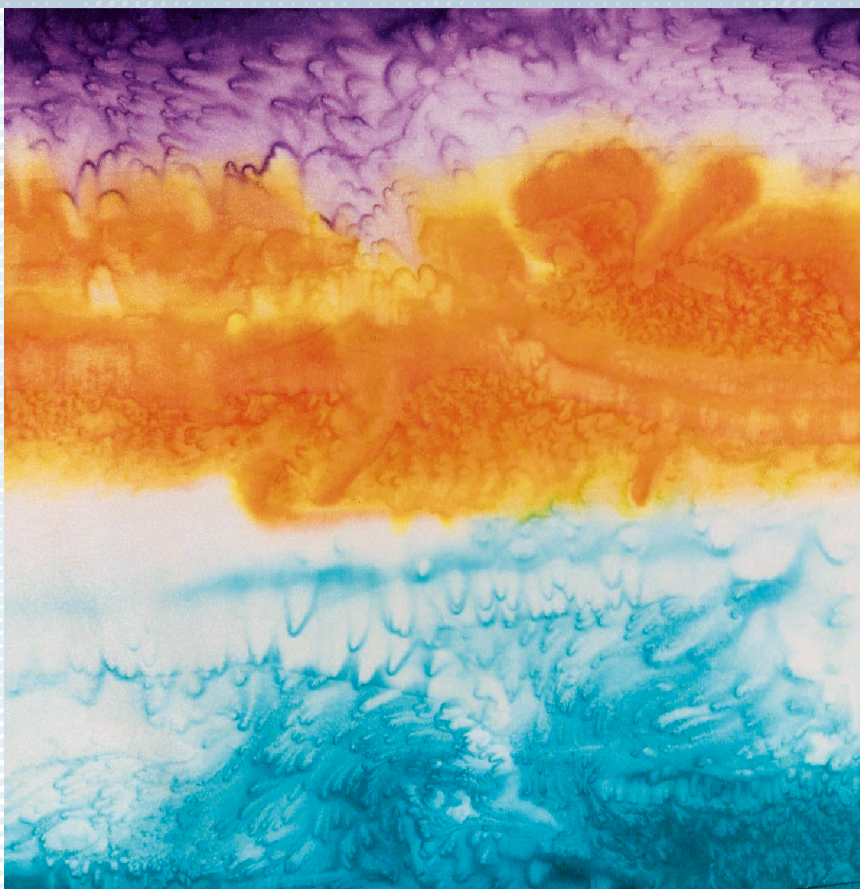


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Bioenergetic Analysis

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International Institute for Bioenergetic Analysis

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Bioenergetic Analysis

**The Clinical Journal of the
International Institute for Bioenergetic Analysis
(2023) Volume 33**

With contributions by Scott Baum, Robert Coffman,
Ana Lúcia Faria, Thomas Heinrich,
Homayoun Shahri and Laurie Ure

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Editorial Note

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Dear colleagues of the Bioenergetics community,
One more year has passed by and here we are with a new volume of our journal. After very difficult times dealing with the pandemic, we lived 2022 with relief, thinking that we had left it behind us, and it was like a fresh air making us feel free to be out in the world again. Now we know that maybe we will never get free of the corona virus, but we have at least some resources – like the vaccine, which can help us to face it more hopefully!

First of all, I would like to communicate that the Editorial Board has been through big changes: *Leia Cardenuto* has been very occupied in her function as the president of IIBA, which she has been doing wonderfully, and for this she needed to stay away from the important work she used to do for the journal.

Garry Cockburn has brought up his need for a break from the journal this year, due to a new phase he is going through in his life – his retirement and all practical movements which this new enterprise demands. In the face of the enormous challenge such a situation brought up, we called *Vincentia Schroeter* for help, and she kindly and promptly accepted to be part of the editorial board again for this past year. We worked together for a long time in the past and this work has always been rich and harmonious! I cannot thank her enough for bringing again her wisdom and expertise to the editorial task.

And we always appreciate and count on with *Rosaria Filloni's* expertise as a consultant for online matters!

Now, about this volume we have here some interesting papers bringing new insights and ideas to enrich Bioenergetic Analysis.

We have a special piece on Bioenergetics history, written by *Robert Coffman*. It refreshes our memory over the developmental process of the clinical approach that we embrace. Then we have *Thomas Heinrich* bringing new ideas and con-

cepts about the fascia, which so contributes to deepening body work with our clients.

Homayoun Shabri shares with us his therapeutic bond with Bob Hilton and how this living story brings together clinical theory and practice in a deep and meaningful reunion.

We also have an article by *Scott Baum*, that brings up an ancient – but always updated theme in our civilization: maleness versus femaleness. His view of men's envy of the woman's womb is fascinating!

You can read about dancing as a healthy strategy for the aliveness of the body and good living in the paper by *Ana Lúcia Faria*.

Laurie Ure presents a paper on defensive styles, which are related to character types but is presented as a more fluid form by which a person defends herself.

And finally very sad news: *Philip Halfaer* has passed away last October. Four of his friends gather to write a beautiful eulogy in his honor.

At this point we invite all the Bioenergetic therapists to participate in the journal to share their thoughts and ideas with the whole community. That is how we keep our knowledge alive and evolving!

Enjoy the reading!

Maê Nascimento
Chief Editor

Obituary Philip Helfaer

Susan Kanor, Vellie Helfaer, Stephanie Shelley & Peter Shelley

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Philip Helfaer passed away from leukemia on October 11, 2022, at age 89. His wife, Vellie, was by his side.

In 1982, Phil joined the IIBA, established the Massachusetts Society for Bioenergetics Analysis (MSBA), and started the first MSBA professional training program. In 1984, with excitement and pleasure along with hard work, he published and presented the first edition of the IIBA clinical journal, *Bioenergetics Analysis*, to Dr. Lowen, at the IIBA conference in New York. Later in 1984, he became a member of the IIBA faculty. Over the years, teaching and practicing bioenergetic analysis in Massachusetts, Norway and Israel were highlights for Phil, marked by intense professional interest and happiness.

In 1998, he published *Sex and Self-Respect: The Quest for Personal Fulfillment*. In February 2022, he and Vellie published *Riding Dragons: Our Journey Through Trauma to Love, Intimacy, and the Deep Self*. He also published an earlier book in 1973, *The Psychology of Religious Doubt*, based on his dissertation for his PhD received in Clinical Psychology from Harvard University. The development of his personal website, www.helfaerbooks.com, was another important highlight in Phil's career.

Phil's writings and work focused on his lifelong need to understand his reality and to know his truth. He wrote, "I believe that unless perception of the other is based in and informed by love we cannot see the other clearly as the person they are. The capacity for love was an emergent capacity of the self, of *my* self."

In the last four months of his life, he wrote essays yet to be published that portray more about his deepening understanding of his work as a psychologist and of his personal development. In these essays, he writes about his life's journey; the lack of distinction in the development of his personal self and the development of his professional self.

Phil's commitment and dedication to the bioenergetic focus on the body was exemplified by his daily exercise regime, his continued exploration of his inner life and its impact on his close relationships, and, above all, on its impact on his relationship with Vellie. He has shown many that through the deep work of bioenergetics analysis we have a chance to develop a freer, more connected and more honest relationship with ourselves and our intimate others.

Phil had many interests outside his professional career. He and Vellie retired to North Carolina and built a solar home there that became one of the first "Emerald Green" certified homes. They planted native trees and many other native plants. They built a natural rainwater rock garden to support the local ecosystem. In addition, they enjoyed their electric car. Phil and Vellie lived in this new setting in peace, delightful pleasure, and in their love for each other.

Phil was buried at Mount Auburn Cemetery in Cambridge, Massachusetts USA. Vellie will be moving back to the Cambridge area to be closer to her friends and where she feels most at home.

Brief History of Bioenergetic Analysis

Robert Coffman

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Abstracts

This paper traces the history of Bioenergetic Analysis from the origins in Freud's psychoanalytic method, through the development of theory and technique of working directly with the body as introduced by Wilhelm Reich, then covers the contributions of Alexander Lowen, who created Bioenergetic Analysis. The differences between Reich and Lowen will be presented, as well as the differences between Bioenergetic Analysis and other body-oriented methods, and why the others, while valuable, are not as comprehensive.

Keywords: Bioenergetics, Reich, Lowen, Freud, psychoanalysis

Uma breve história da Análise Bioenergética (Portuguese)

Este artigo traça a história da Análise Bioenergética desde sua origem, do método psicanalítico de Freud, continuando com o desenvolvimento da teoria e do trabalho com o corpo, introduzido por Wilhelm Reich, até a contribuição de Alexander Lowen – que criou a Análise Bioenergética. Serão abordadas as diferenças entre Reich e Lowen, assim como entre a Análise Bioenergética e outras abordagens corporais, além das razões pelas quais estas – embora importantes, não são tão abrangentes.

Breve storia dell'analisi bioenergetica (Italian)

Questo articolo ripercorre la storia dell'Analisi Bioenergetica dalle origini del metodo psicoanalitico di Freud, attraverso lo sviluppo della teoria e della tecnica del lavoro con il corpo come introdotto da Wilhelm Reich, e ripercorre i contributi di Alexander Lowen che ha creato l'Analisi Bioenergetica. Verranno presentate le differenze tra Reich e Lowen, così come le differenze tra l'analisi bioenergetica e altri metodi orientati al corpo, e del perché gli altri metodi, sebbene preziosi, non siano così completi.

Brève histoire de l'Analyse bioénergétique (French)

Cet article retrace l'histoire de l'Analyse Bioénergétique depuis ses origines dans la méthode psychanalytique de Freud, en passant par le développement de la théorie et de la technique du travail direct avec le corps tel qu'introduites par Wilhelm Reich, puis couvre les contributions d'Alexander Lowen, fondateur de l'Analyse Bioénergétique. Les différences entre Reich et Lowen seront présentées, ainsi que les différences entre l'analyse bioénergétique et d'autres méthodes orientées vers le corps, et les raisons pour lesquelles les autres, bien que précieuses, ne sont pas aussi complètes.

Eine kurze Geschichte der bioenergetischen Analyse (German)

In diesem Beitrag wird die Geschichte der Bioenergetischen Analyse von den Ursprüngen in Freuds psychoanalytischer Methode nachgezeichnet über die Entwicklung von Theorie und Technik der direkten Arbeit mit dem Körper, wie sie von Wilhelm Reich entwickelt wurde, bis hin zu den Beiträgen von Alexander Lowen, der die Bioenergetische Analyse schuf. Die Unterschiede zwischen Reich und Lowen werden dargestellt, ebenso wie die Unterschiede zwischen der Bioenergetischen Analyse und anderen körperorientierten Methoden und warum die anderen zwar wertvoll, aber nicht so umfassend sind.

Краткая история биоэнергетического анализа (Роберт Кофман) (Russian)

В данной статье прослеживается история Биоэнергетического анализа от истоков психоаналитического метода Фрейда, через развитие теории и техники работы непосредственно с телом, представленной Вильгельмом Райхом, затем рассматривается вклад Александра Лоуэна, который создал Биоэнергетический анализ. Будут представлены различия между Райхом и Лоуэном, а также различия между Биоэнергетическим анализом и другими телесно-ориентированными методами, и почему другие методы, хотя и ценны, но не столь всеобъемлющи.

躯体动力分析简史 (Chinese)

本文追溯了躯体动力分析的历史,从弗洛伊德精神分析的起源,到赖克提出的直接与身体工作的技术及其理论发展,然后包括了创办躯体动力分析的亚历山大.勒温的贡献。讲述了赖克和勒温理论的差异,也是躯体动力分析和身体工作的差异,那些方法虽然是有价值的,但没有那么全面。

Introduction

There are two different branches of body psychotherapy. The first branch is psychoanalytic and insight oriented and the second branch is experiential, and

technique driven. The more well-known branch, developed as an offshoot of the deep psychoanalytic therapies, was developed by Wilhelm Reich, who was originally inspired by Freud's early recognition of the bodily roots of mental disorders. The innovators in this movement created somatic practices of breathing, movement, touch, and muscular release that were conceptualized and taught within pre-existing psycho-analytic theory, with articulated energy constructs and detailed categories of character structure. Bioenergetics is one of these psychoanalytic schools of Body Psychotherapy.

Bioenergetic Analysis is a psychodynamic psychotherapy which combines work with the body and the mind to help solve psychological problems. It is a form of psychotherapy that uses a developmental model. Things that happen to one as a child affect a person's adult self-perception and their behavior towards others. The thing that is special about bioenergetics is that it focuses on how psychological issues affect the body as well as the mind.

Wilhelm Reich

Wilhelm Reich, MD, was an Austrian psychoanalyst who immigrated to the United States in 1939. Reich fought in World War One and returned to Vienna to study medicine. While in medical school he discovered the work of Sigmund Freud. He sought Freud out and studied psychoanalysis with him while he finished his medical degree. He was a brilliant, creative, and original thinker, who at the age of 22, without a medical degree, was invited by Sigmund Freud to join his most prestigious analytical supervision groups, which included several famous psychoanalysts such as Carl Jung and Karl Abraham. Reich soon became a prominent teacher and supervisor in the psychoanalytic field. He wrote his first book at age 23, *The Function of the Orgasm*, which is a biological and psychological exploration of Freud's theory of libido instincts. Reich's book, *Character Analysis*, a classic study of personality types, which is still used today, followed 4 years later. While Freud initially ventured into working with the somatic dimensions of mental illness, he gradually withdrew from the biological side of the equation and focused solely on that is call the "talking cure", meaning verbal interpretations only. Reich ended up going in the biological direction.

Reich was the first psychoanalyst to focus on "resistance" by the client to the therapy process. This was a resistance to letting interpretations awaken the unconscious. This resistance often stopped psychoanalysts from successfully

treating of their patients. While working on resistance, Reich discovered that clients resisted not only verbally but also physically. This was a completely new pathway of understanding. He saw the resistance to analysis revealed not in what the client said or talked about, but by the way he said it or did it, by not *what* they said, but *how* they communicated. He began to focus not so much on the words or stories a client told him but on how the body told its own story, for examples, the client's body language, their body animation, their body attitude, their body energy level, and their body mannerisms. As he turned his focus on what was happening in the body, he became aware that different psychological conditions went along with specific types of body reactions. When these various reaction patterns got addressed in therapy the clients smooth body muscles relaxed in areas of the body that Reich began to theorize were holding blocked emotional impulses.

Reich associated the muscular relaxation with the softening of these defenses, except they were now viewed as body defenses. He realized that these new and different defenses required new and different interventions. These newly found unconscious muscle reactions seemed to arise from wounds from childhood where the child had been denied satisfaction of some vital psychological need. Reich called the psychological part of resistance CHARACTER ARMOR and he called the body part of resistance MUSCULAR ARMOR. It made sense that the psychological process of repression was connected with a physical process of repression. The muscular blocking of impulses that were moving towards action and towards expression were shutdown. Reich believed that these patterns of armoring form in the early years of a child's development and become a powerful force that creates the personality. When used early and often by the child these muscular tensions became chronic. This is why he began working with the physical defenses in therapy such as loosening tense muscles or opening up restricted breathing, while also doing normal talk therapy. Reich was convinced he had discovered a valuable new way of working and was excited to present it to Freud.

Freud wanted nothing of this approach. Freud had forged ahead and had gotten the repressed memories on board mentally. He thought making conscious, through interpretation, the repressed feelings was enough for successful therapy. Reich argued that understanding was not enough and pushed for relaxing the physical defenses and inviting the hidden emotions to come up. Reich was interested in sexual health and became active in promoting sex counseling in mental health clinics all through Berlin. Freud was against this and pulled the plug to separate from Reich.

Reich theorized that chronic tension in the muscle served as a form of psychological armoring and thus began the work of focusing more and more on the body. As a result of working physically with his patients, he discovered different types of energy and noticed that when this energy is constricted by muscular armoring, neurosis develops. Interventions were developed to help open energy that is blocked in the musculature of the body. This blocked energy is felt as tension, pain, or numbness in the body. When the muscular contraction released through a variety of different therapeutic interventions, often emotions emerged, sometimes followed by feeling of relief, aliveness and improved vitality. Reich worked with people who were lying on his couch, as he sat across from them making them aware of their bodies, opening up their breathing and encouraging them to freely express whatever emotions came up.

Lowen meets Reich

The founder of Bioenergetic Therapy is Dr. Alexander Lowen. He was born in 1910, and has written numerous books for the layperson about the body and its relationship to mental health. Lowen was a brilliant theoretician, clear writer and the major pioneer of Body Psychotherapy in the West after Reich. Lowen started the International Institute for Bioenergetic Analysis in the late 1960's to train therapists in this method. He passed away in 2008. How did Lowen find this path?

Lowen was introduced to body-oriented therapy as a young man in 1940, when he attended a seminar taught by Reich at the New School of Social Research in New York. He was so interested in Reich's fresh and unusual views that he entered therapy with him and began to study his work. After three years of therapy with Reich, Lowen decided he wanted to practice Reichian therapy. Even though Lowen was a working lawyer, he switched careers and went to medical school in Europe. Upon graduation six years later Lowen returned to New York to treat patients. But upon his return he found a cult of followers around Reich who rubber stamped all of his ideas and Lowen did not like that. Lowen decided to part company and develop his own techniques and treatment approaches.

After separating from Reich, Lowen joined with two colleagues, William Waller and John Pierrakos, and formed a psychotherapy practice in the early 1950's and called their work Bioenergetics, after Reich's discovery of bioenergy. Lowen and colleagues rapidly developed their own contributions to the theory

and practice until Bioenergetic Therapy differed in significant ways from Reich's original work.

How Lowen Differs from Reich

At the time when Reich was doing psychoanalytic therapy, he was using Freud's early drive model which incorporated the libido as his source of energy. The libido was associated with a sexual charge. Lowen de-emphasized the sexual component and broadened his definition of energy to include aliveness and spontaneous self-expression.

Lowen also shifted away from the drive model by including concepts from Object Relations. Patterns of child and parent relationships were also explored and developed.

While Freud did his therapy with patients on the couch as he sat behind them, Reich moved his chair next to them so as to see their body. Lowen did that as well but he sometimes got them up right and standing. This change supported working with more autonomous personal boundary issues such as having the client stand and face life in a more adult way.

Lowen developed a concept of Grounding which involves having people stand, feel their feet, their ankles, and their legs in order to make better contact with the ground, which supports their somatic therapy work.

Reich's character structure descriptions were narrow and non-inclusive. Lowen expanded them, streamlined them, and organized them into specific character structure categories. He explained the different developmental traumas that caused these structures and provided techniques to address each of these different wounding experiences. Some such interactions are very mild where the therapist merely perceives a reoccurring gesture of the client and can make the client aware of this, who can often connect the gesture with something happening in their life. Such an insight on the part of the client can already change something in his body. Other treatment approaches used with different character structures are more active in addressing activities that were blocked at their specific developmental stage. In each case, therapy works to open up the blocked expression to increase the client's own physical, self-expressive capacities.

Lowen wrote his books for the general public. He let go of the technical psychoanalytic jargon and explained his views in a way that allowed the average person to understand his ideas.

When Lowen developed Bioenergetics, he developed a series of active exercises that clients could perform to create energy changes, increase respiration, and promote expressive movements. While Reich encouraged his clients to express their emotions, he was never as active as Lowen in getting his patients to feel and move their bodies. Movement for Lowen involved the complete body in his expressive work. Lowen had people use their arms, legs, trunks, and their shoulders in a variety of expressive exercises. In each case therapy works to open up the blocked expression to increase the clients own physical self-expressive capacities. Each character structure has a set of preferred techniques that work best to address their specific developmental wounding.

