2021), he describes how he asked Michael Eigen to hold his head so that he could scream. As a psychoanalyst, Michael said he was not able to do that, and Scott respected his stance. Alexander Lowen also asked Wilhelm Reich to hold him like a good father, but Reich couldn’t, as he had never been held by his own father. The result was that Lowen felt “doomed”. Fortunately for us, Scott did not feel doomed by Michael Eigen’s refusal. Scott has been able to graphically tell us what he had to do:

“My body offered me tangible, concrete experience to contrast with unanchored language disconnected from meaning, and the susceptibility to mind manipulation that attends on the lack of felt experience. Generating sensation from movement, from strain, working with pain until sensations, barely felt, become rivulets of feeling, has been a key part of my psychotherapeutic work.”

I would like you to note the sequence of what Scott outlined: his body offers him sensation from movement, rivulets of feelings, that he was then able to describe. This is the same sequence as Guy Tonella’s ESMER model of Energy, Sensation, Movement, Emotion and Representation (thought). It is also the same sequence as outlined in many modern psychoanalytic papers of the movement from sensation to affect to thinking.

Conclusion

It is my hope that this paper will help members of the IIBA who are interested in this area of work with primitive states to collaborate in formulating a Bioenergetic Analytic approach that respects the insight inherent in Lowen's original title *The Physical Dynamics of Character Structure*. A deeper understanding of the *Physical Dynamics of Primitive States* may lead to a Bioenergetic Analytic approach that has the theoretical and clinical depth to support those so desperately in need of a well-informed, compassionate, and relational somatic psychotherapy to ameliorate the terror of living with unbearable states of mind/body.

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Clinical Considerations Regarding the Use of Touch in Psychotherapy

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Abstracts

The use of touch in psychotherapy has been a topic of discussion since Freud stopped touching his patients. Psychology in general has moved away from utilizing touch as a therapeutic intervention. However, several body-oriented clinical approaches, such as Bioenergetic Analysis, Neo-Reichian therapy, Core Energetics, Hakomi, and Somatic Experiencing, include touch as approved interventions. This article explores how touch can be used ethically in clinical practice. Types of touch and ethical considerations are discussed as well as the need for training and more research.

Keywords: use of touch in psychotherapy, somatic psychotherapy, ethical issues, types of therapeutic touch

Considerações clínicas sobre o uso do toque em psicoterapia (Portuguese)

O uso do toque na psicoterapia tem sido um tema de discussão desde que Freud deixou de tocar seus pacientes. A Psicologia, em geral, se distanciou do uso do toque como intervenção terapêutica. Entretanto, várias abordagens clínicas de orientação corporal como a Análise Bioenergética, Terapia Neo-Reicheana, Core Energetics, Hakomi e Experiência Somática (SE) incluem o toque como uma intervenção eficaz. Este artigo aborda como o toque pode ser utilizado de maneira ética na prática clínica. Serão abordados tipos de toque e considerações éticas, bem como a necessidade de maior treinamento e pesquisa.

Considerazioni cliniche sull'utilizzo del contatto in psicoterapia (Italian)

L'utilizzo del contatto in psicoterapia è stato oggetto di dibattito da quando Freud smise di toccare i suoi pazienti. La psicologia in generale si è allontanata dall'utilizzo del contatto come intervento terapeutico. Tuttavia, vari approcci corporei, come l'Analisi Bioenergetica, la terapia Neo-Reichiana, la Core-energetica, Hakomi e Somatic Expe-

riencing includono il contatto tra gli interventi approvati. Questo articolo esplora il modo in cui il contatto può essere utilizzato in modo etico nella prassi clinica. Vengono discussi tipi di contatto e considerazioni di tipo etico e il bisogno di formazione e di più ricerca.

Considérations cliniques à propos de l'utilisation du toucher en psychothérapie (French)

L'utilisation du toucher en psychothérapie est un sujet de discussion depuis que Freud a cessé de toucher ses patients. La psychologie en général s'est éloignée de l'utilisation du toucher comme intervention thérapeutique. Cependant, plusieurs approches cliniques orientées vers le corps, telles que l'Analyse bioénergétique, la thérapie néo-reichienne, la Core-énergétique, le Hakomi et le Somatic Experiencing, reconnaissent le toucher comme faisant partie des interventions approuvées. Cet article explore comment le toucher peut être utilisé de manière éthique dans la pratique clinique. Il aborde les types de toucher et les considérations éthiques, ainsi que les besoins supplémentaires en formation et en recherche.

Consideraciones Clínicas sobre el Uso del Tacto en Psicoterapia (Spanish)

El uso del contacto físico en psicoterapia ha sido un tema de discusión desde que Freud dejó de tocar a sus pacientes. La psicología en general se ha alejado de la utilización del tacto como intervención terapéutica. Sin embargo, varios enfoques clínicos orientados a lo corporal, como el Análisis Bioenergético, Terapia Neo-reichiana, Coreenergetics, Hakomi y Somatic Experience, incluyen el contacto corporal como intervenciones apropiadas. Este artículo explora cómo se puede utilizar el tocar de forma ética en la práctica clínica. Se discuten los tipos de contacto corporal y consideraciones éticas, así como la necesidad de formación al respecto y de más investigación.

Klinische Überlegungen zum Einsatz von Berührung in der Psychotherapie (German)

Der Einsatz von Berührungen in der Psychotherapie wird diskutiert, seit Freud seine Patienten nicht mehr berührte. Die Psychologie im Allgemeinen hat sich von der Verwendung von Berührung als therapeutische Intervention entfernt. Mehrere körperorientierte klinische Ansätze, wie die Bioenergetische Analyse, die Neo-Reichianische Therapie, Core Energetics, Hakomi und Somatic Experiencing, beinhalten jedoch Berührung als anerkannte Intervention. In diesem Artikel wird untersucht, wie Berührung in der klinischen Praxis ethisch vertretbar eingesetzt werden kann. Es werden Arten von Berührungen und ethische Erwägungen erörtert sowie der Bedarf an Ausbildung und weiterer Forschung.

Клинические соображения по поводу использования прикосновений в психотерапии (Russian)

Использование прикосновений в психотерапии стало предметом обсуждения с тех пор, как Фрейд перестал прикасаться к пациентам. Психология в целом отошла от использования прикосновений в качестве терапевтического вмешательства. Однако некоторые телесно-ориентированные клинические подходы, такие как биоэнергетический анализ, неорайхианская терапия, сердцевинная энергетика, Хакоми и соматическое переживание, используют прикосновения в качестве одобренных вмешательств. В этой статье рассматривается вопрос, как этично использовать прикосновения в клинической практике. Обсуждаются виды прикосновений и этические аспекты, а также необходимость обучения и проведения дополнительных исследований.

关于在心理治疗中使用碰触的临床思考 (Chinese)

自从弗洛伊德停止碰触病人，在心理治疗中使用碰触就是一个需要讨论的话题，总的来说心理学中不再使用碰触作为一个治疗性的干预。然而，有几种身体取向的临床治疗流派，比如躯体动力分析，赖克神经治疗，核心能量，Hakomi 和躯体体验中，碰触作为被允许的干预方式。本文探索了碰触是如何在临床实践中被符合伦理的使用。讨论了碰触的类型和伦理的思考，也讨论了对培训和更多研究的需求。

Clinical Considerations Regarding the Use of Touch in Psychotherapy

This article was written before the pandemic occurred. Therefore, some of the material will only apply once the pandemic has been brought under control and the therapeutic use of touch is no longer contra-indicated for public health reasons. In our experience, the pandemic has increased people's awareness of the need for touch and their desire for touch. However, as therapy returns to in-person sessions the conflict between the desire for touch and the fear of touch may be more active. Therefore, it is even more incumbent upon therapists to be aware of the impact of touch on the therapeutic process.

The importance of touch has been studied and discussed in the developmental psychology literature beginning with Harlow's study and continuing into the development of attachment and object relations theories (Bonitz, 2008). An infant's ability to thrive has been shown to be directly related to the degree and quality of physical contact with the primary caretakers.

“Touch is a fundamental, multilayered, and powerful form of communication thought to be essential to normative human development. No more and no less than other modalities of conveying both feeling and meaning, it can contribute to growth, and it can contribute to healing where growth has been disrupted” (Kertay & Reverie, 1998, p. 16).

