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(2024) Volume 34**

With contributions by Ann Coleman,
Périsson Dantas do Nascimento, Maria Cristina Francisco,
Thomas Heinrich, Christoph Helferich, Marcelo Leite,
Patrizia Moselli, Stephen Porges and Vincentia Schroeter

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Editorial Note

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Dear colleagues,

Here is the new volume of our journal – and the last one with me running the Editorial Board.

In this issue, I intend to give an idea of our 26th international conference, which took place in Brazil in 2023. It was the first conference in-person after the quarantine for the pandemic. For this reason, the event was a meeting full of joy and good energy, counting more than 300 people! For those who could not be there, we give an idea of what happened.

We had three keynote speeches followed by panels, which are represented here.

The first one was a video showing an interview of *Stephen Porges* by *Vincentia Schroeter* about the Polyvagal Theory, which is summarized here by Vincentia herself. *Thomas Heinrich* and *Patrizia Moselli* (participants of the panel) show their own view about this presentation.

The other keynote – “Dreams and Psychedelic Science” – by *Sidarta Ribeiro* (a famous Brazilian neuroscientist) had the panelist *Marcelo Leite*, who writes about controlled powerful substances (LSD, Ecstasy, etc.) and their influence over the treatment of many psychological disturbances (PSTD, Depression, etc.).

The last text regarding the 3rd keynote speech brings *Maria Cristina Francisco* who summarizes her speech “Times of challenge and diversity”, sharing the need of looking and considering racial issues.

Three more papers complete this issue: one of them brings an important contribution on children treatment by *Perisson Dantas*; another shows a parallel between the theories of Bioenergetics and Personality Organization, by *Ann Coleman*, and at last, a simple and moving analysis upon Tolstoy’s novella *The Death of Ivan Ilyich* by *Christoph Helferich*.

I have been in this job for eighteen years and have very much learned. I want to thank to Margit Koemeda, who was the first chief editor for this “new” phase

of the Biogenetic journal (starting in 2005). She stayed on the job for ten years and along this time provided space and presence for good debating. And I want to thank in a very special way to Vincentia Schroeter, who stayed as chief editor after Margit's leaving. Even after she officially left the board (five years ago) she has been a real partner and friend, sharing all sort of matters regarding the journal – including giving me strength and hope when, occasionally I felt despondent. Our journey together has been very rich, even because we are friends since a long time ago.

I thank the whole community of IIBA, to whom I dedicated the best of me to offer the good and precious papers that helped us all to enhance our knowledge and the ability to reflect upon themes of great importance.

I feel very moved by saying goodbye and wish with all my heart that the journal keeps being an amazing source of knowledge for our community.

Maê Nascimento

Summary of an Interview with Stephen Porges

Vincentia Schroeter

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I interviewed Stephen Porges, the creator of polyvagal theory, over zoom in June of 2023, for the IIBA conference in Brazil, that was held in August of 2023. Participants who attended the conference in person gathered in chairs to watch the interview. I appeared by zoom after the interview was shown, to join panelists Mae Nascimento, Thomas Heinrich, and Patrizia Moselli to make comments and take audience questions. The (edited) comments of Thomas and Patrizia will appear in this journal, separately from this paper.

My goal in this paper is to give a brief summary of the Porges interview.

Before getting onscreen I shared with Dr. Porges who the audience would be for this interview. I said:

“There will be 300 somatic (Bioenergetic) psychotherapists who work directly with the body. We use talk therapy along with movement and expression. We look at holding patterns in the body and assess their relationship to the individual’s early developmental history. We use hands on techniques and are trained in the ethics of touch in psychotherapy. Bioenergetics is psychoanalytically based, relationally based (working with attachment and regulation), and is trauma informed.”

Porges responded that he was somewhat familiar with Bioenergetics and feels somatic therapies are crucial for therapeutic change.

Interviewer: “Thank you, Dr. Porges for meeting with me. I am excited to discuss your important work, for the benefit of my colleagues, who are somatic psychotherapists. We have begun to incorporate your theories into our 4–5 year Bioenergetic training programs in many societies around the world. Can you start by giving an overview of polyvagal theory?”

Response: “Let’s conceptualize what the theory is from a functional level. It’s a theory that helps us understand what it means to be safe. It’s really a function

of our physiology. Being in a state that supports health, growth, and restoration [...]. Polyvagal Theory (PVT) sees autonomic state as a neural platform influencing behavioral, physiological, and psychological responses [...]. What this teaches us, and this is especially relevant to people who are in somatic therapy, is that the autonomic nervous system then becomes a portal for intervention.”

Dr. Porges shares his slides for fifteen minutes, showing the main points of Polyvagal theory, including the hierarchy of autonomic states, from fear related immobilization (dorsal vagal), to fight-flight mobilization in the SES, to a calm, socially accepted state (ventral vagal). He went over how survival challenges trigger dissolution, how safety and danger determine our responses, and how trusted people can help regulate the nervous systems of others.

Interviewer Comment: “What about the ‘vagal toning exercises’ all over the internet?”

Response: “I think there is a basic problem. It’s how we think in our Western world, especially as a scientist, I was brought up to think cause and effect. The problem with cause and effect modeling is individual variation [...] Clinicians know that human beings are not the same all the time. Not everyone is the same, so we forget what is going on in the body, not the external cause, and not the behavior. And we don’t ask the right questions because inside the body is neuroregulation and we can use the simple term homeostasis [...]. It is the neuroregulation of organs that keep it within a range that is healthy [...] that range is greater in more resilient people. When the nervous system is no longer resilient, the range starts to become restricted. So, the concept of feedback loops is missing.

In the world of somatic therapy, many of your clients have been to physicians. And what have the physicians told them? They said they can’t find anything wrong with your end organs. This becomes a problem – that medicine has very little knowledge and fewer toolkits to deal with neuroregulation of Visceral organs [...]. Polyvagal theory basically says, listen to your patient, listen to what the body is telling you [...]. And we need to think more in terms of mapping that dynamic neuroregulation of the organs rather than biopsies and the functional tests or blood tests that are so prevalent in medicine today.”

Interviewer comment: “That is a powerful point [...]. In western medicine we see this symptom and we want to treat that symptom or take the pain away. We need to look at the stress on the body and how that affects these systems.”

Please address the theme of the conference: giving voice to the body in challenging times.

Response: “The pandemic caused a state of threat in our bodies as we lived in fear and many suffered from too much isolation [...] when we are in a threat state we can’t engage and there is a need to learn to become ‘re-tuned’ (in the presence of an empathic other) to find our voice again [...]. Our job should be in recruiting the patient’s nervous system.”

Talk about afferent vs efferent messages (from body to brain; brain to body).

Response: “80% of the vagal fibers or maybe more, are going from the body to the brain stem. Our vagal system, meaning afferents is really a surveillance system of our bodily organs. We have an efficient ‘surveillance system,’ with the brain and body scanning and constantly sending messages back and forth to each other” (for instance – the gut brain and the heart brain send messages that do not need to pass through the thinking brain). “But are we listening to the decisions our brainstem is making? We are taught not to.”

Interviewer: “What about the breath?”

Response: “When we exhale slowly the ventral vagus starts to work. It calms us down. When we inhale, we are literally blocking the efferent, the motor action of the Vagus [...]. This is in a way, why song and prayer also have impact because they emphasize slower exhalations. If you are singing or you are talking, you’re exhaling, and your ability to feel threat decreases because you are calming your body.”

Can you talk about portals that support or shift ANS states?

I (Vincentia) tell Porges how Bioenergetics and PVT dovetail at portals or openings in the body:

SNS – we use big muscles, legs, arms, and back to activate movement toward fight/flight;

SES – therapeutic connection, soothing voice; engaging, welcoming facial expressions, warmth, safe touch/ warm holding; (ventral vagal)

PNS – therapist places their hand on the back of the neck, and the other hand on the lower back to support or shift into PNS. (dorsal vagal)

Porges agrees that the neural pathways help inform somatic therapists in ways to intervene to shift or support states. He emphasizes the prosody or calm, warm voice of the therapist as a primary regulating factor to help a client feel safe and engage in the SES.

Can you briefly respond to criticism of your work?

Interviewer comment: “I have read your written scientific response to some criticism, and we want to give people the access to that. As I read it, it seems to relate to a misunderstanding and different emphasis. We don’t need to go into that here. Your response to that criticism can be found in the October 2022 volume of the PVI website.”

Response: “Well, there are two points. One is the criticisms have been inappropriately representing the theory, in a sense, blatantly wrong of what the theory actually says. And the other point is, when I went through the five principles, none of the criticisms have anything to do with the five principles of the theory.”

What are you doing that is new and exciting in your work?

Response: “I am actually working with a classical music composer to create polyvagal music. It is basically music that is embedded in the rhythms of the body [...]. We are focusing on the relationship between music and the ANS, related to the ‘safe and sound’ protocol. I am interested in how we become ‘efficiently defensive’, how we know that we are safe enough to, for example, sit closer.”

This has been a brief summary of the interview with Stephen Porges by Vincentia Schroeter. The main message was how PVT champions recruiting the nervous system to help retune the body, which can be an asset in somatic psychotherapy.

The interviewed

Stephen W. Porges is the Professor of Psychiatry at the University of North Carolina at Chapel Hill and also Director of the Kinsey Institute Traumatic Stress Research Consortium at Indiana University Bloomington. He is author of *The Polyvagal Theory*.

<https://www.polyvagal institute.org/>

The interviewer

Vincentia Schroeter, PhD, is a licensed marriage and family therapist, specializing in Bioenergetic Analysis. She was the coordinating trainer of the Southern California Institute for Bioenergetic Analysis (SCIBA) for many years and past editor (2008–2018) of the clinical journal of Bioenergetics. As a member of the international faculty, she has taught in Europe, South America, Canada, and Asia. She has written three books: *Bend Into Shape. Techniques for Bioenergetic Therapists* (co-author: Barbara Thomson) (2011); *Communication Breakthrough. How Using Brain Science and Listening to Body Cues Can Transform Your Relationships* (2018); *Tilt: Seeking Balance in Troubled Times* (2021).

Insight on Points of Contact and Differences between the Polyvagal Theory and the Bioenergetic Analysis

Patrizia Moselli

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This article aims at investigating the possible bridge between polyvagal theory and bioenergetic analysis, starting from Vincentia Schroeter's insightful interview of Porges in 2023.

As Vincentia's interview shows, we find ourselves on common ground with Porges and his collaborators, who guide us in a deeper understanding of human nature, starting from the autonomic nervous system and observing aspects such as breathing and reactions to stress that are, as we know, simple and yet complex.

A first connection key-point is the "Face-Heart Connection", which is a core concept in bioenergetic empiric method, and is systematically studied in Porges' works.

At birth mammals have bidirectional neural communication between the face and the heart: behavior such as to suck, swallow, breathe, and vocalize, which in Porges' view forms the core of a social engagement system, are fundamental for the bioenergetic understanding of development. For example, Porges states that safety cues work through the "face-heart" connection and the face reflects polyvagal states, which is something that is completely vouched for in bioenergetic analysis. These significant empirical findings in the field of neuroscience, allow the bioenergetic therapist to combine an emotional view of their clients with an attention to their energetic and physiological activation states. For example, metabolic demands, perceived danger, life threat, and illness result in a face that is not "social" and a physiological state (removal of the vagal brake on the heart) that promotes defensive behaviors.

From this point of view researchers partially confirm insights of Reich and Lowen, looking at concepts such as social engagement, neuroception, hyperactivation and hypoactivation. We know that through body-to-body contact, the

child learns the first communication patterns, and this occurs through the concept of building social engagement. The Polyvagal Theory assumes a phylogenetic hierarchy in which the newer circuits inhibit the older. Thus, when the ventral myelinated (supra-diaphragmatic) vagus and the social engagement system are dampened or go offline, the autonomic nervous system moves into a sympathetic state that supports mobilization. If this functional shift in state does not lead to a positive survival outcome, the autonomic nervous system may abruptly shut down or be immobilized with fear via the unmyelinated dorsal vagal circuit (Porges, 2014). Jackson described this process of sequentially disinhibiting older structures as trauma and stress dissolution or evolution in reverse.

As described by Porges, the trauma retunes the autonomic nervous system into a state that supports defense. Being in an autonomic state that supports defense biases one's experiences towards detecting threat and disrupts opportunities to establish safe trusting relationships.

In my opinion, Porges' statement reflects the B.A. vision on trauma and the consequences that are inscribed in the body and therefore in the *character* of the patient.

The concept of neuroception is innovative and important as it provides a neuroscientific basis for the bioenergetic concept of body memory. People's perceived environment is what can be found inside or outside the body. What happens in our environment interacts with the Nervous System and our neuroception describes how neural circuits distinguish whether situations or people are safe, dangerous, or life threatening. A "safe" situation spontaneously engages others and involves eye contact, facial expression, and visceral homeostasis. However, when a person perceives a dangerous situation, the person "activates" defensive strategies through fight or flight behaviors, also known as mobilization. When something is life threatening, defensive strategies such as death feigning or shut-down are implemented. This is known as immobilization. On this subject Porges states that "Immobilization as a defense strategy is a missing concept in psychology and psychiatry, although forced immobilization (restraint) is a frequent feature of trauma and chronic abuse" (Porges, 2022), whereas his studies on "Immobilization with Fear" validate all Lowen's studies on the schizoid defenses of our patients.

Furthermore, Porges also studies "Mobilization with Fear" which is described as "Metabolically Costly", and which we could define as "Energetically Costly". This has to do with all those states linked to aggression that remain inscribed in the body, or with the defensive fugues that often our patients reactivate in the therapeutic process.

As we can see, there is a possible common ground with Porges' polyvagal theory, but when we look at the polyvagal therapy, some differences emerge.

While the therapeutic derivation of the polyvagal theory seems to have as its only solution listening, safety, prosody and co-regulation, concepts, that although very important, are already part of the evolution of bioenergetic analysis, in my opinion bioenergetic analysis has a much more complex therapeutic vision – just think of the approach to resistances and defenses that is part of our Reichian-Lowenian psychoanalytic tradition. I believe bioenergetic analysis explores more in depth how breath inhibition directly affects the psyche and the body armoring, as well as how studies on neuroception, fear immobilization, and attack reactions – escape – have always been used in bioenergetic analysis to read how this aspect of the autonomic nervous system directly influences the patient's body and vital form.

The references to the clinical intervention change accordingly to the evolution of our theories. The goal of treatment cannot only be reparative; it is no longer the therapist who changes the patient, but the transformative processes within a relational system constituted by the patient-therapist dyad. Therapy is a particular interactive regulation in which both the story of the patient-client and that of the therapist converge. This also raises the aspect of the counter-transference, which, again, is something that we cannot find in Porges' work, but represents our analytic tradition and the evolution of our theory in light of all the attachment and relational studies.

References

- Hilton, W.V. (1987). *Relational somatic psychotherapy: Collected essays (Vol. 1)*. IIBA Ed.
- Lowen, A. (1970). *Pleasure. A creative approach to life*. New York: Penguin.
- Lowen, A. (1975). *Bioenergetics*. New York: Coward, McCarin & Georgen.
- Porges, S.W. (2011). *The Polyvagal Theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. New York: W.W. Norton & Co.
- Porges S.W. (2021). *Polyvagal safety: Attachment, communication, self-regulation*. New York: W.W. Norton & Co.

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The Importance of Polyvagal Theory for Body Psychotherapies

Thomas Heinrich

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Thank you for the invitation, dear Mae!

It is an honor to sit here on a panel – not so much with almost Stephen Porges – but with you, Mae and Patrizia, Vincenzia in the Hawaiian background, and you all as the audience of bioenergetic colleagues and interested people in our Bioenergetic movement and therapeutic approach.

Thank you, Mae, for all the work you did to organize the whole conference with your team and especially to organize this panel with us here. Thank you, Vincenzia, that you organized and managed to get the interview with Stephen Porges. Thank you, Patrizia, for being a supportive colleague through the last years.

I don't know why I was elected to be on this panel, but my guessing goes in the direction of my interest for anatomical basics for our Bioenergetic work. Actually, I got the wish to study Bioenergetics and be trained in it after having studied Psychology where I got in contact with a completely new subject in the field of human research: neuro-anatomy. For me neuro-anatomy was so helpful then, because it gave me a frame like a map to understand all the contents about psychological processes better. When I started my Bioenergetic training in the mid-90's, all these processes and dynamics passing through me and our training group confused me. My own therapy and Bioenergetic theory helped only to some degree to get clearer. So I stayed with the old way of understanding anatomy.

It might be normal on a panel that the panelists bring up more questions than answers. But because we can't ask Stephen Porges here, I allowed myself in the following to give you some answers I got from PVT (polyvagal theory) and some answers I did not get from PVT.

You might ask the question: why should it be so important for us as Bioenergetic Therapists to know more about anatomy, that we should deal with it? My answer is: If we as Bioenergetic therapists claim to work as psychotherapists with

the body of our clients, we have to know more of the human body than others. We should know to talk with our clients about why we suggest to them what to do on a body level. We should know how to explain these aspects to colleagues and doctors and defend them, when we are asked for it.

More than that, there are some reason on a level of philosophy of science, why we should know more about the anatomic base of our work. There is a quote from the 14th century called Occam's Razor. Over simplified it says: "The simplest explanation is usually the best one."

– One meaning of this sentence is: If there is a simple explanation more people can follow it by logic. – Another one is: If the explanation is simple, it is easier to proof. The latter is a standard of scientificity. Transferred to our situation this means that if we can discover more of the anatomical and physiological basis of the Bioenergetic work, we can underpin the concepts of our Bioenergetic theory. So we can derive more methods like exercises and therapeutic strategies for the next steps with our clients. Vincentia did that very well in the interview and I will use her quotes later in my talk here. Since anatomy and physiology are the base for the medical world, it helps us to ground Bioenergetics more and more into the medical world as well. Nobody talked about fascia 20 years ago, nobody about the PVT 30 years ago. But nowadays fascia fitness is in almost everybody's vocabulary and so is the vagus nerve.