And finally, Lowen developed pieces of equipment used to assist the client's work. As an example, he created the breathing stool to expand the muscles in the thorax and chest area to increase breathing volume.

How Bioenergetics Differs from Other Body-Oriented Modalities

I would like to now turn to what makes Bioenergetics different from other body treatment modalities. Many advertise as being a form of psychotherapy, when they are more a singular somatic technique approach. The nature and effects of these practices are not easy to articulate. They do not fit within a psychodynamic framework, even though they do have psychological implications. These somatic treatment modalities usually are based on a singular technique or methodology that has a "one size fits all" approach to it. They have been called "theory-free body techniques". An example of that would be EMDR, which can be learned in one weekend and views the body as a neurological switchboard. Others include Focusing, Sensory Awareness, Feldenkrais, Rolfing, Alexander technique, Continuum, Body-mind Centering, Authentic Movement, and many others. Most of these methods do not systematically address and integrate the psyche in their methodologies, do not directly make psychological experience the focus of their therapeutic work, and do not highlight nor clinically manage the client-therapist relationship. Often the body work that is performed by these practitioners is useful, but not anchored in psychodynamic training. By that I mean, to be defined as a body psychotherapy school one has to have a theory of the development of the human personality, of the stages of growth that a child goes through, of the origins of psychological pathology, an understanding of the therapeutic relationship, and a huge repertoire of treatments and techniques that can be used

Robert Coffman

in the context of the therapeutic process. Bioenergetic Analysis meets all that criteria.

Bioenergetic Analysis was inspired by the psychoanalytic method of Freud in the 1930's, moved into direct work with the body by Wilhelm Reich in the 1940's, and then was refined and more deeply developed and expanded by Alexander Lowen in the 1950's–1980's and is a comprehensive form of psychotherapy up to the present day.

The author

Robert Coffman, PhD, is a California licensed Clinical Psychologist, a certified Bioenergetic Therapist, and a Somatic Experiencing Practitioner, with private practices in Redondo Beach, California. He has been in private practice for over 48 years. Bob was trained as a humanistic psychologist, turning to clinical psychology in the late 70's while studying with Dr. Althea Horner, an object relations psychoanalyst. After he completed his PhD he worked for 10 years as a clinical psychologist at Rancho Los Amigos Rehabilitation Hospital. He became interested in Bioenergetics during his schooling at USC, which led to him training with Dr. Robert Hilton, in the first Bioenergetic training group in Southern California in 1973. He has been an international trainer in bioenergetic analysis since 1992, training and supervising students in somatic psychotherapy. As a professional clinical psychologist, specializing in psychoanalysis, he integrates the body into his therapeutic work with all his patients.

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Fascia and friends

Character structures in fascia and brain¹

Thomas Heinrich

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Abstracts

According to Wilhelm Reich, character structures and their underlying unresolved conflicts are fixed in chronic muscle tensions in early childhood. Fascia research, on the other hand, shows that these psychogenic chronic muscle tensions are fixed in the fascia system. In addition to its form-giving function, the fascia system is above all a complex information system that changes via stimuli registered here. How can the results of this research area help to better understand the work with Bioenergetic analysis? How can Bioenergetic analysts become even more effective in their work in the future?

Keywords: fascia, character structures, proprioception, Bioenergetic analysis

Fascia e correlatos (Portuguese)

Estruturas de caráter na fascia e no cérebro

De acordo com Wilhelm Reich, as estruturas de caráter- e seus conflitos subjacentes não resolvidos, são fixados, na tenra infância, em tensões musculares crônicas. A pesquisa sobre a fascia, por outro lado, mostra que as tensões musculares crônicas psicogênicas são fixadas no sistema da fascia. Além de sua função de dar forma, este é, acima de tudo, um complexo sistema de informação que se transforma através dos estímulos ali registrados. Questões abordadas são: Como podem os resultados das pesquisas nessa área ajudarem a entender melhor o trabalho com a Análise Bioenergética? Como podem os analistas bioenergéticos tornarem-se, no futuro, mais eficazes em seu trabalho?

1 Originally published in German in *Forum Bioenergetische Analyse 2020*, pp. 7–26, <https://doi.org/10.30820/9783837982978-7>

Fascia e compagni (Italian)

Strutture caratteriali nella fascia e nel cervello

Secondo Wilhelm Reich, le strutture caratteriali e i loro sottostanti conflitti irrisolti si fissano nella prima infanzia nelle tensioni muscolari croniche. La ricerca sulla fascia, invece, mostra che queste tensioni muscolari croniche psicogene sono fissate nel sistema della fascia. Oltre alla sua funzione formatrice, il sistema fasciale è soprattutto un complesso sistema informativo che cambia attraverso gli stimoli che vi si registrano. In che modo i risultati di quest'area di ricerca possono aiutare a comprendere meglio il lavoro con l'analisi bioenergetica? Come possono gli analisti bioenergetici diventare ancora più efficaci nel loro lavoro in futuro?

Les fascias et les amis (French)

Structures de caractères dans la fascia et le cerveau

Selon Wilhelm Reich, les structures de caractère et leurs conflits sous-jacents non résolus sont fixés dans les tensions musculaires chroniques dans la petite enfance. La recherche sur les fascias, quant à elle, montre que ces tensions musculaires chroniques psychogènes sont fixées dans le système des fascias. En plus de sa fonction de mise en forme, le système fascial est avant tout un système d'information complexe qui se modifie en fonction des stimuli qui y sont enregistrés. Comment les résultats de ce domaine de recherche peuvent-ils aider à mieux comprendre le travail avec l'analyse bioénergétique? Comment les analystes bioénergétiques peuvent-ils devenir encore plus efficaces dans leur travail à l'avenir?

Faszien and friends (German)

Charakterstrukturen in Faszien und Hirn

Nach Wilhelm Reich sind die Charakterstrukturen und die ihnen zugrundeliegenden ungelösten Konflikte der frühen Kindheit in chronischen Muskelverspannungen fixiert. Die Faszienforschung zeigt hingegen, dass diese psychogenen chronischen Muskelverspannungen im Faszien-system fixiert sind. Das Faszien-system ist neben seiner formgebenden Funktion vor allem ein komplexes Informationssystem, das sich über hier registrierte Reize verändert. Wie können die Ergebnisse dieses Forschungsbereichs helfen, die Arbeit mit der Bioenergetischen Analyse besser zu verstehen? Wie können Bioenergetische Analytiker*innen dadurch mit ihrer Arbeit in Zukunft noch wirksamer werden?

Фасция и друзья (Russian)

Характерные структуры в фасции и мозге (Томас Хайнрих)

Согласно Вильгельму Райху, структуры характера и лежащие в их основе неразрешенные конфликты фиксируются в хронических мышечных зажимах в раннем детстве. Исследование фасции, с другой стороны, показывает, что эти

психогенные хронические мышечные зажимы фиксируются в системе фасции. Помимо своей формообразующей функции, система фасций является, прежде всего, сложной информационной системой, которая изменяется под воздействием регистрируемых здесь стимулов. Как результаты этого направления исследований могут помочь лучше понять работу с биоэнергетическим анализом? Как биоэнергетические аналитики могут стать еще более эффективными в своей работе в будущем?

筋膜和朋友 (Chinese)

筋膜和大脑中的人格结构

根据威尔海姆·赖克的理论，人格结构及其未解决的冲突是童年的慢性肌肉紧张的固着，另一方面，筋膜的研究显示出这些心理上的长期肌肉紧张固定在筋膜系统里。除了它的赋予形式的功能之外，总的来说筋膜系统是一个复杂的信息系统，通过刺激记录变化。这个领域的研究成果如何帮助更好的理解躯体动力分析？躯体动力分析师如何可以在将来的工作中更加有效？

Reich's conflict model as the basis for the character structures and Lowen's extension

Alexander Lowen adopted from Reich the idea that character structures are anatomically anchored in the muscular system (Lowen, 1979). Reich had thus put Freud's theory about the repression of unresolved conflicts on a physical basis: Through his research at the scientific seminar of the Psychoanalytic Institute in Vienna, Reich found that unresolved conflicts are always characterized by two conflicting courses of action. If the individual cannot decide between them, the muscle chains needed to perform the respective action are already activated. As the problem persists, so does the activation in the body (Reich, 2018, 1933). Recent research in the field of "motor imagery" confirms what Freud found as a term for thinking: "rehearsal action". According to this, the very act of imagining an action activates those motor brain areas that are related to the performance of the imagined actions (Kilteni et al., 2018; Karolinska Institute, 2018). These recent findings support the idea that the unresolved conflicts also maintain themselves in activated brain areas, as if they are solidified by the chronic activation of the conflictual options for action, i. e. by chronic muscle tension in the body. Reich's equivalent of Freud's repression of such unresolved conflicts is found in the elimination of the perception of this muscle activation. Anatomically, the sensory feedback of the activated muscle groups is suppressed. This is confirmed by habituation research (Hinde, 1970), according to which the organism's readiness

to respond “to repeatedly presented stimuli that have proven to be meaningless” is completely suppressed, i. e. they are no longer significant on a sensory level. A great merit of Lowen’s is that he has extended the concept of character structures to include the oral and has worked out more clearly for Bioenergetic work the schizoid character structure distinguished from the schizophrenic by Fenichel (Lowen, 1992). At the same time, the concept of character structures due to unresolved conflicts is overextended by his descriptions of the basis of the schizoid as much as by Reich’s description of the schizophrenic. Reich himself names that the basis of schizophrenic character structure is a state of shock (Reich, 2018, 1933). Moreover, he himself concludes that “the blockage is between arousal and perception [...], and not, as in the ‘cold’ obsessive-compulsive, between the source of energy and its mobility” (ibid., p. 572).

Reich’s conflict model is based on the individual’s ability to decide. The individual must therefore be able to choose at least one or the other option for action. For such a voluntary or cognitive decision, however, a maturation of the nervous system in the form of myelination of the nerves is necessary. At the beginning of our lives, the nervous system is not yet fully developed. Not only are some areas of the brain not yet mature enough to fulfil their function, such as the hippocampus, which is responsible for memory and needs another three years of life after birth to do so. The motor nerves that make neocortical control of our locomotor system possible are also not yet fully developed at the time of our birth. Here, the so-called myelin layer must first be built up: an “insulation” consisting of Schwann cells around the “wire” of the nerve cell. This coating creates a fast and orderly transmission of stimuli in the axons of the nerves from a node of Ranvier to the next, the spaces between the individual Schwann’s cells.

Prior to this, our neuronal apparatus only functions via the genetically given programme of reflexes such as the sucking, grasping and startle reflexes. The startle reflex is part of the shock reaction discussed by Reich, which is central to the development of the schizophrenic/schizoid character. Only these reflexes enable the very young human to make coordinated movements and thus meaningful actions. However, these reflexes are not voluntary and are therefore not dependent on decisions. Thus, the psychogenic chronic muscle tension typical of the later character structures is not possible. Lowen and Reich describe the eye block and diaphragm block as typical of the schizoid and schizophrenic character. They also name the chronic tension of the deep muscles around the individual joints. But all these phenomena are not based on unresolved conflicts, but rather on the chronicity of the startle reflex or in other words: on too frequent triggering of the startle reflex without enough time in safety through contact and bonding to dis-

solve these reflexes and activate other patterns that lead to growth, self-regulation and independent action.

But if Lowen and Reich have here made a paradigm shift in the cause of character structures, away from Reich's original conflict model towards a chronic reflexive reaction, can we then stay with the anatomical basis of character structures, namely a chronically fixed musculature?

Of course, it is known through neuropsychological research that habits as learned behavioral patterns also have greater stability in that they are anchored in the brain in the form of neuronal synaptic circuitry. This means that the behavioral patterns, which are understood as character structures in Bioenergetic analysis, have an anatomical basis there. When we speak of anatomical basis in the following, the focus here is on the physical structures outside of certain brain areas that have not yet been sufficiently researched. The fact that the neuronal anatomy is also of decisive importance for the Bioenergetic character structures will be taken into account in the following by elaborating the importance of proprioception as a system of self-awareness.

Other body-psychotherapeutic approaches such as Somatic Experiencing (SE) according to Peter Levine (1999) see traumatisation as the fundamental experience of our psychological constitution and its representation in the body. SE is thus somatically based primarily on research into the anatomical and physiological, i. e. also hormonal, foundations of trauma therapy.

These are also of extraordinary importance for Bioenergetic analysis, as is the entire trauma research. The latter is also shown by the fact that the first works on trauma therapy in Bioenergetic Analysis were written at the same time as the general basic works on trauma therapy (Lewis, *The Psychosomatic Basis of Premature Ego Development*, 1981; Van der Kolk, Blitz, Burr & Sherry Hartmann, *A comparison of nightmares after combat with lifelong nightmares in veterans*, 1984). However, to examine any psychological experience only in terms of trauma experiences or the lack thereof would massively reduce the various concepts and results of psychodiagnostics and psychotherapy and make them simplistic.

In this respect, the question remains what could be the anatomical basis for the different ways of experiencing that lead to the different character structures and possibly to further, also embodied mental illnesses.

If we open our view a little further, we find a body therapy close to Bioenergetic Analysis with the approach of Rolwing® Structural Integration (Rolwing® SI), whose basic intention is also structural change, more precisely: to integrate the individual body structure. For this purpose the term grounding, which is central in Bioenergetic Analysis, is also used. Whether Alexander Lowen or Ida Rolf de-

veloped the term first cannot be determined. What is certain is that Alexander Lowen and Ida Rolf met in Esalen/California or at least learned about each other's approach in this environment.

In Rolwing® SI the anatomical basis for the structure is considered to be the fascial system.

Thanks to Robert Schleip's unquenchable thirst for knowledge we now know more about this building material of the body that has been neglected by science over the past centuries.

In the following, I would like to give a brief insight into what we know about fascia today: What is defined as fascia? What are fasciae made of? What are the functions of this system?

Afterwards I would like to show how the fascial system as an anatomical basis for the Bioenergetic character structures is of more comprehensive service than that of the musculature. In doing so, I follow an old maxim of epistemology, Occam's razor of different theories: the simplest theory that explains an issue with fewer variables is preferable.

Finally, I would like to give indications as to which aspects of Bioenergetic analysis are still valid, which need to be changed, and how Bioenergetic analysis could further develop through the paradigm shift.

Results of the new fascia research

At the 1st International Fascia Research Congress, co-organized by Robert Schleip and held at Harvard Medical School in Boston from 4 to 5 October 2007, the researchers present there agreed on a new definition of fascia that goes far beyond the previously valid definition of fascia that only encompassed the myofascial structures and has since been further developed. According to this definition, fascia is "the soft tissue parts of the connective and supportive tissue apparatus running through the human body", one could also say the collagen-containing fibrous tissues that participate in our body-wide transmission system for tensile stresses.

"According to this conception, the entire fascial system includes not only the 'fascia in the narrow sense' (i.e. tissue membranes such as septa, joint capsules, aponeuroses, organ capsules or retinacula), but also local condensations of the tension network in the form of tendons and ligaments, and in addition softer collagenous connective tissues such as the fascia superficialis or the innermost intramuscular layers of the endomysium [...], the dura mater, the periosteum, perineum, the fibrous

outer layer of the intervertebral discs, the organ capsules as well as the bronchial connective tissue and the abdominal mesentery now fall under the term fascia” (Schleip et al., 2014, p. VII).

The following facts show that this system really encompasses the whole body and envelops its individual components. If we look at the organ capsule of the brain, i. e. its various skins, we can see that the dura mater as one of these skins not only encloses the brain, but also the spinal cord and its spinal nerves with all their branches as well as those of the cranial nerves. Comparable extensions can be seen from the pericardium around the heart to all the sheaths of arteries and veins. Bones are also surrounded by fascia, which is called periosteum. This fascia is joined by other fascial structures, such as the tendons to the fascial wrap around the muscles and the septa in between them, as well as the ligaments, which lead to other periosteum and the bones enclosed within them. These connections of the fasciae, even on the smallest structures such as around each muscle fibre, mean that an organism can be recognized in its own form by its fascia system alone. In Gunther von Hagens’ Body Worlds exhibition, there was once a plastination of the arterial system of a rabbit, which was thus still recognizable in its entire shape.

In addition to cells, the components of fascia are mainly the extracellular matrix and water. The extracellular matrix is formed mainly by fibroblasts when needed and released into the extracellular space of the organism. The composition and structure of these fibres vary greatly and are determined by the function of the different types of fascia described in the definition above. They usually consist of a very specific ratio of collagenous elastic fibres to a basic substance.

Many fibres, such as the fascia around muscles, shorten over time and need movement to expand back to their original length. This is the reason why bedridden people experience massive movement restrictions after only a short time, requiring long and often specific (physiotherapeutic) training to regain full mobility. For the same reason, older people become smaller or more bent. Other fibres, such as tendons and ligaments, have a higher proportion of collagen and respond less to stretching and more to compression (van den Berg, 2014).

To get an impression of the diversity and complexity of the fascial system, the videos by Jean-Claude Guimbertaux are recommended, for example *Strolling under the Skin* (2005).

One of the main tasks of the fascia is to protect and stabilize the organism. The fascia system reacts to tensile and compressive forces and can store them to a certain extent. Only when this storage function is overloaded by falls, accidents or external injuries, as well as during operations, does it result in bone fractures

or the bursting of veins, organs or other tissue. However, the organism has the ability to form new fascia tissue in the form of scars in the case of such overloads, thus protecting itself and giving it a new shape.

In addition to these functions, the fascial system is also the organism's water reservoir. This ability decreases with age: the human body contains about 85 percent water at birth and about 50 percent at old age (Markl & Reiter, 2007). Thus, the organism becomes more rigid and less flexible with age. However, this function is not linked to the number of days lived, but rather depends on the functionality of the fascial system. This is increased through exercise, proper nutrition and treatment, so that the water storage function can always be improved even into old age. Conversely, the fasciae can lose even more water and stick together under unfavourable circumstances. This happens, for example, when the parts of the body they surround are heated, as in the case of inflammation or some other kind of excessive activity.

Another function of the fasciae, which will be discussed later, is proprioception, i. e. self-awareness in the sense of perception of body position and movement in space.

Part of the fascia, –which enwraps the muscles, is referred to together with the muscles as the myofascial system. The two types of tissue are not yet clearly distinguishable from each other at the beginning of life. The system aspect is not only evident in the protective function of the fasciae for the muscles, but also in their economy: part of the contraction forces of the muscles are transmitted via the fasciae tissue. Furthermore, chronically tense muscles consume a lot of energy: on the one hand, the nerve cell that activates the muscle must fire continuously so that the muscle remains contracted. On the other hand, the muscle itself must fire in order to carry out the contraction permanently. Normally, phasic muscles, which in contrast to tonic muscles are not needed to keep a person upright but to move, show a rhythm of tensing and releasing. If they are permanently tensed, they cannot be used for the movements that they normally carry out. In this situation it is more economical for the organism to build up collagen fibres, i. e. fasciae, instead of chronically tensing muscles or to strengthen the already existing ones. The muscles can then atrophy as a result and thus consume less energy even in a tense state. Thus, according to Reich, the unsolvable conflict is ultimately stored in the fascial system.