However, since the development of modern psychotherapy, which began with Freud, the use of touch has been a controversial topic and many practicing psychotherapists are unaware of the group of body-oriented therapies where touch is an integral part of the work. These modalities include Bioenergetic Analysis, Core Energetics, Hakomi, Neo-Reichian therapy, Sensorimotor Therapy, Biodynamics, Somatic Experiencing and Biosynthesis.

“The use of touch can enhance the therapeutic experience for a client in many ways: to provide real or symbolic contact; to provide nurturance; to facilitate access to, exploration of, and resolution of emotional experiences; to provide containment; and to restore touch as a significant and healthy dimension in relationship. These features represent the actual clinical function of ethical touch when it is incorporated naturally into the process of a therapist-client relationship” (Hunter & Struve, 1998, p. 107).

Very few, if any, graduate programs in psychology teach anything related to the use of touch except that it is forbidden and even illegal, which it is not. Many “talk” therapists touch their clients spontaneously, for example shaking hands or a hand on the shoulder for comfort, without being conscious of the fact that this is a physical intervention or the potential impact on the client. In general, most therapists are reluctant to use touch as risk management and a lack of understanding regarding the efficacy of its use in psychotherapy.

History

Due to our litigious society and risk management for the therapist, the use of touch is controversial and misunderstood (Bonitz, 2008). Freud initially endorsed the use of touch as part of psychotherapy, but he changed his position in the early 1920s because he worried that it might tarnish the reputation of the new field of psychology, the talking cure. The main concern was that therapists would use their power and influence to sexually exploit their clients. Hence, touch in psy-

chotherapy has been a hotly debated topic. This erupted further when Freud, in 1931, admonished Ferenczi, a star student, for letting a female client kiss him. Again, Freud felt that this would lead to sexual enactment and feared again for the reputation of psychoanalysis and therefore the subject of touch went underground. Ferenczi refused to stop touching his clients and was expelled from the psychoanalytic community. It was Wilhelm Reich, another of Freud's students, who went on to link the functional identity of the psychic level to its corresponding physical muscular attitude and developed the most comprehensive method of clinical touch. In the 1950s Alexander Lowen, a student of Reich, and John Pierrakos further developed some of Reich's principles fighting against this prohibition of touch. Additional therapeutic modalities such as Gestalt therapy, Psychodrama, and Satir's family sculpting all began to utilize touch to some degree (Nolte, 2020; Polster & Polster, 1974; Satir, 1972).

As the culture shifted, and in particular the awareness of the potential harm to clients, more rigid parameters around touch developed (Stenzel & Rupert, 2004). To ensure the maintenance of adequate boundaries the profession moved to a prohibition against touch altogether. In addition, the emergence of discussing molestation publicly impacted the use of touch in society in general and psychotherapy in particular.

In more recent years an additional tension is between the scientific knowledge that touch is essential for healthy human development and human relationships, and the ethical concerns with exploitative and harmful sexual touching of clients by therapists. Because of this, the importance of touch in developing attachment and the recognition of the healing effect of touch in therapy has given rise to the legitimacy of touch used in body-oriented psychotherapy. This includes the need for training to educate therapists about appropriate touch.

Types of Touch

Touch is very much a part of most cultures and yet the United States has become a touch phobic society due to the misuse of touch (Hunter & Struve, 1998). It is important to recognize that other cultures have different rules and rituals related to touch. There are various categories of touch which include: "accidental touch, task-oriented touch, attentional touch, celebratory/affectionate touch, emotional/expressive touch, aggressive touch, sensual touch and sexual touch" (p. 115). Accidental touch occurs without intention and is generally spontaneous in nature. An example could be when both the therapist and client stand

up at the end of the session and accidentally touch. Although this type of touch occurs in daily life when people are in a small space or a crowd, within the therapeutic context clients may give it different meaning depending on their history, and therefore it is important to acknowledge both the touch and the lack of intention. The depth to which therapists respond to accidental touch may be related to their theoretical orientation, their assessment of the client's reaction to touch in general, and their own comfort with discussing this type of touch with clients.

Task-oriented touch is self-explanatory (Hunter & Struve, 1998). It is touch that occurs during the performance of some activity. It can be purposeful or accidental. Examples in psychotherapy would be when the client hands you payment for the session or the client requires assistance to stand. "Psychotherapists often overlook that even these brief and seemingly innocuous, transactions involving physical contact may have a significant effect on a client" (p. 117). For example, the client with a history of molestation may interpret the touch as intentional and that you are trying to test them for their reaction.

Another type of touch is attentional touch designed to obtain a person's attention (Hunter & Struve, 1998). This is more likely to occur at the beginning or end of a session. Touch that takes place at the beginning of an encounter is termed greeting touch. How the touch occurs can be influenced by age, gender, cultural background, and the situation. This could entail simply a handshake if initiated by the client. Touch that happens at the end of a session acknowledges the conclusion of the meeting. An example of touch that could happen at the end of the session could be a brief hug, a tap on the shoulder, or a handshake. Another type of attentional touch that is considered a form of social etiquette that might occur at the end of a workshop or group therapy would be the holding of hands during a closing circle.

"Celebratory/Affectional Touch usually occurs spontaneously and is an expression of joy, excitement, or pride ... Affectional touch is an expression of friendly, helpful, or playful emotional energy" (Hunter & Struve, 1998, p 120). This type of touch is rarely utilized by therapists without adequate training in the ethical use of touch in psychotherapy as it is particularly open to misinterpretation by the client. For example, if a therapist hugs a client who has reported pride and a sense of accomplishment in completing graduate school, the client might confuse this action as one of friendship or a sexual overture. However, this form of touch could be significant if done within the context of a therapy group by one member to another. For example, a group participant expresses joy at becoming engaged and other members give him celebratory hugs.

Emotional touch is designed to communicate an emotional reaction or experience to another (Hunter & Struve, 1998). It is important to note that this form of touch is almost always initiated by the client and the therapist must judge how to respond. A therapist who is trained in the ethical use of touch might touch the client to assist emotional expression or communicate support.

Hunter and Struve (1998) discussed a form of touch they termed as aggressive. In the interests of clarity, we determined that touch between client and therapist is rarely aggressive but is more assertive in nature and planned. It is important that therapists assist their clients in expressing their anger in ways in which safety and appropriate boundaries are clear. This may include such actions as hitting a pillow, yelling during a Gestalt empty chair exercise, or stomping. Therapists who have been trained in the use of body-oriented techniques may touch clients during some assertive expressions such as pushing against each other.

The authors believe that it is essential to include a discussion about the use of touch in all clinical training programs. It is important for therapists to be comfortable discussing sexual issues with their clients, however sensual and sexual touch *should never be used* within the context of the client-therapist relationship.

Rationale for Using Touch in Psychotherapy

Touch is an inherent need for survival of the infant (Kertay & Reviere, 1998). As the person develops the need changes but remains necessary for secure attachment in most people.

Harlow (1958) demonstrated the importance of touch in the development of the young monkey, noting that the infant monkeys he studied required touch as much as food for their normal development. In fact, at times the monkeys preferred the comfort of tactile stimulation to food, even when they were hungry. Spitz (1945) extended these findings to humans in studies of the effects of touch deprivation on infants and children in orphanages. He demonstrated that infants deprived of physical contact failed to develop normally and became physically ill, despite adequate attention to their other physical needs (p. 17).

Lowen (1972) likewise reported the correlation between the lack of contact with the mother in infants frequently led to depression in adults. "The predisposing event in the past is the loss of the love object ... The infantile depression that

results from separation is not a psychological reaction but is the direct physical consequence of the loss of this essential contact” (p. 135–136).

It is clear that touch is an integral part of the infant and child’s ability to form an attachment with first the primary caregiver and then others (Glickauf-Hughes & Chance, 1998). Attachment is formed by the attunement of the relationship between parent and child through non-verbal communication. This includes touch that is nurturing, not mechanical; and that includes eye contact, smiling, and attention to the cues between parent and infant. As people grow older the use of touch in relationships with greater emotional distance may not include touch. However, in healthy intimate relationships, including friendship, touch is part of the connection. This can be as simple as two people high-fiving each other during a sports event or putting a hand on another’s shoulder. Consequently, the prohibition against touch in the psychotherapeutic relationship may inhibit the strength of the connection.

In therapy, touch can assist in developing new spontaneous actions (Ogden, Minton & Pain, 2006). Touch that is used in a playful manner can help reduce rigid defenses, especially in clients with an obsessive organization (Glickauf-Hughes & Chance, 1998). Additionally, it can assist in developing spontaneity and strengthening the connection between the client and therapist. “The effective use of touch in therapy can anchor the client to the here-and-now and to the relationship with the therapist” ... (Ogden, Minton & Pain, 2006, p. 20). Therefore, in addition to increasing the connection, the use of touch can assist the client in being more present in both the therapy session and everyday life.