I was amazed when I read about Stephen Porges and his approach about the polyvagal theory. It helped me to find out, in which physiological and emotional state my clients are in during a certain moment of our contact in the therapy session. Furthermore, Porges' set of the three autonomous states of immobilization, mobilization and social engagement gave my clients a vocabulary to start recognizing and talking about which state they are in the present of the here and now. It became a helpful guideline for my clients to self check them in their every day life about stress, tension and fear – and it helped me as their therapist and human being as well. It is a guideline to conceptualize what our clients and we can do to come out of a state of freeze, of fight, or flight. It is a guideline for what they and we can do to stay longer in the state of social engagement to recover from stress, to enjoy life, nature, our partners, children, friends and ourselves. It is a guideline to see our clients more being on a relational level with us.

Social engagement – this is very difficult to translate into German, I found for myself the term "Zuwendung", which means "turning towards". It includes the "turning towards another person", but it also fits for the "turning towards oneself". This new name for the state of Social Engagement helped me to understand better the anatomical and physiological base for the development of "self-

efficiency” and how to develop it. If my clients are in a situation, in which they have almost no or no *close* people around, it is important that they learn to be there for themselves. “Self efficiency” is in the genes of Bioenergetics with all its exercises helping us to get connected with and grounded in ourselves. And we in Bioenergetic Analysis know how difficult it is to develop this capacity. How difficult it is to stay to ourselves, when the stress rises and we are in the mobilization mode by activating the sympathetic nervous system. In the interview, Porges mentioned the mobilization only in context with fight and flight as reactions of fear. But we are not only in the mobilization mode, when we are anxious. We are in this mode when we have to fulfill our duties in our daily life. Most societies nowadays have a culture of performance, where many people, especially the poor, live in a constant state of stress. So do people in wars, civil wars, people who are without merits (Verdienst), without a home, and those who suffer from an illness.

This culture of performance often keeps us too often in an activated sympathetic nervous system state. Porges’ PVT helps us to have an orientation to leave it. It makes clear why sitting on the couch watching a soap opera or a crime story with a glass of beer or wine might help us to cut the threat of rumination (Grübeln), but it can keep our arousal high or our mind blurred and focused on some issues which are not in the room. So we might feel more exhausted after an evening in front of a screen than one in which we do some yoga or bioenergetic exercises.

The development of the capability to stay turned to oneself needs the possibility to stay turned towards another person. For a lot of clients with early issues, this is a big step and a first goal in bioenergetic therapy. Here, clients have the possibility to turn towards the therapist – with their fear, anger, hate, confusion, and/or inability. This is why it is so important to offer our clients our bodies – to reach out with our arms; to stay apart, when physical contact is too much for them; and to hold them tight if needed with our arms, chest and heart. We have to do that in a very reflective way and in a relational way. It is about giving our clients the possibility to make new and safe experiences about getting into contact with another person. That is not always easy for us as therapists, but that is our work.

I would be very interested in getting more information how that work runs on an anatomical level.

Coming back to Porges results, PVT can help us to decide which kind of exercise is appropriate at a certain moment in therapy. Sometimes it is important to activate us with some exercises of self expression: to bring ourselves out of the state of freeze into one of mobilization. As Porges stated in the interview, this

state of mobilization is metabolically costly. The immobilization is the same with its activation of the nerves of the dorsal vagus and therefore the activation of the muscles of the startle reaction, which often endures for a long time. We consume a lot of energy. So on one hand it is important that we are able to come out of a freeze mode by expression. On the other hand it is important to come back to ourselves, by grounding exercises and those of self contacting, like by touching ourselves.

Here is the other point of why I love this PVT. It supported me in a more cautious approach in Bioenergetic Analysis. In the time of the origin of Bioenergetic Analysis, the expressive element was very much in the foreground of therapy. It was important to expand and even go to the edge of our boundaries with expression, i. e. try to be loud and very expressive with our movements. When we did that in training, sometimes I felt like I was only performing. The expression sometimes had an opposite effect on me. It did help that there were already the concepts of the cephalic shock and trauma published and discussed, when I came to Bioenergetics in the 1990's. With these, a more calm approach found entrance into Bioenergetics.

(To be precise, the expression of anger is a king's road to build up boundaries again. And we have built up a great variety of techniques to express it. But especially for those of us with early issues, the big stomp on the floor with a loud "no!" in our exercises groups is often not possible at the beginning of Bioenergetic therapy and can bring us into an inner freeze state again.)

This leads me to our conference theme, "Giving Voice to the Body in Challenging Times". As we heard again from Stephen Porges in the interview, for traumatized people the "Here and Now" is always a challenge, because we are very easily activated in our fight or flight or alertness, as well as in our freeze shut down state. Giving voice – in sense of starting to make a sound – in bioenergetic therapy can take hours. With some clients it can take a year and longer to start to open the voice in a non- verbal, vocal form. This is more frequent if there are severe traumatic experiences in the client's past. So I started to ask those clients if they could hear an inner sound, before I asked for expression. They did not have to tell me the sound, so they could be as safe as possible with this issue. If the client and I come to a stable base in our relationship, talking about the inner sound might become possible. Then, I explain the difference between a sound and a noise. A noise is a sibilant, or consonant sound like a "ssss". A sound includes a movement of the vocal cords. The vocal cords are innervated by the nerve glossopharyngeus, which is one of the cranial nerves and interconnected with the vagus nerve. As Porges mentioned in the interview, the expression can create a change into the

state of social engagement, when the prosody is warm and welcoming. But how can a sound of a traumatized child or a person being traumatized in the early childhood start with a warm sound? Or with a loud and powerful one? It is the contrary, as we know. The sounds which go together with experiencing trauma, if there are still sounds at all, are screams of pain, for help, crying of despair, or a whimper of helplessness. At the end there are no sounds anymore. They are locked down, shut away.

So when we help these clients in Bioenergetic Therapy to open their voices again, their first sounds are more like sounds of opening the Pandora's box: Creaks like a door's hinge, hisses like a cat of prey, growls like a mastiff, rumbles like a thunder. Such a soft sound is very difficult at the beginning and my clients all start with sibilants. But the softer the sound, the bigger its possibility to be authentic. This enables a further bioenergetic process of resonance, discharge and relief. As Vincentia described it in the interview, the expression has to be titrated until more and more is possible – at its best without any reaction of immobilization. I would like to express some of her sentences here: “Expressive work in not a cathartic way”, “The window of tolerance becomes longer”, “If you really go through the body movement work, you will come to a place where there is enough safety to scream fully”. “So discharge becomes retuned and grounded.” “The body gets the information: Now I get it!”

PVT is furthermore helpful to give us more ground for today's anatomical knowledge in the bioenergetic concept of character structures. As we know from PVT there is the possibility on an autonomous level to react almost like a reflex to switch from one autonomous state into another like from social engagement into immobilization. Actually, we have had this in our bioenergetic mind since Bob Lewis brought up the concept of the cephalic shock. PVT is a proof of it in a more modern anatomical vocabulary. Still there is a question. What is the base of the Character structures on an anatomic level then? Following my anatomical knowledge this is the fascial net in our bodies. I don't want to elaborate this here. You can find an article about this in a recent volume of the *Journal of Bioenergetic Analysis*. Here contemporaneous fascia research on the anatomical field and PVT on the physiological field run very well together to ground our theory of character structures better. It is a good example of how we can use different results of anatomical and physiological research to get a deeper understanding of our theory and develop more precise tools for our work as Bioenergetic therapists.

But it is an example, which makes clear that it needs more than integrating Porges' PVT into Bioenergetics to give the latter a more profound anatomical base, i. e. to understand better the concept of somatic resonance which our

colleague Vita Heinrich-Clauer elaborated as a concept of transference and countertransference on a body level.

Finally, as I said at the beginning, there is a danger in using anatomical terms. Every theory could be proven wrong. It is even more dangerous to be proved wrong to use anatomical words in a not correct sense. If we read Lowen's descriptions in "The language of the body" of the female sexual organs and of the physiology of female orgasm, he uses this to underpin his theory of the non aggressive, only receiving nature of women. I am pretty sure that this was not the contemporaneous anatomical knowledge of the time. It is not only the men who can express their sexual energy in orgasm expelling fluids, an even stronger spill can happen by some women's orgasms. Furthermore, not only women can have two different types of orgasms like a clitoral and a vaginal one. Men can have a penile and an anal one as well – thanks to the prostate. If the task of women following Lowen is to develop more from a clitoral to a vaginal orgasm, is this the similar task for men to develop a more anal-prostate orgasm during their normal development?

The worse thing about Lowen's writings on sexual function is that these aspects are still influencing the view in Bioenergetic therapy about what is suitable for men and women, and further what is an appropriate gender. Therefore it becomes dangerous for the whole Bioenergetic movement. Bioenergetic Analysis is in one line of Freud and Reich, who gave sexuality words to talk about in an anti-sexual Victorian society, who founded the first counseling center in at least the Western world and who inspired the sexual revolution in the 60's. Bioenergetic Analysis is still one of the few therapeutic approaches which includes sexuality as a topic in its program to work with on. But there is no discussion yet about how can we support trans people on their way to more self-determination. And it will be difficult, if we stay with Lowen's patriarchal understanding of gender and his axiom "The body knows the answer."

I am looking forward to this conference with its possibilities to meet and discuss about our movement. I hope we can just start the discussions now.

Lowen took over the principle of Reich's approach for the rigid and the masochistic character structure that their base is an unsolved conflict which is materialized by chronic muscle tension in the body. This makes sense for the character structures of these developmental phases, where we could suppose that there is a possibility to have a conflict. A conflict means that there was a possibility to choose: to say "yes" or "no", to fight or flight, hit or withdraw.

But what about the core issue of the Schizoid Character? The baby has no choice to accept or to reject the mother in that age at all. There is no voluntary musculature which could be tensed up by will.

Because all parts of our body are enwrapped into fascia, probably this might be it. The fascia of the muscle system got the name myofascial and tendons, the fascia of the nervous system is called simplified dura mater. The fascia is not only collagen fibers but it contains the mechanoreceptors in our body, which are the base of our interoception. The mechanoreceptors send their information via the afferent paths to the brain. Porges was talking about some of these and that they make 80% of the vagus nerve. So fascia is not only a structure giving and protecting system, but an information system as well. The less flexible this system is by less movement, the less information the brain gets out of it. That makes us unconscious about our posture, movement, the base of our behavior. It limits our awareness and self consciousness.

The author

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How Psychedelics Could Be Instrumental in Giving Voice to the Body in Challenging Times

Marcelo Leite

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It was somewhat surprising to receive an invitation to give a talk at the 26th International Conference of the IIBA in Vitória, Brazil, August 2023. Not being a medical doctor nor a therapist, just a science journalist and book author, in no way was I in the position of making recommendations about the use of powerful substances that remain controlled in most countries. But there are nations where psychedelics are being considered for rescheduling under the influx of many clinical trials suggesting that they have a significant potential for handling disorders such as treatment resistant depression and post-traumatic stress, what has been labeled the psychedelic renaissance, a subject I have been writing about for more than six years now.

Media stories have appeared in many news outlets in recent times, such as *The New York Times*, *The Financial Times*, *Wired*, *The Guardian*, *Folha de S. Paulo* and so on. Entertainment programs like Oprah popular TV show have dealt with the matter as well. Their attention has been caught mainly by the bestseller *How to Change Your Mind* (2018) by the prominent American journalist Michael Pollan, a book that inspired a Netflix series as well. Behind all that buzz is a flurry of clinical trials that took place in the last ten years or so, initiated by mainstream biomedical academic institutions such as the Imperial College, Johns Hopkins University and Yale University.

On September 14, 2023, for instance, the *Nature Medicine* journal published a second part of a phase III randomized controlled trial focusing on MDMA (ecstasy, molly) as an adjuvant for psychotherapy to treat post-traumatic stress disorder (PTSD). A sample of 104 patients with moderate to severe PTSD received either MDMA or placebo in the course of nine therapy sessions, three of which

involved dosing, preceded by three other preparation sessions, and subsequently by three integration sessions. The treatment group had a 23.7-point reduction in scores obtained with the Changes in Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), whereas in the placebo group the reduction was -14.8.

It is called a “renaissance” because psychedelic science has a long and respectable pre-history that remains unknown by many people. The War on Drugs propaganda unleashed by Richard Nixon’s administration in the 1970’s was effective in tainting psychedelics (and marijuana) as terribly dangerous mind-altering drugs that would drive one to jump off high-rises or engage in murder rampages in Charles Manson style. It comes as a big surprise for many to learn that psychedelics like LSD, mescaline, DMT and psilocybin have a good safety profile, much better than alcohol, anyway, and a low potential for addiction. In fact, both MDMA and LSD have been extensively prescribed by doctors and therapists in the 1950’s and 1960’s to treat alcohol abuse.

The first four above mentioned substances, LSD, mescaline, DMT and psilocybin, constitute the so-called classic psychedelics. They are agonists of the serotonin receptor 5-HT_{2A}, considered to be the main initiator of the psychedelic effect. There is still much discussion as to what exactly happens in the brain-body system that induces the characteristic and profound change in consciousness marked by varying degrees of ego-dissolution, distortions in the perception of space and time, and visual perturbations (frequently referred to as hallucinations, although they are not to be confused with psychotic delusions, as the tripping person usually remains aware that the images are not external realities).

Besides MDMA, not a classic psychedelic that some researchers prefer to call empathogens or entactogens, there are trials taking place with ibogaine (mainly for substance abuse) and ketamine (depression). Ketamine, in fact, is a registered drug that can be prescribed off-label by medical doctors in many countries, and a wave of ketamine clinics have been started in the USA and other places. In Australia, prescriptions of MDMA and psilocybin to treat PTSD and depression, respectively, are now legal, provided that the doctor procures a special license for that. Both are also under examination by the Food and Drug Administration (FDA) in the US, a process that is expected to result in licenses by 2024 or 2025. Oregon and Colorado recently authorized psilocybin service centers, where accredited facilitators (not necessarily health professionals) can offer Psilocybe mushroom capsules to adult clients. Other states, such as California and Washington, are about to follow suit.

There is a growing number of conditions under consideration for psychedelic assisted psychotherapy (PAP). Here is an incomplete list:

- PTSD
- Treatment resistant depression
- Substance abuse disorder
- Anxiety
- OCD
- Bipolarity
- ADHD
- Dysmorphic corporal disorder
- Anorexia nervosa
- Cluster headache, migraine
- Phantom limb pain
- Depression in Parkinsons and Alzheimers
- Chronic Traumatic Encephalopathy

With that much clinical potential, there are not many reasonable grounds to keep psychedelics on Schedule 1, as the most restrictive list of controlled substances is better known. With the exception of ketamine, they carry a low risk of abuse. It is true that both MDMA and ibogaine can elicit cardiac impacts such as arrhythmias, but they are generally not severe and can be managed if the person has no history of health issues. On the other hand, microdosing, a growing popular use as cognitive and wellness boosters, might entail problems with heart valves. The main risk around psychedelics, though, is triggering psychotic breaks, but personal or familial history of psychosis are already considered an exclusion criterion for clinical trials and will certainly remain so if and when PAP is approved as a treatment.

There are some hypotheses going around to explain the healing potential of psychedelics that might someday bring respite to so many suffering causing conditions. Brain images during psychedelic trips have shown a relaxing of the Default Mode Network (DMN), a well established pattern of communication between brain regions that accompanies introspection, when the person is not busy with some operational task. As this is precisely the network that becomes too active in rumination, the circular repetition of negative ideas, beliefs and feelings characteristic of severe incapacitating depression, a DMN relaxation seems to bring just enough entropy in the rigid pattern as to allow alternative thoughts and interpretations to find their way to conscience. Psychedelics are also known to induce neuroplasticity, the production of neuronal connections spurred by augmented levels of the compound BDNF (brain-derived neurotrophic factor). Psychedelics can also exert an anti-inflammatory effect, and brain inflammation

is correlated with depression, for example. Finally, brain waves under the influence of psychedelics mimic some aspects of sleep, although the person remains fully awake, which may indicate some of the restorative functions of sleep are in action too.

With so much going on in the field of psychedelic research, it comes as no surprise that the Psychedelic Science 2023 conference held last June in Denver, CO attracted 12,000 attendees, four times as much as the previous PS 2017 event in Oakland, CA six years before. Although the tsunami of private, usually philanthropic research funds is long gone, an amazing number of commercial exhibitors and investors filled the Convention Center, along with many dozens of scientists, advocates and journalists. Indigenous peoples' representatives took the stage during the closing ceremony to protest against patents and commodification of age-old sacred medicines, as they see psychedelics like mescaline, psilocybin and ayahuasca's DMT. There were also cautionary presentations about false beliefs provoked by psychedelics and the vulnerability of patients under their effect, easy suggestible preys to abusive healers. Altogether, though, a general optimistic tone prevailed, despite the regrettable mystical undertones and messianic promises that appeared to motivate many a participant.

Psychedelics are no panacea to the ills of the 21st Century, for sure, which depend on societal transformations to be eradicated. But they represent a credible promise of preventing and healing a lot of unnecessary suffering in the world. Before Denver, quite a few observers of the psychedelic science field were skeptical of the potential of such drugs to treat so many conditions, but at least some of them came out of the conference convinced that this apparent weakness might in fact be its most notable strength: the capability of undoing or at least relaxing entrenched ideas and beliefs, the common core of that encompassing list of disorders and conditions, sometimes referred to as their transdiagnostic potential. In a world at odds with post-Covid depression afflicting three in ten adults, PTSD and anxiety boosted by climate change's storms, wildfires and heatwaves, and suicide as the 4th cause of death among youths, one cannot leave any medicine locked up in a prejudice closet.