The meningeal fascia is the fascial layer around the nerves and thus outside the myofascial system (Willard, 2014). This includes the meninges surrounding the brain with their extensions around any nerves to their ends. The meningeal fascia shows increased density and thickness when those nerves it encases are un-

der constant fire. This happens when a trauma response is not stopped, such as in PTSD or developmental trauma. Due to the permanent activation of the brain, this area probably becomes warmer, which ultimately results in a certain drying out (= sticking together) of the meningeal fascia.

As described at the beginning, it can be assumed that the schizoid character structure arises from a repeated early traumatisation and the startle reflex triggered by it, unless the trauma reaction can be regulated by a secure relationship and thus comes to a conclusion. In such a situation, not only are the muscles involved in the startle reflex, such as the occipital muscles, the eye muscles, the diaphragm, the psoas, the deep spinal muscles (m. multifidi) and all other deep muscles around the joints chronically tense, but also the entire meningeal fascia around the nerves and brain areas that are involved in the startle reaction shorten. This creates a permanent tension around the brain and nerves, which in turn keeps them in a chronic state of tension. This would explain, for example, the wrinkles between the eyebrows typical of the schizoid character structure, which are not caused by a critical muscular contraction of the eyebrows, but by the tension on the intracranial suspension of the falx, a membrane that is stretched between the cerebral hemispheres and gives them support in the skull.

So ultimately the schizoid character structure formed through trauma experiences would also be stored in the fascia system here.

Fasciae as the anatomical basis for the Bioenergetic character structures

If we now assume that the fasciae are the anatomical basis for the Bioenergetic character structures, then this should also give us an advantage in how we deal with people who are fixed in specific character structures.

An important research finding on fascia is the evidence of the informational function of the fascial system. Different mechanoreceptors react to different kinds of pressure and traction. The information is the basis for proprioception, which makes the position of the individual body parts detectable and enables their unconscious mobility in relation to each other, but also the position and perception of the body as a whole (van der Wal, 2014).

Proprioception enables the organism to perceive itself.

This perception is further enhanced by movement, as this naturally also stimulates the brain to constantly process new stimuli. But it is also possible to feel oneself without movement, and this has been possible from the very beginning

of life. Most of the movements we make in everyday life are automated, but they can also be controlled voluntarily: we decide to leave the house to go shopping, for example. The movements of walking, opening and closing doors and locking up are then again automated, as they have usually been trained for years. The process of myelination of the nerves must be completed to the point where we can perform the specific movement. The latest movement that becomes possible for humans after myelination is to stand up and walk. This ability coincides with the child's ability to speak of itself and to use the term "I". If one looks at this differentiation of the myofascial system over the first two years of life, parallels to the development of the ego can very well be seen: The perception of one's own "self" precedes the autonomy and arbitrariness of the "I". Here, terms used in the German language such as "self-development", "self-affirmation", "self-regulation" as well as "ego strength" and "false ego" once again take on a deeper, physical meaning – also with regard to their use in the narcissism discussion or that of the psychopathic character structure.

Furthermore, recent fascia research shows that the information of proprioception is responsible for the fact that the fascia system changes or can be changed. Table 1 according to Schleip (2012) compares the different mechanoreceptors, their preferred localization in the fascial system as well as their different types of pressure or traction to which they react as well as the known result of the stimulation.

Superficially, this table makes it clear that almost any kind of touch, whether with strong pressure or even very gentle contact, has an effect on the fascial system.

A more differentiated look at the meaningful stimulation of the receptors reveals that the Bioenergetic interventions developed so far receive confirmation in their mode of action. Not only the vibrations (as stimuli for the pacini and paciniform receptors) and stretches (as stimuli for the Golgi receptors), which are already described as elementary in the classical Bioenergetic work of Lowen, appear. In fact, forms of touch, as they have found their way into Bioenergetic analysis through the Attachment Theory (Bowlby, 1969), with both fine, tender touches and long-lasting, firm holding of the client, are confirmed in their effect on the Ruffini and interstitial receptors. Stimulation of the interstitial receptors have a deep effect anatomically down to the bone level, which people usually feel deeply touched by.

Fasciae provide new guidelines as the basis for character structure not only for Bioenergetic work in physical contact with people but also for Bioenergetic body exercises that people can use: At the beginning of the article it was described that fascia has the property to shorten. It takes everyday movement for fascia to

Receptor type	Preferred location	Responsive to	Known results of stimulation
Golgi type 1b	<ul style="list-style-type: none"> – Myotendinous junctions – Attachment areas of aponeuroses – Ligaments of peripheral joints – Joints capsules 	<p>Muscular contraction in golgi tendon organs</p> <p>Probably to strong stretch only in other golgi receptors</p>	Tonus decrease in related striated motor fibers
Pacini and Paciniform Type II	<ul style="list-style-type: none"> – Myotendinous functions – Deep capsular layers – Spinal Ligaments – Investing muscular tissues 	<p>Rapid pressure changes and vibrations</p>	Proprioceptive feedback for movement control (seines of kinesthesia)
Ruffini Type II	<ul style="list-style-type: none"> – Ligaments of peripheral joints – Dura mater – Outer Capsular layers and other tissues associated with regular stretching 	<p>Like Pacini, but also to sustained pressure</p> <p>Especially responsive to tangential forces (lateral stretch)</p>	Inhibition of sympathetic activity
Interstitial types III and IV	<ul style="list-style-type: none"> – Most abundant receptor type, found almost everywhere, even inside bones – Highest density in periosteum 	<p>Rapid as well as sustained pressure changes</p> <p>(50% are high-threshold units, 50% are low-threshold units)</p>	<p>Changes in vasodilation</p> <p>Plus, apparently in plasma extravasation</p>

Table 1: Receptor types in the fascial system, their preferred location, the stimuli that activate them and the stimuli and the reactions triggered by them (after Schleip, 2012).

return to its original length. This ability to regenerate the fascial system decreases with the ability to fully retain water, i.e. to age. In order for fasciae to become longer again, they need at least a two-dimensional orientation in three-dimensional space, which is conveyed to them via the mechanoreceptors. This means that the fascia to be stretched must be stretched between two opposite points.

As the simplest orientation for the whole organismic fascial system, one can use the central grounding in Bioenergetic analysis via contact with the ground and contrast it with the orientation of the environmental senses in the head such as the eyes, ear or sense of smell. The posture of the bend-over can also be used to stretch the fascia of the hamstrings, the so-called ischiocrural musculature, by paying attention to the ischial tuberosities and the tailbone: In this way, the head and arms hang down, the feet and, if possible, the fingers have a well grounded contact with the floor, while the ischial tuberosities and/or tailbone simultaneously rise towards the sky/ceiling. In order for the fasciae to really lengthen, it is important to maintain the position for at least 30 seconds. Some authors believe that a holding time of three minutes results in a further decisive lengthening.

According to this principle of orientation of the body parts to be lengthened in two directions, which the Rolfer Jeffrey Maitland has also described with the neologism Palintonicity, all previous Bioenergetic exercises can be checked and, if necessary, varied to attain this lengthening (Maitland, 1991).

The terms “lengths” or “elongation” actually only make sense in a two-dimensional system. However, since fascia always encloses a three-dimensional space, these terms are not appropriate. In the following, the terms “unfold” or “unfolding” (German: Entfaltung) are therefore used in this regard. In German there is a close relationship between this term and Selbstentfaltung, which is only imprecisely translated with self-development. So the term “self-unfolding” is deliberately chosen here and picks up on the theme of self vs. ego development described above.

Implications for the further development of Bioenergetic Analysis

Three types of implications arise from the paradigm shift from the musculature to the fascial system as the new anatomical basis of character structures outside the brain: Some axioms are confirmed, some retain their meaning and some axioms need to be changed.

Confirmed axioms

Let's look at Bioenergetic work from another angle: here grounding is seen as the central step to change one's attitude towards the world in order to live more en-

ergetically and self-determined. But what does it mean when we talk about being grounded through Bioenergetic analysis?

Grounding exercises unfold the fasciae of the myofascial system, especially those of the muscles of the back and hamstrings. This unfolding happens through a stimulation of the mechanoreceptors of our proprioception. Such a change also goes with a personal experience: grounded people feel more connected to the ground and more at rest in their body. Thus, the experience of grounding could also be understood as an experience of the sense of weight (not to be confused with the sense of balance), which is essential for the information process for the change of fascia.

This activation of proprioception via experiencing weight or grounding is consistent with Reich's idea that the schizophrenic character structure is characterized by a "blockage between arousal and perception" (Reich, 2018, 1933, p. 572) that can be resolved by activating proprioception.

From the outside, grounded people appear looser, more "relaxed," more with themselves. According to oral tradition, Hubert Godard, international trainer for Rolfing® and one of the main developers of the Rolf Movement™ approach, was able to measure a greater relaxation of the back muscles in relation to the size of the foot surface physically in contact with the ground. It is likely that the reverse can also be physically measured, that after Bioenergetic grounding exercises, the unfolding of the fascia in the back of the legs and in the back increases the area of the feet that are in physiological contact with the ground.

In this sense, the concept of grounding in self-experience is confirmed by fascia research. To find a new definition, we could consider grounding as an aspect of our external perception where we pay close attention to the ground and our relationship to it.

The concept of relaxation, on the other hand, which has been considered central in behavioral research and therapy for many years as a more adequate way of dealing with anxiety, does not find support here either. This is because fasciae cannot relax. As already mentioned above, they can only become long again through movement, touch (as a passive being moved) or palintonicity (as noted above means a bidirectional orientation of the body between two poles such as head to tail or side to side).

As described above, proprioception consists of a multitude of different mechanoreceptors with an extremely broad spectrum of sensitivity. This differentiated approach to our self-perception helps to understand why the different qualities of touch have a direct effect on the character-structural fixations. Both, the gentlest of touches and firm claspings of the client as used in Bioenergetic analy-

sis, can achieve an unfolding of the various fascial levels via the stimulation of these mechanoreceptors and thus lead to a release from the character-structural fixation.

Axioms of further importance

The knowledge in Bioenergetic analysis about character-structural processes and their fixation in the body via chronically tense muscles has so far remained untouched by fascia research. The process of forgetting through the switching off of perception in the mechanoreceptors, on the other hand, even receives anatomical foundations through fascia and more recent brain research.

The knowledge in Bioenergetic analysis that movement, such as in physical exercises, as well as physical contact, help to get out of structural fixations, also continues to apply. This is also confirmed by fascia research, although not as a release of structural tension from muscles, but from fascia.

Fascial adhesions arise from stressful to threatening experiences such as illnesses, falls, operations or from recurring experiences that lead us to specific postures through psychological conflicts. The latter types of fascial adhesions can lead to emotional discharges when manipulated. Bodywork practitioners such as physiotherapists, massage therapists and Rolfers™ do not learn a background for this reaction in their training and thus often cannot help to integrate it, especially if they cannot understand and analyze the emotional meaning behind these emotional discharges.

The importance of the relationship between therapist and client for this process of resolution is also not yet the subject of fascia research, although there are empirically proven concepts, at least in Rolfing® SI, such as appropriate distance.

Here, Bioenergetic knowledge remains essential and may even become more important with the increased use of fascial techniques in the near future.

Axioms that need to be changed

The complex system of the mechanoreceptors of proprioception is not located in the muscles, but in the fascia. Bioenergetic analysts already use this system in their techniques to hold or move clients with early disorders or traumatization.

To change character structures, the fascial system needs new information.

To inform fascia to unfold again, it needs movement in palintonicity, that is, with bidirectional orientation. For the whole organism, this means that the sense

of weight (grounding) must be developed so that the feet are well anchored on the ground. At the other pole, the horizon for the eyes and inner ear must be present as a reference point, or the localization with this pole must be developed. In Bioenergetic Analysis, much emphasis is placed on the development of adequate social contact. Thus, in many exercises the therapist or another participating person in a Bioenergetic group is used as a counterpart for the person working on him/herself.

For many people with a primarily schizoid character structure, this reference to a social horizon creates an excessive demand, which leads to so much stress that many of them dissociate, at least at the beginning of the Bioenergetic work. The elaboration of the spatial horizon as an adequate reference point for eyes and (inner) ears creates a resource for these people. From this related spatial horizon, they can develop a relation to themselves and in a third step the relation to another as their social horizon.

If we assume that the character structure-forming unit is the muscle system and its underlying long-lasting tension, but the chronic consolidation of the actual character structure is in the fascia system, Bioenergetic analysts can begin to open and expand their field of work. In this way, new methods of intervention will certainly emerge in Bioenergetic Analysis in the future.

Since the fascia reacts to various forms of pressure and stretching (see table 2), it will make sense in the near future to first develop further manual techniques in order to use them to act more precisely on the individual who is stuck or has non-integrated areas in the body.

Fascia is informed by	to which they respond with
Strong elongation	Reduction of muscle tone
Rapid pressure changes	Kinesthesia = sensation of movement
Vibrations	= ability to control and direct movements of body parts unconsciously
Sustained pressure	Inhibition of sympathetic activity
Tangential forces	Inhibition of sympathetic activity
Rapid as well as sustained pressure changes – with both high as well as low stimulus threshold	Vasodilatation (vasodilatation) Extravasation (leakage of fluid into the extracellular space) Water absorption in the fasciae

Table 2: Stimulus-response system of the fasciae (translation and compilation according to Schleip, 2012)

This is not to disregard the self-efficacy of Lowen's approach and focus on a more Reichian treatment. Rather, the knowledge to be developed regarding new contact possibilities and treatment techniques will also give rise to the possibility of developing new exercises – as briefly outlined in the previous chapter – that will make clients more independent of fascial treatment methods.

Fascia work with people with a schizoid character structure as a concrete example of the implications for Bioenergetic analysis

In the following I would like to give an example of how to work with people with a primarily schizoid character structure on the basis of fascia. In doing so, I do not want to give a comprehensive description of the methods of intervention with a schizoid character structure. This has been elaborated in detail in various Bioenergetic publications (Lowen, *The Betrayal of the Body* [1982]; Lewis & Sebastian [1984], *Self-Discovery and Bioenergetic Analysis. Contributions to Early Disorders* [1984]). Of course, the interventions listed there remain valid. I would like to limit myself here primarily to new methods or variations of previous methods with a more central focus on fascial structure. In doing so, I try to avoid the term client, because in recent years Bioenergetic analysis has opened up more and more with regard to its field of application. It is therefore no longer used only in the psychotherapeutic framework, but has also found its way into social work, pedagogy and other fields.

The schizoid character structure is formed in a phase of life when the myelination of the nerves is just beginning. Thus, this character structure is not based on unresolved conflicts. Rather, it is formed by the frequent triggering of the startle reflex, which could not be sufficiently resolved and calmed by any reassurances of the young organism by its caregivers.

The anatomical basis for the schizoid character structure hereby lies, aside from the permanent activation of the whole nervous system, mainly in its fascial envelope, the meningeal fascia (e.g. *dura mater*).

Lowen had established the principle for the development of grounding with people with a schizoid character structure, to work first only in standing position, in order to prevent possible regressive flooding in lying position. However, the Bioenergetic analyst can also work with a person with a schizoid character structure so that he or she becomes aware of his or her ischial tuberosities (*os ischii*) and experiences being carried by aligning the body's center of gravity with the

front edge of the ischial tuberosities. Then it is also possible to work in a sitting position. The advantage of this position is that the leg muscles do not have to be particularly developed. Because the leg muscles are weakly developed especially in people with schizoid character structure, a specific shortening pattern is in the hamstrings. This leads before and at the beginning of Bioenergetic work to an experience of this physically given weakness in standing, which can be bypassed by working in sitting position. In addition, Bioenergetic work while sitting on the front edge of the sitting bones enables a person with a schizoid character structure to maintain the overview necessary at the beginning of Bioenergetic work.

Gaze and sense of balance can also be used to orient to the upper pole and explore space. This exploration of space is an important step in this first working phase of developing power and strength for the person with a schizoid character structure. Most people with a schizoid character structure have long since integrated this reference with space for themselves. Many of them love vacations in the mountains or at the sea, where the spatial distance to other people can be great. Often they experience a critical feedback in this respect in the interpersonal interaction, also in the Bioenergetic analysis, in that they are requested again and again to take up contact with their fellow human and therapists. At the same time, for those of them who were exposed to hostility at the beginning of their lives, the contact to the non-human space was one of the few possibilities with which they could secure themselves. The discovery of this possibility to connect with the non-human space and the realization that they had developed this possibility on their own from earliest childhood strengthens their self-confidence and trust in their own ability to very well make contact: with space, with nature, with animals and also with the ground and finally with the world around them.

At this point, Bioenergetic work can also begin to differentiate how a contact to space is experienced in comparison to dissociation. For in dissociation not only the hold with the ground is lost, but also the sense of space implodes. Thus, both graspable dimensional features of the world (Godard after Newton, 1995) are no longer available. However, if the person with a schizoid character structure has established contact with the non-human, and thus for him safe, world through the bidirectionality of his orientation to space with his eyes and ears as well as to the ground via his feet when standing, his sitting bones when sitting, or with his back when lying down, his fascial system will unfold through this bidirectional orientation and he can thus also structurally come out of his shock-rigid withdrawal piece by piece.

Only when this experience is integrated, can the work with contact to people in this space begin. Here the eyes are increasingly included in the Bioenergetic

work. Hearing can also be used as a guide for experiencing space. Working with the human voice gives the Bioenergetic analyst a way to fill the previously humanless space with the human. Likewise, reaching out/touching and smelling can be used for the development of spatial perception. The development of an independent contact to the non-human world through the weight sense of the fasciae (grounding) and the perception of space creates the prerequisite that a person with a schizoid character structure is not completely overwhelmed when trying to integrate first human contact into this world of theirs. Instead of having to oscillate between the contact with another person, which is experienced as threatening, and dissociation, by closing the external senses to other people (by looking away, turning away, holding the ears or nose, or pushing away), she has the possibility to withdraw again and again into the safe, non-human world and to maintain this relationship. On this basis, further techniques of Bioenergetic Analysis can be started in order to develop a more mature demarcation from the social counterpart, for example by learning to say “No!” – also in a physical sense and expression.

Once such work has established the relationship as secure in spatial proximity, the holding and treatment work by the Bioenergetic analyst can begin. As a step on this path, a person with schizoid character structure can learn to treat him/herself with simple manual techniques. In summary, these techniques could be put under the motto “taking off the helmet”: Many people with schizoid character structure have the feeling that their head is locked up by a helmet, but they do not know how to take it off. These people are helped by a simple treatment technique of working on the galea aponeurotica under the scalp together with the fascia of the m. temporalis. The galea aponeurotica is one of five ends of the fascial system in our body: there is one each on the palms of the feet and hands and one on the head – the galea aponeurotica. All fascial branches and layers converge here. Because of this, treatment of these body structures is particularly effective for changing the fascial system. The fascial structure of the galea aponeurotica lies directly under the scalp and is attached to the skull. For this technique, it is helpful to imagine taking off a bathing cap that fits very tightly to the head. The “lifting” is done by first letting the fingertips sink into the scalp above the ears. The fingertips are then moved directly above the skull bone melting towards the crown of the head, as if sliding under the bathing cap with the fingertips, and then lifting the cap very slowly upwards (cranially).

Other techniques for lifting off the helmet include exploring the bony edges of the eye sockets and the base of the skull (“removing the swimming goggles”). Again, using individual fingers or groups of fingers with a similar melting touch quality, the superior (with the thumb berries) as well as inferior (with the index

finger berries) orbital rim and the base of the skull (simultaneously with the index, middle and ring finger tips) can each be swept from medial (center) to lateral (side). This will inform the suboccipital fascia with its connections to the dura mater, as well as the fascia around the eye muscles, which often fix the eyes in a focused perception.