How Touch Effects Transference

Like any other therapeutic intervention, the use of touch may affect the client’s transference to the therapist (Ogden, Minton & Pain, 2006). It is important for the therapist to ask clients to become aware of their body prior to using touch, and for both clients and the therapists to notice the effects of the contact. This can help heighten the client’s awareness of the impact of the touch once it occurs. Processing the client’s reaction is essential to preventing misinterpretation of the contact or the therapist’s intentions. It can open up previously undisclosed material for future work. Other issues regarding transference can be related to the absence of touch in therapy. This could increase the likelihood of transference distortions. For example, the therapist could be considered as lacking warmth and being seen as a withdrawing figure by the client (Hunter & Struve, 1998).

Horton et al. (1995) reported that 69% of the respondents in a sample of 231 clients who were actively participating in psychotherapy indicated that touch fostered a stronger bond, facilitated deeper trust, and contributed to greater openness to the therapist, and 47% indicated that the use of touch by the therapist enhanced their self-esteem. This study noted that clients identified touch as a contributing factor that helped them to feel valued and that this subsequently contributed to their feeling better about being in therapy (p. 105).

Based on the study cited above, it is clear that touch or lack of touch needs to be considered in psychotherapy so that the use or nonuse is a conscious decision, rather than a reaction to the current cultural prohibition in many therapeutic modalities outside of body-oriented psychotherapy.

Clinical Considerations Regarding the Use of Touch in Psychotherapy

While the authors believe that the use of touch can facilitate deeper healing, it is important that a careful assessment be part of the decision of when and how to use touch with each client and within each session. Factors such as clients with poor boundaries or fear of engulfment, clients with a history of childhood physical or sexual abuse, sexual assault, physical violence, or violent acting out, clients with PTSD from war or torture, clients with erotic transference, clients with cultural or religious prohibitions against touch, and clients with a psychotic disorder all require careful consideration about how any one of the above factors may influence the response from the client and the transference issues that may arise from the incorporation of touch. Another important consideration is the development and strength of the therapeutic alliance. Except with clients who have a psychotic disorder, touch is not contraindicated but requires conscious consideration and training in the use of touch.

Ethical and Legal Considerations in the Use of Touch in Therapy

In the authors' experience, whether therapists use touch as an integral part of their therapeutic modality or merely touch the client with a handshake or pat on the shoulder, it is important that ethical guidelines always be considered. This in-

cludes knowing clients' histories, especially related to any traumatic touch; their current functioning level; asking clients about their reaction to touch when it occurs in therapy; cultural norms related to touch; and any characterological issues that might influence the use of touch with that client.

Ethically and practically, it is essential that all body-workers spell out the boundaries of their work with each client ... The legal and ethical challenges to our profession have served to educate us about our responsibilities. There is an inherent imbalance in the therapeutic relationship that demands our constant awareness ... We as therapists must constantly be aware of the effect our touching is having (Conger, 1994, pp. 11, 13).

Contrary to popular belief, non-sexual, non-erotic touch in psychotherapy is not inherently unethical (Zur, 2007). Additionally, there is no law of which the authors are aware that prohibits non-sexual touching with clients in the therapeutic setting. Although as stated above, most students are taught not to touch their clients. This results in new therapists having no training in how to use touch with clients and perpetuates the belief that touch is dangerous in therapy (Parker & Guest, 2011).

Training in the Use of Touch

As discussed in the introduction, there are several types of body-oriented psychotherapy, all of which have training programs. Although we are not familiar with the specifics of most of those programs, the authors were both trained in the use of touch during their post-graduate training in Bioenergetic Analysis and utilized these interventions during our years of practice as psychotherapists. Of utmost importance before using touch is the strength of the therapeutic alliance and the disclosure of how one uses touch in the therapeutic process. For example, in Bioenergetic Analysis we have a standard consent form describing how, when, and for what purpose touch may be used. It is also explicitly noted that there will never be any contact with breasts, genitals or sexually charged part of the client's body. Additionally, it is important to ask permission and describe the type of touch to be used prior to any move towards the client. It is also important to be acutely aware of the non-verbal communication from the client, especially when there is a disconnect between the verbal compliance and body language about the use of touch.

Most body-oriented training programs are two to four years of post-graduate work. This indicates the need for extensive education in the use of touch by psychotherapists.

Consent Form

In our experience, as therapists who utilize touch as an integral intervention, it is essential that written consent is obtained from the client prior to the use of touch at all. The consent form should define how touch will be used, can be helpful, the purpose of using touch, that touch can evoke strong emotions, and how to rescind consent once given. The form should be written in language that is easily understood by most people, not in therapeutic jargon. Additionally, it is important to ask permission immediately before using touch.

Conclusion

It appears from both the authors' experiences as Certified Bioenergetic Therapists and the research studied, that touch occurs in the therapeutic environment more often than is currently discussed in the literature. This ranges from a casual handshake to body-oriented interventions. It is unclear the extent to which therapists who use touch, at least occasionally, are adequately educated in all the ramifications of its use. The authors believe that the use of touch should be incorporated into psychotherapist educational programs to decrease the misunderstanding of the laws and efficacy regarding the use of touch, and how to obtain the training necessary to utilize it as a therapeutic technique. For example, the curriculum from the International Institute for Bioenergetic Analysis integrates training on the use of touch throughout the four-year academic program. Other somatic modalities require different lengths of training but all include a discussion on the use of touch. This training is essential to avoid the misapplication of touch in ways that can be harmful to the therapeutic alliance or to the client.

Most somatic training programs do not engage in quantitative research. Part of this is that the training programs are post-graduate and not associated with a university so that the faculty are solely clinicians and not researchers. As body-oriented psychotherapy becomes more mainstream and discussed in graduate educational programs hopefully this will change. The authors believe this research is essential to understand more fully the impact and efficacy of this work.

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You Are Your Body

Considerations on the Relation between Self and Body

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Abstracts

The essay examines Alexander Lowen's basic assumption that "you are your body". Many aspects of our culture, however, contradict this statement, identifying the ego with the linguistic-mental processes of the brain. According to the author, the phenomenological perspective, focusing on subjective experience, allows us to conceive the person as a "living organism", a perspective that therefore supports Lowen's original assumption. A brief clinical case illustrates this thesis.

Keywords: western dualism, phenomenology, lived body, embodiment, nurturing contact

Você é o Seu Corpo

Considerações sobre a relação entre Self e o Corpo (Portuguese)

Este ensaio examina a premissa básica de Lowen de que "você é o seu corpo". Muitos aspectos da nossa cultura, no entanto, contradizem essa afirmação, identificando o ego com os processos linguístico-mentais do cérebro. De acordo com o autor, a perspectiva fenomenológica, focada na experiência subjetiva, nos permite conceber a pessoa como um organismo vivo, uma perspectiva que apoia as premissas originais de Lowen. Um breve caso clínico ilustra esta tese

Tu sei il tuo corpo

Considerazioni sul rapporto tra il sé e il corpo (Italian)

Il saggio esamina l'assunto di base di Alexander Lowen che "tu sei il tuo corpo". Molti aspetti della nostra cultura, però, contraddicono questa affermazione, identificando l'Io con i processi linguistico-mentali del cervello. Secondo l'autore, la prospettiva fenomenologica, incentrata sull'esperienza soggettiva, permette di concepire la persona come un "organismo

vivente”, prospettiva che sostiene quindi l’assunto originario di Lowen. Un breve caso clinico illustra questa tesi.

Vous êtes votre corps

Considérations sur la relation entre le Soi et le Corps (French)

Cet essai examine l’hypothèse de base d’Alexander Lowen selon laquelle “vous êtes votre corps”. De nombreux aspects de notre culture contredisent cependant cette affirmation, en identifiant l’ego aux processus linguistiques-mentaux du cerveau. Selon l’auteur, la perspective phénoménologique, centrée sur l’expérience subjective, nous permet de concevoir la personne comme un “organisme vivant”. Cette perspective soutient donc l’hypothèse initiale de Lowen. Un bref cas clinique illustre cette thèse.