Getting back to the motto of the IIBA conference in Vitória, "Giving Voice to the Body in Challenging Times", one has to consider the fact that such prevailing maladies affect not only people's souls, but manifest themselves primarily, in many cases, as bodily suffering. Pain, in a word –and it is not a coincidence that our language equates mental hurt with physical harm. Fibromyalgia, sleep disruption, anorexia nervosa, bulimia, frigidity, tremors ... there is no shortage of physical symptoms associated with ills of the psyche. And psychedelics are known

to blur the boundaries between body and mind and to make the person aware of the obvious unity and its participation in a much grander totality one might want to call Nature, Mankind, Cosmos, Divinity, Nirvana, Ultimate Reality, The Great Beyond – your pick. Besides, psychedelics also involve the body in its tentacles, leading trippers to cry, dance, tremble, shout, laugh, purge, incorporate entities, defecate and so on. Usually those manifestations are managed by experienced guides and shamans with the help of chants, movements, gentle lighting, scents, mantras, bonfires, herbs, smoke etc. In summary, an arsenal of techniques not at all foreign to body therapists.

Rosalind Watts, a psychologist deeply involved in psychedelic clinical research and outreach, has already said that resorting to psychedelics might help the afflicted individual to dive beneath the waves of depression (i. e. rumination) into the depths of the body and then back to the surface. Sidarta Ribeiro, one of the neuroscientists leading first class research on the subject in Brazil, always recommends psychonauts to go beyond the surf and not to fear the open ocean.

Yes, it can get very dark and overwhelming sometimes, but bathing in sea waters more frequently feels like going home. In any case, it is always advisable to procure a guide and learn how to swim – why not rely on a knowledgeable and trained body therapist?

The author

Marcelo Leite, PhD, Science journalist based in São Paulo, Brazil. His 2021 book *Psiconautas: Viagens com a Ciência Psicodélica Brasileira (Psychonauts: Trips with Brazilian Psychedelic Science)* was launched in Portuguese by Fósforo Editora.

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Times of Challenge and Diversity

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Thank you for the invitation to speak to analysts in my home country. It is not an easy place; it is a challenge when addressing the themes of body, voice, and racial issues in a country marked by violence. In 2017, I spoke at the 24th Congress of the International Institute of Bioenergetic Analysis in Canada about “Racial Issues and the Future in Bioenergetics”, internationally introducing this topic. Some may wonder, again? Yes, because human lives are still at risk.

My visible presence is not innocent; the color of my skin is political and carries subjectivity in this place. For many years, I lived with my voice suppressed. Personal analysis exposed this, but it gained strength and autonomy alongside the knowledge (of the analyst and myself) of the social events that affected me. Bodies speak; why are they silenced and who tried to silence them?

What bodies are we talking about in times of diversity? Giving voice to the body means providing a listening space in the relational realm. Do we listen? Often, we choose not to see or hear those who affect us; thus, we deny their existence, and both my voice and that of others is muffled. If I do not listen to others, I am not listening to myself; I distance myself from identity conflict. This results in stratification of thinking, feeling, and acting.

What is the color of Bioenergetic Analysis? Look at yourself and around. What bodies constitute this institute? Because when we look around, we notice that dissident bodies are few and some are invisible. Exclusion is normalized. We need to question, for there is a standard body in certain spaces. Where are the dissident bodies? They are made invisible and silenced; they are strangers from my perspective and society's. They are bodies with social markers of difference, with special needs, with black skin, with LGBTQIAPN+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Pansexual, Non-binary ...) gender, refugee immigrants and their culture, indigenous, Africans, and the worldview placed in

disqualification, dehumanization, racial hierarchy, and psychic suffering. There's discrimination trying to maintain control in society, a "social order" in the name of normativity. Who benefits?

Brazil is a country where over 56% of the population is made up of blacks (both black and brown shades) and, on the other hand, indigenous, Asians, and whites. We are part of Latin America, colonized and enslaved by Europeans. In the difficulty of encountering one another, we became racialized, marked by the terror of violence called racism. Racism demarcates territories, marks boundaries, restricts movement and social rise, generates prejudice, discriminates, and perpetuates social inequality.

We are all descendants of colonization and enslavement, whether from the "Casa Grande" (Big House) or the "Senzala" (Slave Quarters). However, the wronged and humiliated cry out for a voice of liberation and dignity, while the lords in their class armor do not speak, they give orders. When we act, the unexpected happens, discomfort will arise, and those who are socially comfortable will block this movement out of fear. In this context, we enter the realm of whiteness, a place usually made up of phenotypically white people in Brazil, who reproduce colonial behaviors updated in their time.

This constructed place defines privileges, where white subjects occupy privileged social places, such as material resources (access to education, housing, employment) and symbolic ones (superiority, beauty, intelligence, honesty), generated initially by colonialism and slavery, resulting in social segregation. Thus, on one side, we have the presence of domination, the body conditioned to automatic thinking, and on the other, a body in submission under conditions of humiliation and helplessness. In this state of humiliation, subjectivity appears as traumatic marks and the feeling of the constant threatening presence of everyday violence, mercilessly imposed socially, driving their speaking bodies to exhaustion.

In this relational complexity, the subjectivity of bodies is crossed by the socio-political formation of society. In the body-analytic field, it is necessary to have critical reflection, to have knowledge, to listen and to hear, to think and feel this barbaric social reality, enabling the understanding of this tension and its anchors in the vegetative muscular system imposed by racism, and to act, which makes visible and reveals a subject. There is a need to highlight the participation of whiteness, which maintains social stratification, guardians of their conserved places, so that they recognize and perceive the presence of their unconscious fear, the feeling of threat, guilt, and shame in their condition.

Social movements have given voice to these bodies, but who listens? The institutional body, within its theoretical ethics aiming for bodies with autonomy, is being invited to speak, review knowledge and theory, as these issues involve actions and positions in the face of diversity and plurality. Absolute institutional silence will objectify and stratify us. We need an involved Bioenergetic Analysis.

In the Latin American social context, reflections on the marked places of submission for black bodies, LGBTQIAPN+, those with disabilities, indigenous, and the exploitative environmental devastation are being seen and denounced by social movements. Likewise, the civilizing pact of whiteness to not recognize the presence of the other is being questioned, the narcissistic pact of whiteness, this unconscious alliance of not seeing the other as a fellow being. These unconscious attitudes craft compromise solutions of interest between more than one person, ally to uphold the maintenance of privileges, revealing in this intrapsychic space complex ties aiming for a conservative consensus. In this condition, reflective thinking and conflicts are avoided, leading to the limitation of the mind and body. This conservatism makes invisible, demonizes, and erases the knowledge of different peoples and cultures. There are no romanticisms; there will be tension against the barbarity introduced and currently maintained. It will be necessary for the hegemonic mask of the supposed white supremacy to fall. Open spaces so that the stories of perversion, cruelty of racism are revealed by the silenced voices, as they carry with them discourses, gestures, speeches, prejudiced looks, stereotypes, discrimination that must be reviewed, elaborated, resignified by all of us in the name of truth and social justice and relief from psychic suffering.

We must recognize other knowledge, as other peoples possess the understanding of the body and guiding them to their place of belonging are necessary conditions to give voice in its fullness.

We are a people, as a whole, sickened in different places. Everyone's life is under threat.

To give voice to a body in challenging times implies a Bioenergetic Analysis, which should be listened to analytically in the face of issues of whiteness and its implications on individual and social psychological suffering, involved in its ethical commitment to Social Justice, revisiting its theory, expanding knowledge, and cosmic wisdom from other peoples in the name of respect, transformation, change, and the rescue of the autonomy of that body, providing institutional prosperity, as its technical and theoretical possibility is emancipatory.

Suggested References

- Bento, C. (2022). *O pacto da Branquitude* (1st ed.). São Paulo: Companhia das Letras.
- Braga da Costa, F. (2004). *Homens invisíveis: Relatos de uma humilhação social*. São Paulo: Globo.
- Frankenberg, R. (1993). White women, race matters: The social construction of whiteness (5th ed.). University of Minnesota Press.
- Frankenberg, R. (2018). A Miragem de uma branquitude não-marcada. In V. Ware (org.), *Identidade Branca e Multiculturalismo* (p- 307). Rio de Janeiro: Garamond Universitária. <https://pdfcoffee.com/02-24-08-2018-frankenberga-miragem-de-uma-branquidade-nao-marcadapdf-pdf-free.html>
- Geledés. (10/09/2011). <https://www.geledes.org.br/definicoes-sobre-branquitude/>
- Kaës, R. (2014). *As alianças inconscientes*. São Paulo: Ideias & Letras. (Original title: *Les alliances inconscientes*).
- Paim, A. M., & Paim Filho, I. A. (2023). *Racismo e Psicanálise: A saída para Grande Noite*. Porto Alegre (Artes & Ecos).
- Paim Filho, I. A. (2021). *Racismo: Por uma psicanálise implicada*. Série Escrita Psicanalítica-dirigida por Lucas Krüger. Porto Alegre: Artes & Ecos.
- Today, W. Jr. (2021). *O Corpo Alienado: Uma Análise dos Fundamentos Sociopolíticos da Clínica Bioenergética Contemporânea*. Monografia apresentada ao Curso de Especialização em Análise Bioenergética do Instituto de Análise Bioenergética de São Paulo (IABSP), como requisito para a conclusão de curso e obtenção de titularidade. Orientadora: Léia M. M. Cardenuto, Local Trainer do IABSP. São Paulo.

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Feeling the Joy of Life in the Body

Ludic Activities in the Bioenergetic Analysis with Children

Périsson Dantas do Nascimento

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Abstracts

The article aims to present how Bioenergetic Analysis exercises can be applied in a playful way in Child Psychotherapy. There are specificities in handling body work with children, which are: a) the understanding that patients are still in the process of ego development; b) plasticity of armor formation in this phase; c) the intention to strengthen more adaptive defense systems. As an initial theoretical review, the pioneering initiatives of body psychotherapies on child clinical psychology are discussed and a proposal for the use of bioenergetic exercises is launched, following the assumptions for the energetic mobilization of the armor rings in children, in the bottom-up sense. Finally, this article justifies the importance of training psychotherapists for specific care with children as a way of promoting health and rescuing Reich's intention to prevent neuroses.

Keywords: Bioenergetic Analysis, Therapeutic Exercises, Child Psychotherapy, Prevention of Neurosis

Sentindo a alegria da vida no corpo (Portuguese)

Atividades lúdicas na Análise Bioenergética com crianças

O artigo pretende mostrar como os exercícios da Análise Bioenergética podem ser aplicados de uma maneira lúdica em psicoterapia com crianças. Existem especificidades no manejo do trabalho corporal com elas, que são: a) A compreensão de que os pacientes estão, ainda, num processo de desenvolvimento do ego; b) a plasticidade da formação da couraça nesta fase; c) a intenção de fortalecer sistemas de defesas mais adaptativos. Como uma revisão teórica inicial, discute-se as iniciativas pioneiras de psicoterapias corporais na psicologia clínica infantil e lança-se uma proposta de uso de exercícios bioenergéticos, seguindo as premissas da mobilização energética dos anéis da couraça em crianças, no sentido "bottom-up". Finalmente, o artigo justifica a importância do treina-

mento dos psicoterapeutas para um cuidado específico, ao lidar com crianças, como uma forma de promover a saúde e resgatar a finalidade de prevenção das neuroses, proposta por Reich.

Sentir La Alegría De Vivir En El Cuerpo (Spanish)

Actividades Lúdicas En El Análisis Bioenergético Con Niños

El objetivo de este artículo es presentar cómo los ejercicios y movimientos del Análisis Bioenergético pueden practicarse de forma lúdica en la Psicoterapia Infantil. Hay ciertas diferencias en el trabajo corporal con niños, que son: a) la conciencia de que los niños están todavía en el proceso de desarrollo del ego; b) la plasticidad de la formación de la coraza (y bloqueos) en esta fase de vida; c) la voluntad de aumentar los niveles de adaptación de los sistemas de defensa. A modo de revisión teórica inicial, se abordan las iniciativas pioneras de las psicoterapias corporales en la psicología clínica infantil y se propone el uso de ejercicios y movimientos bioenergéticos, siguiendo los principios de la movilización energética de los anillos en el sentido ascendente. Por último, este artículo argumenta la importancia de la formación de psicoterapeutas para la atención especializada con niños, como manera de promover la salud y prevenir las neurosis según Reich.

Sentire la gioia della vita nel corpo (Italian)

Attività ludiche in analisi bioenergetica con i bambini

L'articolo si propone di presentare come gli esercizi di Analisi Bioenergetica possano essere applicati in modo giocoso nella Psicoterapia Infantile. Ci sono modi specifici di gestire il lavoro corporeo con i bambini, che sono: a) la comprensione che i pazienti sono ancora nel processo di sviluppo dell'Io; b) la plasticità della formazione dell'armatura in questa fase; c) l'intenzione di rafforzare sistemi di difesa più adattivi. Come prima revisione teorica, vengono discusse le iniziative pionieristiche delle psicoterapie corporee sulla psicologia clinica infantile e viene lanciata una proposta per l'utilizzo di esercizi bioenergetici, seguendo i presupposti per la mobilitazione energetica degli anelli dell'armatura nei bambini, nella direzione bottom-up. Infine, questo articolo giustifica l'importanza di formare psicoterapeuti per l'assistenza specifica ai bambini come modo per promuovere la salute e salvare l'intenzione di Reich di prevenire le nevrosi.

Ressentir la joie de vivre dans le corps (French)

Activités ludiques en analyse bioénergétique avec les enfants

L'article vise à présenter comment les exercices d'analyse bioénergétique peuvent être appliqués de manière ludique dans la psychothérapie de l'enfant. Le travail corporel avec les enfants présente des spécificités, à savoir: a) la compréhension du fait que les patients sont encore dans le processus de développement de l'ego; b) la plasticité de la formation de la cui-

rasse dans cette phase; c) l'intention de renforcer les systèmes de défense les plus adaptatifs. En guise d'analyse théorique introductive, les initiatives pionnières des psychothérapies corporelles sur la psychologie clinique de l'enfant sont discutées et une proposition d'utilisation d'exercices bioénergétiques est lancée, en suivant les hypothèses pour la mobilisation énergétique des anneaux de la cuirasse chez les enfants, dans le sens ascendant du terme. Enfin, cet article justifie l'importance de la formation des psychothérapeutes à la prise en charge spécifique des enfants comme moyen de promouvoir la santé et de préserver l'intention de Reich de prévenir les névroses.

Die Lebensfreude im Körper spüren (German)

Spielerische Aktivitäten in der Bioenergetischen Analyse mit Kindern

Der Artikel zielt darauf ab, darzustellen, wie die Übungen der Bioenergetischen Analyse auf spielerische Weise in der Kinderpsychotherapie angewendet werden können. Es gibt Besonderheiten im Umgang mit der Körperarbeit mit Kindern, die da sind: a) das Verständnis, dass die Patienten sich noch im Prozess der Ich-Entwicklung befinden; b) die Plastizität der Panzerbildung in dieser Phase; c) die Absicht, mehr adaptive Abwehrsysteme zu stärken. Als erster theoretischer Überblick werden die bahnbrechenden Initiativen der Körperpsychotherapien in der klinischen Kinderpsychologie erörtert und ein Vorschlag für den Einsatz bioenergetischer Übungen unterbreitet, der den Annahmen für die energetische Mobilisierung der Panzerringe bei Kindern von unten nach oben folgt. Abschließend wird in diesem Artikel die Bedeutung der Ausbildung von Psychotherapeuten für die spezifische Behandlung von Kindern begründet, um die Gesundheit zu fördern und Reichs Absicht, Neurosen vorzubeugen, wieder aufzugreifen.

Ощущение радости жизни в теле (Russian)

Игровые занятия с детьми в биоэнергетическом анализе

Цель статьи – показать, как можно применять упражнения по биоэнергетическому анализу в игровой форме в детской психотерапии. Телесная работа с детьми имеет следующие особенности необходимо понимать, что: а) пациенты все еще находятся в процессе развития эго; б) на этом этапе структура панциря еще пластична; в) задача – укрепить более адаптивные защитные системы. В начале дается теоретический обзор новаторских инициатив телесной психотерапии в области детской клинической психологии и выдвигается предложение использовать биоэнергетические упражнения, следуя гипотезе об энергетической мобилизации панцирных колец у детей в направлении снизу-вверх. В финале в статье обосновывается значение обучения психотерапевтов для специфической терапии детей как способа укрепить здоровье и реализовать стремление Райха предотвращать неврозы.

在身体中感受生命的喜悦 (Chinese)

儿童躯体动力分析中的玩耍活动

本文旨在介绍躯体动力分析练习中，如何将游戏的方式应用于儿童心理治疗。对儿童进行身体工作有其特殊性：a)患者仍处于自体发展过程中；b) 此阶段具备自体盔甲形式的可塑性；c) 具有加强更具适应性的防御系统的意图。作为初步的理论回顾，本文讨论了身体心理疗法在儿童临床心理学方面的开创性举措，并根据儿童自体盔甲的能量动员的假设，从自下而上的意义上提出了使用躯体动力分析练习的建议。最后，本文论证了培训心理治疗师对儿童进行特殊照护的重要性，这是促进健康和挽救赖希预防神经官能症意愿的一种方式。

Once Upon a Time ... The Beginning of a Path in the Children's World

Why work with kids? When my desire to address to this audience, so fragile in our contemporary world, was born?

To begin this work, I believe it is important to address a little of my history with Bioenergetic Analysis. It all started when I was still studying psychology, in the 1990's. At that time, I had the opportunity to take my first course aimed at assisting children and adolescents in the body approach. I was in the last year of the university course, in Natal/Brazil, and I was very interested in the clinical area. During this period, I participated in two extracurricular internships: in one of them, I attended children in a private clinic and, in the other, I developed a group work project with teenagers living in a peripheral neighborhood of the city. I was supervised by pioneering psychologists in body psychotherapy in the city, Fernanda Wanderley and Alzenira Gomes, to whom I pay my respects here.