Yawning is a very simple exercise to open up especially the meningeal and visceral fascial world in the skull, thoracic and abdominal regions and thus to regain more inner space (Heinrich, 2014). Yawning can be triggered very easily by opening the lower jaw as much as possible with the lips closed while inhaling. Since yawning is contagious, it can help the person with a schizoid character structure if the Bioenergetic analyst* herself tries to yawn. By the way, many of the Bioenergetic exercises with the feet (e. g., rolling the feet on a ball, over a stick or a roller) also affect the plantar fascia and, through it, the body holistically. This is because the entire fascial system, which complexly envelops the individual body structures, comes to a common end in the palms of the hands (palmar aponeurosis), the surfaces of the feet (plantar fascia) and the head (galea aponeurotica). This is also the basis for hand and foot reflexology work. Thus, Bioenergetic exercises acting on the palms of the feet and hands, as well as the scalp, can be used to influence the fascial system.

If in the further course of the Bioenergetic work the basis for manual treatment of the people with schizoid character structure is created, here the fasciae at skull base and sacrum as well as those of the entire sheath are targets of the touching work.

The skull and sacrum have a special meaning here, because in a beneficial relationship of newborns, the holding of them by the mother at the head and pelvis is crucial for the experience of security and being carried. At the same time, this holding of the head and pelvis does not happen away from the mother's body. Rather, during this time she holds her child at best in her arms at her breast, so that a post-uterine holistic envelopment of the child takes place. The bodily growth of the human being makes it impossible in later age for fellow human beings such as love partners and therapists to embrace a human being so closely again. Bioenergetic analysts work with a specific division of these touches: holding the base of the skull and the sacrum, and working with the envelope, especially the torso. For the torso, it can be a very fun group experience to hug each other while standing and pressing very hard. First, one person squeezes the other while the other receives the hug. The hugger instructs the hugged person to exhale during the squeeze so as not to resist by holding their breath.

When holding the base of the skull, there are techniques for establishing contact with fascial connections to the meninges (dura mater) and thus to the

meningeal fascia via contact with the skin surface via the musculus rectus capitis posterior minor. By this, their possible shortening can be treated by appropriate stimuli. Bob Lewis uses this connection at the atlanto-occipital joint in his work on cephalic shock (Lewis, 1984).

Corresponding possibilities also exist for holding the sacrum. But also the contribution of the periosteum in holding these two mentioned body areas leads to an experience of deeply being held and to the unfolding of deep fascial layers.

This work on the deepest structures creates, via proprioception, on the one hand, an experience of being fundamentally held and, on the other hand, an unfolding of the fascial system, which has a supporting effect in dissolving the character structure that has been fixed in the fasciae up to that point on the physical level.

As already mentioned above, many of the previous Bioenergetic interventions can be applied to influence the fascial system in this sense.

To optimize the effect here, it helps to work with adequate imagination: It makes a difference in effect whether one imagines working on the muscles attached between two bones or whether one tries to give new impulses to a complex, three-dimensional fascial system so that it unfolds on its own and rehydrates again.

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What Happens After Detachment From Relational Trauma

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Abstracts

In this paper, I will present a theoretical and experiential discussion about what happens after detachment from relational trauma. I will present insights from the attachment theory as well as neuroscience. I will also discuss limbic resonance, limbic regulation, and limbic revision, and will present techniques that will help with achieving them. A case history that highlights the theoretical discussions will be presented. I will discuss transference and resistance from a neuroscience perspective and will argue that if not worked through, they can impede progress in therapy and healing. I will also discuss the process of healing from a neuroscience perspective. A technique that can help to internalize connection and contact will also be presented.

Keywords: relational trauma, attachment theory, limbic resonance, limbic regulation

O que acontece depois do desligamento do trauma emocional (Portuguese)

Este trabalho apresenta uma discussão teórica e vivencial sobre o que acontece após o desligamento do trauma relacional. Serão abordados, também, insights sobre a teoria do apego e sobre a neurociência, a partir da qual se discorre sobre a ressonância, a regulação e a revisão límbicas e as técnicas que ajudarão a alcançá-las. Traz, também, um estudo de caso que ilustra as discussões teóricas apresentadas. Serão discutidas a transferência e a resistência, do ponto de vista da neurociência e o quanto elas impedem o progresso terapêutico, se não forem trabalhadas. O próprio processo terapêutico também é analisado dessa perspectiva, além de uma técnica que pode ajudar a internalizar o contato e a conexão.

Cosa accade dopo il distacco dal trauma relazionale (Italian)

In questo articolo presenterò una discussione teorica ed esperienziale su ciò che accade dopo il distacco dal trauma relazionale. Presenterò intuizioni che provengono dalla teo-

ria dell'attaccamento e dalle neuroscienze. Discuterò anche della risonanza limbica, della regolazione limbica e della revisione limbica e presenterò le tecniche che aiuteranno a raggiungerle. Verrà presentato un caso clinico che evidenzia le affermazioni teoriche. Discuterò del transfert e della resistenza dal punto di vista delle neuroscienze e sosterrò che questi, se non elaborati, possono impedire il progresso della terapia e della guarigione. Discuterò anche del processo di guarigione dal punto di vista delle neuroscienze. Verrà inoltre presentata una tecnica che può aiutare a interiorizzare la connessione e il contatto.

Ce qui se passe après le détachement d'un traumatisme relationnel (French)

Dans cet article, je présenterai une discussion théorique et expérimentielle sur ce qui se passe après le détachement d'un traumatisme relationnel. Je proposerai des éclairages issues de la théorie de l'attachement ainsi que des neurosciences. J'aborderai également la résonance limbique, la régulation limbique et la révision limbique. Je présenterai des techniques qui permettent de les acquérir. Une présentation de cas viendra illustrer les discussions théoriques. Je discuterai du transfert et de la résistance d'un point de vue neuroscientifique et je soutiendrai qu'ils peuvent entraver les progrès de la thérapie et de la guérison quand ils ne sont pas traités. J'aborderai également le processus de guérison du point de vue neuroscientifique. Je présenterai également une technique pour faciliter l'intériorisation de la connexion et du contact.

Was geschieht nach der Lösung eines Beziehungstraumas? (German)

In diesem Beitrag werde ich theoretisch und erfahrungsbezogen diskutieren, was nach der Lösung eines Beziehungstraumas geschieht. Ich werde Erkenntnisse aus der Bindungstheorie und den Neurowissenschaften vorstellen. Ich werde auch über limbische Resonanz, limbische Regulation und limbische Revision sprechen und Techniken vorstellen, die dabei helfen, diese zu erzielen. Anhand einer Fallgeschichte werden die theoretischen Diskussionen verdeutlicht. Ich werde Übertragung und Widerstand aus neurowissenschaftlicher Sicht erörtern und argumentieren, dass sie, wenn sie nicht aufgearbeitet werden, den Fortschritt in der Therapie und die Heilung behindern können. Ich werde auch den Prozess der Heilung aus neurowissenschaftlicher Sicht erörtern. Eine Technik, die helfen kann, Verbindung und Kontakt zu internalisieren, wird ebenfalls vorgestellt.

Что происходит после отделения от реляционной травмы (Хомаюн Шахри) (Russian)

В этой статье я представляю теоретическую и практическую дискуссию о том, что происходит после освобождения от реляционной травмы. Я представляю выводы из теории привязанности, а также из нейронауки. Я также обсужу

лимбический резонанс, лимбическую регуляцию и лимбический пересмотр и представлю техники, которые помогут их достичь. Будет представлена история болезни, которая подчеркивает теоретические обсуждения. Я обсужу перенос и сопротивление с точки зрения нейронауки и утверждаю, что если их не проработать, они могут препятствовать прогрессу в терапии и исцелению. Я также обсужу процесс исцеления с точки зрения нейронауки. Также будет представлена техника, которая может помочь установить внутреннюю связь и контакт.

发生在关系创伤修复之后的事 (Chinese)

在本文中，我将从理论和体验方面讨论关于关系性创伤修复之后发生的事，我将提出基于依恋理论和神经科学的见解，讨论边缘系统共鸣、边缘系统调节和边缘系统修正，并提出促成这些的技术。也将通过一个案例进行理论上的讨论，自神经科学角度谈论移情和阻抗，讨论如果没有修通时对治疗进展和疗愈的影响，还将从神经科学角度讨论疗愈的历程，并论述一个有助于内化连接和接触的技术。

Introduction

In a previous paper (Shahri, 2019), I discussed the attachment to relational trauma and presented a theoretical formulation of its origins and etiology. I showed, based on object relations theory, that relational trauma or object relations conflicts can function similarly to transitional objects that reside in the mind. In my previous paper (Shahri, 2019), I only wrote about the chatterbox which represented the negative aspects of the mind transitional objects. I related the chatterbox to the rejecting aspects of the internalized bad object or the rejecting object (Fairbairn, 1952). For completeness, I would like to add that just in the same way that the transitional object can be subjected to love and hate, and to affection and mutilation (Winnicott, 1971), the mind transitional objects may also be subjected to the same fates. Daydreaming and being submerged in fantasies are examples of the mind transitional objects being subjected to love or affection. These are related to the exciting aspects of the bad internalized object or simply the exciting object (Fairbairn, 1952). In my previous paper, I also presented therapeutic approaches for the treatment of relational trauma.

In this paper, I will discuss what happens after detachment from relational trauma, that is what happens after the chatterbox in our head has been muted. This work is based on my 10+ years of therapy with Dr. Robert Hilton and some of the ideas presented in this paper are his and some are based on my own contributions.

I discussed in my previous paper (Shahri, 2019) that after successful processing of transference and resistance and after the internalization of contact and connection with the therapist, the client may let go of his “mind transitional objects” as they are no longer needed to maintain the illusionary representation of contact and thus, they can be discarded and given up. Grief also needs to be expressed regarding the loss of the old self-object attachments that were used as defenses. After the client has been able to feel his vulnerabilities and is able to stay with them in the presence of the therapist and with the therapist as the witness, the old object relations may, to a great extent, quiet down and become muted. A new relationship with the therapist leads to another form of saying goodbye (old object relations) but this time with mutual caring and support. The client once again finds that his infant love is not received until he can grieve this loss and establish a form of mutual resonance and care. This grieving will help the client and therapist to avoid symbiosis and idealization. “No one I have worked with over the years had a parent who was able to receive his love without manipulation or control” (R. Hilton, private communication, Jan 12, 2020).

We are asked as therapists to survive the attacks of negativity that inevitably come as part of the individuation process. Winnicott (1971) writes:

“The subject says to the object: ‘I destroyed you’, and the object is there to receive the communication. From now on the subject says: ‘Hello object!’ ‘I destroyed you.’ ‘I love you.’ ‘You have value for me because of your survival of my destruction of you.’ ‘While I am loving you I am all the time destroying you in (unconscious) fantasy.’ Here fantasy begins for the individual. The subject can now use the object that has survived” (p. 120).

Once the therapist has survived the attacks of negativity by the client, he (client) may risk being vulnerable in the presence of the therapist in which case his brain will begin to form new neural pathways (networks) based on his experience and resonance with the therapist.

However, the old neural networks, formed in the course of our development, do not fully dissolve and do not go away but they get weaker. It is important to note that, in the face of very strong stimuli that overwhelm the newly formed neural connections and circuits, the old networks can still be activated even if they are sufficiently weakened by the formation and strengthening of the new neural patterns, albeit temporarily and not as strongly as in the past. Winnicott, speaking from a psychological perspective, in a session with Guntrip is quoted (Guntrip, 1994):

“That illness is there, and in a way always will be. You can’t be as though it had never happened. When it stirs, you can feel as ill as ever. But you can grow strong enough to live with it [...] Patients regress with the analyst to find security and become strong enough to re-encounter the illness, and get over it” (p. 20).

What happens when one is faced with stressors and when one cannot revert to the old defensive patterns?

Insights from attachment theory

A child feels safe not just when he experiences his mother’s (or significant care-taker’s) unconditional love, but when his mother receives his love. Bob Hilton during the course of my therapy, and on various occasions, mentioned to me that existential anxiety can be alleviated when one feels that there is someone to love without any expectations. Bob quoted one of his clients who said he had read that the therapist’s job was to teach the client how to love him and to let him. Bob also mentioned that he had experienced the truth of his observation in his own therapy. When he was facing his own existential anxiety, it was the capacity of his therapist to receive his love that grounded him in his body and presence. This love is experienced as a spontaneous body aliveness that had been previously crushed. As we say in Bioenergetics, “We deaden our bodies to avoid our aliveness and then we pretend to be alive to avoid our deadness”. How can we recover our aliveness and spontaneity? Bob mentioned that when we face such existential anxiety we feel lonely and we need to feel that there is someone who receives us and allows us to love them and that they do not want anything from us.

After the passing of Dr. Michael Sieck, my psychology professor, and a bioenergetic therapist, one of his trainees and students wrote this about him “A week ago today a lovely being left this earth. The way that he taught me to love and allowed me to love him in return has transformed my life. While his spirit is now off to new adventures, I’ll spend the rest of my life actively knowing what it is to love him.” But what does it mean to have our love received? I will answer this question later in this work.

This form of connection has also been discussed, to some degree, in attachment literature. Bowlby (1983) hypothesized that the human infant is born with a brain that demands safety via an instinctive attachment and bond to the mother. The child is distressed when the mother is absent and this attachment behavior

also causes the two of them to seek each other when the child is distressed, frightened, or in pain. Bowlby (1988) more importantly for the subject of this paper, writes: "Whilst attachment behavior is at its most obvious in early childhood, it can be observed throughout the life cycle, especially in emergencies" (p. 27). Bowlby (1988) argues that when a person of any age feels secure, he is likely to venture away and explore the surroundings. But when he is not well, sick, scared, anxious, or simply exhausted, he is likely to seek the proximity of an attachment figure. The role of the therapist, in many ways, is very similar to an attachment object. This role is to provide the secure base from which the client can venture out and explore and when in distress can return to.

The need for the therapist's love for the client, if the therapy is going to be successful, has been discussed in the literature in great detail. However, the client's love for the therapist is not very much discussed in the literature, except in the context of transference. Of course, when the client initially musters enough courage (not easy) and expresses his love for the therapist, can the therapist receive his love (having dealt with his own narcissistic needs) and remain a source of support for the client? Is the therapist able to withstand the client's subsequent attacks with the intent to destroy the love object (the therapist)? These questions have also been discussed in the literature (Hilton, 2007) in great detail and I will discuss them briefly at the end of the paper.

Bob Hilton's statement that under stress one needs a person who allows him to love them without any expectation, however, goes deeper than what is offered by the rich literature in attachment theory. I must also add that what I discuss in this paper is about a client who has done a great deal of work on himself and is considered a very advanced client.

Limbic brain and emotions

The limbic system which is located in the center of the brain is mostly responsible for behavioral and emotional response. The limbic system is especially involved in behaviors that are needed for survival such as caring for the young, fight or flight response, love, as well as other emotions. The limbic system is also involved in learning and memory (implicit and explicit).

The limbic brain emerged in the first mammals about 200 million years ago and the emergence of emotions reaches back to about 100 million years ago. The small mammals that first emerged needed and depended on each other for survival and this mutual need and dependence were regulated by the limbic system

through feelings and emotions. It is understood that the development of the limbic system in humans starts prenatally.

Emotions in homo-sapiens have a deeper meaning. They allow two humans to receive the contents of each other's minds and are the transmitters of love. The limbic brain has the specialized capacity to detect and analyze the internal state of other mammals. "Emotionality is the sense organ of limbic creatures" (Lewis, Amini & Lannon, 2000, p. 62).

It is known (Lewis, Amini & Lannon, 2000) that mammals can detect the internal emotional states of one another and can adjust their physiological state to match the other's physiological state. This detection of each other's physiological states is done via limbic communication which is especially prevalent in homo-sapiens. Limbic communication has three constituent components.

The first component of limbic communication, upon which the other two components are predicated is limbic resonance. We all transmit information about our inner world through our limbic attractors. An attractor network is a type of recurrent (with feedback) dynamical network composed of interconnected nodes (neurons), that evolves toward a stable and persistent pattern over time. These limbic attractors betray one's inner state through behavior, facial tones, and emotional and postural states. Limbic resonance is formed if one quiets down his internal neocortical chatter and receives the internal state of the other. As the limbic resonance becomes stronger the receiver can see the inside of the other's personal world and feel what it is like to live there (Lewis, Amini & Lannon, 2000). The authors write "Within the effulgence of their new brain, mammals developed a capacity we call limbic resonance – a symphony of mutual exchange and internal adaptation whereby two mammals become attuned to each other's inner states" (Lewis, Amini & Lannon, 2000, p. 63). Limbic resonance is learned from an early age when a mother attunes to her baby via deep eye contact. Lewis, Amini & Lannon, (2000) write "Eye contact, although it occurs over a gap of yards, is not a metaphor. When we meet the gaze of another, two nervous systems achieve a palpable and intimate apposition" (p. 63).

As therapists, we can establish limbic resonance when we quiet down our thoughts and our neocortical activities and establish eye contact with the client and attempt to perceive them. Knowing the other and perceiving the other comes from our own self-knowing and self-perception. We need to tune in to ourselves before we can tune in to the other. Thus the first requirement for the therapist is to know thyself!

The second component of limbic communication is limbic regulation. Human physiology has evolved so that limbic systems can have a harmonizing effect

on each other. This harmonizing effect is mediated through relationships which are at the core of our limbic neural architecture and which can regulate the activity of our limbic (emotional brain) system (Lewis, Amini & Lannon, 2000). If we and our clients are to navigate through a healing path, we must allow the limbic regulation to guide us through the process. When we see clients in our offices who regulate their limbic systems through ours, we and they notice that they become calmer, more able to face their day-to-day activities, act stronger, and carry a sense of well-being and safety.

We can have a regulating effect on the limbic system of our clients when we allow them to form limbic resonance with us while we tune in to ourselves and while we stay in contact with them. The following process can result in limbic regulation. When I feel the client is ready to explore this form of interacting which in all likelihood they have never had, I pull my chair a bit closer to the client, ask them to quiet down their mind and cortical activities and to stay aware of their body (from their neck down – to avoid staying in their heads). Next, I ask them to and breathe normally (for self-knowing and self-relatedness). I usually have to coach the clients regarding what I mean by staying aware of their body. I then ask them to stay in contact with me. Frequently, I have to coach the client as to what staying in contact with me is, knowing that the disruption of this form of contact lays at the core of shame. I usually tell them to look into my eyes (left eye to connect with my right brain) and be aware of the space (distance) between us (somatic correlate of contact). I then ask them to remain aware of their body as well as maintaining their contact with me, simultaneously. We are now entering a sacred area of contact. For many clients, these are very difficult tasks. It is not easy for many clients to stay with their bodies while staying in contact with the therapist, as this may prove to be even more difficult. After a bit of practice, clients can follow these steps (This is the concept of linking up affect and image that Kalsched (2014) writes about, and Bob Hilton reminded me of it). I also need to stay fully with my own sense of self and self-relatedness and sense of well-being, while I stay in resonant contact with them. I ask the clients to quiet their minds and avoid thinking. I usually ask them to continue this process for a few minutes or until I feel that some level of limbic regulation has occurred.