Tú Eres Tu Cuerpo

Consideraciones sobre la relación entre el Self y el cuerpo (Spanish)

Este ensayo examina el supuesto básico de Alexander Lowen de que “tú eres tu cuerpo”. Sin embargo, muchos aspectos de nuestra cultura contradicen esta afirmación, identificando el Self con los procesos lingüístico-mentales del cerebro. Según el autor, la perspectiva fenomenológica, centrada en la experiencia subjetiva, nos permite concebir a la persona como un “organismo vivo”, perspectiva que, por tanto, apoya el supuesto original de Lowen. Un breve caso clínico ilustra esta tesis.

Du bist dein Körper

Überlegungen zum Verhältnis von Selbst und Körper (German)

Der Essay untersucht die Grundannahme von Alexander Lowen, dass “du dein Körper bist”. Viele Aspekte unserer Kultur widersprechen jedoch dieser Aussage und identifizieren das Ich mit den sprachlich-mentalenen Prozessen des Gehirns. Die phänomenologische Perspektive, die sich auf das subjektive Erleben konzentriert, erlaubt es nach Ansicht des Autors, die Person als “lebendigen Organismus” zu begreifen, eine Perspektive, die somit die ursprüngliche Annahme von Lowen unterstützt. Ein kurzer klinischer Fall veranschaulicht diese These.

Ты и твое тело

Размышления об отношениях между “я” и телом (Russian)

В эссе рассматривается основной тезис Александра Лоуэна: “ты – это твое тело”. Однако многие аспекты нашей культуры противоречат этому утверждению, отождествляя “я” с лингвистическо-ментальными процессами мозга. По мнению автора, феноменологическая перспектива, сфокусированная на субъективном опыте, позволяет представить человека как “живой организм”, и,

таким образом, поддерживает исходный постулат Лоуэна. Этот тезис проиллюстрирован кратким клиническим случаем.

你是你的身体

对于自体 and 身体的关系的思考 (Chinese)

本文检视了亚历山大·勒温的基本假设：“你是你的身体”。然而，在我们文化的很多方面，和这个描述相反的是认同大脑的语言思考过程的自我。据本人作者文中所说，从现象学的角度，聚焦在主体的体验上，允许我们去感知一个人作为“活着的有机体”，这是一个支持勒温的最初假设的观点，文中使用一个临床个案阐述了 this 理论。

Introduction

In the second chapter of *Bioenergetics* (1975), Alexander Lowen, starting from the notion of energy, presents the basic concepts of his thought. In the section “You Are Your Body”, he writes:

“Bioenergetics rests on the simple proposition that each person is his body. No person exists apart from the living body in which he has its existence and through which he expresses himself and relates to the world around him. It would be foolish to argue against this proposition because one could be challenged to name a part of himself that is not a part of his body. Mind, spirit and soul are aspects of every living body. A dead body has no mind, it has lost its spirit, and its soul has departed” (Lowen, 1975, p. 54).

The reader is immediately led to agree with these statements, especially since the evocation of death leaves no doubt about the equation between person and body. However, Lowen’s discourse, which not surprisingly exhibits an apparent naivety, actually presents a great challenge to common sense. In fact, if we think about it, we are all convinced that our ego, the very core of our person, is much more than our body, that it is made up of words, thoughts, awareness, and that this ego resides not in the whole body, but in some part of the brain, the seat of self-awareness.

The identification between “person” and “conscious ego” appears so anchored in the common consciousness, in our daily lives, that it would not be an exaggeration to recognize it as common ground of our very culture. This would make Lowen’s principle *You Are Your Body* simplistic and reductive. In order to clarify the issue, let us first try to briefly look at the main reasons underlying this identification between the person and the conscious ego.

Ego: Self-Awareness

The first and most important reason for this identification lies in the instrumental relationship with one's body. Although our experience of the body is in reality very complex, it can be seen that in everyday life the body is considered essentially as an instrument for achieving our goals. The body is perceived as being at the service of the ego, of a helmsman who guides his ship according to his own will. And if the ship is beautiful enough, it also succeeds in satisfying the narcissistic desires of the helmsman.

The second reason for the identification between conscious ego and person is that our perception of the world and of ourselves is mediated by language. Our bodies and feelings are accessible to us through the mediation of words that name them and make them present to us. It is therefore easy to identify the core of our being with the function of language, and more broadly with our mental processes, the basis and medium of self-awareness, of the ego.

The third reason concerns memory, the pillar of our identity, which is also located in the brain. Memory, too, is linguistically mediated, a story composed of the many stories that shape our sense of self. By retracing the past with narrative memory, one usually experiences a sense of intimate continuity of self across time, a kind of "timeless self", *zeitloses Selbst*, as it has been called (Radebold, 2010).

You Are Your Body, then? We have briefly listed three powerful reasons why we tend to identify our ego with the linguistic-mental dimension rather than with our body. It is an immediate and spontaneous equation, which identifies the basis of our ego in the brain, in particular in that area where the creation of language takes place.

The Body as a Threat

But there is perhaps a deeper reason for skepticism about the statement *You Are Your Body*. It is a kind of deep distrust of the body. We tend to live in a state of war, or at least of constant concern and vigilance about the body as the seat of our animality, drives, sexuality and emotions in general. As a reminder that we have left the state of nature, we need only think of the biblical account of the expulsion from the earthly paradise. We are cultural beings, and in a long evolutionary process we have learnt to dominate the affective-pulsatory sphere linked to our corporeality, which nevertheless tends to be dangerous terrain, and requires constant vigilance and control on our part. In this sense, Socrates has been indicated as a cultural

model, as the first historical representative of an autonomous, independent and rational individual, on the basis of a perfect control of his affectivity (Böhme, 1988).

While we can usually manage the sexual and affective dimension of corporeality well enough, it is more difficult to accept its inherent foreignness and fragility. In many ways, the body appears as “other than self”, “foreign”, made of bones, flesh, liquids and other elements that follow laws and paths that are independent of our knowledge and will. We fear this otherness of the body mainly because of its fragility. The body as nature is exposed, its integrity threatened by dangers or diseases, even serious ones, which are beyond our control.

This difficult relationship with our corporeality is further aggravated by finiteness, transience and the threat of death. Awareness of finitude characterizes us as human beings, and precisely because we are endowed with awareness, it differentiates us from the world around us. It is what the philosopher Gernot Böhme has called a *Riss im Sein*, a crack in being, a hallmark of the human.

Western Dualism

So far, we have seen the reasons that refute Lowen's iconic statement *You Are Your Body*. These are the same reasons that underlie Western dualism, a view in which the human being appears as composed of two entities or dimensions, the soul and the body. According to this view, the soul usually represents the most precious, if not divine, part of man.

It is true that this view is frequently challenged today, but it is also true that it has profoundly shaped Western culture and thought for millennia. It is therefore firmly present in language and in the collective imagination, as well as in theoretical and applied science. The dualistic paradigm is still present, for example, in cognitive sciences, which postulate a consciousness that is separate from the body and the outside world, or in transplant surgery, where the human body is considered a set of parts that can be replaced at will: the ego or the soul is in any case somewhere else.

Given the current infinite potential of technology, we could mention many other fields of application in which the body appears as a mere *res extensa* and therefore as a pure object of the human will. But fortunately there are also countertrends, such as the field of psychosomatic medicine. Psychosomatic medicine is based on a profound awareness of the intimate connection between the psycho-affective sphere and the bodily-organic dimension and considers the organism as a dynamic unity of the two spheres in their manifestations.

Alongside the dualistic view that sets the ego and the body against each other, there is a general awareness of the original identity between body and person. As already mentioned regarding the instrumental use of the body, we are well aware that we *have* a body, the so-called *body-object*. But on an intuitive-existential level we also know that we *are* our body, the *lived body* in which one's personality is expressed (Helferich, 2018, pp. ix-xiii). It is especially in extreme situations, such as somatic pain or sexual problems, that suddenly our *being body* comes to the forefront, while usually the living experience of one's body, the *lived body*, remains in the background. Therefore, most people show little body awareness, and our culture suffers from a general "body forgetfulness".

Phenomenology

Body-object and *lived body* are terms coined and used in the context of phenomenology, the systematic science of subjective experience and its main structures. Phenomenology, which for a long time was considered a marginal philosophical branch in the shadow of Anglo-Saxon analytical philosophy, has in the last few decades become considerably more established and has actively contributed to a broader view of the human being. From now on, we will refer to the thought of a representative of contemporary phenomenology, Thomas Fuchs, philosopher, psychiatrist and holder of the prestigious Karl Jaspers Chair at the University of Heidelberg.