They were university professors with extensive experience in Play Therapy and Humanistic Psychotherapy with adolescents, in the 80's and 90's, being supervisors referenced in the clinical area. They were the pioneers in the introduction of Body Psychotherapy in the city of Natal, as they began to take courses in Bioenergetic Analysis and Reichian Therapy, and brought this knowledge to the university. Based on their experiences, they initiated innovations in their practice, adapting body psychotherapy exercises and techniques for child and youth care, offering training courses and internships. I had the opportunity to take courses with these teachers, which gave me the first enchantment with the bioenergetic approach, through which I was able to work on deep issues from my childhood through therapeutic groups and supervised practices. Sadly, both passed away too soon, to the point where they were unable to systematize their discoveries in writing, but the legacy of their wisdom and creativity lives on in my heart with deep gratitude.

For the first time, I began to work on the issue of the inner child in my personal therapy. Through Bioenergetic Analysis, I accessed deep processes: my birth trauma, my issues with oral frustrations, the muscle fragility I felt in my body, the episodes of bullying for being a chubby boy who wore glasses, my difficulties in responding to the expectations of aggressiveness attributed to boys my age. I found refuge in my head – I ended up becoming one of the best students in the school and was finding the connection and identification with the teachers to move forward. Physical education classes were definitely torture for me, as I was a clumsy boy who had no sports skills. I developed a difficult relationship with my body, which demanded expression, but did not find encouragement in the school environment. My body was more identified with creative activities in the arts, theater, dance, which came to be developed only in adolescence. It was not by chance that, when I entered the Psychology course, Body Psychotherapy immediately attracted me, the experiences with courses and therapeutic groups provided the opportunity to rescue the expression of this body that had been denied since I was a child.

Later, at the end of the 2000's, I had the opportunity to take a course in Body Psychotherapy with Children and Adolescents, taught by Brasilda Rocha, in Rio de Janeiro. As will be seen below, she is one of the pioneers in the systematization of the use of toys and games in therapeutic work with children. It was a very deep path of theoretical and technical improvement. This work, in addition to being a central reference for my reflections, is one of the starting points for the development of my practice as a psychotherapist, trainer and supervisor in Bioenergetic Analysis. A differential of this course concerns the possibility of working on the emotional issues of our inner child, through the use of toys as resources to work through emotional conflicts and mobilize the energetic blockages contained in the armoring, originated in childhood traumas and frustrations.

Concomitantly, I had the opportunity to start my international training in Bioenergetic Analysis, at Libertas Comunidade, in Recife. This fact consolidated my trajectory as a psychotherapist who understands the human being in its integral dimension – mind and body in a functional unit based on its energy processes. However, one aspect caught my attention: although trainers are often talking about childhood traumas existing in the character defenses of adult patients, little was said about actions aimed at the psychotherapeutic treatment of children. Bioenergetic Analysis, as well as Psychoanalysis, addressed childhood experiences based on the effects they had on adult bodies. That is, behavioral fixations, emotional neuroses and the complex network of neuromuscular armor that block vital energy originate in the frustrations of child development. In this

sense, the focus was on learning techniques to treat adult patients with armoring and neurotic defenses already consolidated. There was no content for learning skills aimed at serving children and youth in the IIBA training programs. This article is an attempt to systematize all the knowledge obtained from this history. Its central objective is to present the theoretical and technical bases for adapting the Bioenergetic Exercises aimed at children. I will begin by addressing a conceptual foundation, traversing the pioneering initiatives in Body Psychotherapy in clinical work with children. Finally, I will bring the specific contribution to Bioenergetic Analysis in this context, describing a sequence of exercises adapted in a playful way, following the bottom-up methodology of energy mobilization in body work with muscle armor.

Psychotherapy: A Bioenergetic Approach

The work with children, in Body Psychotherapy, began with Wilhelm Reich's concerns about the prevention of neuroses in children, acting mainly within the sphere of institutions responsible for the socialization and regulation of children's natural impulses – the family and the school. Reich (1984), in his book *Children of the Future*, observed that children showed signs of contraction of vital energy from the first moments of life, resulting from difficulties during pregnancy and traumas in the birth process, difficulties in breastfeeding and repressive behaviors of educators influences on later psychosexual development. The author reflects on the primary origins of defensive characterological patterns in children and the interruption of the normal energy flow in the body, factors that result in the formation of armor, preventing a functional and healthy relationship with the world, with sexuality and with oneself. In several moments of his work, it is possible to perceive the relationship that the author establishes with the sexual repression of the parents regarding the interruption of the energetic, affective and sexual flow of their children. He emphasizes the harmful role of the repressive moral education in the development of the emotional plague that the culture imposed on children from birth.

His preventive actions focused on sexual education projects for parents and teachers, prenatal therapeutic care and postpartum infant first aid, helping in any difficulties that occur in the birth process, a key moment of primary cell contraction that can be established as a trauma in the newborn body. Later, his daughter Eva Reich (1998) continued the work focused on accompanying pregnant and postpartum women, through interventions promoting the improvement of con-

tact and attachment in the mother/baby relationship, through subtle touches, massages and ergonomic work with the neuromuscular armoring of the pregnant woman's body, to facilitate childbirth, puerperium and breastfeeding. Reich was also very active in the proposal to bring the ideas of free education to the school environment, which did not repress libidinal tendencies, centered on the spontaneous interests of children and adolescents, as well as their emotional self-regulation capacities.

One of the first authors to develop a more effective prophylactic and psychotherapeutic thinking to the treatment of neuroses directly with children from a bioenergetic approach was Elsworth Baker (1988), who, following Reich's ideas, developed ergonomic procedures to prevent the chronicity of neuromuscular tensions in children, based on interventions in the seven segments (rings) of the armor. Children are considered energetically open and plastic beings, with a self-development that allows, on a psychosomatic level, a very effective energetic reconstruction, as they have an innate potential for positive growth and health. Preventive work with mothers and family systems is also extremely emphasized, because the child needs to develop in an energetically open environment to accommodate their libidinal/drive demands according to the different phases of their psychosexual development, which, if unsatisfied, lead to the unleashing of characterological defenses.

Xavier Serrano Hortelano (1997), coordinator of the Spanish School of Reichian Therapy, reformulates the theories of Reich and Baker based on the contributions of Federico Navarro, proposing a post-Reichian paradigm for Character Analytic Vegetotherapy. The author, with whom I had the opportunity to carry out training focused on the prevention of neuroses, contributes to an ergonomic theory of child development, approaching the energetic flows that are present in the different moments of the constitution of the child's ego, from intrauterine life, birth, breastfeeding/orality, the search for individuation and genitality. Despite theorizing about the stages of child development, the author disagrees with the need to carry out a psychotherapeutic action with children, as he believes that their symptoms should always be seen in relation to the different systems that act to repress the child's psychosomatic organism (family, school, society). Thus, his work is focused on a proposal for the prevention of neuroses in childhood and adolescence, defined as Ecology of Human Systems, which consists of actions aimed at families and schools, based on Reichian principles.

Regarding Bioenergetic Analysis, Lowen (1990, 1994) was one of the main authors in body psychotherapy who systematized a theory of character according to Freud's stages of child development, revealing the functional/energetic and

psychodynamic constitution of character defenses and concomitant body armor-ing structures from the experiences of frustration that the child would experience in the constitution of their ego, culminating this process in the Oedipus Com-plex. In this perspective, there would be more primary defenses of pre-genital constitution (schizoid, oral, narcissistic and masochistic, arising from frustra-tions during pregnancy/birth, breastfeeding and control of autonomy in the anal phase) and

genital/phallic defenses (resulting from conflicts in the oedipal triangulation and the love/sexuality split). However, like Freud, Lowen never got to work with children in his clinic, elaborating his theory based on the symptoms observed in the care of adult patients, who exhibited several complaints related to their histo-ry as children.

Another important point to highlight in Lowen's works concerns the impor-tance he brings to the spontaneous movement of the body, the possibility of expansion experienced through exercises and therapy in Bioenergetics. The au-thor addresses the need to play, move around, dance, as a contact with joy – the primary core of existence and organismic pulsation, which is gradually lost with the educational process of repression. The recovery of the ability to feel pleasure in life permeates the work with the blockages that prevent the free expression of spontaneity, so natural for children.

Christa Ventling (2001) points out that Arnt Halsen was the first therapist to develop a pioneering initiative to apply bioenergetic exercises in a center for children with psychiatric disorders in Norway. The author points out that Halsen even presented the results of his work at an international conference, in the 90's, which was received without much enthusiasm by the bioenergetic community, a fact that left him quite discouraged for the development of further reflections and sharing. Ten years later, the author publishes the book *Childhood Psychother-apy: A Bioenergetic Approach*, with chapters by therapists who developed different works with children and their families, pointing out the need for greater attention to this public within our community. The book honors Halsen for his initiative and republishes, in the form of a chapter, the article where he reports the previ-ously cited work with children, which was first published in the IIBA journal. Another author who carried out a work along the same lines, combining behav-ioral psychotherapy treatment with bioenergetic exercises to treat children with different psychopathologies in a child mental health unit in Germany, was Wills (2001), whose article is in the book quoted here.

In 2007, Dennis MacCarthy released the book "*If You Turned Into a Mon-ster*": *Transformation Through Play: A Body-Centred Approach to Play Therapy*,

in which he addresses his career as a child therapist, through session reports, theoretical and technical reflections, using play therapy and the principles of Bioenergetic Analysis to guide their clinical practice. The author uses a combination of Jungian concepts to understand the symbolic dynamics contained in children's games and language, as well as the energetic look to work emotions through the body, privileging the of grounding and orgasmic curve in his observation and intervention on symptomatic behaviors. Resources such as drawings to symbolize the conflicts existing in the child's psychodynamics, sand play work, dramatization and bioenergetic exercises are combined to unite body and mind in the therapeutic accompaniment in individual and group clinics.

What characterizes the work of these authors is the combination of play therapy elements with the practice of bioenergetic exercises that can be performed in group or individual therapy, emphasizing massage procedures, touch, exercises for limits and improving trust, grounding, surrender and various expression techniques to mobilize/flexible neuromuscular tensions in children. However, it is noticed that there is no theorization about the development about child emotional development based on the notions developed by Reich and Lowen. Bioenergetic work comes in as a complement, in the form of exercises to energetically mobilize and help express repressed emotions, promote body regulation and awareness. The work of psychotherapy is carried out through a behavioral or analytical perspective, giving us the impression that a lack of coherent integration between theory and practice in the therapeutic setting, regarding the diagnostic understanding of the child in terms of character and its correlation with the armor development.

In Brazil, Brasilda Rocha (2014) developed an integrative theory and technique of body psychotherapy aimed at childcare. Her experience with child psychoanalysis, added to her training in various neo-Reichian approaches (bioenergetic analysis, biosynthesis, biodynamic psychology, formative psychology) enabled this pioneering author to develop an approach that combines elements of play therapy and a characterological understanding of the child's play and its energetic movement according to the orgasmic curve elaborated by Reich. In this way, the central objective of psychotherapy is to enable a return to the normal energy flow in the child's development, considered as a being with an open, plastic egoic constitution, with very fragile structured defenses. Unlike therapy with adults, which aims to deconstruct the characterological defenses, in child therapy the focus is on the continuous construction of healthier and more adequate defenses so that the child can establish a more integrated and functional relationship with the world around them and with themselves, so that their impulses,

emotions and thoughts can have a safe space of containment, expression and creation.

Regarding the therapeutic process itself, Rocha (2014) states that before the child enters the therapeutic process, they must undergo a careful psychodiagnostics evaluation, in which a mapping of the child's difficulties in the various areas of their lives is carried out, along with the parents. An extensive process of anamnesis and investigation of family dynamics begins, in addition to the application of tests, mainly evaluating cognitive, affective and interpersonal relationships. Only then would it be possible to survey goals and work techniques. Soon after this process, there is the return of the evaluation to the parents through a feedback interview, in which the therapeutic contract is agreed, emphasizing the importance of their participation in follow-up interviews, for the progress of the treatment process.

Once referred to therapy, the child will use toys and various resources (ludic box, theater, paper, sandbox, materials for cutting, drawing, painting and collage) in order to express their inner world, their emotions and conflicts. The therapist must be attentive to work on the energy flow of the child's play during the session and the formation of character structure defenses displayed in the quality of play and in verbal and non-verbal expression. Toys are selected by the child according to their age group and their character defenses that are not yet fully defined. The toy, in this perspective, represents the body and is used as an interpretation and/or intervention in the child's bioenergetic process.

It is important to respect the development of the child's energy flow, not interrupting it, but rather creating facilitating conditions for the child to work out their blockages within the rules and limits of psychotherapy in the therapy room. The therapist performs functions of fundamental importance, such as: a) in bodily terms, embracement, holding, establishment of limits, sensorimotor integration and grounding; b) in psychodynamic terms, the recognition and interpretation of character defenses that are being projected into toys and games. The intervention must follow an integrative look at the analytical, corporal and energetic aspects of the child, through exercises, presentation of new toys or changing the way the child plays, in order to help break through emotional blockages and discharge the energy that is stagnant.

The instruments used by Rocha (2014) basically consist of toys and different games, chosen according to extensive research that verified with 150 children, the quality and mobilization of defenses and the energy invested in more than 120 toys. It is interesting to observe how children, during the process, can change the way they play with the same toy, associating it with different contents, according

to the theme of character defense that was configured from frustrations in their moment of development. Often, the child may show a fixed pattern of behavior, rigidly manipulating toys and games, or avoiding them, for arousing anguish.

For example: a child with schizoid defenses tends to play with “collect fragments” toys or seek containment for their disorganization and aggressiveness/freezing, just as a child with oral issues may have the need to play with toys and games that evoke content of separation. That is, each child will choose the toys they need to deal with the challenges and anxieties inherent in their development process. In addition to toys, massage techniques, grounding, expressive exercises are used; work with the Swiss ball (indicated for expanding the muscles involved in breathing in a more ludic and smooth way, as a substitute for the bioenergetic stool when working with adults); songs (to stimulate the spontaneous and relaxed movement of the armour through dance); plaster (metaphor of affective freezing, outline, fragmentation), clay, sand, twine, rope, elastic, play dough, among other resources.

Brasilda Rocha also developed a work methodology of a preventive nature, focused on the application of Body Psychotherapy in schools, with teachers and students, in order to enhance the educational relationship for the formation of people more connected with their feelings and the development of creativity in the school space. In her book *Brinkando na Escola (Playing at School)*, Rocha (2010) presents a proposal for intervention rescuing the importance of playful spaces to promote the social, cognitive and emotional development of children, through body exercises, use of toys and expressive materials. The work was initially carried out with teachers, to make them aware of the importance of playing in the school context and, later, with students, with very positive results.

Integrating Body and Imagination: Our Proposal for Bioenergetic Exercises for Children

Based on all the theoretical and technical influences mentioned, I developed a way of working with children with bioenergetic exercises that can be used both within the psychotherapeutic space and in group exercise classes in the context of the clinic, school or other institutions aimed at children’s audience. Halsen (1992), in his article, precisely defines the main objectives in bioenergetic work with children, which are:

- improve children’s knowledge and awareness, contact with their bodies and feelings;

- increase the ability to express these feelings, completely, and verbalize them;
- increase conscious control of emotional expressions; improving the ability to tolerate and contain emotions and tensions; helping them to see the meaning and reason for emotions and reactions;
- building and establishing boundaries, physically and psychologically;
- reduce the tendency to split childishly by recognizing that other people are not all bad or all good;
- strengthen the identity and the ability to stand on one's own feet;
- develop concentration, firmly, and seek goals, developing containment mechanisms;
- provide a secure base for further development of interpersonal relationships.

I can add another therapeutic goals, thinking about the energy intervention that bioenergetic exercises can promote in psychotherapy:

- develop orgasmic potency in children, in order to sustain the cycle of muscle tension – energy charge – energy discharge – muscle relaxation;
- make the development of neuromuscular armor more flexible, avoiding the energetic fixation that serves as a somatic base for character neurotic symptoms;
- work on the armor segments, respecting the pulsatory rhythm and energy charge of each child, promoting a healthy psychosexual development.

My proposal is to adapt the bioenergetics exercises, reported by several authors (Schoereter & Thompson, 2011; Hoffman & Gudat, 1997; Lowen, 1989) to the child context, combining body movements with guidelines that invite to fantasy, in a ludic way. Thus, my proposal can integrate an intervention that associates somatic and symbolic elements, favoring pleasure in contact with the body, in the therapeutic relationship. As the child is in the process of development, it is very important that the therapist can perform the exercises respecting the needs and limitations of the patients, based on the energy diagnosis. Children with schizoid and oral issues, for example, will need exercises that stimulate more energetic charge, which must be performed slowly at first, within what they are able to bear and internalize. Children with anal issues, with narcissistic and masochistic defenses, need to work on autonomy, containment and energetic discharge, with games that can involve a more intense rhythm. The principle of Reichian orgasmic curve is the key paradigm for all interventions. So, it is essential to respect the process of pulsation: tension, charging, discharging and subsequent relaxation as a central map to promote the regulation of the autonomic nervous system.