Lewis, Amini & Lannon (2000) write “In a relationship, one mind revises another; one heart changes its partner. This astounding legacy of our combined status as mammals and neural beings is limbic revision: There is power to remodel the emotional parts of the people we love, as our attractors activate certain limbic pathways and the brain’s inexorable memory mechanism reinforces them” (p. 144). And this brings us to the third component of limbic communication

which is the limbic revision. Our brains and more specifically our limbic systems wire through experience. New neural networks form as the brain conforms to novel situations. Lewis, Amini & Lannon (2000) write “When a limbic connection has established a neural pattern, it takes a limbic connection to revise it” (p. 177). Bob Hilton often quotes Guntrip (1994) “If it is bad human relationships that make people emotionally ill, it can only be a good human relationship that can make them well again” (p. 401). In other words, the limbic attractors can change in relationships. And in therapy, this change occurs when the new attractors (neural networks that have reached a degree of stability that respond in a given way to stimuli), in the limbic system of the client, form such that they become closer and more similar to those of the therapist. This process is iterative and with every iteration, the newly formed neural pathways of the client which are initially weak become stronger and form the new limbic attractors and move closer to those of the therapist. The therapist has a set of indispensable tools which are his strong sense of self, self-knowing, and self-relatedness. The strong sense of self, self-knowing, and self-relatedness of the therapist can result in limbic revision within the client. However, with limbic revision, comes a great responsibility which is that we must leave a person better than when we found them.

I must caution that the limbic revision is an iterative process and takes a long time. This technique demonstrates one such iteration but can demonstrate the limbic revision. In my experience, the application of this technique can be somewhat taxing on the therapist. I use this technique sporadically and rely more on the natural process of limbic revision which occurs within the therapeutic process. Similar to the technique for limbic regulation, I ask the client to stay in contact with their body and also stay in contact with me. I then ask the clients to keep their eyes open for about two seconds and stay in contact with me and then to close their eyes and stay in contact with themselves (awareness of their body) for two seconds. I ask them to repeat this process for a few minutes or until I feel the limbic revision has occurred through my limbic resonance with them. And of course, they should quiet down their minds and avoid thinking during this process. I need to stay fully with my own sense of self and self-relatedness while I stay in resonant contact with them. I also must stay with, feel, and be aware of, within myself, what it is that needs to be revised in the client’s limbic system. In reality, however, due to their limbic resonance and interactions with us, the therapists, the clients have an imprint (a weak interconnection of neurons) of our neural networks in their limbic system and what this technique does is to strengthen their existing but weak neural patterns that resemble our neural patterns, thus helping the limbic revision.

I now would like to make it more clear as to what Bob Hilton meant when he said that when we are stressed out we may need someone to allow us to love them without any expectations. Bob's statement is of course very true in that it is the person that we love, who can be the object with whom we can regulate our limbic system. Lewis, Amini & Lannon (2000) write "Who we are and who we can become depends, in part, on whom we love" (p. 144). Thus, it is the limbic regulation that has a stabilizing effect on our dysregulated nervous system. However, limbic regulation can occur primarily with someone that we trust, someone with whom we feel safe, someone that we love. However, this special someone must be able to receive our love without expectations and must be someone who has done the work himself. A therapist cannot do this with his client unless he has experienced this in his own therapy (R. Hilton, private communication, July 10, 2019).

Case study

In this section, I would like to present my own progress in therapy with Dr. Robert Hilton. I started working with Bob in 2008 after having worked with Eleanor Greenlee for 8+ years, who was a wonderfully sensitive and empathic therapist and who was of immense help to me when I needed it most. I switched to Bob because Eleanor and I felt that the issues that I was dealing with at the time had to do with my father which could be best addressed and processed by Bob, who graciously accepted me as a client. Bob and my father are of the same age and the transference was there from the start. It took about one year for us to process my transference and resistance. While the analysis of my transference and resistance was moving forward and progress was being made, I was able to slowly feel safe and form limbic resonance with Bob. From my perspective as the client, the resonance felt like a deep connection between Bob and me. During the ensuing years of my work with Bob, my limbic resonance with him became stronger and what I now know as limbic regulation, initially, and then limbic revision started to occur and take place, that is my limbic brain (and to some extent my prefrontal cortex) began to wire like Bob's! This became apparent to me when one day I was telling Bob about something that had happened to me the previous week and when I finished, Bob commented that he would have responded "this way" to what had happened. I was shocked and told him, Bob, you can't believe but I uttered almost exactly those same words and responded almost exactly in the same way to the situation. I was astonished, as I had just experienced limbic revision

within myself! Please note that limbic revision within a relationship is predicated on the formation of limbic regulation. It took a number of years for me to essentially resolve my attachments to my relational traumas and to develop a stronger sense of self and self-relatedness.

During the final year of my therapy with Bob and before his retirement in early 2019, he mentioned that he wanted his clients to take in and internalize the connection with him (to solidify limbic regulation and revision). We spent a number of sessions being fairly quiet and for me to regulate my limbic system with Bob's when my nervous system was somewhat dysregulated. The feeling at the end of these sessions were one of being grounded with a sense of well-being as well as a sense of peacefulness. It was as if something new was being created (or co-created) within the intersubjective space, to quote Daniel Stern (Stern, 2004). Bob and I also discussed this co-creation and the limbic transformation that was happening and how it felt to both of us. This, I later learned, was not unprecedented. Toward the end of his analysis with Winnicott, Guntrip (1994, p. 20) tells him: "I feel now I've got my central self in touch with you. You've understood and accepted, and no need to talk now. I can relax and be quiet." Later Guntrip (1994, p. 21) says to Winnicott: "Now in silence with you I find my faith in the indestructibility of my internal good objects, and can relax and feel safe."

After Bob's retirement, I started to work with Dr. William White. In spring of 2019, I was in a situation (a hiking trip) for a few days which had caused some level of irritability in me, as well as becoming somewhat dysregulated. Fortunately, I had an appointment scheduled with Bill a few days after I had come back from the trip. I went to Bill's office and described what had happened and how I felt trapped and could not avoid that situation and consequently I was adversely affected and had become irritable. I asked Bill if I could connect with him and stay in contact with him quietly. He graciously allowed it. We stayed in connection and contact, quietly, for a number of minutes until we both felt that I was okay and that my irritability was gone. I had regulated my limbic system with Bill's.

Internalization of the contact

I was heavily inspired by Bob's statement (a year before his retirement) that he wanted his clients to internalize the contact with him. I then devised a process that may speed up the process of internalization of the contact, and I will describe

it here. I ask the client to feel their body (somatic correlate of the sense of self) and to feel the space between them and me while maintaining eye contact with me (somatic correlate of connection and contact), similar to what I have described above, thus connecting to their body and to me. After a minute or two, or when I feel that it is appropriate to go to the next phase, I ask them to close their eyes and imagine that I am getting closer to them (as close as they are comfortable) until they experience my energetic presence in their body and then I ask them to stay with this sensation and feeling for about a minute or until I sense that they feel their contact with me in their body. I believe that this last step is the somatic correlate of internalization. Thus through this energetic and somatic exercise, the client first connects with himself and then connects to the therapist and finally internalizes the contact. After this exercise, the clients typically feel much calmer and feel a deeper connection with me and their bodies. My clients have reported that after this exercise they can self-soothe in between sessions or when they feel overwhelmed emotionally. I must emphasize that connecting with the self and to the good object and internalizing it is a long process. This exercise may simply speed up the process by letting the clients feel the connection with themselves and with the good object, and to form a psychological imprint of these processes, through formation of new neural networks (initially weak) formed during their experience in this exercise. Future therapeutic work is then built upon strengthening these newly formed neural networks.

The message in this paper is that we all need, throughout our lives, those enlightened men and women with whom we can form limbic resonance (a deep sense of connection), and with whom we can regulate our limbic system when we experience stress and anxiety, and those who can help us remodel and revise our limbic system. It is the internalized contact with these enlightened human beings that can help us self-soothe and can help our nervous system to self-regulate when we are in excessive distress.

In the end, I would like to share private communications that I had with Dr. Robert Hilton after he reviewed this paper. He mentioned to me that “There are many therapists with needs to be loved that use this (the client’s love) for their own needs, or borderline therapists who learn to depend on the patients for their need for narcissistic supplies or [those therapists] who sexualize the contact and frighten the patient” (R. Hilton, private communication, July 10, 2019). Bob also mentioned to me, after reviewing this paper, that love develops when the client shows his vulnerability and fear and then when he allows himself to be received. This is the spontaneous response in the brain and body to love someone who loves us – one who is present in our despair. The body also responds in want-

ing to hold or touch this person – hold with the arms and touch with the heart (R. Hilton, private communication, July 10, 2019). Bob also mentioned to me that the original bioenergetics encouraged this, but the therapist was not ready to follow through the resolution of the attachment and also was not ready to receive the anger (biting the breast) from the client (except as an exercise but not personally) – as a test of the love connection – as in infancy (R. Hilton, private communication, July 10, 2019).

Conclusion

In this paper, I discussed what happens after detachment from relational trauma and provided insights from attachment theory and neuroscience. I also discussed limbic resonance, limbic regulation, and limbic revision, and presented techniques that can help to achieve them. I argued that throughout life we need those enlightened beings with whom we can form limbic resonance and those with whom we can regulate our limbic system, as well as those enlightened souls who can influence the revision of our limbic system. I also presented a case history which highlighted my arguments throughout the paper. A technique was also introduced that can help with the internalization of connection and contact.

Acknowledgment

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

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Womb Envy: A Bioenergetic Perspective

Somatopsychic Reality of Men – Not Women, Not Mothers

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Abstracts

This article takes up and broadens the concept of ‘womb-envy’ from a bioenergetic perspective. Womb-envy describes a felt, if unconscious, experience in men arising from our incapacity to carry and bear and, in certain ways, nurture children. This paper examines this phenomenon using a somatopsychic lens and illuminates the impact of the feelings arising from this on personality development and on men’s relationships with women.

Keywords: womb-envy, men’s somatopsychic identity, relations between men and women

Inveja do útero: uma perspectiva bioenergética (Portuguese)

A realidade somatopsíquica dos homens – não das mulheres, nem das mães

Este artigo lança e amplia o conceito da “inveja do útero” de uma perspectiva bioenergética. Esse conceito descreve a experiência, nos homens, sentida e inconsciente, que emerge da incapacidade de gestar, parir e, de certo modo, nutrir as crianças. Focaliza esse fenômeno, usando uma lente somato-psíquica e destacando o impacto dos sentimentos que emergem daí no desenvolvimento da personalidade e nos relacionamentos dos homens com as mulheres.

Invidia dell’utero: una prospettiva bioenergetica (Italian)

Realtà somatopsichica degli uomini – non donne, non madri

Questo articolo riprende e amplia il concetto di “invidia dell’utero” da una prospettiva bioenergetica. L’invidia dell’utero descrive un’esperienza sentita, anche se inconscia, dagli uomini derivante dalla nostra incapacità di portare avanti una gravidanza, partorire e, in un certo senso, nutrire i bambini. Questo articolo esamina questo fenomeno utilizzando

una lente somatopsichica e illumina l'impatto dei sentimenti che ne derivano sullo sviluppo della personalità e sui rapporti degli uomini con le donne.

L'envie de l'utérus: une perspective bioénergétique (French)

La réalité somatopsychique des hommes – pas des femmes, pas des mères

Cet article reprend et élargit le concept de “l'envie de l'utérus” d'un point de vue bioénergétique. L'envie de l'utérus désigne une expérience ressentie, bien qu'inconsciente, chez les hommes, découlant de leur incapacité à porter, à enfanter, à allaiter et, d'une certaine manière, prendre soin des enfants. Cet article examine ce phénomène à l'aide d'une lentille somatopsychique et met en lumière l'impact des sentiments qui en découlent sur le développement de la personnalité et sur les relations des hommes avec les femmes.

Gebärmutterneid: Eine bioenergetische Perspektive (German)

Die somatopsychische Realität von Männern – nicht von Frauen, nicht von Müttern
Dieser Artikel greift das Konzept des “Gebärmutterneids” aus bioenergetischer Sicht auf und erweitert es. Gebärmutterneid beschreibt eine gefühlte, wenn auch unbewusste Erfahrung bei Männern, die sich aus unserer Unfähigkeit ergibt, Kinder auszutragen und zu gebären und in gewisser Weise zu nähren. Die vorliegende Arbeit untersucht dieses Phänomen aus somatopsychischer Sicht und beleuchtet die Auswirkungen der daraus resultierenden Gefühle auf die Persönlichkeitsentwicklung und auf die Beziehungen von Männern zu Frauen.

Зависть к матке: биоэнергетическая перспектива (Russian)

Соматопсихическая реальность мужчин – не женщин, не матерей (Скотт Баум)

В этой статье рассматривается и расширяется понятие “зависть матки” с биоэнергетической точки зрения. Зависть матки описывает ощущаемое, пусть и бессознательное, переживание мужчин, возникающее из-за нашей неспособности вынашивать и рожать, а также, определенным образом, воспитывать детей. Данная статья рассматривает этот феномен с помощью соматопсихической линзы и освещает влияние возникающих при этом чувств на развитие личности и на отношения мужчин с женщинами.

子宫嫉羨：一个躯体动力分析的视角 (Chinese)

男人的身心现实—不是女性，不是母亲

这篇文章从躯体动力分析视角采用和拓宽了“子宫嫉羨”的概念。子宫嫉羨描述了一种无意识的感觉，是男性经验到的不能生育，不能以某种方式养育孩子的感觉，本文使用躯体心理的视角检视了这个现象，描述了这种感觉对人格发展的影响，以及对男性和女性关系的影响。

Introduction

The idea of womb-envy goes back in psychoanalytic theory nearly as far as Freud's initial positing of penis-envy. The theory Freud built from his observations of women's envy of men's phallus, and all it symbolizes has undergone extensive critique. Alternative ways to understand the psychological and emotional reality Freud was observing have been proposed and elaborated (Bayne, 2011; Kittay, 1984; Mitchell, 1974). At the same time, the omnipresence of men's envy of the womb, as symbol of women's intrinsic capacity for generativity and nurturance, has been observed and its significance emphasized. And yet this significant determinant of personality formation and social phenomena has remained in the shadow of the more prominent theme of men's phallic potency and women's envy of it, at least in the psychoanalytic literature.

This paper intends to extend the understanding of womb-envy as a construct for investigating the basic constitution of personality using the perspective of the theory and practice of bioenergetic analysis. This perspective offers new dimensions to the experience and understanding of the fundamental envy that exists in the interpersonal sphere of relationships between men and women. The question is then investigated in terms of the seemingly ineradicable existence and effects of this envy and its consequences for human relations and the future of the species.

There are many important philosophical issues that underlie this matter of men's envy of women's procreative and nurturing capacities. I will refer to them in the body of this paper, but I will not explore them at length. I will not attempt to lay out all the competing views on those philosophical issues. I will not attempt to make an argument for one position over another. But, where it might make a difference clinically, I will endeavor to illuminate the significance of the difference in psychotherapists' philosophical outlook on the way we approach the manifestations of the dynamics related to envy of women by men. Since we are all subject to intrinsic forces of whatever we consider to be 'human nature', and to extrinsic forces of socialization and indoctrination, and the intersections of those forces – in identifications, in transference reactions, in convictions, and in prejudices – it is critically important that we attend to the influence of those forces on us as clinicians.

This is, of course, especially difficult to do when we ourselves, as therapists, are subject to the powerful influence these intrinsic and extrinsic forces exert on us. How we think about these forces, then, becomes central to the construction of our therapist persona. As with psychotherapy, where one of the main goals of the experience is the raising of consciousness about oneself, the process of thinking

about and encountering one's biases about this subject of men's envy of women requires a willingness to face and consider elements of oneself that may not correspond to how we would like to be. Because I will make the case that the envy here is irreducible, that encounter may become very difficult.

Dreading an idea

Thirty-five years ago, when I first presented the ideas I will speak of here I stimulated a reaction in the group I was presenting these ideas to that shut me up until now. While the reaction was voiced most strongly by one person, I was pretty sure it represented a communal sentiment. My ideas on this dimension of the phenomenon of womb envy – and it is only one dimension – are drawn from my experiences as a man, as a father, and as a psychotherapist to many men. If my conclusions from these experiences are even only partly right, they provide insight into the fragility of men's psyche and emotional being. And if that is true, then it affects all of us in our fragile human condition. Because men run the world.

Indeed, the idea that men carry within our personality make-up a basic envy of women's procreative, generative, and nurturing capacities is not new. It has formed part of basic psychoanalytic theory at least initially proposed by Karen Horney (see Bayne, 1984). There is dispute among scholars about whether she or Melanie Klein first proposed the idea. There is no dispute that it earned Horney expulsion from orthodox psychoanalytic circles.

The initial idea about womb-envy is that like penis-envy it is the force behind compensatory mechanisms of defense. As Freud formulated it, the knowledge that one has less than the endowment of another causes a narcissistic injury for which one must compensate. It is specifically a narcissistic injury because it punctures one's sense of value and worth, and so undermines positive self-regard. Arnold Becker (1973) demonstrates extensively how the experience of being insignificant in this universe is what drives men to strive to make something, someone, of ourselves (he did still write from the then prevailing attitude that men's experience was universal, women's experience secondary).

Joseph Berke (1997) lays out in great detail the long and painful history of the hatred and malicious envy directed at women for their essential womanness, which includes the capacity for pregnancy, childbirth, and basic child-nurturance. A reading of this history is unbearable in its graphic depiction of women's sexual and reproductive and nurturant capacities being vilified, hated, and destroyed through malicious deployment of psychological devices such as projection, de-

monization, and denial. This vilification also occurs through social and political devices of domination, condemnation, expropriation, exploitation, and, ultimately, annihilation. Julia Kristeva (2014) calls this an attack on the maternal force, an attack on the force that creates, preserves, and protects life. In my knowledge of this force, the maternal force, it is not carried exclusively by women. But it is intrinsically a part of the reproductive and nurturant capacities of women.

Avrum Weiss (2021) in a very recent depiction of the destructive force men bring to our relationships with women, focuses on the clinical manifestation of this destructiveness. Here again, envy of what is missing, of the generative capacities, is identified as the causal engine for the stimulation of the hatred and malevolent envy of women we see all around us. Even if we take on Berke's argument that what both men and women feel is not only envy, per se, but also admiration and longing for what the other sex has, we are still left with the perplexing question of the origin and durability of the envy, and the accompanying hatred and malice, that is evident in the world, from men to women.

This paper does not set out to prove that these malignancies exist in the world of human beings. It is my experience in the world, and inside me, that these malignancies exist. While I can trace some of my own malevolence to the reality of my relationship with my mother, and the influence on me of my father's relationship to women, there is more to it than that, as there is more to it than the envy caused by deficiency, and the jealousy of that which another has and one does not.

An added perspective

Wilhelm Reich (1970, 1973) propounded a theoretical perspective that expanded on Freud's ideas of the centrality of sexuality in the development and life of the personality. This strain of psychoanalytic thinking spawned a number of theoretical derivatives, including bioenergetic analysis (Lowen, 1958) and elements of Gestalt therapy (Smith, 2011). Of the many tenets proposed as central to this perspective on development of personality and its function, as well as possible technical methods in psychotherapy, is one that I think is particularly relevant to the study of the relations between men and women. And to the particular feelings of envy, hatred, rage, and malevolence directed at women by men.

Reich proposes the existence of pleasure anxiety, which is a state that arises from the intrinsic fear of entering an unbounded state engendered by the somatopsychic experience of orgasm when it is the kind of oceanic feeling Freud also described. There are many ways to understand this phenomenon, but what is relevant to the

thesis here is the existence of altered states of consciousness and experience which are felt to be overwhelming of ego and psychic enclosure. In the history of humanity such states are both feared and sought after. They can be induced by various practices, including ordeals that involve great strain, pain, and, often, the threat of death, and are sometimes facilitated by the use of psychoactive substances.