At the beginning of his programmatic essay *Das Gehirn – ein Beziehungsorgan* ("The Brain – a Mediating Organ", Fuchs, 2010), the author advances three incisive theses: "The world is not in the head. The subject is not in the brain. There are no thoughts in the brain" (p. 14). With these three theses, the author contests the dualistic paradigm prevalent in current cognitive neuroscience. As we have already seen, this is a paradigm in which consciousness is understood as an inner mental representation of a world and of an ego constructed in the brain. In this view, the body acts as a physiological support machine for mental processes.

The title of Fuchs' essay, however, already indicates a different approach: the brain is the "mediating organ" of a living being in a concrete surrounding world. In fact, the concept of a *living being* or *living organism* is for Fuchs the "primary entity" (p. 16), the starting point for understanding the brain and its functions as a mediating organ. According to the author, this mediation takes place in three central areas: firstly, mediation between the brain and the body-organism, which are seamlessly connected in circular processes of neuronal, sense-motor etc. refer-

ences, including affective and cognitive experiences; secondly, mediation between the organism and the surrounding world, coupled in a dynamic relationship; finally, mediation between the ego-person and others in the complex dimension of intersubjectivity, modulated from earliest infancy by reciprocal bodily experience.

Such mediations and circular connections have also been at the center of important developments in cognitive science in recent decades, which have converged in the so-called *embodied cognitive science*. According to this approach, subjectivity or consciousness is embodied in the organism's sensory-motor activity, and embedded in the perceptual, sensory-motor, affective etc. interaction with the surrounding world. Fuchs gives the example of a simple instrumental action such as writing a letter, an action in which the hand, the paper, the pen and the brain form a unity. It is a unity based on the dynamic and circular intertwining of brain, body and environment; we cannot separate the individual elements along a clear boundary between "inside" and "outside", between "self" and "non-self": "It would be as senseless as asking whether inhaled air still belongs to the outside world or already to the organism" (p. 18).

Let us recall, however, that in the phenomenological view it is always the living body that constitutes the link between the various dimensions of our existence; the body is, in the famous words of Maurice Merleau-Ponty, "the vehicle of our being for the world". Within this configuration, the brain is undoubtedly the central organ of mental processes, that is, the locus of the processes that underlie consciousness. But in itself the brain "has no consciousness"; it is "the organ of possibilities" (p. 24). Possibilities that can only be realized in the life process of the person in its entirety.

Fuchs closes his essay with the following question: "If the subject is not in the brain, then where is it? I, the conscious, experiencing and acting subject, am not located in the brain, but always exactly where my living body is with all its biological functions that make possible and generate my conscious states and actions. I am a living, embodied being, and this means at the same time that I am not in a circumscribed location but always beyond my body, relating with the world and with others" (p. 25).

Conclusion

Let us return to Alexander Lowen's opening quote. If read in the tradition of Western dualism, the statement *You Are Your Body* would seem to reduce the

person to a mere physicality with no subject. On the other hand, if read in a phenomenological light, it appears entirely convincing and distant from a reductionist vision. Moreover, Lowen himself speaks expressly of the *living body*, the living body in which a person exists and through which he expresses himself and relates to the world.

Even more clearly, in the following paragraph, Lowen says about the body: “It is your way of being in the world”. This last statement strongly echoes thinkers such as Martin Heidegger and Maurice Merleau-Ponty. It is as if Lowen has here insightfully captured the core of phenomenological thinking before and after him. “The more alive your body is, the more you are in the world” (Lowen, 1975, p. 54).

Clinical Note

This last quote introduces a central claim of Bioenergetic psychotherapy. As we have seen above, an instrumental attitude towards our body prevails in our culture, which easily leads to various forms of alienation from oneself. This means that familiarity with one’s own body as well as attention to the deep psycho-corporeal experiences connected with it are not at all taken for granted; they are therefore explicit goals of the therapeutic process. And it was Alexander Lowen himself who developed in an exemplary way a wide range of bioenergetic exercises to promote this body awareness (Lowen, 1977).

After all, it is a re-education of self-perception and self-expression that requires a considerable amount of time. Time not only in the practice of exercises to be integrated into daily life. Let us think here first of all about the times and rhythms of the therapeutic process. The therapist easily underestimates the fact that the patient, to really feel himself and enter unknown spaces, needs time. On a technical level, the therapist must therefore learn to wait, to slow down the pace of the interaction at certain moments of the session. Feeling requires time: to explore gradually one’s own experiences, to find the respective body islands connected to them, and to make them one’s own by identifying with them. Through this identification with the deep bodily Self, the patient will finally be able to say: “I am my body”.

I would like to illustrate these considerations with a brief clinical case. Patient A., a retired nurse, grew up in various orphanages, left by a single mother who never wanted to completely break off sporadic contact with her daughter. From this extremely insecure bond, marked by a prolonged experience of abandonment,

the patient came to therapy tormented by a deep existential anguish, a sense of emptiness and loneliness, together with a strong anger towards her mother and the whole world.

During the first period of our work, her anguish gradually diminished, also thanks to the intense therapeutic bond which formed between us. Substantial problems persisted, however, such as her loneliness and chronic insomnia, problems that reverberated somatically in a marked shortness of breath and stiffness in her legs, which she moved as if she were marching. In order to deal with this sense of alienation towards her legs and to encourage a corrective experience of greater existential security, I asked her during a recent session to lie down on a mattress to receive support for her legs.

I use in cases such as this the techniques of so-called “nurturing contact”, developed by Malcolm Brown’s Organismic Psychotherapy (Brown, 1990). Nurturing contact is usually a soft, non-directive contact, sometimes rather long in duration, which allows the patient the possibility to enter an open psychic space (Helferich, 2015, pp. 34–38). With a solid contact, starting from the feet and lingering for a long time on the various segments of the legs, knees and thighs, I then pressed with both hands on the hip bones, the connection point between the upper and lower part of the body. Finally, I laid down crossways, resting my back on top of the patient’s legs and remained in this position at some length.

This experience, which lasted about half an hour, passed in complete silence. In the final sharing, the patient, thanking me for this contact, told me she made a long journey back into her past. A journey or a regressive experience that surprised and struck her and that led her to the awareness: “I have lived all my life in fear”.

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The ESMER Model

Understanding the Complexity of the Self

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Abstracts

Biological life and living organisms appeared about 4 billion years ago. They have become increasingly complex in the course of evolution. The human Self is the current culmination of this incredible complexification. This process and its results are presented in this paper. First the double origin of the Self, biological and social, will be presented. Then the structural development of the Self with its five functions – from bottom to top: Energetic, Sensorial, Muscular, Emotional and Representational functions – will be explained. This complex development of the human Self underlies the “ESMER Model”. Then, the functional development of the Self will be presented as well as the developmental problems that arise. Evolution managed to organize the Self into an integrated and self-regulated system by developing four kinds of interconnections between the five functions of the Self. And finally, these four kinds of interconnections will be at the origin of four modes of interpersonal relationships.

Keywords: self, complexification, ESMER, interconnections, interpersonal

Modelo “ESMER”

Compreendendo a Complexidade do Self (Portuguese)

A vida biológica e os organismos vivos apareceram há mais ou menos \$ bilhões de anos. Eles não pararam de tornar-se cada vez mais complexos no curso dessa evolução. O Self humano é a culminância atual dessa incrível complexificação. Este processo e seus resultados estão apresentados neste artigo. Primeiro a dupla origem do Self, biológico e social, será apresentada. Em seguida o desenvolvimento estrutural do Self com as suas cinco funções (de baixo para cima: Função energética, sensorial, muscular, emocional e representacional) será explicado. Esse desenvolvimento complexo do Self humano define o “Modelo ESMER”. Então o desenvolvimento do Self será apresentado bem como os problemas de desenvolvimento que podem surgir. A evolução conseguiu organizar o Self em um sistema integrado, autorregulado, através do

desenvolvimento de quatro tipos de interconexões entre as cinco funções do Self. E finalmente, estes quatro tipos de interconexões darão origem a quatro modos de relações interpessoais.