Bioenergetic Analysis is based on the theoretical assumption of the therapist's need to work first on the patient's contact with his legs and feet, as a form of anchoring, rooting in the principle of reality. Lowen (1989, 1994) points to the importance of progressively grounding the ego, in order to subsequently work on upper muscular tensions, related to older frustrations in the development process. For example, armoring in the ocular and oral rings are related to difficulties experienced in the first moments of the mother/baby relationship, correlated with schizoid and oral defenses. With the children, in a soft and gentle way, this work provides, through the exercises, the possibility of expanding the bioenergetic charge/discharge circuit in the grounding position. Some examples, for this purpose, are:

1) Exercises for the Pelvic Segment, Legs and Feet (Grounding)

- Walking like a ballerina on tiptoe, trying to balance and twirl like in a ballet show;
- Walk on your heels, like a duckling, and if your feet or legs hurt, make the duck noise "quack quack";
- Imagine that you are walking in an orchard with very tall trees and that you need to stretch your arms out towards the ceiling to pick up as many fruits as you can;
- Walking like a gorilla, with knees bent, stepping with the outer edge of the feet, making monkey postures and grimaces, imitating its noises;
- Ask to march like a soldier, singing some military music, emphasizing the marked step and the voice, paying attention to the rigidity of the body. Depending on the cultural context, the figure of the soldier can be replaced by the robot, as a way of working with mechanical movements;
- Tread lightly, as if you were stepping on clouds, or walking on eggshells;
- Stepping as if crushing grapes on the floor to make wine – depending on the children, imagine stepping on cockroaches or monsters on the floor, to release aggression. This exercise can be a continuation of the previous one of stepping on eggs, imagining that disgusting animals are emerging from their shells, working on fear, disgust and defense;
- Walking around the room as if sneaking off somewhere so no one can hear, or imagining you are playing detective and looking for someone no one can hear. You can also imagine that it's nighttime and you want to get a candy from the fridge hidden from your parents;

- Grounding exercise: ask the child to stand up and imagine that they are a tree that takes root in the ground. Ask them to imagine that the feet are the roots, the body is the trunk and the arms can be the branches that slowly reach towards the sky. To stimulate the vibrations, ask the child to flex and stretch their knees, as if they were pulling food from the earth that will feed the tree. If the child feels the vibration, reassure them, as they may feel strange because of the novelty of the sensation. One resource is to imagine that this tremor is the earth's energy that feeds the plant to grow. Always remember that the tree needs to breathe to grow and carry out photosynthesis.

From the legs and pelvis, the therapeutic work can ascend to the energy rings/segments (Baker, 1988) of the abdomen and diaphragm, which are intimately involved with the processes of breathing, centering, and contacting the internal organs. Because it raises content that can generate anxiety, it is recommended that the exercises be done with great care, observing how the child can assimilate the internal movements of the body without arousing fears, hyperventilation or high excitement.

2) Exercises for Abdominal and Diaphragmatic Segments (Breathing)

- Imagine your belly as a big balloon that can inflate and deflate with air. Ask to inhale and fill your belly very slowly and then let go little by little. When releasing, try to blow, exhale with your mouth open. Observe existing blockages for both filling and emptying. You can ask to touch the belly and feel the inflation and deflation from the hand on the navel or ribs;
- Balloon exercises: ask the child to fill the balloon as much as possible without bursting it. If it bursts, deliver another one and work on the scare that may arise. You can ask to put bad feelings, things that distress you, tiredness, or any content they want to put there in the balloon. Then ask the child to empty the balloon and put that content somewhere. Later, fill it again with good feelings and be able to leave the feelings inside, tying the balloon. There are children who cannot inflate their balloons, due to lack of energy in the mouth and diaphragm, work patiently within limitations;
- After this step, throw the balloon into the air and interact with the therapist, asking them not to let the balloon with the good feelings fall to the floor. This game works well on stretching the arms and diaphragm. In groups, it is

a very fun activity, in which the children try hard not to drop the different balloons that are thrown into the air. After a time of interaction, you can ask each child to look for their balloon and stay with it. The work is completed by asking each child to be able to separate from their balloon in the way they want – it is interesting to note that some want to keep the balloon, others burst it, others empty it, depending on the attachment pattern and associated emotional content;

- Imitate the dog's breathing when it gets tired, sticking out the tongue and giving a rhythm to breathing through the mouth, in order to mobilize the diaphragm musculature, with sound. It is important to be careful with the hyperventilation that can happen;
- Exercises with the voice, asking to inhale deeply and vocalize the vowels until all the air that was inhaled is released. You can ask the child to do it in front of a wall and imagine that the sound is a wave that can hit the wall, almost to the point of piercing it. Another variation is to play who can make the sound as long as possible during exhalation.

The thoracic segment includes movements with the arms and the articulation of the shoulders, elbows, wrists and fingers. In psychological terms, the chest and arms are related to affection, contact, as well as the intention to grab, fetch, bring, movements that are important in the attachment pattern in child development (Hoffman & Gudat, 1997). Lowen (1989) addresses the chest as the somatic center of identity, in which the notion of self in children is distinguished, closely associated with emotions: in contraction – fear, anguish; in expansion – aggressiveness, love. In my practice with children who have primary developmental traumatic issues, I noticed a slightly expanded chest, requiring gentle movements to thaw the fear of contact and of their own feelings. As for children with anal and phallic issues, there is a tendency to stiffen up that needs to be relaxed.

3) Exercises for the Thoracic Segment

- Spin your arms back and forth in large circles, like a weathervane at different speeds;
- Imagine that the joints need oil to be able to move better, as happens in robots and machines and the oil would be passed through circle movements in the joints of the shoulders, elbows, wrists and fingers, moving very slowly. You can expand this same exercise to the leg joints;

- Playing tug of war, pulling a towel or rope, saying loudly: “Me” or “It’s mine”, expanding the sound well on exhalation;
- Raise your shoulders up and make a startled face as if you’ve seen a ghost or a monster. Stay a few seconds and relax, imagining that the ghost is gone – do this a few times;
- Afterwards, react and punch the ghost, releasing anger, with sound, emphasizing strength and ability to defend yourself. Expressive exercises should be worked on observing the child’s blocks, familiarizing them with empathy for emotional contact and expression, welcoming the contents that come, especially shame;
- Imagine that the child is in a boat or canoe, in which they need to row widely, opening our chest, to reach a very beautiful place. It might be that some children enter the fear of being in the water or drowning, the therapist’s support to offer a safe support image is fundamental to allow the expansion of the chest and overcoming the fear;
- Remember a very dear person you love. Feel your heart and body, open your arms in search of giving the person a big hug. Gradually, imagine that the person approached and the child is hugging with great affection and receiving a lot of positive energy. It is an exercise in expanding, bringing in and embracing one’s body, which can be repeated a few times.

Now it will be approached about a very delicate segment, the cervical, which involves the muscles and vertebrae of the neck, as well as the throat. Michel (1997) points us to the need to observe the neck as the bridge between the head (seat of cognitive processes) and the rest of the body (where the viscera and motor processes are located). It is a region closely linked to experiences of controlling emotional expression, represented by strong tensions located in the back of the neck and in the lateral and posterior muscles. In children, it is a segment that can arouse anxiety related to suffocation, birth trauma, repression of expression, insecurity and disorientation. The exercises must be performed slowly and smoothly, allowing tensions to be relaxed without awakening primitive fears, such as lack of control or panic.

Exercises for the Cervical Segment

- Swing your neck sideways, in a pendulum format, as if it were an old clock, very slowly. You can sound the idea of “ticking old clock” as a stimulus to the pendulum’s imagination;

- Search the environment for all the details that exist on the ceiling, floor, walls, activating curiosity, moving the neck and eyes. This exercise conveys a sense of exploration and security to children, making the neck more flexible without triggering intense emotional discharges;
- Imagine a pencil on the tip of your nose drawing a circle in the air. Ask the child to slowly rotate the neck to one side, completing the circle and to the other, leaving the neck very soft. Check if the child does not feel dizzy. Ask the child to draw the number 8 lying down with the tip of the nose to work on tension in the back of the neck. You can also ask them to write their name in the air with the tip of their nose, as a way of working on identity;
- Do the “no” movement slowly with the neck sideways, saying no to the bad or annoying things/people that they don’t like or don’t want in their life;
- Make the “yes” movement very slowly with the neck up and down, imagining saying yes to the good things/people they want to have around their life.

The next segments involve the muscles located in the head, which Navarro (1996) conceptualizes as “tele receptors”, related to the processing of information from the five senses: sight, hearing, touch, taste and smell. I am talking here about oral and ocular armoring, whose tensions refer to frustrations experienced in the first moments of life in the relationship with the maternal figure – traumas during pregnancy, childbirth, difficulties in postpartum attachment and breast-feeding/weaning. The exercises must be proposed with gently care and delicacy, as very primary ego defenses can emerge, such as dissociation, depressive anxieties, associated with fear and sadness, abandonment and rejection. That’s why this segment is worked on last, as the energy of the progressive segments has already been mobilized, providing a psychosomatic structure for the child to deal with what may arise from the proposed movements, in order to integrate all the primitive experiences in a safe way.

Exercises for the Oral and Ocular Segments

- Play making different sounds with the mouth – car sound (brrrrrr), explosion (boom), smacking kisses, letting the laughter free, as a way to also release the diaphragm and relax the defenses;
- Suck in the air with your mouth in the shape of a beak, imagining that you are having a milk shake or a very tasty juice through a straw (breathing in), filling your belly with what is being taken and then releasing the air between

your teeth with sound of S, really emptying the belly, mobilizing abdomen and diaphragm. Do the exercise being careful with hyperventilation;

- Imagining chewing gum, then a food or a very hard candy, stimulating movement with the jaws in a very exaggerated way;
- Imitate a cat or dog showing teeth to mark territory or to defend against a threat;
- Making different faces: showing tongue, teeth, making the ugliest face you can, with sound – observe inhibitions, in case they arise – you can ask to make faces initially with eyes closed, then open your eyes and maintain contact. Impersonating a clown or some funny character can help overcome shame;
- Look up at the sky, down at the ground, without moving your neck, repeating a few times;
- Look left and right, trying to see what's behind the body;
- Playing with the facial expression of emotions: fear, anger, sadness, disgust, shame, joy – it is important to mirror the emotions together with the children, so that they feel free to recognize them. A good resource is the use of emoji pictures;
- Close your eyes, place your hands over your face to block your vision. Ask to feel the temperature and the touch of the palms over the eyes and then open them inside the shell so that they can rest. Finally, slowly open your fingers, letting the light in little by little and take your hands away from your face, showing your eyes again.

For the finalization of the work, it is always interesting to integrate what has been experimented with the inverted grounding (bend over) and arch postures (Lowen, 1989) as a way of giving children an opportunity to discharge energy and subsequently relax. After a sequence of exercises, it is suggested that the child spend some time lying down, listening to relaxing music or in silence, as a way for the parasympathetic nervous system to promote self-regulation.

- Inverted Grounding (bend over): imagine the body as a tree, feeling the feet as strong roots, the tree will have the magical power to bend its trunk and touch its branches lightly to the ground and experience this. Gradually, the tree will rise and return to the starting position. Another way to work on this posture is to imagine that the spine would be a curved Lego tower that will be built piece by piece, with the head being the last to fit in when lifting;
- Arch: still using the metaphor of the tree, imagine that a very gentle wind sways its trunk and branches gently back and forth. Ask the child to feel the strength of the plant's roots in the ground, that the wind comes and does not knock it down.

And the Moral of the Story Is ... Our Last Words

This work will be the embryo of a future book that I intend to publish on Bioenergetic Analysis with children and adolescents, in which I will address clinical handling with toys, character theory and parental counseling. I need to emphasize the low incidence of articles focused on bioenergetic care with children, as well as themes aimed at this audience, in books and publications of our community (*International Journal of Bioenergetic Analysis*, *Latin American Journal of Body Psychotherapy*, *European Journal of Body Psychotherapy*, etc.). My candidacy for the international trainer aims to raise this topic for the IIBA Faculty, in order to develop actions, courses, training workshops for the child therapeutic care in Bioenergetic Analysis, since the current faculty has few specialists in this topic.

I justify the need to consider that therapeutic work with children in today's world is fundamentally important, given that some studies (Catani & Salatino, 2019; Porto & Valente, 2014) point to the high demand for child psychotherapy, with few professionals trained to treat this public in their specificities. The skills and competencies for working with children are not the same as those taught in our adult clinical care training courses.

It is necessary to create training strategies for therapists who can take care of the psychic suffering of our future generations, who are immersed in a very challenging world. Problems such as anxiety, depression, suicidal ideation, psychosomatic issues, panic – formerly related exclusively to adults – today are frequent complaints from our children, who are experiencing difficulties in their ego formation, immersed in a virtual world of excessive information and stimuli, with lack of contact with the body and opportunities to play.

Working with the body, rescuing children's self-regulatory potential is a mission to heal the future of the planet and humanity. Bioenergetic Analysis needs to rescue the Reichian origins of committing itself to the prevention and treatment of neuroses at an early age. I hope this work can inspire new exercises and creative interventions that promote healing for children – whether they are our patients or the inner children that live within us.

References

- Baker, E. (1988). *O labirinto humano*. São Paulo: Summus.
- Catani, F., & Salatino, F. (2019). Caracterização do Perfil da Clientela que Busca o Serviço Escola de Psicologia do Centro Integrado de Saúde Uniamérica. *Revista Pleiade*, 13(27). <https://doi.org/10.32915/pleiade.v13i27.509>

- Halsen, A. (1992). Bioenergetic work with Children: Experiences from a child psychiatric unit. *Bioenergetic Analysis*, 5(1), 30–44.
- Hoffmann, R., & Gudat, U. (1997). *Bioenergética: Liberar a energia vital*. Rio de Janeiro: Kuarup.
- Hortelano, X.S. (1997). *Ecología infantil y maduración humana*. Valencia: Publicaciones Órgon.
- Lowen, A. (1989). *Exercícios de Bioenergética*. São Paulo: Ágora.
- Lowen, A. (1990). *Bioenergética*. São Paulo: Summus.
- Lowen, A. (1994). *A espiritualidade do corpo*. São Paulo: Summus.
- Lowen, A. (1998). *Alegria*. São Paulo: Summus.
- McCarthy, D. (2007). *If you turned into a monster: Transformation through play: A body-centered approach to play therapy*. New York: Jessica Kingsley.
- Michel, E. (1997). *Bent out of shape*. California: SCIBA.
- Navarro, F. (1996). *A somatopsicodinâmica*. São Paulo: Summus.
- Porto, M., Valente, M., & Rosa, H. (2014). A construção do perfil da clientela numa clínica-escola. *Boletim de Psicologia*, 64(141), 159–172.
- Reich, E. (1998). *Energia Vital pela Bioenergética Suave*. São Paulo: Summus.
- Reich, W. (1984). *Crianças do futuro*. Curitiba: Centro Reichiano (tradução interna).
- Rocha, B. (2010). *Brinkando na escola*. São Paulo: Arte e Ciência.
- Rocha, B. (2014). *Brinkando com o corpo*. São Paulo: Arte e Ciência.
- Schoereter, V., & Thompson, B. (2011). *Bend into shape: Techniques for bioenergetic therapists*. California: SCIBA.
- Ventling, C. (org). (2001). *Childhood psychotherapy: A bioenergetic approach*. Basel: Karger.
- Wills, T. (2001). The blue ball intervention: Integrating bioenergetics into a children's acute care psychiatric unit. In C. Ventling (org). (2001), *Childhood psychotherapy: A bioenergetic approach*. Basel: Karger.

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The Integration of Character Structure and Personality Organization

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For most of us the experience of being a person is so familiar, so unified, and so continuous that it's difficult not to take it for granted. But we shouldn't take it for granted ...the basic background experience of being a unified self is a rather fragile construction ...

Dr. Anil Seth

Abstracts

Theories of both Personality Organization (PO) and Bioenergetic Character Analysis (BA) are born from Psychoanalysis. Due to the influence of a medical model of understanding and treating mental health disorders PO and BA have been taught and developed separately. This article explains PO to the Bioenergetic audience, via the *Psychodynamic Diagnostic Manual, Second Edition (PDM-2)*, and proposes a circumplex model for how to integrate the two theories. A psychoanalytic understanding of how people can organize their sense of self in a borderline or psychotic way is described, in contrast to a medical model of viewing borderline and psychotic experiences as discreet disorders. A concept of the self is defined and provides the basis for the integration of theories. Dynamics and traits for borderline and psychotic organization are described and contrasted so that a clinician can identify the difference between the two. A case study is presented to demonstrate how the integration of the two theories looks in practice.

Keywords: personality organization, character structure, psychoanalysis, PDM-2, circumplex model, sense of self

Integração da Estrutura de Caráter e da Organização de Personalidade (Portuguese)

Tanto a Teoria da Organização de Personalidade (PO) quanto a da Análise de Caráter Bioenergética (BA) têm sua origem na Psicanálise. Por causa da influência do modelo médico de compreensão e tratamento de desordens da saúde mental, PO e BA têm sido ensinadas e desenvolvidas separadamente. Este artigo explica a PO para a comunidade da Bioenergética, através do *Manual do Diagnóstico Psicodinâmico – Segunda Edição (PDM 2)* e propõe um modelo circunplexo de como integrar as duas teorias. Traz, também, uma compreensão psicanalítica de como as pessoas podem organizar seu senso de self num modo de ser *borderline* ou psicótico, em contraste com a visão do modelo médico para experiências *borderline* e psicóticas como desordens discretas. O artigo define um conceito de self como base para a integração das teorias e descreve dinâmicas e traços para as organizações *borderline* e psicótica, de modo que se possa identificar a diferença entre as duas. Apresenta-se um estudo de caso, para demonstrar como a integração das duas teorias se apresenta na prática.

La integración de la estructura del carácter y de la organización de la personalidad (Spanish)

Las teorías tanto de la Organización de la Personalidad (OP) como del Análisis Bioenergético del Carácter (AB) tienen su origen en el Psicoanálisis. Las teorías OP y AB se han desarrollado y estudiado de forma separada, debido a la influencia del modelo médico de comprensión y tratamiento de los trastornos mentales. Este artículo explica la teoría OP para la comunidad bioenergética, a través del Manual Diagnóstico Psicodinámico PDM-2, y plantea un modelo circunplejo sobre cómo integrar las dos teorías. Se expone una comprensión psicanalítica de cómo las personas pueden organizar su sentido del yo de forma límite o psicótica, en comparación con un modelo médico que considera las experiencias límite y psicóticas como trastornos discretos. Se define el concepto del yo, que proporciona la base para la integración de las teorías. Se detallan y contrastan las dinámicas y los rasgos de la organización *borderline* y psicótica para que el terapeuta pueda identificar la diferencia entre ambas. Se incluye un estudio de caso para demostrar cómo se ve en la práctica la integración de las dos teorías.