In the case of women and pregnancy followed by childbirth, the experience of being carried along by forces beyond volitional control, into and through an event which threatens, and historically often enough, brings death, is unavoidable. This means that for women the experience of surrendering to forces that dissolve boundaries, leading to experiences which cannot be volitionally terminated, and require an encounter with death is a part of their evolutionary legacy. This bears further elaboration.

Mortality and childbirth

Let's take it as given that a central challenge of human existence is the consciousness of our own mortality. From nothing we came, and to nothing we return. Our death is the most daunting of the realities we human creatures face. Over the generations of our evolution, we have constructed many attempts at a solution to the problem of the overwhelming terror this fact induces in us (our mortality being among the very few facts about which there is no dispute for the majority of people). Finding personal and collective meaning in our lives has been proposed as a way to balance the terror and grief and aloneness engendered by the fact of mortality. This is a central aspect of the human condition, and I will not enter into a thorough articulation of the philosophical offerings and differences of opinion that arise in the study of this condition, or the suggestions for how to live a good life in the face of it. Even if I could do so, this is not the place for that.

Aside from death, the only inevitably overwhelming experience in human life is childbirth. Once the process of birth is initiated there is no exit except through the completing of the process. The pregnant woman cannot back out, change her mind, choose another time. One way or another the child, having grown in her body will exit her body. And the birth will take place, even under the best, most facilitating circumstances, in a moment in which biological and physiological processes will overtake voluntary and volitional capabilities of the mother. There is no way but forward, through an involuntary, comprehensive, convulsive event which sweeps all self-control before it in a tide of the momentum of spontaneous human movement.

The destiny of women is thus to face death, imminently, unavoidably, predictably, in life, and for most, inevitably. To face it in a moment of agonizing, perhaps ecstatic, organismic engagement. No other human activities I can think of have this imperative unalterably built-in to the experience. Humans are omnivorous creatures; hunting is surely part of our evolutionary legacy. Hunting can be dangerous. Some animals do not go without a fight. Still, it can be made safer, and more importantly for my exposition here, the hunt can be interrupted. At any point the option exists to escape, to leave the field, to withdraw and hunt again at a more opportune time. Death lurks everywhere, but precautions can be taken, avoidance, for one thing. That is not an option once the inevitable course of childbirth is begun. And it begins with pregnancy, so it is a present reality for almost a year before the final event.

Really, there are two issues for our consideration here. The first is of the reality of facing the kind of overwhelming experience in life that brings one, inevitably and unavoidably, to an encounter with forces greater than oneself, including death. The second is the significance and effect of having one half of the population who have had the experience of having another human being inside their bodies, and the other half who have not. It is the same in both phenomena that there is an experience that shapes psyche and personality that cannot be shared equally between the sexes, and as a result influences and affects the relations between members of these two groups – regardless of the related issues of gender identity – in ways we ought to be attuned to and study.

While it is true that in the modern world women can decline the experience of carrying and bearing children, this has not been true for most of human history. Without children social groups could not survive, people could not survive. Perhaps a larger view of the compelling imperative for survival of the species is the correct way to understand the central force driving evolution – that it is the preservation and continuation of our species that drives us most basically to action. This is the Darwinian theory of evolution that has great explanatory power and has stood up over time. But in a more practical way, without children none of us would survive as we became too frail and weakened by age or infirmity to care for ourselves. Most, nearly all, women had to enlist in the cause of group survival by having children. Until very recently, and still now, to a significant extent, it was an activity that risked the life of the mother, also.

The fact that it is challenging to face the importance of both these related issues – perhaps to the point of having ignored them, like the elephant in the room – was brought home to me by an experience I had at a conference of the members of the international bioenergetic institute twenty-five or thirty years

ago. At that conference a colleague and friend, Barbara Middleton, a bioenergetic therapist, social worker, and one of the first American doulas I met, gave a presentation. The presentation contrasted two films, one of a conventional birth in a US Navy hospital, and the other a home birth using the methods developed by Frederick Leboyer, a French obstetrician, based on traditional midwifing philosophy. The contrast was so stark as to be breathtaking. The impression left by the films and her presentation was of the inevitably indelible effect of the process on both mother and child, however it was conducted. My late wife, Elaine, and I were the only conference participants who attended the presentation, which, at the time, surprised and disheartened me. Now I take it as a manifestation of the conflictual feelings aroused by the issues of women and childbirth, some of which relate to the ideas I am presenting here.

Surrendering to life

So many disciplines of living – including that set of beliefs that underlie the theory of bioenergetic analysis – encourage, advise, and exhort each of us to surrender to the forces of life. Of course, such a surrender cannot be done without an acknowledgment of mortality. If the surrender is grounded, then it must also include an encounter with the destructive forces that animate so much of human behavior. The articulation of a philosophical and scientific explanation for the manifestation of the destructive forces present in us is an imperative and taken up by every spiritual and philosophical system that proposes a way of living.

One reason for the impetus to consider surrender to the force of life as a useful part of a successful life is that it will bring a person into contact with the force of goodness, benevolence, that exists side-by-side with the destructive force. The presumption that underlies this thrust is that the experience of benevolence – love, sympathy, compassion, goodness – activated in relation to others through the medium of empathy, will counter, neutralize, even eliminate the forces of negativity, those being hate, jealousy, sadism, rage. Some believe it will happen intrinsically, a utopian view that says that once people are exposed to the benevolence available to them, they will follow it. Others believe it will require cultivation of a benevolent attitude in the face of the persistent upsurge of negativity, within oneself and in others.

An example of this is presented in an unpublished thesis on teaching goodness in the public schools (Baum-Tuccillo, 2009). Reading this analysis, and exhortation, to an ethic of care to replace an ethic of form and perfectionism. In studying

it, I am alerted to my own deep struggle to embrace this way of living as deeply as would be required to embody the author's vision. Undoubtedly, some of this is exclusively my own personal reality and struggle. Equally undoubtedly, some of it is a function of deep intrapsychic and socialized elements in me that emerge from these strains of malicious and pathological envy.

As noted above, there are profound, searing, and searching analyses of the envy, womb envy, that pervade human relationships. But none, as far as I know, take up this, to me fundamental, issue of the feelings and reactions activated in men by the encounter with this basic difference with women, contained in the experiences of pregnancy and childbirth. My experience tells me that this encounter engenders a basic feeling of inferiority in men. That feeling demands and powers reactions that shape the personalities of men, and thus affect us all.

Theories abound of what drives people and shapes our development into to the personalities we become. One strain of psychoanalytic thinking present from the beginning of that theory-making is that we are centrally driven by the need to feel that we matter, that we have standing and substance. The imperative to be a person of significance, to matter, can merge or even fuse with the forceful impulse to dominate the other when feelings of inferiority demand it. Is it basic to human nature to counter feelings of inferiority by dominating that, or those to which we feel inferior? It appears so, to me. To dominate and destroy that and those who highlight one's inferiority constantly, seems a part of the human condition. Any action that alleviates inferiority feelings and restores equivalent standing appears to be acceptable in this cause.

To surrender to life as it is lived, then, is to surrender to mortality, to the forces of life and death that are beyond anyone's control. Among those are the inevitable challenge of pregnancy and childbirth. And the inevitable challenge of the inferiority feelings evoked by the reality that men do not have to face that challenge. Do we then create that challenge, most sensationally by creating conflict with others – war – that creates a condition in which the encounter with death is unavoidable, it is out of our hands? The option to escape or withdraw from it dissolved in both the practical realities of overwhelming moments of conflict and the indoctrination of men that withdrawing will intensify the feeling of inferiority – through the accusation of cowardice – to the point it will be unbearable.

If not to surrender to life force then to dominate it becomes the drive. The drive within men to dominate that force, as Kristeva calls it, the maternal force, has many determinants. The maternal force is not exclusively carried or deployed by women. It is the force that protects and nurtures life. One manifestation of

men's desperation to be somebody, to not be, as Donald Trump has often said 'a loser', presents itself in the malicious envy of women. I am adding here a determinant to that envy and its vicissitude into malicious, twisted, murderous envy, and the consequences of that.

My intention in this paper is to add determinant that emerges from the feelings induced by the recognition of the necessity women face to encounter overwhelming experience and even death as part of their biological destiny. This determinant has been unrecognized, and so, undiscussed, and yet is fundamental to the construction of self and internal reality. And to the reality we see all around. We psychodynamically oriented psychotherapists work on the front lines of people's everyday struggle with the facts of the human condition, and of each person's personal life-experience. Each person's unique suffering, and each of our unique efforts to live out both suffering and possibility authentically and meaningfully. I want to offer an understanding of a dimension that contributes to the difficulty of facing the human condition, and even of resistance to facing it, that arises in the everyday reality of work on ourselves and with others.

Attachment

We have been focused as a field for the last fifty years on questions about the basic elements of relation between people. In pregnancy and childbirth, we have attachment between two people at the most basic level. One is literally inside the other, and the two begin the process sharing blood and tissue as the child slowly grows into a bounded separate being enclosed in its own environment inside the bodily environment of the mother. Reading the paper of a colleague from Israel (Harel, 2002), using a prenatal perspective to shed light on a psychotherapeutic process, I suddenly saw how obvious, and yet overlooked the fact of this early attachment is. Like the title of Avrum Weiss' book about men's fears of women: *Hidden in Plain Sight: How Men's Fears of Women Shape Their Intimate Relationships* (2021), the child within the mother attachment, and its significance for future attachment and dependency, was hiding in plain sight.

Nowadays, there is considerable research, theorizing, and sharing of clinical material and experience on the theme of attachment and relationship processes. The vicissitudes of attachment, and I would add, dependency are at the center of the discourse about what transpires during dynamic psychotherapy. Under the influence of feminist theory an understanding of the necessity for forming a mutual, egalitarian relationship has become part of the set of basic principles that

undergird the formation of a psychotherapeutic environment. This philosophy of treatment relationship posits that all the members of the relationship have equal value. But men face a significant challenge in asserting our value and significance in the face of the facts of pregnancy and childbirth.

A bioenergetic perspective

Before entering into an exploration of the significance of these facts about the difference between men and women in respect to pregnancy, childbirth and nurturance, a word about the perspective used here to examine the issues. The bioenergetic perspective offers a valuable way to examine this dimension of men and our reactions to the reality of difference due to pregnancy and childbirth because of its focus on the anxiety stimulated by the encounter with overwhelming experience, even of pleasure. Wilhelm Reich's insight that even the encounter with pleasure has a deep anxiety attached to it is very useful here. It is the moment in which we are swept away by experience, overcome, overwhelmed, our defenses insufficient to hold back the tide of experience. Even if we are being swept into ecstasy, the loss of self-consciousness will bring us close to the reality of our own mortality, even in the encounter with benevolence the sheer awareness of our own creatureliness will bring with it awe and fear. Again here, I will step back from a broader discussion of the significance of the immersion in overwhelming experience, and the loss of self-consciousness and its possibilities, to focus on a more mundane reality, and its significance to understanding ourselves and each other.

What happens to the man who watches, and witnesses, and bears witness to this process of birthing a child? And what are the ramifications, in terms of psychic development, of social and gender identity of the inevitable and incontrovertible fact that only women are capable of going through this experience, and, in fact, are required to go through it, for all our sakes?

Human aggressivity, in bioenergetic terms – force, assertion, and its often-accompanying violence, are also part of our makeup. Like some other primates it may be part of us to express greed, self-interest, or group interest that way. In our environment of evolutionary adaptiveness, probably organized in small groups, it is unclear how determinative that aggression is. However, whatever the instinctual drive to aggression is, even reaching to violence, we are capable of modulating those forces in us. We can apply characteristics to relations with others – empathy, in order to feel what another person feels – sympathy and compassion – in

order to feel for them and be concerned with their welfare. Understanding why we do not use those capacities to rein in destructiveness and violence is the greatest priority we have if we are to survive as a species and survive each other every day.

In healthy families, of which there are too few, value and meaning can be conferred through the relationships between family members. Faith, and the apprehension of benevolence, and perhaps benevolent mystical forces, can offer the same. But the daily violence toward and exploitation of one human being by another tells us that other forces, destructive forces are at work, must be at work, for the world to look as it does. No destructive force can be ignored. Hence this study of one of those forces.

I participated in the births of both of my children. Participated in the sense that I went to every obstetrical visit (save one) with my wife for both children. I was with my wife during labor, and in the operating room for the first, the birth of my son by Caesarean section; and in the delivery room for the birth of my daughter, by vaginal birth after Caesarean section, nearly three years later. Viewed from a bioenergetic perspective of surrender to overwhelming biological, psychic, emotional, and perhaps spiritual forces there is no comparable experience than that undergone by the mother in these events. That is because the force and momentum of those processes are completely beyond volitional authority. Perhaps this is experienced at the moment of death, I do not know, but in life there is nothing the same as this.

A basic inferiority

In the film, based on the story, *Lost Horizon*, a utopian, egalitarian society is depicted. Isolated from the world in the hidden valley of Shangri-La is a nonviolent society of peace and contentment. Everyone shares equally in the work and the resources. When the stranded outsider asks the elder what happens when one man covets the woman partner of another man – the only significant question that is raised about what might lead to conflict in the community – the elder answers that, of course, the man shares his woman partner with the other man. The underlying dynamics of ownership, domination, and possession are unmistakable – even in paradise.

A good deal of ethological research and theorizing over the last century have been devoted to patterns of reproduction among mammals, including humans. Questions of courtship and patterns of competition for the privilege of mating

have led to theories about the significance to males, including humans, of tracing the genetic endowment of offspring. It is hypothesized that this is to assure that the progeny born of the female are actually the male's offspring. It is obvious to say that the human child's genes are the mother's genes. Not so easily ascertained for the father. Some theorize that the drive seen in men for possession of the women in their lives derives from this interest in knowing that the child born of a woman they have copulated with is actually their child.

From a Darwinian point-of-view, this might reflect the man's drive to assure the reproduction of his genetic material. However, it is not clear that this reflects a drive to reproduce the species. Perhaps it hews more closely to a narcissistic need to reproduce oneself, to show off one's genetic endowment. This view of the evolutionary drive brings us closer to a set of ideas detailed, for example by Arnold Becker. His theses, building on psychoanalytic and philosophical ideas, propose that what drives us is the need to be someone, to matter, to have made something of ourselves in the face of the dreadful reality of mortality, and the absence of any assurance of our meaning and significance in the universe. This, more than sexuality, and its presumed ultimate goal of the perpetuation of the species, is the primary driver of human behavior.

If women carry the mortal burden of childbirth, then in what way do men matter? The necessary contribution of genetic material to preserve genetic diversity is important, that seems clear. But why would it matter, for evolutionary purposes, from whom that material comes? Incidentally – if you think this question is an old-fashioned preoccupation – I have recently received a grandchild who has none of my genetic material. While I am not, thankfully, disturbed by this, it does not mean I have not thought about it. And it does not mean that I do not know that dwelling somewhere in my unacknowledged prejudices is an attitude about it I will have to deal with as time goes on. And certainly, the clinical experience and research data about the complexity of self-development and object-relationships of adoptees underlines the significance of these issues.

The drive to matter, to have significance, to be of importance, all the narcissistic functions that are so critical to positive self-regard and self-esteem are tied up with this basic sense of inferiority. A frequent objection to this line of inquiry into men's nature is that women are also possessive, domineering, etc. Of course. But I am a sixties guy, and I took seriously the exhortation that we should study our own prejudices and destructive tendencies before pronouncing about those of other people. White people of privilege should study ourselves, first-worlders should study ourselves, and men should study ourselves before embarking on extensive theorizing and intervening in the lives of others.

As an aside, the implications of this for the practice of dynamic psychotherapy and bioenergetic analysis are manifold and weighty. How much of ourselves to we have to know to be able to join another in the project of knowing themselves? In this matter of relations between men and women as influenced by the difference due to pregnancy and childbirth, the risks of unexplored countertransference elements are both high and very important to note and respond to.

In this spirit, let's consider the possibility that Freud's, and others', formulations about women might be relevant to men, also. That formulation considers that there is a basic feeling of deficiency when little girls compare themselves to little boys. The deficiency stems from the feeling of absence, the missing appurtenance of a phallus, and all that it represents, psychically, socially, and politically. In a feminist view of psychoanalytic theory, we might think of a little girl's perception of the power differential in the world around her. In human beings environment of evolutionary adaptiveness children would have been exposed to the ordeal and the joys of childbirth very early in life. So, the exposure of boys to this basic difference in biology, and in the challenge of survival, between us men and girls and women would have been evident.

Life challenges us endlessly with defeat. We describe the current confrontation with a deadly virus as a war. Defeat is one of the most difficult challenges of the human experience. Sustaining and coping with and, if even possible, recovering from defeat is among the most complex and daunting necessities of life. How do men do that when we start from this basic position in which the demands of the survival of the species do not require the same level of courage and self-sacrifice inevitably required of women? In an effort to manage deflation and inferiority we create domination and mortal confrontation. The fragility of ego – the fact of not mattering – becomes fuel for our frailty. We men succumb to compensations of asserting superiority and use of force to avoid the basic fragility with which we all live.

An application to the field of psychotherapy

Many years ago, Stanley Keleman referred to the elevation of the human brain to a position of prominence in the explanation of the human condition as a cephalophallic process. Meaning by this, that we elevate the brain, really the neocortex, to a supreme position. The brain, which is a part of very complex system, a matrix, really, of information processing structures, becomes associated with men's dominance, which is seen as due to our biology. We men are driven to solve

our basic feelings of inferiority – which are compounded by a socialization ideology that operates with humiliation as its most potent instructor – by making the world appear to conform to our compensatory grandiose fantasies of ourselves.

In my view this is a recapitulation of the patriarchal hierarchy that serves men in our basic struggle with the inferiority. As professional psychotherapists, healers of devastated narcissism, we can succumb to the lure of potency predicated on a view of human function as explainable by this hierarchical illusion. Using a similar model, to compensate the felt humiliation of insignificance, men elevate the central nervous system to a position of superiority. And then we elevate ourselves above the basic fragility we experience in our work as healers by believing we can manipulate the system and thereby alter life. It is a dangerous intoxicant.

In the core of the principles of the theory of bioenergetic analysis is the conviction that surrender to the life of the body, the elemental power of pleasure, and dissolution of boundaries and contact with benevolence that accompany it, leads to a basic experience of meaning. That meaning is believed to be enough to compensate for the inevitable suffering of human existence. How can that surrender take place without an acknowledgment of the reality of the difference between men and women, and the inevitable fragility of men's egos that this acknowledgment implies?

The defenses used by men to gird ourselves to resist an encounter with feelings elicited by the surrender to the reality of the life forces and experiences required for the survival of the species are dangerous to our survival. The pressure to dominate, to claim opposition to any subjugation, to resist and avoid humiliation at any cost, drive us toward our extinction, no less than the headlong drive to gratify hungers and appetites drives us to global consumption of fuels and the resulting activities that has heated us to the point our survival is threatened.

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Giving oneself to body and to life

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“Embracing a patient implies accepting the unexpected, withstanding tedium, desiring without demanding, and waiting without any expectation”

Neusa Santos Souza¹

Abstracts

This text contemplates both my own personal issues and a theorization about giving oneself to body and to life, while taking Bioenergetic Analysis as the main reference. The issue around giving oneself, that is, of giving to one's self and to life is fundamental in the work of Alexander Lowen; I also consider this topic to be a determining factor, since it has traversed and given sense to my life at both the personal and professional levels.