Modello "ESMER"

Comprendere la complessità del sé (Italian)

La vita biologica e gli organismi viventi sono comparsi circa 4 miliardi di anni fa. Non hanno cessato di diventare sempre più complessi nel corso dell'evoluzione. Il Sé umano è l'attuale culmine di questa incredibile complessità. In questo lavoro sono presentati questo processo e i suoi risultati. In primo luogo verrà presentata la doppia origine del Sé, biologica e sociale. Verrà poi spiegato lo sviluppo strutturale del Sé con le sue cinque funzioni (dal basso verso l'alto: funzioni energetiche, sensoriali, muscolari, emotive e rappresentative). Questo complesso sviluppo del Sé umano è alla base del "Modello ESMER". Quindi, verrà presentato lo sviluppo funzionale del Sé e i problemi di sviluppo che potrebbero sorgere. L'evoluzione è riuscita a organizzare il Sé in un sistema integrato e autoregolato sviluppando quattro tipi di interconnessioni tra le cinque funzioni del Sé. E infine, questi quattro tipi di interconnessioni saranno all'origine di quattro modalità di relazioni interpersonali.

Le model "ESMER"

Comprendre la complexité du Soi (French)

La vie biologique et les organismes vivants sont apparus il y a environ 4 milliards d'années. Ils n'ont cessé de devenir de plus en plus complexes au cours de l'évolution. Le Soi humain est l'aboutissement actuel de cette incroyable complexification. Ce processus et ses résultats sont présentés dans cet article. Tout d'abord, la double origine du Soi, biologique et sociale, sera présentée. Ensuite, le développement structurel du Soi avec ses cinq fonctions (de bas en haut: fonctions énergétique, sensorielle, musculaire, émotionnelle et représentationnelle) sera expliqué. Ce développement complexe du Soi humain est à la base du "Modèle ESMER". Puis, le développement fonctionnel du Soi sera présenté ainsi que les problèmes de développement qui pourraient survenir. L'évolution a réussi à organiser le Soi en un système intégré et autorégulé en développant quatre types d'interconnexions entre les cinq fonctions du Soi. Et enfin, ces quatre types d'interconnexions seront à l'origine de quatre modes de relations interpersonnelles.

Modelo "ESMER"

Comprender la Complejidad del Self (Spanish)

La vida biológica y los organismos vivos aparecieron hace unos 4.000 millones de años. No han dejado de hacerse cada vez más complejos en el transcurso de la evolución. El Self humano es la culminación actual de este increíble proceso de complejificación. En este trabajo se presenta este proceso y sus resultados. Primero el doble origen del Self, biológico y social. A continuación se explicará el desarrollo estructural del Self con sus cinco funciones (de abajo a arriba:

energética, sensorial, muscular, emocional y de representación). Este complejo desarrollo del Self humano es la base del “Modelo ESMER”. A continuación, se presentará el desarrollo funcional del Self, así como los problemas de desarrollo que podrían surgir. La evolución logró organizar el Self en un sistema integrado y autorregulado mediante el desarrollo de cuatro tipos de interconexiones entre las cinco funciones del Self. Y finalmente, estos cuatro tipos de interconexiones estarán en el origen de cuatro modos de relaciones interpersonales.

“ESMER”-Modell

Das Verständnis der Komplexität des Selbst (German)

Biologisches Leben und lebende Organismen sind vor etwa 4 Milliarden Jahren entstanden. Sie haben nicht aufgehört, im Laufe der Evolution immer komplexer zu werden. Das menschliche Selbst ist der gegenwärtige Höhepunkt dieser unglaublichen Komplexität. Dieser Prozess und seine Ergebnisse werden in diesem Beitrag vorgestellt. Zunächst wird der doppelte Ursprung des Selbst, der biologische und der soziale, dargestellt. Dann wird die strukturelle Entwicklung des Selbst mit seinen fünf Funktionen (von unten nach oben: energetische, sensorische, muskuläre, emotionale und repräsentative Funktionen) erläutert. Diese komplexe Entwicklung des menschlichen Selbst liegt dem “ESMER-Modell” zugrunde. Anschließend werden die funktionelle Entwicklung des Selbst sowie die Entwicklungsprobleme, die dabei auftreten können, dargestellt. Der Evolution ist es gelungen, das Selbst zu einem integrierten und selbstregulierten System zu organisieren, indem sie vier Arten von Verbindungen zwischen den fünf Funktionen des Selbst entwickelt hat. Und schließlich sind diese vier Arten von Verbindungen der Ursprung von vier Arten von zwischenmenschlichen Beziehungen.

“Модель ЭСМЭР”

Понимание комплексности “я” (Russian)

Биологическая жизнь и живые организмы появились около 4 миллиардов лет назад. В процессе эволюции они не переставали все более и более усложняться. Человеческое “я” – это сегодняшняя кульминация этого невероятного усложнения. В данной статье представлен этот процесс и его результаты. Сначала будет представлен двойственный источник “я”, биологический и социальный. Затем будет объяснено структурное развитие “я” и его пяти функций (снизу вверх: энергетическая, сенсорная, мышечная, эмоциональная и репрезентативная функции). Такое комплексное развитие человеческого “я” лежит в основе “модели ЭСМЭР”. Затем будет представлено функциональное развитие “я”, а также возможные проблемы развития. Эволюции удалось организовать “я” в интегрированную и саморегулирующуюся систему благодаря развитию четырех видов взаимосвязей между пятью функциями “я”. И, наконец, эти четыре вида взаимосвязей лежат в основе четырех видов межличностных отношений.

模型

理解自体的复杂性 (Chinese)

生物体和活着的有机体出现在大约40亿年前，在进化的过程中，它们没有消失而是变得越来越复杂。人类的自体是这种不可思议的复杂体积累至今的结果，这个过程和结论将在本文中论述。首先讲述自体的两个起源，生物性和社会性；然后解释自体的结构性发展的五个功能（自下而上：能量、感知、肌肉、情绪和表征功能）。把人类自体的复杂发展放在ESMER 模型之下理解。自体的功能性发展、发展性问题也会浮现出来，进化组织着自体进入一个整合和自体调节系统，通过发展自体的5个功能之间的四种人际连接，最终，这四种内部连接将会成为人际关系的四种类型的起源。

The Double Origin of The Self

Bacteria, which appeared about 4 billion years ago, are the oldest terrestrial forms of biological life. Living systems, driven by life force, have not, thus, ceased to become increasingly more complex. Ultimately, life force regulated by homeostasis engendered its last creation: the human Self. The human Self has a double origin. The Self is built at the interface of the biological and the social, at the crossroads of the biological processes and the social interpersonal processes, at the crossroads of “genetic” determinism and “epigenetic” determinism: all these genetic and epigenetic manifestations will first register in the body and then will be expressed through or with the body (figure 1).

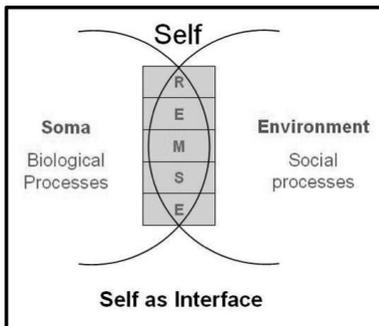


Fig. 1

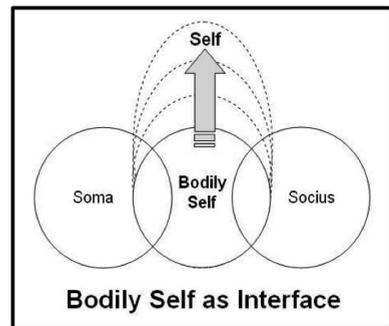


Fig. 2

The bodily Self is the first manifestation of the emerging Self. It is the first subjective reality of the Self and the foundation of its development (figure 2).

Structural Development of The Self

I will use the image of a house: our Self is the house we live in. And similar to building a house, we build our Self step by step. These are the tasks of infancy, the tasks of the 3 first years. The Self, that house, has five floors.

1) The first floor houses the first function: the energetic function

It is the most primitive vital function, the metabolic function that produces energy: for the very functioning of the organism, for its actions and interactions. These vital processes give rise to states of vitality and provide us with the bodily consciousness of existing.

In living beings, including humans, the basic energetic factor is oxygen. We absorb oxygen through respiration. Breathing is one of the fundamental techniques in bioenergetic analysis and experiencing energetic function can begin by exploring breathing and/or restoring a physiological breathing process (figure 3).