L'integrazione della struttura caratteriale e dell'organizzazione della personalità (Italian)

Dalla Psicoanalisi nascono sia la teoria dell'Organizzazione della Personalità (PO) che l'Analisi Bioenergetica del Carattere (BA). A causa dell'influenza di un modello medico

di comprensione e trattamento dei disturbi della salute mentale, PO e BA sono stati insegnati e sviluppati separatamente. Questo articolo spiega la PO al pubblico bioenergetico, tramite il Manuale Diagnostico Psicodinamico, Seconda Edizione (PDM-2), e propone un modello circomplesso su come integrare le due teorie. Viene descritta la comprensione psicoanalitica di come le persone possono organizzare il proprio senso di sé in modo borderline o psicotico, in contrasto con il modello medico che vede le esperienze borderline e psicotiche come disturbi discreti. Viene definito un concetto del sé che fornisce la base per l'integrazione delle teorie. Le dinamiche e i tratti dell'organizzazione borderline e psicotica vengono descritti e messi a confronto in modo che il clinico possa identificare la differenza tra i due. Viene presentato un caso clinico per dimostrare come appare nella pratica l'integrazione delle due teorie.

L'intégration de la structure du caractère et de l'organisation de la personnalité (French)

Les théories de l'organisation de la personnalité (OP) et de l'analyse bioénergétique du caractère (AB) sont issues de la psychanalyse. En raison de l'influence d'un modèle médical de compréhension et de traitement des troubles mentaux, l'OP et l'AC ont été enseignées et développées séparément. Cet article explique la théorie de l'OP au public bioénergétique, par le biais du *Manuel de diagnostic psychodynamique*, deuxième édition (PDM-2), et propose un modèle circomplexe pour intégrer les deux théories. Une compréhension psychanalytique de la façon dont les gens peuvent organiser leur sens de soi d'une manière borderline ou psychotique est décrite, contrairement au modèle médical qui considère les expériences borderline et psychotiques comme des troubles séparés. Un concept de soi est défini et sert de base à l'intégration des théories. La dynamique et les traits de l'organisation borderline et psychotique sont décrits et comparés afin qu'un clinicien puisse identifier la différence entre les deux. Une étude de cas est présentée pour démontrer comment l'intégration des deux théories se présente dans la pratique.

Die Integration von Charakterstruktur und Persönlichkeitsorganisation (German)

Die Theorien der Persönlichkeitsorganisation (PO) und der Bioenergetischen Charakteranalyse (BA) sind aus der Psychoanalyse hervorgegangen. Aufgrund des Einflusses eines medizinischen Modells zum Verständnis und zur Behandlung psychischer Störungen wurden PO und BA getrennt voneinander gelehrt und entwickelt. In diesem Artikel wird die PO dem bioenergetischen Publikum anhand des Psychodynamischen Diagnosehandbuchs, Zweite Ausgabe (PDM-2), erklärt und ein Circumplex-Modell für die Integration der beiden Theorien vorgeschlagen. Es wird ein psychoanalytisches Verständnis davon beschrieben, wie Menschen ihr Selbstgefühl in einer Borderline-artigen oder psychotischen Weise organisieren können, im Gegensatz zu einem medizinischen Modell, das Border-

line- und psychotische Erfahrungen als diskrete Störungen betrachtet. Es wird ein Konzept des Selbst definiert, das die Grundlage für die Integration von Theorien bildet. Dynamiken und Merkmale der Borderline- und psychotischen Organisation werden beschrieben und einander gegenübergestellt, so dass ein*e Kliniker*in den Unterschied zwischen den beiden erkennen kann. Anhand einer Fallstudie wird gezeigt, wie die Integration der beiden Theorien in der Praxis aussieht.

Интеграция структуры характера и организации личности (Russian)

Теории организации личности (ОЛ) и биоэнергетического анализа характера (БА) возникли из психоанализа. Из-за влияния медицинской модели понимания и лечения психических расстройств ОЛ и БА преподавались и развивались раздельно. Эта статья объясняет ОЛ биоэнергетической аудитории с помощью Руководства по психодинамической диагностике (PDM-2), второе издание, и предлагает комплексную модель, как можно объединить две эти теории. Предложено психоаналитическое понимание, как люди могут организовывать свое ощущение себя пограничным или психотическим образом, в отличие от медицинской модели, рассматривающей пограничный и психотический опыт как скрытые расстройства. Дано определение концепции “я”, что обеспечивает основу для интеграции теорий. Динамика и черты пограничной и психотической организаций описаны и сопоставлены таким образом, чтобы клиницист мог определить разницу между ними. Предложено тематическое исследование, демонстрирующее, как интеграция двух теорий выглядит на практике.

性格结构和组织的整合 (Chinese)

人格组织 (PO) 和躯体动力性格分析 (BA) 都诞生于精神分析。由于受到理解和治疗心理健康疾病的医学模式的影响, PO 和 BA 一直是分开教授和发展的。本文通过《精神动力学诊断手册第二版》(PDM-2) 向躯体动力分析受众解释了 PO, 并就如何整合这两种理论提出了一个环形模型。描述了精神分析对人们如何以边缘型或精神病的方式组织自体意识的理解, 对比了与将边缘型和精神病体验视为独立疾病的医学模式。文中定义了自体的概念, 为理论的整合提供了基础, 还对边缘型组织和精神病组织的动力和特征进行了描述和对比, 以便临床医生能够识别两者之间的区别。并通过对一个案例的研究, 展示了两种理论在实践中的整合效果。

Introduction

A few years into opening my private practice I began receiving phone calls from people who explained that they had Bioenergetic Therapy in the past and wanted to step into therapy again. I was lucky enough to be working out of the turn-of-

the-century equestrian breeding barn that had been converted into office space in 1971 and was the home of the Michigan Society for Bioenergetic Analysis. Many of my mentors had retired or passed, so it seemed natural that they had found me. It was surprising and humbling at first, but by the 4th call I saw a pattern of people whose defensive capacities were primitive and/or decompensating. They shared with me histories of seriously abusive families of origin, current unstable and enmeshed relationships, and two had the magical thinking that I had a miracle energy cure. Great dismay and inner conflict set in as I believed (and still do) wholeheartedly in the cathartic and transformational power of Bioenergetic Analysis. I had many questions and I set off to find answers to understand what was happening. Six people in total reached out to me with this same presentation. I took client histories, used my knowledge from working in psychiatric hospitals, and discerned that they had severe personality and/or psychotic disorders. I awakened to the fact that my only experience in working with people with personality and psychotic disorders was in a “revolving door” medical-model system that treated them as symptom clusters and pharmaceutical trials rather than people. In all my psychiatric education and experience I had not been taught to provide a long-term treatment to improve quality of life for the people with severe histories.

With my affinity for psychoanalytic theory, I began a journey to understand the etiology of personality disorder and psychosis and find a way of working with people whose self-structure and defenses decompensate. I started with Freud's original paper *On Narcissism: An Introduction* (1911), and expanded through psychoanalysis, ego psychology, object relations theory, attachment theory and research, polyvagal theory and research, and neuroscience. I read about the multidimensional and inferential diagnostic assessment of personality that was developed in the broader field of psychoanalysis but had been forsaken and kept out of mainstream psychological treatment in favor of the medical model that had expanded exponentially in the 1950's until this day. I discovered a psychoanalytic conceptualization and treatment template in the thick book called the *Psychodynamic Diagnostic Manual*, originally published in 2006, with a second addition, *PDM-2*, published in 2017. This manual includes what is coined *Personality Organization*.

Personality Organization views a person through a lens of cognitive and affective processes, identity and relationship, stress resilience and maturity of defenses, self-awareness, and self-direction. The manual has a method for clinicians to assess how well a person functions in these areas. It is a diagnostic framework that has us look at personality in terms of self-structure capacities on a “mental func-

tioning” spectrum from healthy to disordered. I will explain these 4 levels of organization in the main part of this paper. This framework has been developed at the same time but separately from Character Analysis over the decades, and today, it has the potential to both be integrated with and inform our understanding of Character Structure.

As a matter of fact, the second half of the PDM-2 describes and has one assessment of “personality patterns” or what we, as Bioenergetic Analysts, known as “character styles”. This framework has become a guide for me to assess and discern how to work with people who have severe disorders. In this paper I examine how Personality Organization and Character Structure inform one another and can be used together to complete an approach to long term treatment. Let’s start with understanding the fork in the road between the medical model of mental health treatment and psychoanalysis, and where Personality Organization and Bioenergetic Analysis sit in the landscape of treatment.

Some Psychoanalytic History

Bioenergetic Analysis (BA) has clear, direct roots in psychoanalysis by way of Wilhelm Reich who graduated from the University of Vienna and worked in the same collegial group as Sigmund Freud. Reich’s contributions to psychoanalysis of: (a) observing the body as the keeper and manifestation of psychological issues; and (b) the distinction between “symptom neuroses” and “character neuroses”, which is based in and built upon Freud’s drive theory, were just that – contributions to a lush and evolving scientific field (Reich, 1933). As Character Analysis became an area of thought for developing psychoanalysis, there were also many other lines of thought within psychoanalysis, all influencing each other: Ego Psychology, Interpersonal Psychoanalysis, Kleinian Theory, Object Relations Theory, Psychologies of Identity and Self, the Contemporary Freudian Revisionism of Otto Kernberg, and so on (Mitchell & Black, 1995). These theories advanced drive theory to include a person’s subjective experience of themselves, as well as the relational and developmental experiences as they are experienced in the individual psyche. Psychoanalysts discerned the difference between drives and struggles when a developmental phase was interrupted or incomplete and they mapped differential diagnosis of pathologies.

As psychoanalysis evolved in the first half of the 20th century, theory and treatment of mental and personality disorders became influenced by, and intertwined with, scientific research into human behavior. The scientific culture of the

time sought quantitative categorization, and this was endemic in the general field of medicine. This dynamic then produced the original *Diagnostic and Statistical Manual of Mental Disorders (DSM)* in 1952 to “create a single nomenclature for psychopathology” (History of DSM). This compilation and framework of classifying mental health disorders

“embraced a shift from a psychoanalytically influenced, dimensional, inferential diagnostic system to a ‘neo-Kraepelinian’, descriptive, symptom-focused, multiaxial classification relying on present-versus-absent criteria sets for identifying discrete mental disorders” (*PDM-2*, 2017, p. 1).

This move away from understanding the person as a whole and, instead, looking at groups of symptoms as disorders, has caused a divide in mental health theory and treatment that has had a ripple effect in the mainstream field of psychotherapy around the world that still lasts to this day. Medical model theory has been taught in collegiate psychotherapy programs, separate from psychoanalytic theory and method. It also drove a quantitative symptom-focused label of the borderline personality, which practically wiped out the original use of the term founded in psychoanalytic tradition. However, many of us have experienced the resistance to viewing patients in terms of categorical labels:

“In the current era, they [clinicians] find themselves having to choose between reluctantly ‘accepting’ the DSM diagnostic labels, ‘denying’ them, or developing alternatives more consistent with the dimensional, inferential, contextual, biopsychosocial diagnostic formulations characteristic of psychoanalytic and humanistic approaches” (*PDM-2*).

The traditional Bioenergetic Analysis that I was taught was a theory and method for an alternative approach, but in the shadow of this medical model.

Many of us have, as licensed counselors, marriage and family therapists, psychologists, social workers, nurses, and doctors, come from medical model-based degree programs and, through the Bioenergetic Analysis branch of psychotherapy, stepped into the world of psychoanalysis and multi-dimensional assessment and diagnosis. With the symptom-focused background of whatever DSM or ICD coding system was in publication at the time of their schooling, trainees in Bioenergetic programs also learned the physiology, energy, character styles, transferences, and counter-transferences involved in working analytically, multi-dimensionally, and relationally. The two quite opposing viewpoints of “mental

illness” collide in Bioenergetic training programs. If we follow the categorization of the Diagnostic and Statistical Manual (DSM), we miss integrating a critical theoretical piece that “suggest[s] a classification combining dynamic and structural explanations” (Kernberg 1976).

Personality Organization and Character Structure: Introduction

Through understanding the theory and concepts of Personality Organization I’ve come to believe the patients whom I mentioned in the first paragraph had defenses that were decompensating because their self-structure was not solidly organized. The Personality Organization template has explained the term “borderline” in a way that resolved the conflicts I had been reading about borderline personality disorder. Understanding the concept of borderline as a personality organization, and not as a syndrome, is a critical component of this theory.

What Personality Organization offers us is a perspective for building, or forming, a person’s self-structure. What Bioenergetic Analysis offers is the knowledge for when and how to challenge character defenses that no longer serve a person. If we integrate the two, therapists of our profession will have an even more multi-dimensional way of assessing and relating to the people who are our patients. This article will explain Personality Organization and its four levels and will define the psychoanalytic understanding and use of the term “borderline”. I will go on to compare and contrast Personality Organization and Character Structure theories and show how they can be integrated to form a holistic analytic theoretical model. Lastly, I will give an introductory overview of treatment considerations and how to work with borderline personality organization from a Bioenergetic approach. Let’s start with working definitions of self and self-structure so we have that conceptual foundation and move on to Personality Organization.

Defining Self and Self-Structure

Looking through a lens of self and self-structure allows us to view people as people and not as symptom clusters. The introduction of the *PDM-2* states that “personality is more about who one *is* than about what disorder one *has*” (2017, p. 16). The concepts of the self and self-structure are foundational to the construct of Personality Organization. What constitutes the self has been examined

philosophically, socially, psychologically, and psychoanalytically for hundreds of years, and in modern psychiatric and cognitive neuroscience at a fast pace in the past 30 years. For the purposes of this paper, I compile a general definition of self and self-structure from several modern sources, Bioenergetic Analysis, and modern neuroscience.

Dr. Dan Siegel, Clinical Professor of Psychiatry, and a man leading the charge for studying interpersonal neurobiology, proposes a definition of self by looking at the theory of mind. He states that “mind includes the self-organizing emergent embodied and relational process of that regulatory energy and information flow of relationships and body [...] there’s no way to define the mind without going to energy.” He concludes by saying “the self then is not just a singular noun, it is a plural verb” (2011). Jonathon D. Brown describes observational factors of “I” and “me”. “I refer[s] to that aspect of self that is actively perceiving, thinking, or [...] seeing” (1998, p. 5). The term *me* “refer[s] to that aspect of the self that is an object of our attention, thought, or perception. Self is both the seer and the seen, and the self has the reflective ability which we can call consciousness, self-awareness, or metacognition”. Antonio Damasio (2010, pp. 9ff.) says that the “*me*, the self-as-object (is) a dynamic collection of integrated neural processes, centered on the representation of the living body, that finds expression in a dynamic collection of integrated mental processes,” whereas the “*I*,” the “self-as-subject [...] is a more elusive presence, far less collected in mental or biological terms than the *me*, more dispersed, often dissolved in the stream of consciousness, at times so annoyingly subtle that it is there is almost not there [...]. When the brain manages to introduce a knower in the mind, subjectivity follows.” And lastly, Professor of Cognitive and Computational Neuroscience, Dr. Anil Seth, identifies five elements of the self: bodily self, perspectival self, volitional self, narrative self, and social self (Seth, 2021). In the perspectival, volitional, and social self we are being shaped by, and shaping our environment, including the people in it through the relation process Siegel describes. In summary, we can say that what we call our “self” is an ongoing energetic process of observing and being observed, impacting, and being impacted by others in the environment, through our bodily and perspectival self.

The self is so complex we cannot even observe the entirety of ourselves in any single moment. So, in turn, there is a narrative we create of ourselves that we use as the common thread strung through our experiences, that is informed by energy and (hopefully) a reality-based relationship to our environment. This is a major foundation of self-structure. Self-structure manifests in one’s cognitive and affective processes, one’s subjective sense of identity inside relationships, one’s

stress resilience, one's self-awareness, and one's sense of meaning and purpose in life (their Personality Organization). The concept of self-structure, which the theory of personality organization rests upon, can be defined as the structure in which a person: (a) "has an internal awareness of oneself as unique, defined, and continuous person"; (b) "has that sustained awareness over time and in varying conditions"; and (c) "can relate that awareness of their self from both subjective and objective perspectives" (Scott Baum, personal communication, October 14, 2020). With this construct of the "self" we can move on to examine how the self is organized.

Character Structure and Four Levels of Personality Organization

Bioenergetic Analysis identifies five main character structures that correlate to the developmental stages from birth to approximately seven years of age: schizoid, oral, masochistic, psychopathic, and rigid. In her article "Borderline Character Structure Revisited," Vincentia Schroeter (2009) proposes that "a person may be any character type, but within that type, operate at a low (psychotic) to middle (borderline) to higher (neurotic) level of functioning". We can see that Personality Organization theory explains just that, and the *PDM-2*, gives definitions for four levels of self-organization: healthy, neurotic, borderline, and psychotic. Once we understand these four levels, we can then examine how this is compared to, and integrated with, the theory of character structure.

1) Healthy Level of Self Organization

Healthy organization is defined in *PDM-2* as "people who become symptomatic under stress [...] they may have certain favored ways of coping, but they have enough flexibility to accommodate adequately to challenging realities" (2017, p. 20). People with healthy organization usually don't seek therapy, unless they are experiencing acute event trauma such as being in an accident, being diagnosed with cancer, or fighting in war. We see no other major traumas in their histories and note flexibility in their characterological patterns. They report symptoms limited to the event(s), joy in their life, and satisfying relationships. In this article I will not expand on the healthy structure, but will focus on the study of the other organizations.

2) Neurotic Level of Self Organization

The *PDM-2* explains that “Individuals with neurotic-level personality organizations [...] tend to respond to certain stresses with a relatively restricted range of defenses and coping strategies” (2017, p. 21). Looking through the Bioenergetic lens we can see that “restricted range of defenses” is a character structure. This level is where Character Analysis and the Bioenergetic method is very effective. We see patterns in a person’s history of ineffective coping or behaviors that lead them to feeling dissatisfied in life, and their self-reported dissatisfaction is what drives them to refer themselves for therapy. We can see abuse or neglect in family histories but also note the supports and coping abilities. We may also see a history of family tragedy such as loss of a family member, move in location, or addiction that impact their construct of the family. People neurotically organized can have long term relationships and stable careers or repeated patterns of failure in these areas.