Keywords: giving oneself, body, life, Bioenergetics

A entrega ao corpo e à vida (Portuguese)

Este artigo aborda minhas próprias questões, tanto a nível pessoal quanto teórico, relativas a entregar-se ao corpo e à vida, tendo como Análise Bioenergética como principal referência. A questão da entrega – ao corpo e à vida, é fundamental na obra de Alexander Lowen, e é assim considerada também por mim, já q tem acompanhado e dado sentido à minha vida – pessoal e profissional.

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- 1 Neusa Souza Santos (1948–2008) was a psychiatrist and psychoanalyst. She was the author of many studies about madness and psychosis, and one among many professionals who have enabled us to give a new meaning to what among black persons used to be diagnosed as low self-esteem or inferiority complex, which has thenceforth been understood as a psychological distress produced by racism.

Arrendersi al corpo e alla vita (Italian)

Questo testo contempla sia miei aspetti personali che una teorizzazione sul donarsi al corpo e alla vita, prendendo come riferimento principale l'Analisi Bioenergetica. La questione della resa, cioè dell'arrendersi a se stessi e alla vita è fondamentale nell'opera di Alexander Lowen; e lo considero un fattore determinante, poiché ha attraversato e dato senso alla mia vita sia a livello personale che professionale.

S'abandonner à son corps et à la vie (French)

Ce texte apporte un regard, dans le cadre de l'Analyse Bioénergétique, à la fois sur des questions personnelles et sur une théorisation du fait de s'abandonner à ce qui arrive dans son corps et à la vie. La question du lâcher-prise, c'est-à-dire de l'abandon à soi-même et à la vie, est fondamentale dans l'œuvre d'Alexander Lowen; je considère également ce thème comme important, étant donné qu'il a traversé et donné un sens à ma vie personnelle et professionnelle.

Sich dem Körper und dem Leben hingeben (German)

Dieser Text betrachtet sowohl meine eigenen persönlichen Themen mit dem als auch eine Theorie über das Sich Hingeben an den Körper und das Leben, wobei die Bioenergetische Analyse als Hauptbezugspunkt dient. Das Thema der Selbsthingabe, d. h. der Hingabe an sich selbst und an das Leben, ist in der Arbeit von Alexander Lowen von grundlegender Bedeutung; auch ich betrachte dieses Thema als einen bestimmenden Faktor, da es mein Leben sowohl auf der persönlichen als auch auf der beruflichen Ebene durchquert und ihm einen Sinn gegeben hat.

Отдавая себя телу и жизни (Ана Лусия Фариа) (Russian)

В этом тексте рассматриваются как мои личные проблемы, так и теоретические размышления об отдаче себя телу и жизни, при этом в качестве основной ссылки используется биоэнергетический анализ. Тема отдачи себя, то есть отдачи себя и жизни, является основополагающей в работе Александра Лоуэна; я также считаю эту тему определяющей, поскольку она прошла через всю мою жизнь и наполнила ее смыслом как на личном, так и на профессиональном уровне.

臣服于身体和生活 (Chinese)

这篇文章思考了在以躯体动力分析为主要理论参照下，对于臣服于身体和生活，作为我个人的议题同时也是在理论化层面的理解。关于给予自己的问题，是指对自己对生活的奉献，这是 Alexander Lowen 工作的根本，我也认为这个议题是一个决定性的因素，因为它已经在个人和专业层面上使我理解了我的生活。

Introduction

Talking about Giving Oneself makes me go back to the past, to my early childhood, to remember those times when I joyfully and vivaciously relinquished myself to moments when I danced with my parents and my sisters to the music of Cole Porter, N. King C, Classical music, and unforgettable melodies.

The play involved placing my feet over my father's feet, while he taught me the first steps of a dance, following the rhythms of each melody. While remembering such moments, I'm taken by the joyful and vital sensations of giving myself to dance, to meeting other people, and to the light and creative movement of my body.

After my childhood, the "giving oneself – joy – dance" equation was eventually replaced by the "fear of giving myself." Many changes, a lot of insecurity and difficult situations associated to personal development, family, and facing life as it is began to take up space and turn me away from dancing.

Today, when I look back at my more than forty-year long professional life, I know that my search has been and will continue to be dedicated to rescuing and sustaining the "giving oneself – joy – dance" equation not only for me, but also for all those who come looking for my professional advice.

Bioenergetic Analysis entered my life in 1986 when, after being introduced to Eliana Izola (a CBT teacher back then at the Brazilian Bioenergetic Analysis Society) at the Sedes Sapientiae Institute, I felt I was taken up by a feeling of joy, energy, and giving oneself that were conveyed by what was being said and the way it was presented.

At that time, I realized I was looking for something like that, and to be able to rescue my sensations and to have the possibility of giving myself to life. I understood that in order to do that I should first rescue those possibilities, and feel comfortable about myself during my own process, if I really wanted that achievement could be reflected in my practice and in my way of life.

Another moment that confirmed to me that was the path to follow was when I met Lowen for the second time. The proposed work involved an "I'm entitled to" exercise, and being able to give myself at that time had a great positive impact on my life. I should not fail to mention the presence, the giving of himself, and the strength of our great master, Lowen.

Today, I can say without any doubt that rescuing my energy, my power, the courage to face myself, to give myself every day, and thus to be able to feel comfortable when dancing life away were and have continued to be the guiding principles in my life.

Fear of giving oneself to body, to life

The fear of giving oneself to body and to life is a fear inherent to human beings.

One of the sources of the fear of life and of giving oneself is the act of birth, when we experience a separation from our mother's body. Being born generates a sensation of helplessness due to our separation from the maternal uterus, that is, a safe and protected space, as far as that is possible. We leave that place of basic protection to face the unknown.

We know through all the studies that have explored this topic that the psychic life of a baby, in order to survive such a separation and feeling of helplessness, starts with an experience of fusion that creates the fantasy there are only one body and one psyche for two persons, and they constitute an indivisible unit.

The fantasy of the "single body," primordial in every human being, surely has its biological prototype in intrauterine life, where the "body-mother" must really provide for the vital needs of two beings.

Although it already is a separate being with its innate potentialities, a baby is not aware of that yet. For it, both its mother and itself constitute a single person, that is, they actually are a single person.

To resume the subject of birth, we know that a mother, at this time, still is the fully encompassing environment, a "mother-universe."

The nostalgia we feel of returning to that illusory fusion, the desire to become once again a part of that omnipotent "mother-universe" at the start of our lives and during childhood, without having any responsibility and will, is deeply entrenched in the psyche of each one of us.

The imaginary continuation of that experience plays not only an essential role in the life of a newborn child, but it will also rule its somatopsychic functions.

Both the baby and the child need to have a loving, intimate, and continuous relationship with its mother or someone who might replace her. That is the basis for the development of the personality of a human being.

It is only through its mother that a baby is able to start its personal and actual development process.

Theoretician Donald Winnicott has developed a whole theory about the mother-baby relationship.

He has brought to the realm of psychological studies the concept of *holding* which, in addition to the physical support provided to a baby, also designates everything the surrounding environment contributes to the concept of a life in common. The essence of *holding* lies in the mother-baby relationship. It is the sensibility of a person towards another human being.

We may also understand *holding* as the specific capacity of a person to resonate the basic needs of another. Resonating the other implies the concept of empathy².

We may claim that the life of a human being starts with and through *holding*.

While the development process is under way, the baby also develops the need to separate.

When the mother-baby relationship is “sufficiently good,” it enables for the development of a progressive differentiation in the psychic structure of a baby between its own body and the maternal body.

For it to happen, the “sufficiently good mother” needs to be able to place herself in the place of the baby and know if it needs to be carried on her arms, left alone, change position or place, and etc.

For a mother to be “sufficiently good,” it is also necessary that the environment where she finds herself is safe so she can convey such feeling of security to the baby.

With such favorable conditions, a baby can develop the capacity to believe, trust, and give itself up to the flow of life. The mother’s function is to transform a baby’s anguish into care, and soothe its fears and suffering.

During this process, the mother also recognizes the baby’s need to renounce to her presence so it is able to give itself up to sleeping. For such a relinquishing to happen, the baby needs to feel there is someone who is able to understand it.

This giving oneself up to sleeping can be considered the first experience of giving oneself experienced by a human being.

Theoretician Guy Tonella, in the text “The Interactive Self,” says, “The baby needs someone who makes it fall asleep so it is able later on to fall asleep on its own.”

We have said that the first issue in a baby’s life is integration, and that it may only happen if there is an adequate *holding* stage. If it doesn’t happen, the baby will be exposed to experiences of discontinuity, and the consequence will be an impossibility to integrate both experiences and internal processes.

We must therefore believe that these beings, after they have been born, have been touched and embraced in a family environment according to a certain and specific standard. Now I’m talking about adequate social and emotional standards, within the scope of a standard that is as most harmonious as possible.

Everything is marked in that body that will develop according to its own possibilities and potentialities with more or less flow, energy, presence, commitment,

2 Concept of empathy: the tendency to feel what one would feel if he/she faced the same situation and circumstance experienced by another person.

and the giving of oneself. When mentioning possibilities and potentialities I cannot fail to remind that they also depend on the context to which a human being belongs.

During this process, we all build and develop protections/defenses that enable us, in one way or another, to belong to a certain and specific culture and family.

The effect of this process “speaks out” and shows the differences between human beings, the possibilities of proximity and insertion in the world. It is unquestionable that a few among many will be more able to do that, and will count on more resources to deal with life and the world.

After birth a retreat process starts, at the same time, for the large majority of us, a process that is driven by both external and internal factors. It occurs as a consequence of issues involving one’s development, and also due to traumas suffered during such development process. As a result of these factors, the movement of not giving oneself is slowly developed as a means of defense and protection.

Now I remember patient M (37 years old), who looked for my advice because she could not get pregnant. All her husband’s family could say was to have faith in God. The problem was that since she lived in another country our sessions had to be held via Skype. After some time we observed that she suffered from nighttime terrors, and that one of the reasons for her great fear of building personal links was the traumas she had suffered during her development due to her relationship with her mother, who eventually committed suicide when M was 10 years old. After we worked on many traumatic issues, and also executed, using Skype, breathing, *grounding*, and limiting exercises, she said that what had enabled her to become attached to me was the fact that our sessions were virtual, since she had never started a therapeutic process because she feared building a bond to other people. Today, eight years after we started that process, she has had 2 children (through artificial insemination), and has been living back in Brazil for a while. That is when we realized it was important for her to halt the process, because we had explored and worked on a lot of stuff, and now she needed some time to savor everything.

Alexander Lowen, the creator of B. A. (Lowen, 1977) is the theoretician who has brought to light the de-arming process for human beings. He claimed the condition of giving oneself is the possibility of exiting from states of paralysis, anesthesia, and contraction in which many of us find ourselves. In his view, this act of giving oneself not only implies relinquishing one’s excessive ego control, but also places us in front of three great fears the large majority of us must face, which are: the fear of death, the fear of madness, and the fear of sexuality.

According to Lowen (Lowen, 1986), the “fear of insanity” derives from the subliminal perception that an excessive feeling might drown the ego and might lead to madness, since the ego will be dominated by that overwhelming feeling. “The fear of death” is related to a very primitive experience when a child realizes it is facing death, or the possibility of death, and it leads the organism to close itself in an armor as a defensive measure so as not to feel vulnerable to that possibility again.

When we try to live up to the requirements, illusions and false promises of the current world, we distance ourselves from ourselves and life is then experienced in a frenetic, dissociated, and stressed way. Lowen criticizes this way of living and being in the world and says: “In a mass society success is what distinguishes an individual from the crowd” (Lowen, 1984). He also makes an important analysis about what is considered a successful person in Western capitalist society, and how it has become the ultimate purpose of the large majority of people.

This way of living and doing things through strength of will has been increasingly stimulated by all the media, and by capitalist interests, since this strategy is necessary to ensure the system’s own maintenance.

We know that this effort, in addition to being a very tiresome way of living, generates hindrances in the realm of feeling and in the free flow of movements. This chronic state can also lead to collapse and breakdown, as we observe today in the symptoms of “burnout.” This chronic and compulsive way of doing things, besides being at the service of an illusion of power, eternal happiness and youth, shows that our ways of being in the world are completely stimulated by the contemporary socio-political-economic system.

This way of living also requires an excessive investment in the maintenance of one’s image, considering that “one’s appearance” has acquired greater value in the contemporary world. That is the essence of an appearance-based society. Living off appearance and in function of one’s image removes any possibility of giving oneself to oneself and to life. Lowen then asks: How is it possible to experience the joy and intensity of life, if we live trapped in a ship’s hold?

Lowen also considers that, in a narcissistic culture such as ours, talking about “giving oneself” or “rendition” is equaled to being defeated, but it actually is only the defeat of a narcissistic ego (Lowen, 1997).

This model under which Western societies have organized and developed themselves ends up somehow imprisoning all of us.

In order to scape from the traps set by such a system, from these not so powerful ways of operating, from a way of thinking about the world that is completely

in conformity with the dominant and disseminated ideology, changes are and will always be necessary.

We must have the courage to face these issues and leave our comfort zones, and to acquire, rescue, and sustain the power and courage to face the necessary challenges that living requires from all of us.

Final Remarks

During my process to give myself to writing, I experienced this always-present fear. I took a deep breath, paused for a while, accepted my fear, and continued by being sure that only by giving myself I would be able to face my fears and the process itself.

Everybody, during their development processes, requires care, support, and *holding*. These must be internalized little by little so we are able to sustain our existence and deal with our own anguishes.

One's self-support capacity, and that means having some *grounding*, an axis, presence, focus, attention, responsibility, and commitment, is what enables us to have the courage to give ourselves to ourselves and to life.

Giving oneself, instead of being something dangerous, asserts life, and is powerful. This power encourages us to continue with the daily process of giving ourselves to body and to life.

Only by giving ourselves, we will be able to experience what is new, what is different, and to look at the world in many different ways, and from other perspectives. Thus, we will be able to be in the world with innovative and creative postures, views, actions and understandings, and without any prejudgment of things.

I believe and have based my work on accepting the premise that our work as psychotherapists requires us to create, through a therapeutic alliance, the possibility, for those who look for our advice, of finding their power, their space in the world, and so to dance and live up to whatever is possible for us to experience.

“If we want to build another world, more than organizing ourselves to say “NO,” we’d better dream and connect ourselves through a big “YES”! Emicida – A Brazilian rapper, singer, lyricist, and composer.

Yes to life!

Yes to giving oneself!

Yes to our bodies!

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Defensive Style in Bioenergetic Therapy

What it Means and Why it Matters

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Abstracts

The concept of defensive style provides a rich addition to the understanding of our clients and the factors which inhibit their joy in life and satisfaction in relationships. Defensive style differs from character structure. But, like character structure, it can be viewed through observations of a client's body in addition to memories of childhood relational experiences. This paper explores the lens of defensive style, explains how it differs from character structure, and includes bioenergetic methods to observe defensive style in a client. It includes the work of Len Carlino along with a diagnostic tool by Schroeter and Thomson. Case examples of using this understanding to help clients are sprinkled throughout. The paper ends with a tribute to Len Carlino, Ph.D, IIBA International Trainer, for his valuable reminder that working through defensive style and character structure require a life long commitment.

Keywords: defenses, defensive style, relational trauma, bioenergetics, contracted

Estilo de defesa na psicoterapia bioenergética (Portuguese)

O que significa e por que é importante

O conceito de estilo defensivo acrescenta um fator adicional à compreensão de nossos clientes e das questões que restringem sua alegria na vida e sua satisfação nos relacionamentos. O estilo defensivo difere da estrutura de caráter, mas, como esta, pode ser percebido através da observação do corpo do cliente, juntamente com as lembranças de experiências relacionais da infância. Este artigo explora as lentes do estilo defensivo, explica sua diferença da estrutura de caráter e inclui métodos bioenergéticos de observação desse aspecto.

Stile difensivo nella terapia bioenergetica (Italian)

Cosa significa e perché è importante

Il concetto di stile difensivo fornisce una ricca integrazione alla comprensione dei nostri clienti e dei fattori che inibiscono la loro gioia nella vita e la soddisfazione nelle relazioni. Lo stile difensivo differisce dalla struttura caratteriale. Ma, come la struttura del carattere, può essere visto attraverso l'osservazione del corpo del cliente oltre che dai ricordi delle esperienze relazionali dell'infanzia. Questo scritto esplora lo stile difensivo, spiega come differisce dalla struttura del carattere e include metodi bioenergetici per osservarlo nei clienti. Include il lavoro di Len Carlino insieme a uno strumento diagnostico di Schroeter e Thomson. Vengono riportati alcuni esempi di questa comprensione per aiutare i clienti. L'articolo si conclude con un omaggio a Len Carlino, Ph. D, IIBA International Trainer, per il suo prezioso insegnamento sul fatto che lavorare attraverso lo stile difensivo e la struttura del carattere richiede l'impegno di una vita intera.

Le style défensif dans la thérapie bioénergétique (French)

Ce que cela signifie et pourquoi c'est important

Le concept de style défensif fournit un apport riche à la compréhension de nos clients et des facteurs qui inhibent leur joie de vivre et leur satisfaction dans les relations. Le style défensif diffère de la structure du caractère. Mais, tout comme pour la structure du caractère, il peut être vu à travers les observations du corps des clients en plus des souvenirs des expériences relationnelles de leur enfance. Cet article explore le prisme du style défensif. Il explique en quoi il diffère de la structure du caractère et présente des méthodes bioénergétiques pour observer le style défensif chez un client. Il inclut le travail de Len Carlino ainsi qu'un outil diagnostique de Schroeter et Thomson. Des exemples de cas utilisant cette compréhension pour aider les clients sont parsemés tout au long de l'article. Enfin, il rend hommage à Len Carlino, Ph. D., formateur international de l'IIBA, pour avoir rappelé que le travail sur le style défensif et la structure du caractère exige un engagement à vie.

Defensiver Stil in der Bioenergetischen Therapie (German)

Was er bedeutet und warum er wichtig ist

Das Konzept des defensiven Stils ist eine Bereicherung des Verständnisses unserer Klienten und der Faktoren, die ihre Lebensfreude und Zufriedenheit in Beziehungen hemmen. Der defensive Stil unterscheidet sich von der Charakterstruktur. Aber wie die Charakterstruktur kann er im Körper gelesen werden zusätzlich zur Erhebung der Erinnerungen von Beziehungserfahrungen in der Kindheit. In diesem Beitrag wird der Begriff des defensiven Stils untersucht. Es wird erklärt, wie er sich von der Charakterstruktur unterscheidet, und es werden bioenergetische Methoden zur Beobachtung des defensiven Stils bei einem Klienten vorgestellt. Der Beitrag beinhaltet die Arbeit von Len Carlino sowie ein Dia-

gnoseinstrument von Schroeter und Thomson. Fallbeispiele über die Anwendung dieses Verständnisses zur Unterstützung von Klienten werden immer wieder eingestreut. Der Beitrag endet mit einer Würdigung von Len Carlino, Ph. D., IIBA International Trainer, für seine wertvolle Erinnerung daran, dass das Durcharbeiten des defensiven Stils und der Charakterstruktur ein lebenslanges Engagement erfordert.