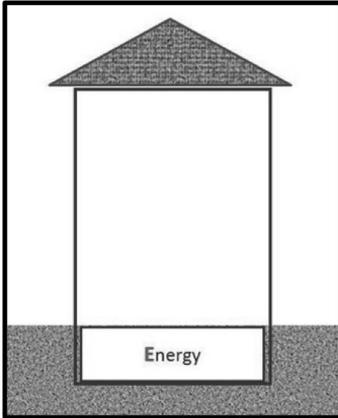


Fig. 3

2) The second floor houses the second function: the sensorial function

Sensorial function collects three types of information:

- 1) interoceptive sensations providing information on the inside world (like hunger or fatigue);
- 2) proprioceptive sensations providing information on the movement of the body (like being seated); and
- 3) exteroceptive sensations providing information on the outside world from the five senses (such as seeing a person walking towards me, or hearing a car going behind my back, or smelling vanilla). These sensations provide us with the bodily consciousness to feel alive and present.

Movement (motility and motricity) produces sensations and can be used for increasing sensorial self-consciousness (figure 4).

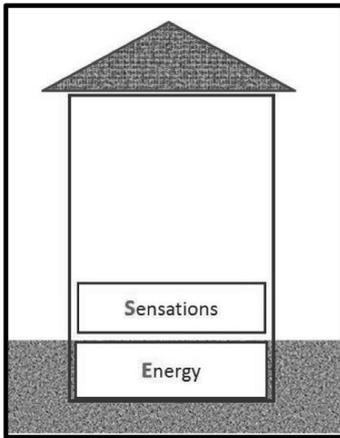


Fig. 4

3) The third floor houses the third function: the muscular or motor function

Musculature has three functions:

- 1) to produce movements for action and interaction by the variations in muscle tone;
- 2) to outline the boundaries of the Self when muscle tone distributed throughout the whole body operates as a "muscular envelope"; and
- 3) to contain internal impulses and drives and regulate self-expression thanks to that "muscular envelope" (figure 5).

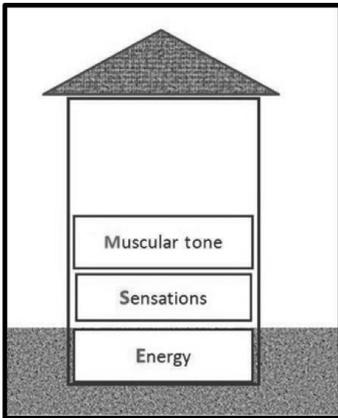


Fig. 5

**4) The fourth floor houses the fourth function:
the emotional function**

Emotion has three functions:

- 1) through expression, it plays a cathartic role in the regulation of the Self;
- 2) it plays a role of subjective communication with the social environment;
and
- 3) emotions, associated with cognitive information, give a subjective sense and a signification to the current situation (figure 6).

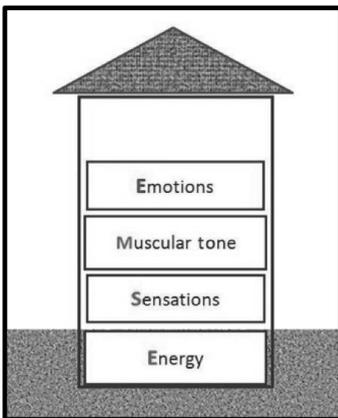


Fig. 6

5) At last, the fifth floor houses the fifth function: the representational function

Representations constantly translate body states coming from the four previous floors into images, words, symbols. This is the floor of cognition and thought. The ability to represent and understand what is happening in and around oneself allows one to think, to create and to act appropriately (figure 7).

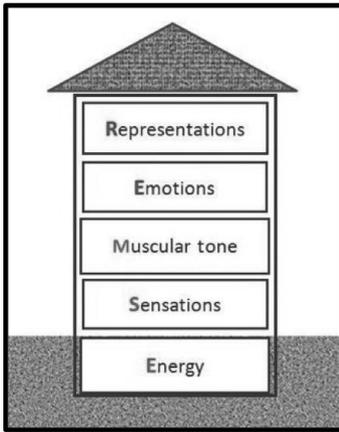


Fig. 7

The ESMER Model

So, the Self presents five basic levels of organization: Energetic function, Sensory function, Muscular function, Emotional function, and function of Representation-cognition. This is the “ESMER model”.

Each function supports the next and is built on the previous. The variations which occur in one of the functions of the Self cause variations in each other functions, like a wave moving up and down.

This functional continuity constitutes the life of the integrated and connected Self which remains in perpetual transformation and enrichment throughout life (figure 8).

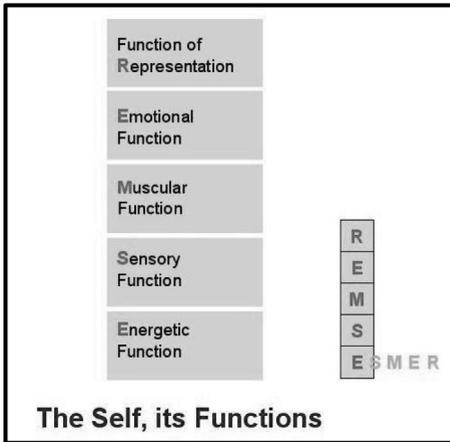


Fig. 8

Functional Development of The Self

Let's consider again, for a moment, this metaphor of the Self as a house. It is necessary that a house has a good structure but it is also important that it be functional. So, building the Self includes three more functional tasks:

1) Develop A Continuum Connecting The Extremes On Each Floor

This process means moving from an initial immature bipolar functioning (*or/or*) to a mature associative functioning (*and/and*). Neurobiological maturation will gradually help, during the first two years, to build bridges between opposite states: between pleasure *and* pain, hyper *and* hypotonicity, love *and* hate, etc.

If the child doesn't succeed in building those bridges between the opposite states, the functions of the Self will remain *split*: "I love you" *or* "I hate you" which is different than "I love you" *and* sometimes "I hate you" (still loving you).

Just between the extremes is a "centre", on each floor. Each of these centres verticalizes the Self as a "centred continuity". It will then be possible to go into the extremes sometimes, knowing, however, how to come back into the centre, that area of "optimal activation" as defined by Siegel (figure 9).

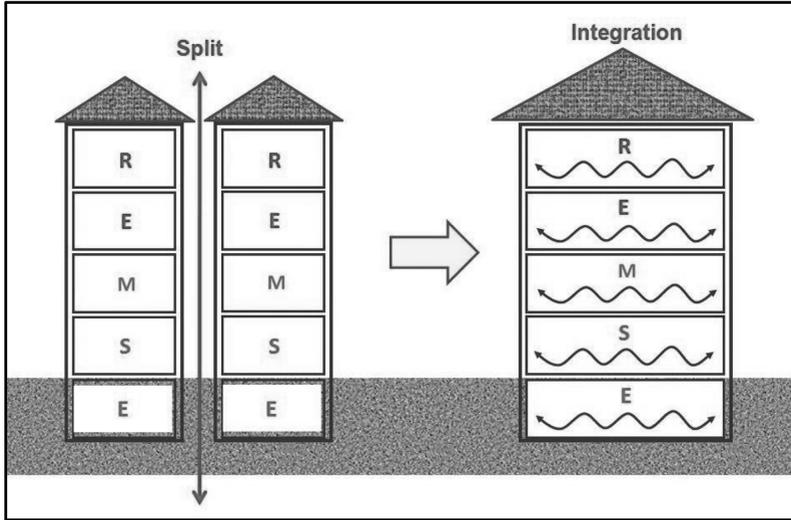


Fig. 9

We will have with some patients – or many of them – to work on the tendency of existing, thinking and communicating from the extremes whichever floor of the Self is involved: energetic, sensorial, muscular, emotional or cognitive. They will have to build the bridges between the extremes. The first experience they could do in therapy, often persuasive, will be muscular: finding, through experience, an “eutonic muscular state”, just between hyper and hypo muscular tone.

2) Build Stairs Between Each Floor

This process means connecting each of these floors to each other so that the self becomes a psychosomatic continuity. Information, from whichever floor it comes, can circulate throughout the house, up and down. This process is that of mindfulness, of the development and global integration of experience (figure 10).