3) Borderline Level of Self Organization

Note that the next level, Borderline, is separate from the concept of “Borderline Personality Disorder” as found in the *DSM V*. The history of how the term borderline came to be used as single, distinctive syndrome is part of the overall history of moving from a psychoanalytic to a medical model of diagnosis. Traditionally in psychoanalysis there were two ways of viewing a client: Neurotic versus Psychotic. In *Psychoanalytic Diagnosis* (2011, p. 52) McWilliams writes:

“By the middle 1950s, the mental health community had followed these innovators in noting the limitations of the neurosis-versus-psychosis model. Numerous analysts began complaining about clients who seemed character disordered, but in a peculiarly chaotic way. Because they rarely or never reported hallucinations or delusions, they could not be considered psychotic, but they also lacked the consistency of neurotic-level patients [...] they were too sane to be considered crazy, and too crazy to be considered sane.”

People who are organized and function in a borderline way “have difficulties with affect regulation and are consequently vulnerable to extremes of overwhelming affect, including episodes of intense depression, anxiety, and rage. They may have recurrent relational difficulties; severe problems with emotional intimacy; prob-

lems with work, and problems with impulse regulation” (*PDM-2*, 2017, p. 21). Kernberg emphasizes that the use of primitive defenses, especially that of splitting and the absence of more mature defenses, as a key to the borderline organization (Kernberg, 2004). We see mixed patterns in their life of stability and breakdown that can take many different presentations. In one instance we can observe that they do very well in their career but have volatility and, perhaps, violence in their personal relationships. Or a second presentation could be that a person has periods in their life where they function very well in career and relationships, then periods where all areas break down at once – they lose their job and break off a relationship around the same time. A third presentation is that they arrive in our office well put-together and clear, seeking help for characterological issues, but reporting times in their histories of fractured relationships, job losses, a single psychotic episode, or substance abuse issues. We can often hear in the story of the person with borderline organization a history of abuse, addiction, or mentally ill parents. Family change or tragedy seems more intense or encompassing (both parents are abusive or neglectful as opposed to just one) than what we hear from those neurotically organized. Subjectively they experience confusion about their own contrasts, or complete absence of awareness that they become disorganized (depending on their capacity for self-observation).

4) Psychotic Level of Self Organization

In the same vein, the use of the term psychotic is not used as a term to denote a condition that afflicts a person such as schizophrenia, but the most underdeveloped way in which a person can organize their sense of self. As described in *PDM-2*, “[t]he psychotic level of personality organization implies identity diffusion, poor differentiation between representations of self and others, poor discrimination between fantasy and external reality, reliance on primitive defenses, and severe deficits in reality testing”. I will also include “overgeneralized, concrete or bizarre thinking” (*PDM-2*, 2017, p. 23). I am reminded of a client who called for an appointment five months after graduating with his bachelor’s degree, but was elusive about his treatment history, and chose to schedule out a month as he was taking a trip to Europe. His only observable symptom on the phone was monotone speech. Upon meeting him he was pleasant, sweet, quite focused on what he wanted from treatment (to make and keep friends), but he was self-absorbed to the point that he talked at me instead of with me, ignored my social cues, and had little patience or focus for my talking. He had a history of job losses, early

discharge from the military, and no close friends, due to “outburst” behavior that he described as “tantrums”. His mother had mental illness, his father had rage episodes, and both appeared to have alcoholism. In session he seemed bothered by my reflections, and instead, stayed in his own train of thought. He hated the feel of his body to the point he would only bathe reluctantly and perseverated on the theme that he was a “piece of shit”. He explained that he had the sense his action figures could see, hear, and make judgements about him, which he called his “obsession”. He was an extremely talented artist. His legs from hip joints down reminded me of how a toddler’s legs are still slightly bowed and fatty and he had the traditional shoulder girdle tightness we see in Schizoid Character. Later I learned that he was notably irritable by the age of three and his social difficulties started around age nine when his peers moved into abstract thinking; he still presented with concrete operational thinking. His symptoms, cognitive functions, and behaviors met the *DSM* criteria for both Schizophrenia and Borderline Personality Disorder. In psychoanalytic terms he is psychotically organized with a schizoid character structure.

Personality Organization versus Character Structure

Personality Organization defines how we can observe a person’s capacity to perceive and interact with reality in a psychic way, and how one experiences their sense of self. In other words, and in the common language of the *PDM-2*, it’s the level of psychic or mental functioning with reality. Personality Organization is a way of understanding a person’s level of Mental Functioning in 12 areas or domains:

1. Capacity for regulation of affect, attention, and learning
2. Capacity for affective range, communication, and understanding
3. Capacity for mentalization and self-reflective functioning
4. Capacity for differentiation and integration (identity)
5. Capacity for relationships and intimacy
6. Capacity for self-esteem regulation and quality of internal experience
7. Capacity for impulse control and regulation
8. Capacity for defensive functioning
9. Capacity for adaptation, resiliency, and strength (stress resilience)
10. Self-observing capacities (psychological mindedness)
11. Capacity to construct and use internal standards and ideals (morality)
12. Capacity for meaning and purpose

Note: 1–3 relate to cognitive and affective processes; 4–6 relate to identity and relationships; 7–9 relate to defense and coping; and 10–12 relate to self-awareness and self-direction. *PDM-2* (2017, p. 76).

We can assess a person within these 12 capacities and determine if they function healthily, neurotically, psychotically, or somewhere in between (borderline). The levels denote *how* a person both processes information about the world and how they subjectively experience their sense of self, i.e., how they experience themselves as a whole, congruous “I”. Character Structure is the *style* in which a person interacts with the reality of their world and those in it. Character Structure determines the themes of the internal and intimate conflicts one has, the relied upon personality pattern in which a person experiences their identity, engages in intimacy, and experiences their self-esteem, which is congruous to the pattern of managing impulses via the body’s energetic form.

To paint a picture of this we can think of a person with an Oral character who has a conflict between need and independence, their behavioral pattern of “exaggerated independence”, their relational clinginess, their self-esteem often having a collapsed or immature quality to it, with all this in a body that breathes shallow and has low energy or cycles between anxiety and depressed energy. Looking at all the people with Oral Character structure we can differentiate between those who have, for instance, the ability to imagine or mentalize what another is feeling, and those who cannot or are incorrect in what they determine about another. There are people who can observe the neediness in themselves when you point it out and feel self-compassion, and those who will struggle to comprehend what you are getting at because they get triggered (dysregulated) at an attempt to address their schema of themselves. We can therefore see both neurotically organized oral characters and those organized in a borderline way (I leave out psychotic here for simplification).

We can understand the difference between organization and structure through a self vs. other developmental lens. Personality Organization is an intrapsychic organization and is a window into the way a person processes information about the world and the way they experience themselves. Through studying attachment and neuroscience, I have come to believe that Personality Organization is formed in the early months of life as a child moves from autism to symbiosis with mother and through differentiation, when the infant’s nervous system regulation and interpersonal cueing is dependent on the primary caregivers’ responsiveness. Character structure is an interpersonal adaptation, that is behavior developed once differentiated, that is formed for a child first inside their initial primary triad with mom and dad, and next their family of origin. Character Structure serves to manage stress in the environment and is a strategy for maintaining connection

with others. Personality Organization is the framework for how a person regulates one's own individual self and is more about relationship to oneself.

The use of applied techniques is different for each framework. Using the knowledge of Character Structures, we know the difference between the sweet transference feelings we will experience with a person with Schizoid Character versus the inferior transference feelings we will experience with a person with Psychopathic Character. We can see the pattern they regularly resort to, in order to maintain self-esteem, e. g., dissociate from feelings or maintain an inflated stance. Using the knowledge of Personality Organization, we can determine if a person has enough internal, sustained awareness to tolerate the direct reflection of a dynamic that needs to be brought to consciousness, or if they need an intervention that requires building a reflective capacity that increases self-structure. This is the difference between saying "you hate that he's above you" versus "it seems you have strong negative feelings about what's going on". In the first reflection it is assumed that the person can observe that you are a separate person giving your interpretation. It is a convergent idea, and they could agree or disagree with you. In the latter reflection you are modeling curiosity and observation in a divergent way, so that they can be open and explore.

Schroeter (2009) reflects on Horner's schema that "borderline fails to create a cohesive individuated self". This highlights a "pathology of self-structure" that contrasts with the developmental model of character structure. When we are considering borderline or psychotic organization, we are looking at damage to self, not adaptation to environment. In character structure we are looking at developmental adaptations that no longer serve a person. There is a difference between failures of development that lead to adaptations and the mangling of development that leads to incapacities. The immune system of a mother who is Rh-negative will send antibodies to destroy the red blood cells of her Rh-positive baby. The baby fails to maintain enough red blood cells not because of a failure in development of those red blood cells, but because of pathological incompatibility that destroys what is formed.

Using these two theories we can understand a person from 2 different angles. We can use Personality Organization to discern a patient's overall congruent reality, prognosed length of time needed in treatment, expected course of treatment, realistic goals, boundaries of treatment, and what level of relational interaction is possible and needed. Understanding Character Structure and Bioenergetic method a therapist can determine what techniques will best move the energy, increase sensation, and open feeling for a person to illuminate a sense and understanding of their unconscious motives and defenses.

A Word on Defense Mechanisms: Primitive and Secondary

The 8th capacity of the *PDM-2* is to evaluate the patient's capacity for defensive functioning. Examining which types of defense a patient uses can be a guide for a therapist to determine the level of personality organization. This article is limited to mentioning the defenses and not explicating them, so this writer encourages the reader to undertake their own study. What we can identify here is that defense mechanisms relate to how a person functions in their own awareness of themselves, and their ability to observe and adjust to reality. Note that defense mechanisms are used under stress. "Primitive defenses operate in a global, undifferentiated way in a person's total sensorium, fusing cognitive, affective, and behavioral dimensions, whereas more advanced ones make specific transformations of thought, feeling, sensation, or behavior, or some combination of these" (McWilliams, 2011, p. 102). *Primary, or primitive defenses*, include withdrawal/isolation, denial, omnipotent control, idealization/devaluation, projection, introjection, projective identification, splitting, somatization, defensive enactment, sexualization, and dissociation in extreme forms such as catatonia. *Secondary defenses*, or the defenses that indicate more neurotic level of functioning include repression, regression, isolation of affect, intellectualization, rationalization, moralization, compartmentalization, undoing, turning against the self, displacement, reaction formation, reversal, identification, sublimation, and my favorite, humor. As we assess our clients and create hypotheses, we can look to the defense mechanisms, if personality organization is not easily deduced from their history or felt in countertransference. All character structures can use all defense mechanisms.

A Circumplex Model That Integrates

We can integrate the functional understanding provided by the *PDM-2* (e.g., the four levels of Personality Organization and the 12 categories of Mental Functioning) with the Bioenergetic Character Structures using a circumplex model¹. In our mind's eye we can place the Character Structures on a horizontal line, with Schizoid at the left end and Rigid on the right. This gives a mental picture to the developmental age of trauma or object relations failure. We can then place

1 A circumplex model is a diagram that allows the viewer to examine the interaction of two or more dimensions and to draw intuitive inferences from that interaction.

Personality Organization on a vertical line with healthy on the top and psychotic on the bottom. With the lines creating a cross we can draw a circle around them we now see quadrants (Figure 1). What we are assessing within the same circle is both development *and* pathology. These quadrants are not meant to label, but to hone the focus of understanding when assessing patients.

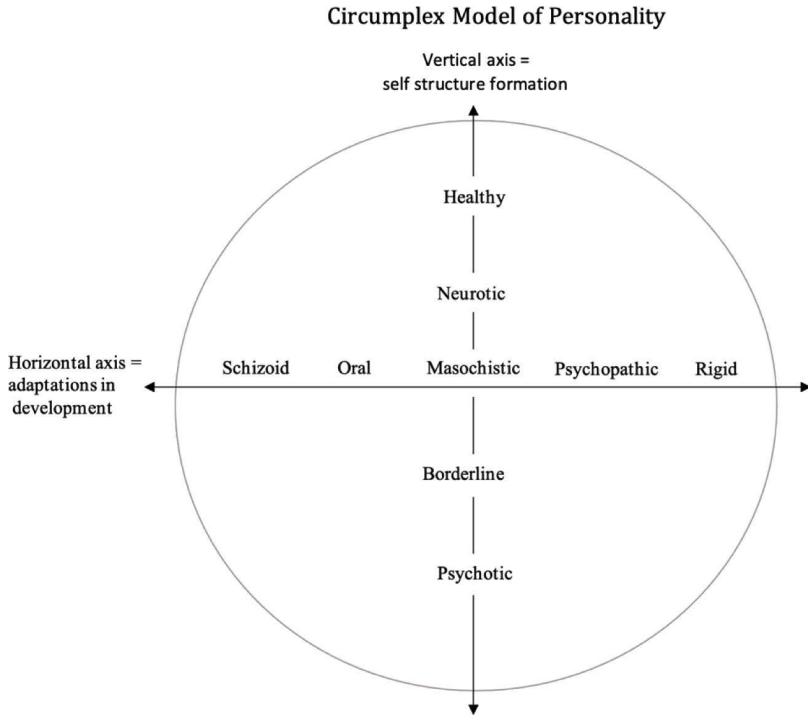


Figure 1. Circumplex Model of Personality (A. Coleman).

If we assess that someone falls in the upper right quadrant of the circle, we are looking at a neurotic to healthy with post-genital conflicts. We can move forward in the clinical relationship knowing they can integrate cathartic experiences from more challenging energetic techniques. If we assess that someone falls more in the lower left quadrant, we can know that we must proceed more slowly and carefully and seek to understand what their capacities and limitations are before we attempt cathartic exercises. Simply put, we can have more clarity in planning

and creating effective therapeutic interventions. We can decide between something like grounding vs expression. This is not to say that those with neurotic organizations can bypass grounding or awareness building. I am saying that, in my experience, those with borderline and psychotic organizations *must have* grounding and awareness before a cathartic experience can have a positive therapeutic impact, and that this may take years to accomplish.

Naturally this model does not account for wants, desires, humor, impactful events, musical preference, hopes, dream, and the myriad of other things that makes a person their own unique self to which we connect. Keeping in mind the multi-dimensional and inferential approach, we can see that, much like the sense of self, we as clinicians cannot see and take into account all aspects of a patient at once. This model allows us to hold two aspects at the same time. I believe this model simply creates points of focus and clears the mystery when we see so many variables and are deciding our clinical approach. A person with a primary oral character structure that functions at a neurotic level behaves, and has an internal experience, much different than someone with oral character structure that functions at the psychotic level. What I seek to highlight is that these two people require different clinical approaches depending on their capacities of self-observation, identity, mentalization, etc. As Bioenergetic Therapists this clarity informs, but does not replace, our ability to work in the present with energy and in relationship with the client.

Variances of Personality Organization

To paint the picture of what is seen with the circumplex model we will take one character structure and view examples of how that person would present at three of the levels of personality organization. First, let's look at an example of a person with masochistic character structure responding to an interpersonal conflict inside a job role.

Neurotic Masochism

We can begin by imagining a person with masochist character structure, who is neurotically organized, who is criticized by a boss to whom they feel loyal. We can expect that they are going to rely on maneuvers of trying harder to please their boss instead of facing conflict head on, rationalizing, moralizing, and complain-

ing in an ego-syntonic attempt to ground. Their perspective would be rooted in accepting the suffering they are in, while, perhaps, engaging in a passive-aggressive action. We can energetically feel their bind as a pressure or a vice. We can view the behavior as their ineffective pattern of self-defeat. Their strategy does not bring them agency or true connection or satisfying relational repair, but nonetheless it is a strategy that is experienced as a continuous, defined, sense of self. If you, as clinician, reflected your objective perspective, their subjective experience would line up to a reliable degree. A direct reflection would work because the person has an observing ego.

Borderline Masochism

A person with a masochistic character style that is organized in a borderline way and is criticized by a boss to whom they feel loyal will have less of a strategy and will not function as well. We sometimes call this being “triggered”. They may become confused (less ability to mentalize) and irate (dysregulated). We may observe their shock/surprise and may hear them tell us of inappropriate attempts to seek other’s (including the therapist’s) opinions so that they have an “authority” making sense of this for them. Seeking other authority can be an indication of the lack of a central narrative thread. They may rely on splitting and devaluing the boss into an all-bad being. We may viscerally feel chaos or sleepiness as an energetic transference. They have temporarily lost their strategy because their perceptual and narrative self has become disorganized. The sense of self and the past experiences with it, can disappear so that their experience is one of stimulating, fast moving sensory information with no historical reference for organizing information. This usually functional person has slid away from neuroticism and towards the more psychotic end of personality functioning under the stressful situation of interpersonal conflict. This person may not be able to process a direct reflection because the congruence of self-structure is fractured in the moment and self-reflection is limited. It’s important to note that *the characterological pattern we see from their physical build, which manifests in personality, can be a defensive structure that organizes a disorganized experience*. If you observe this person using their characterological defense, they are organizing themselves. “Well, I just won’t tell him when I complete his list, he can figure it out for himself!” is a masochistic style relational response to mis-attunement, and we may see them come to this position as they reorganize themselves inside our office. In this example this person has lost their consistent neurotic pattern but is not fully delusional.

Psychotic Masochism

For the person who has a psychotic organization, with a masochistic character style, and is criticized by a boss, we can first say that we may not even see a sense of loyalty as we usually would just looking at character style. They may not have a construct of loyalty inside a relationship, but instead what could be called loyalty presents as a rigid routine of being to work on time every day, as the behavioral habit creates a structure. Their day-to-day experience of life is that of just trying to get by, and we may see them spending their energy simply trying to create a construct for what is happening with the boss who criticized them. We may see emotional upset/agitation, a dysregulation episode, and/or a delusional narrative. We will see more primary defense mechanisms and, understanding that this person characterologically has masochism, we may see a narrative take the theme of sadism or suffering: “I’ve done badly, and I must eat shit”. I’m reminded of one man I met in a psychiatric setting who frequently attempted to eat garbage out of dumpsters to punish himself the way his mother punished him as a child. It is unlikely that we will see our client empathize with the boss’s point of view. They will likely seek a concrete solution to their confusion. The resolution they seek is not interpersonal, it is *intrapersonal* in terms of them simply finding some way, likely ineffectively, to view, feel, and ground in reality.