Защитный стиль в биоэнергетической терапии (Russian)

Что это значит и почему это важно (Лаури Юрэ)

Концепция защитного стиля дает богатое дополнение к пониманию наших клиентов и факторов, которые препятствуют их радости в жизни и удовлетворенности в отношениях. Защитный стиль отличается от структуры характера. Но, как и структура характера, он может быть рассмотрен через наблюдения за телом клиента в дополнение к воспоминаниям о детском опыте отношений. В данной статье рассматривается понятие защитного стиля, объясняется, чем он отличается от структуры характера, и приводятся биоэнергетические методы наблюдения защитного стиля у клиента. Она включает работу Лена Карлино, а также диагностический инструмент Шретера и Томсона. Повсюду приводятся примеры использования этого понимания для помощи клиентам. Статья заканчивается благодарностью Лену Карлино, доктору философии, международному тренеру IIBA, за его ценное напоминание о том, что работа над защитным стилем и структурой характера требует приверженности на протяжении всей жизни.

躯体动力分析治疗的防御风格 (Chinese)

它意味着什么-为什么它很重要

防御风格的概念提供了一个理解我们的来访者和那些抑制他们生活的喜悦以及关系的满意度的丰富补充。防御风格不同于人格结构，但是，和人格结构相似，除了通过对童年关系体验的回忆，还可以通过观察来访者身体而发现。本文探索了防御风格的视角，解释它与人格结构的区别，包括用躯体动力分析的方式去观察一个来访者的防御风格。它包括Len Carlino的工作，以及Schroeter和Thomson的诊断工具。使用这些理解去帮助来访者是覆盖全部的。本文以IIBA国际培训师o博士的研究为结尾，因为他珍贵的贡献提醒我们，对修通防御风格和人格结构需要一个终生的承诺。

Introduction

At a workshop led by Len Carlino, Ph. D., IIBA International Faculty member, with the Massachusetts/Atlantic Canada trainees in April 2022, Len repeatedly referred to each person's "defensive style" as he worked with them. Len seemed

able to effortlessly, quickly, and masterfully identify these defensive styles in the therapeutic work. It gave him a lens by which to understand the person and guided him in how to help the person address their underlying issues most effectively. On the last day of the workshop, I asked him to talk about what he meant by defensive style, as I had not heard the term before. This paper reflects Len's comments, coupled with my thoughts on defensive style.

Advanced bioenergetic therapists likely have intuitive experience working with the defensive style of their clients. It forms a basis for our work, both from body observations and from analyzing a person's history. But for trainees and newer bioenergetic therapists, explaining this concept and describing how to incorporate it in therapy can offer insights into working effectively with clients.

What do we mean by defensive style?

Defensive style describes patterns of behavior that a person has adapted in order to avoid pain in childhood. It becomes a habitual way a person detaches from emotions and energy, along with needs, vulnerability, and helplessness, that were unacceptable to their parents/primary caregivers. It describes what a person learned to do to protect themselves from retribution and gain needed approval and acceptance. It also explains how people respond to their emotions, needs, desires, and energy in their present life. A person's defensive style often underlies their presenting problem. Since these patterns develop as an adaptation in childhood, the person generally lacks awareness of their defensive style.

In her article titled "Somatopsychic Unconscious Processes and Their Involvement in Chronic Relational Trauma", bioenergetic therapist and IIBA trainer Elaine Tuccillo, Ph.D. describes the complexity of dynamics in family relationships, which are generally unconscious. She explains the impact of relational trauma inflicted on children by their parents and brilliantly explores how family relationships form the basis of a person's expectations in adult relationships. Defensive style relates to what she describes in the article as perceptions formed from childhood experience. In the article, she defines this as follows:

"[W]e have understood that unconscious psychic processes infuse present perception and feeling with historical-emotional memory to create distorted, often irrational, perceptions of present reality; yet these are hard-wired in the way we perceive and emotionally process everything and in the way we bond to others" (Tuccillo, 2013, p. 45).

Further, because a person's defensive style developed out of conscious awareness in response to expectations within relationships, it impacts how a person relates to others in their adult life. It describes how a person behaves in their relationships, including how they respond to others and how they expect others to treat them. While the defensive style helps a person adapt to expectations in childhood, it inhibits one's capacity for pleasure, fulfillment, and connection with others in adult life.

A person's defensive style will become apparent in therapy, especially within the dynamics of the therapeutic relationship. It will often become more pronounced as the client moves towards change. Defensive style has components in both a person's body and personality. The patterns include beliefs about the self, relationships, and life.

How does defensive style relate to character structure?

Defensive patterns relate to the person's character type, but people can have widely different defensive styles within the same character structure. Character offers broad information about the context of a person's early developmental experience, while defensive style develops in response to the many variations of misattunements within family relationships. Defining incidents in a person's childhood can sometimes lead to a defensive style.

Character types fit into a finite number of identifiable categories, while defensive styles include a broader range of possibilities. Defensive style becomes a person's relational pattern. It affects how a person treats themselves and their responses in relationships with others. Defensive style describes the nuanced variety of what happened to a child in their childhood environment that impacted their aliveness and well-being, along with how they connect with others.

An example will illuminate the differences between character structure and defensive style. One person with primarily oral structure may cope with their unmet needs through isolating and withdrawing from contact with others, while another may cling to relationships to avoid the emptiness of being alone. These differences relate to variations within the family dynamics which led to differences in adaptive behaviors. For example, the child with an oral injury who withdraws may have been left alone more throughout their early life, with little possibility for contact, leaving them with a deep sense of hopelessness about satisfying contact with others. In contrast, the child who clings to relationships likely had some satisfying contact, leaving them hungry and wanting more.

How does understanding a person's defensive style inform therapeutic work?

A person's basic defensive style provides essential clues to what keeps them stuck in behaviors and relationship patterns they find unsatisfying. Understanding this style can help guide the therapist's interventions. It provides a road map to what will predictably emerge in the therapy process as this pattern will repeatedly occur in the therapeutic work. Knowledge about the style can help the therapist predict the resistance which will present itself as the client moves towards increased self-possession, vitality, and connectedness. In addition, it can guide the therapist in reflecting upon transference and counter-transference issues in the therapy.

Understanding a client's defensive style can also lead to greater empathy from the therapist. It provides information about the challenges the client faces in changing their behavior. This understanding can decrease the therapist's frustration with the client's resistance to changes which may seem obvious to someone without this depth of knowledge. In short, it offers a critical piece of clarifying why people can't, or won't, or don't, do things that would seem to help them.

To illustrate this point, one of my clients suffered significant deprivation as a child. Her mother frequently told her she wished she hadn't had children. My client reports that her mother resented feeding her and expected her to do strenuous tasks (painting the house in the heat of summer or making her shovel the driveway by herself in the winter). This client lives alone and has no close relatives and few friends. Her body shows the fear and disconnection that identify someone with a primarily schizoid character structure. Talking loudly and non-stop has become her defensive style, which keeps her from experiencing the fear of being vulnerable with her deep need for contact in the therapeutic relationship. A previous therapist who did not understand her defensive style and underlying fear demonstrated a damaging lack of empathy. This therapist became frustrated when the client didn't do what the therapist recommended, such as joining groups to make friends and be less socially isolated.

Only through working slowly, gradually, and developing a trusting relationship over a significant period of years, has this client begun to feel safer with me and within herself. She has developed strength in speaking up for herself when she feels put down or disregarded by others. She needed this foundation before tolerating the risks of reaching out for other social connections. Still, her fear of contact – with herself and me – becomes stronger when I propose something she perceives as a threat. For instance, when I suggested she stay longer in going

backward over an exercise ball to open her breathing, she identified her fear of vulnerability in this position. We adapted the exercise by giving her a blanket to cover herself, which helped her feel safer.

How do we know a client's defensive style?

During the workshop in April 2022, Len Carlino demonstrated the skill of a master clinician as he identified each person's defensive style. After listening to each person's story, including their family history and current life challenges, and working briefly with them, he shared his observation of their defensive style with them and the group. For example, he noted with one person that her style included subtly engaging in a fight with the therapist. With another person, Len said that they defended against their fear of being present with them self through rapidly shifting emotional expressions.

Len demonstrated his use of himself as a therapist, which he discusses in his 1993 article titled: "The Therapist's Use of Self." Len talked with the group about how he softens his boundaries to imagine and explore what the client may feel and perceive. He uses this awareness to identify what they may need to deepen their feelings and to expand their connectedness in relationships.

Len (2022) describes this process as follows: "Understanding a patient's defensive style and character structure, as well as being able to make a more accurate therapeutic intervention, can be facilitated by increasing the therapist's energetic contact with the patient. This is done by the therapist softening their own character defenses and loosening their ego boundaries. Softening in this way enables the therapist to resonate with the patient's energetic self. When the therapist is in resonance with the patient, contact becomes an energetic phenomenon and not merely mechanical and intellectual. The therapist can then use their theoretical and intellectual knowledge to integrate with their resonating body experience. This facilitates the therapist to make a profound, accurate and grounded therapeutic intervention."

Since not everyone can observe the often subtle dynamic of a client's defensive style, bioenergetic tools can provide valuable clues. As bioenergetic therapists, we can gain information from reading a client's body language and listening to their story. For instance, observing a client in a bioenergetic bow can reveal information about their defensive style. In this position, the client may have a specific look in their eyes, their head may come more forward or be downcast, or their body may show distortions in alignment. Body observations can supplement in-

formation gained from their history, presenting problems, and reflections about their behavior in the therapeutic relationship.

For example, I recently began with a new client whose presenting problem focused on excessive anger with her boyfriend, to the point where he considered leaving her. In exploring her history, she told a story of a defining moment when as a young child, she had suffered a physical injury. She recalled that while her mother comforted her, her father told her to “stop crying and get over it.” When I encouraged her to do the bow, I could easily observe the hardened stance in her body. Her eyes expressed a look of defiance which I read as: “Don’t mess with me!” while her body became quite stiff and rigid. Her defensive style of meeting the world with anger served her in hardening against her father’s reproach in her childhood but did not serve her in her current relationships.

From observing the hardening in her body, I knew to predict that her fear of vulnerability and sadness lay beneath her angry exterior. Further, I had a clue to expect fear of being vulnerable with me to emerge in our relationship during the therapy.

How do we work with defensive style?

Sometimes naming a person’s defensive style with empathy and compassion for their experience helps to shift it. For instance, a client I have known for many years recently became more defensive when I returned after a vacation. She stood in the corner of my office and stated: “I’m fine, everything’s fine,” right after talking about her fear that she would break from emotional pain. I observed the hardened look in her eyes. I reflected this to her, stating that as a child, she survived, in part, by pretending everything was fine and by not letting her parents get to her. In response, she stated: “Yes, I won.” I affirmed how that position helped her to survive. I waited patiently, and a few minutes later, she asked if she could come to sit by me. She sat by me and cried deeply.

Asking the client to identify their defenses, including noting how it impacts them physically, often effectively addresses a person’s defensive style. Sometimes suggesting they exaggerate the posture leads to a shift in the pattern. When doing this, I encourage the client to explore the position, including what messages, feelings, or thoughts emerge.

Vincentia Schroeter and Barbara Thomson (2016) describe an excellent bioenergetic diagnostic tool to observe and learn about defensive body patterns. They call it the “Exaggerated Body Stance.” They use two primary ways of work-

ing with this – the exaggerated contracted posture, abbreviated to ECP, and the exaggerated reverse posture, abbreviated to ERP. They explain these exercises to use in exploring the body stances related to defensive styles.

Schroeter and Thomson label the defensive style as an “adaptive stance.” They discuss how this stance formed in childhood as the child’s best way to behave in response to their parents. It becomes molded into a protective adaptation which we can observe in the misalignments in a person’s body. They state:

“[T]he body maintains its protective adaptations even though the danger is no longer an active threat [...] Although no longer needed, due to the lack of actual threat, this contracted stance becomes the new way of being in the world” (Schroeter, & Thomson, 2016, p. 22).

In the exercises, the therapist first guides the client to stand in their natural way. Next, the therapist observes the body misalignments throughout the client’s body. These may include weight on one foot more than the other, the pelvis cocked forward or back, the chest protruded or collapsed, shoulders held up or twisted, or the head protruded forward or turned toward one side. The therapist then guides the client to exaggerate these contractions.

Schroeter and Thomson identify a variety of ways to work with this material. The therapist may, for example, imitate the exaggerated contractions in the client’s body. This very effective method helps the therapist feel what the client experiences as they move through the world in the adaptive body pattern. The therapist can ask the client what they think this stance says to the world. Some examples may include, “I’m afraid you will leave”, “don’t hurt me”, or “I am ready to fight”. Most importantly, the exercise heightens awareness of the client’s adaptive stance and provides information to both the client and the therapist about it.

Next, the exaggerated reverse posture defined by Schroeter and Thomson includes reversing each contracted posture by exaggerating the opposite position. For instance, they would look down if they were looking up, cock the pelvis forward if it was back, or collapse their chest if it was protruding. This exploration usually reveals additional information and awareness not previously available to the client. The client often feels some fear in this opposite pose as it often reveals the original movement (some type of reaching or authentic way of being) that they had to suppress as a child. In addition, it may present them with a path toward a freer, more alive way of being that they can recover if they work with their defensive aspects in therapy.

The ECP/ERP offers valuable diagnostic and assessment tools for bioenergetic therapists as they incorporate both body stance and mental awareness. They can increase the therapist's understanding of the client's defensive style and bring conscious awareness to the client. This awareness offers an excellent beginning for transformational change.

An example of an apparent defensive style

In some clients, the defensive style is relatively apparent on both a behavior and body level. For example, one of my clients suffered extreme abuse by her adoptive parents in every way possible – physically, sexually, verbally, and emotionally. Her body shows signs of an oral structure. She has a collapsed chest, is very thin, and her head juts forward from her body.

Her parents damaged her by being angry at her frequently. As a result, she expects me to be mad at her regularly. She asks if I'm angry at her and becomes very frightened if she has done something minor, such as getting tears on the mattress in my office. Even after many years of therapy, she still regularly checks to see if I am angry, expecting this to change at any time.

In her childhood, her parents tolerated no emotional expression. She learned to disconnect from pain by telling herself, "I'm fine, everything's fine," even when unimaginably horrible things had happened. She also survived through an unspoken message to her parents: "you won't get to me." Through this, she believes she won the battle for the survival of her soul.

Further, because her parents could not tolerate her expressing sadness, they punished her if she cried. Recently (after over ten years of therapy), she told me that her mother said if she cried, she would go crazy and go to a mental hospital for the rest of her life. She innocently asked me if this was true. As a result, she learned to block her emotions by holding her breath, dissociating and repeatedly telling herself: "I'm fine, everything's fine," even when she/it wasn't.

In the therapy, I witness her do these behaviors regularly. We now sometimes joke about it when she says, "I'm fine, everything's fine," when clearly it is not. Often when tears emerge in response to something which makes her sad, she holds her breath. I've witnessed her repeatedly dissociate when this happens. The pattern is so strong that I've learned to wait rather than intervene. I allow her to hold her breath as she dissociates for as long as she can hold her breath. Once she gasps for breath and returns to the room, I encourage her to breathe, offer support, and remind her that her feelings are okay now.

On a more subtle level, her father would not tolerate her protesting on any level. She recalls him punishing her or an animal she loved if she protested his abuse. Her defensive style in this arena includes allowing people to treat her in however they wish. Despite significant work on her not allowing people to use or abuse her, this continues to challenge her. For example, a friend had encouraged her to spend time with a man she did not like. The friend believed the man cared about her. My client allowed herself to be hurt by this man rather than defy her friend.

Her fear of protesting also becomes challenging in therapy, as she won't say when she is upset about anything, such as me changing the schedule. She also cannot come to my door and waits for me to wave her into the office every time. Despite my encouragement, she feels she does not deserve to go to my office door unless I invite her.

An example of a less apparent defensive style

A male client presents with a deep need to please others. His body exhibits a primarily rigid character structure with some orality. His body shows a split between his heart and pelvis, a tense back, and a somewhat collapsed chest. We learned that his mother firmly expected him to please her and be present for her emotional needs. His father was emotionally distant in his childhood and largely stayed in the background behind his mother's more substantial presence.

This client's defensive style is to please others. He learned to suppress his own needs, desires, feelings, expression, and sexuality in order to be what others wanted him to be. This pattern shows up repeatedly in the issues he brings to therapy. His need to please others arises in interactions as simple as asking to go to the bathroom before the session. I have helped him become aware of his behavior by teasing him about asking which allows him to pause and, instead, stand up for himself.

As the therapist, I have to be careful not to put my expectations or needs on him. Instead, I identify my role as repeatedly leading him back to what he feels, what he wants, and helping him own his sexuality.

"Bioenergetic prayers"

In closing, I thank Len Carlino for the vital message he gave us at the workshop with the trainees in April 2022 to say our "bioenergetic prayers." He reminded

us that bioenergetics does not offer us a way out of our defensive style, character structure, or the pain we each suffered in our childhood. Instead, bioenergetic work provides a path to embrace being fully alive.

Len expressed this in the following statements:

“Since our character defenses and muscular armoring are never fully dissolved in therapy, we must learn to work with ourselves for the rest of our lives, after formal therapy has terminated [...] we need to kick in order to reclaim our fear of grounded aggression and we need to cry over the stool to reclaim our sadness and to heal our broken hearts. Whatever feelings that are unique to our character defenses, need to be revisited [...] This is not an easy prescription for life. All the reality we need for life lies within us, but it takes a lifetime of hard work to re-claim the unconscious and to re-claim the full self” (Carlino, 2022, pp. 4–5).

This path necessarily includes regularly facing and feeling the depth of our vulnerability, pain, suffering, and loss, which lay beneath our learned defenses. It includes tolerating the harsh and sometimes cruel realities of life. In addition, understanding the defensive style and character structure of ourselves and our clients does not mean we overcome them. Instead, we can greet these adaptations with recognition, love, and acceptance as they manifest repeatedly and regularly. Through this, we have the capacity also to experience the full-bodied joy of life.

Conclusion

Understanding a client’s defensive style provides a valuable addition to the tools used by bioenergetic therapists. Initially, it can guide the work, including offering important information about what will likely emerge in the change process. Finally, it can provide clues to the therapist about transference and countertransference.

Body-based tools, including the bow and the ECP/ERP, described by Vincentia Schroeter and Barbara Thomson, offer practical ways of learning about a person’s defensive style. Using these tools, bioenergetic therapists can help clients move through their resistance more effectively.

Len Carlino (2022) states: “Working with a patient’s defensive style is related to a larger issue of character analysis which is one of Wilhelm Reich’s major contributions to the field of psychotherapy. It also forms the basis for making accurate bioenergetic therapeutic interventions. The better the therapist’s skill with

character analysis, the better they will be at identifying a patient's defensive style and vice versa. Alexander Lowen said that doing skilled character analysis (and by extension, identifying a patient's defensive style) is the most difficult task for a therapist to master. It requires a lot of therapeutic experience as well personal life experiences.”

As Len reminds us, this work takes a lifetime!

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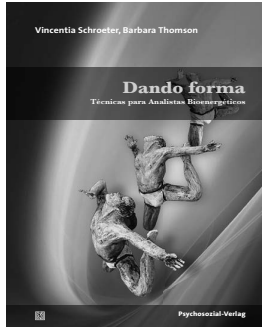
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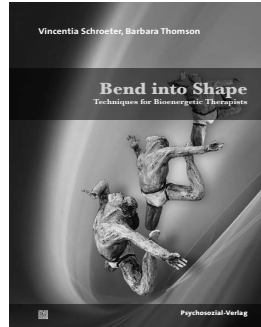
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