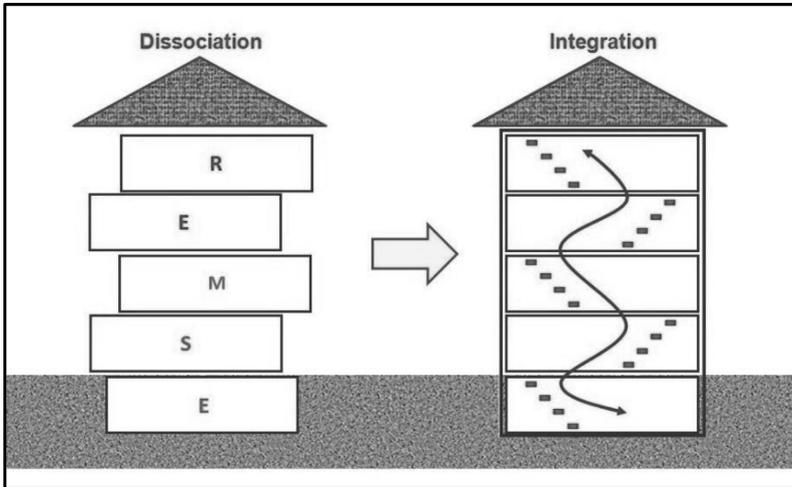


Fig. 10

Like in a house, it then becomes possible to move from one floor to another, stairs connecting each of the floors to the others. In neurobiological terms, it becomes possible to orient your perceptual consciousness on the chosen floor, or to move from one floor to another: energetic, sensory, muscular, emotional, and representational.

But if there are missing stairs from one floor to the other, consciousness cannot take this walk and develop a global awareness of the state of the organism. The elaboration of the information coming from the body will not be able to take place; this psycho-corporal continuity will be missing. The Self will stay in a state of *non-integration* or *dissociation*, which is a manifestation of attachment trauma.

3) Build Walls, Doors And Windows in Order to Outline One's House

It is necessary to perceive one's own body boundaries, in order to feel oneself as a whole well differentiated from others, in order to contain one's physiological excitation flows (sensations, emotions, movements), and in order to protect oneself from intrusions and abuse.

Indeed, a house has walls to separate outside and inside and allow intimacy with oneself. It also has doors and windows that can intentionally open or close, to let out or to let in, according to what we decide (figure 11).

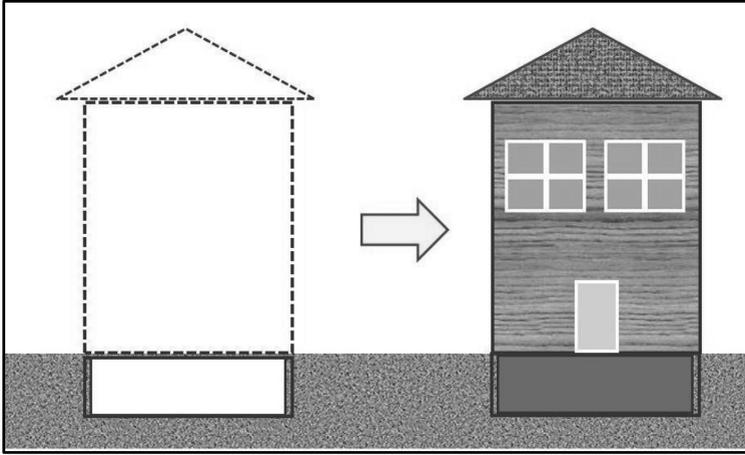


Fig. 11

The muscular tonic envelope constitutes the walls of our Self. It can be more or less tense or relaxed. It is also extremely important to learn to open or to not open the doors and windows of our Self to be more or less in contact with the outside world according to what we need or want at each moment.

If you cannot build the walls, doors and windows of your house, you will be vulnerable, you can be invaded, abused. But you also will not be able to contain what will flow inside of you, your emotions. Without doors and windows to contain your emotional flows inside your house, you can also be invasive.

And finally, you will be in a constant state of alert: not being invaded, not being invasive. You will be in a state of constant dysregulation.

The Four Interconnections Between the Five Functions

Evolution managed to organize the Self into an integrated and self-regulated system by developing connections or links between each of the five functions. These interconnections develop from the stairs built between each floor of the house.

The four interconnections between the five functions were theorized during the first half of the 20th century:

- Freud described the link between representational function and emotional function

- Reich described the link between emotional function and muscular function
- Piaget described the link between muscular function and sensory function
- Lowen described the link between sensory function and energetic function.

These theorizations have prepared a functional conception of the Self, as body-mind continuity (figure 12).

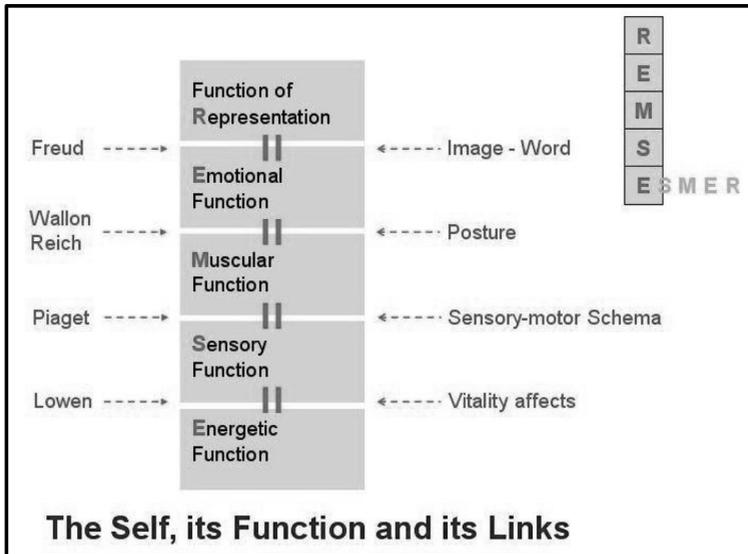


Fig. 12

- The *somatosensory link* results from the functional connections between energetic function and sensory function. It creates specific states Daniel Stern calls *affects of vitality*, constantly regulated by homeostatic process.
- The *sensorimotor link* results from the functional connections between sensory function and muscular function. It creates *sensorimotor schemes and patterns* that organizes our actions and interactions.
- The *tonic-emotional link* results from the functional connections between muscular function and emotional function. It creates tonic-emotional patterns using *movement and postures* for organizing expressiveness, action and interaction.
- The *affective-representational link* results from the functional connections between emotional function and function of representation. It creates thought

patterns connected with feelings that organize our cognitive comprehension and guide our actions.

The Four Relational Modes

The Self, with these 5 functions co-integrated through the functional links, is in constant need of regulation. One uses self-neurobiological regulation but one also needs interpersonal and social regulation.

For that reason and since birth, mother and infant are involved in interpersonal processes that help the baby in the regulation of his Self. Four *modes of relationship* mother-infant that develop during the first two years of life fulfil this function of regulation (figure 13):

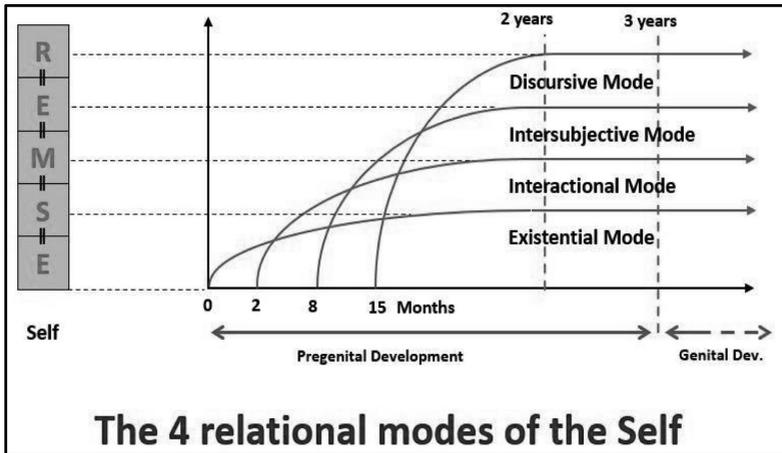


Fig. 13

- The existential mode: it is based on the body feeling of being alive in resonance with the other.
- The interactional mode: it is based on body interactions, through gestures and movements.
- The intersubjective mode: it is based on emotional communication with the other.
- The discursive mode: it is based on the communications with the other through thoughts and ideas.

We will continue to use these four modes of relationship throughout our life if our relationships and culture allow it.

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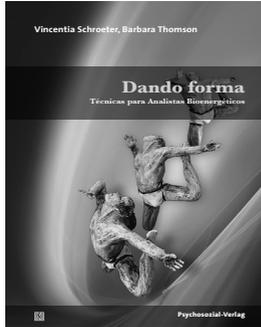
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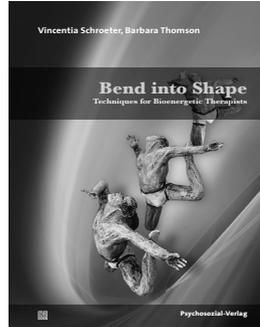
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