Treatment Considerations

The next step after understanding the circumplex model is applying it to practice. Here I explain some general concepts, comparing and contrasting approaches to working with neurotic, borderline, and psychotic Personality Organization and Character Structure. When working with borderline or psychotic organizations we are working to build self-structure. When working with neurotic organization we work to illuminate characterological defenses.

Self-Forming vs. Characterological Challenge

The profound contribution Bioenergetic Analysis makes to psychoanalysis overall is the ability to work with the energy that forms impulses, emotions, volition, etc. and this also makes BA ideal for working with psychotic and borderline organization. However, it is important to determine when a self-building intervention

is needed and when a character challenging approach is appropriate. What I am calling self-building means working on increasing the functioning of any, or all, of the 12 mental functioning capacities. Bioenergetic therapy can raise a person's awareness and increase sensory feeling either in terms of capacity or their characterological style & self-defeating patterns. We do this through grounding, and charge and discharge. We often *challenge* character defenses so that a person can gain access to their authentic impulses and emotions. We might ask someone with oral character to reach so that they get in touch with the pain of not having fulfillment of their reach. Therapy with a person organized in a borderline or psychotic way involves *forming* a congruent, sustained, and aware sense of oneself. We can work on dynamics such as a person's ability to observe themselves, or their ability to observe you as a separate person with potentially different thoughts and feelings. In this way body work can involve gentle, slow, forming work where the felt body sense and authentic impulses become the basis for increasing self-structure functioning. Also, in working this way, we do not assume security in the therapeutic relationship, we focus on building that security, usually slowly.

With those who are organized in a more neurotic way we can choose more stressful and challenging positions and movements such as the breathing stool, racket hitting, or physically close hands-on work that increases sensation quickly and transcends a characterological defense. Use of the breathing stool, for example, with someone with a rigid character can challenge their separation of heart and pelvis. When the neurotically organized person has a strong physical sensation, psychic sense (such as a feeling like mom is watching), or emotion come up, their intact self-structure allows them to compare this new experience with what they have been experiencing or believing historically. They also have a stronger tolerance for sudden or intense increases in charge and discharge and can make meaning of these changes. We can assess that when a person with neurotic organization is hitting a racket and suddenly bursts into tears, that their aggression has discharged sufficiently for them to access the vulnerable feelings they were defending against. And we know that this experience is a catharsis that can lead to *transformation* as they process the therapeutic moment through their knowing of who and what they are. A memory that returns or a sense of being abandoned, for example, can fit into a paradigm of themselves and their life.

In contrast, therapy with a person organized in the borderline or psychotic way aims at *forming* that ability to observe and create a reality-based narrative in relation to impulses and emotions that leads to a lasting self-structure. This includes building the ability to feel the body and make sense of the sensations and emotions, often in contrast to a concrete black-or-white narrative of themselves

or their world. Developing self-structure includes developing primary defense mechanisms into secondary ones. If a person has borderline organization, it's important to work with self-building through observational activities and relational work in the clinical holding environment before challenging their character structure.

No amount of grounding or body work alone will increase functioning, joy, or self-possession of someone with borderline organization. Connection to self is not a result of bodywork with someone with these organizations because the self is fleeting at best, and unrecognizable at worst. There is not much to which sensation can be attached; sensation is likely to be overwhelming or confusing. The lasting narrative thread on which to reflect and glean information from is not there. Safety and trust *in the relational environment* precede peace, ease, and joy. With these levels, increasing the *ability to feel* and *assign reality-based meaning* to what is happening in their body is of first priority, if a clinician determines body work to be helpful. This is done with exercises that include very basic grounding that moves into identifying sensation, reflecting, and framing meaning, exploring, and mirroring. Note the two latter can be relational techniques. Having a person identify what they feel on the inside and take in the reflection of what the clinician sees on the outside, is a technique that helps form one's sense of self. The value of bioenergetic grounding exercises, such as the bow, can be used to assist a person in increase self-reflective functioning and practice creating meaning. Relational somatic activities allow mirroring that can be structured, slow, and temporary in which the person can relate to the therapist as a separate object. (The use of the term object is that of object relations theory).

In treatment, to attempt to illuminate a character style of someone psychotically organized, is like speaking Spanish to a German toddler – the abstract concepts don't have any meaning and have no way to assimilate into a known experience; your facial expressions, tone, energy, boundaries, and mood are what they are able to observe, if & when they can observe, as they learn about the constancy of you. A simple, reality based meaning a psychotic patient could make from body work is "I can feel tension in my shoulders" or "that ball feels different to this ball". This is profound for a person forming a self-structure. If their perception is accurate, each simple awareness becomes a grounded piece of narrative thread upon which they can build their sense of charge, discharge, like, dislike, pleasure, or unpleasure, and in turn, their sense of self.

We can, in those who have borderline organization, illuminate and work with their character structure in the process of building self-structure. With a person organized in a borderline way, therapy can often involve a dance between the

self-forming and character challenging approaches, depending on the state your patient presents on the day you meet with them. When stress is low, they are likely to tolerate the change of sensation in grounding and characterological challenge; when particular stress is high, they are likely to decompensate and need to be brought back to self-observing and reorganizing strategies. Often the course of therapy includes more self-structure building in the first years of treatment moving towards strong, emotionally expressive, challenging work as time goes on. When a client has had a disorganizing episode, but are presenting organized in the treatment office, they need self-observing capacity to understand what happened for them. They came undone because ... (*you are filling in that blank together*).

Case Example of Working with Borderline Organization

Misty is a sis-gender identified Caucasian woman in her early 30's, married to a man, with one birth child of their unplanned pregnancy. She has a history of substance addiction and is in sustained recovery. She is highly intelligent and a quick learner with a history of impulsivity leading to job hopping. She has difficulty relating to others in group settings and has a history of intense friendships that lead to conflict and sudden break up, with her completely devaluing the other, or completely devaluing herself. Her mother had manic episodes and delusional ideas and Misty experienced physical, emotional, and mental abuse (gaslighting) as a child from her mother. Her father was experienced as "deadpan", "gone tinkering in his own hobbies", and "not there", unable to mediate the abuse mother inflicted. She presents very well-articulated, put together, cogent but with tangential speech in the therapy office, and without a sense of what she is supposed to do with her life. She has a main rigid character structure of the sinuous type, secondary schizoid, with OCD tendencies. When discussing her need for a perfectly clean house we explore this in terms of her character traits *and* as an attempt to manage generalized anxiety that people with diffuse self-structure often feel on a daily basis. She can identify how keeping the house clean exhausts her, but having an unclean house keeps her anxious – a manifestation of disintegrated opposites (all clean or all dirty) that is a marker of the split sense of self indicative of some borderline organized experience. She is able to discuss her conflicts of not wanting sex both in terms of a heart and pelvis disconnect, and a single event rape she experienced as a young adult. Many times she has come to session highly anxious, shaky, and confused (in what I call residual shock), explaining a fight with her mother-in-law or girls at her work.

Early in working with her she presented with tangential thinking and in symbiosis with me as an object – she talked at me non-stop. I realized that she appeared threatened by and would shirk away from anything I did or said that asked her to interact with me as a separate other. She spoke to her fear of the somatic work and stayed stiffly seated in the same spot each session. She did not understand the reason for all the conflictual relationships in her life but felt the pain of repeated relational disintegrations. I imagined she was pretty scared this pattern could be repeated with me, and I could feel her tortured conflict in wanting to know me vs. needing to use me as an object. Her diffuse sense of self meant she was at risk of merging with me. In addition, her internalized model of interpersonal relations was to use or be used, and to either please or displease authority. This meant that she was vigilant in examining my movements and facial cues and became anxious when I kept a straight face. One day when sharing her pain with me I asked her to look at my face and imagine what I might be feeling. She shook her head slowly and expressed that she couldn't tell. I told her I was feeling compassion for her pain and fondness (I know that I was smiling) for her tenacious spirit to which she replied, "I can't read that at all". From that point we did what I call face-gazing work, where we would simply "talk" with our faces, mimicking how an infant and mother might volley expressions. I pointed out when we felt similar and when we felt different. This was a treatment born from Bioenergetic method but based in the theory of Personality Organization. It meant she could stay seated right where she was as she built the capacity for mentalization and psychological mindedness.

In one instance, about 3 years into treatment, she came to session appearing distressed, twitching, teary, and reported that her mother-in-law had criticized her for not allowing the mother-in-law (a college mathematician) to tutor her daughter. She could not organize her rationale for saying no in the moment, but instead, she presented feeling dazed, angry, and confused while behaving appalled and preoccupied with her mother-in-law. It seemed clear that her self-structure fracture and inner panic was covered by outward anger. Her congruous sense of self was temporarily disorganized; she had no awareness of what thread was the foundation of the fabric of her Self. She labeled her mother-in-law as a "narcissistic control-freak". I asked her to observe what she was physically feeling and where. This brought her to both 1) the recognition of a familiar feeling behind her sternum, and an unexplainable pain in her knee, and 2) awareness of the difficulty feeling anything else. Her perceptual and bodily experience was compromised, but something was still there (and it didn't make sense). I asked what she saw in my face as she told the story. She accurately read wincing pain and concern in my face (the mother-in-law is quite belittling and cruel). Modeling my observing ego

and offering my reality testing I reflected my view of what I heard in her story, that her mother-in-law was behaving in a self-serving manner under the guise that it was good for her daughter (a gaslighting maneuver of mental abuse) and resorted to punishment tactics in order to get my client to change her mind. This interpretation soothed and calmed her. She expressed “I mean she’s amazing at math, but she doesn’t understand what a kid like mine needs”. She began to re-organize her rationale. As we talked, she found validation of what she sensed was a reality, but in an integrated way as her mother-in-law was not an all good or all bad being.

The therapeutic application was to have her observe her internal emotional and body experience, offer her an objective observation from the outside, and have her begin to reconstruct her sense of self with observation of these two perceptual perspectives. She was able to then recall why she said “no”, which was based on her knowledge that her mother-in-law had historically not been able to manage her daughter’s ADHD behaviors and would take punitive action, which she did not agree with. Not treating a child punitively was part of her values and narrative self-structure thread. She moved to feeling positive and certain about her decision, and a sense of herself as being a worthwhile parent with clear and valid values. I reflected my observation that she seemed clear and sure, which she reported she felt on the inside. Her inner reality now matched her outward behavior; I was the mirror. I then invited her to move as she saw fit, and she stretched in a natural way that was based on her own impulse, and in a way that indicated to me ANS regulation. We discussed the potential meaning of the pain in her knee, and although she could not make meaning of it, she indicated she could tolerate not knowing what it meant. Note that talk from a psychoanalytic perspective, for the purpose of regulating and establishing a reality base, preceded body work that supported what she now sensed about herself. Also note, that her primary defenses of devaluation and somatization changed to rationalization, a secondary defense, and moved towards tolerating the unknown, an action of self-structure. The next step for a future session, as determined by Misty, was to work on what boundaries she wanted to establish with her mother-in-law to prevent another degrading attack. We must have some sense that we are a separate, unique, and continuous person in order to want to work on our boundaries with others.

Conclusion

Medical model mental health education and experience does not teach us how to understand people with severe mental health disorders or severe abuse and

neglect histories. Training in Bioenergetic Analysis opens the door to knowing there is so much more. Remember that BA is born from psychoanalysis. The limitation of the medical model of classifying disorders has created a diversion that has prevented us as bioenergetic therapists from understanding a full model of assessment. Especially the idea that “borderline” is a discrete disorder. We must look at a person and *how they* experience their sense of self. If we turn to look at the whole of psychoanalytic contributions, we can combine the theory and somatic treatment techniques of Character Analysis with the structural understanding of Personality Organization. This allows us to provide a comprehensive holistic approach to treating those with borderline and psychotic organizations. What Personality Organization offers us is a perspective for building, or forming, a person’s self-structure. What Bioenergetic Analysis offers is the knowledge for when and how to challenge characterological defenses that no longer serve a person. Personality Organization and Character Structure inform one another and can be used together to create a holistic approach to long term treatment.

This article is limited to comparing and contrasting the two theoretical approaches and demonstrating how they complement one another. A circumplex model illustrates this nicely. What comes next is using our knowledge and repertoire of somatic techniques to treat those with borderline and psychotic organization. How do we create techniques that help develop a person’s capacity for self-awareness? Or integration of a differentiated identity? Or mentalization? This is an exciting study in which the field of Bioenergetic Analysis, and the inclusion of the body, plays an important role.

References

- Brown, J. D. (1998). *The self*. New York: Psychology Press.
- Damasio, A. (2010). *Self comes to mind: Constructing the conscious brain*. New York: Pantheon Books.
- Freud, S. (1991). *On narcissism: An introduction*. Yale Uni Press.
- Kernberg, O. (1976). *Object-relations theory and clinical psychoanalysis*. New York: Jason Aronson.
- Kernberg, O. (2004). *Borderline conditions and pathological narcissism*. Lanham, MD: Rowman & Littlefield.
- Lingiardi, V., & Mc Williams, N. (Eds.). *Psychodynamic Diagnostic Manual: Second Edition, PDM-2*. New York, London: Guildford Press.
- McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process* (2nd ed.). New York, London: Guildford Press.

- Mitchell, S. A., and Black, M. J. (2016). *Freud and beyond: A history of modern psychoanalytic thought*. New York: Basic Books.
- Ohio State University. (2013). *History of DSM*, Nov. 2013, tpb.psy.ohio state.edu/5681/notes/dsm/01.htm
- PDM Task Force. (2006). *Psychodynamic Diagnostic Manual*. Silver Spring, MD: Alliance of Psychoanalytic Organizations.
- Reich, W. (1972). *Character analysis*. New York: Farrar, Straus, & Giroux.
- Seigel, D. (2011). Keynote address. Presented at 21st International Institute for Bioenergetic Analysis (IIBA) conference, San Diego.
- Seth, A. (2021). *Being you: A new science of consciousness*. Penguin Random House.
- Schroeter, V. (2009). Borderline character structure revisited. *Bioenergetic Analysis*, (19), 31–52.

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Transforming Experiences in Literature and Psychotherapy

Considerations on Tolstoy's Novella *The Death of Ivan Ilych*

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Abstracts

The article presents an analysis of Leo Tolstoy's novella *The Death of Ivan Ilyich*, with a view to transforming experiences in literature and psychotherapy. It focuses on three central points: the question of personal authenticity, the autobiographic narration of self as source of our identity, and the importance of physical contact as a bridge between individuals. A short clinical note highlights some critical issues that could be important for the reader, personally as well as professionally.

Keywords: authenticity, literature, identity

Transformando Experiências na Literatura e na Psicoterapia (Portuguese) Considerações sobre a Novela de Tolstoy *A morte de Ivan Ilich*

O artigo apresenta uma análise da novela de Leon Tolstoy *A morte de Ivan Ilich* com uma perspectiva de transformar experiências em literatura e psicoterapia. Focaliza três pontos centrais: a questão da autenticidade pessoal, a narração auto-biográfica do self como fonte de nossa identidade e a importância do contato físico como ponte entre os indivíduos. Um pequeno caso clínico aponta algumas questões críticas que poderiam ser importantes para o leitor – tanto a nível pessoal como profissional.

Transformando experiencias en la literatura y en la psicoterapia (Spanish) Consideraciones sobre la novela de Tolstoi *La muerte de Iván Ilich*

Este artículo presenta un análisis de la novela de Leo Tolstoy (León Tolstói) *La muerte de Iván Ilich*, con el objetivo de transformar las experiencias en literatura y psicoterapia. Se centra en tres aspectos centrales: la cuestión de la autenticidad personal, la narración auto-

biográfica del yo como origen de nuestra identidad y la importancia del contacto físico como puente entre los seres humanos. Una breve nota clínica hace hincapié en algunas cuestiones fundamentales para el lector, tanto desde el punto de vista personal como profesional.

Trasformare le esperienze in letteratura e psicoterapia (Italian)

Considerazioni sulla novella di Tolstoj *La morte di Ivan Il'ic*

L'articolo presenta un'analisi del racconto *La morte di Ivan Il'ic* di Lev Tolstoj, con l'ottica di trasformare le esperienze in letteratura e psicoterapia. Si concentra su tre punti centrali: la questione dell'autenticità personale, la narrazione autobiografica di sé come fonte della nostra identità e l'importanza del contatto fisico come ponte tra gli individui. Una breve nota clinica evidenzia alcune criticità che potrebbero essere importanti per il lettore, sia a livello personale che professionale.

Expériences de transformation dans la littérature et la psychothérapie (French)

Considérations sur le roman de Tolstoï *La mort d'Ivan Ilych*

L'article présente une analyse du roman de Léon Tolstoï, *La mort d'Ivan Ilych*, en vue de transformer les expériences en littérature et en psychothérapie. Il se concentre sur trois points centraux: la question de l'authenticité personnelle, la narration autobiographique du soi comme source de notre identité, et l'importance du contact physique comme pont entre les individus. Une brève note clinique met en lumière certains points cruciaux qui pourraient être importantes pour le lecteur, tant sur le plan personnel que professionnel.

Transformationserfahrungen in Literatur und Psychotherapie (German)

Überlegungen zu Tolstojs Novelle *Der Tod des Iwan Iljitsch*

Der Artikel präsentiert eine Analyse von Leo Tolstojs Novelle *Der Tod des Iwan Iljitsch* im Hinblick auf transformierende Erfahrungen in Literatur und Psychotherapie. Er konzentriert sich auf drei zentrale Punkte: die Frage der persönlichen Authentizität, die autobiographische Erzählung des Selbst als Quelle unserer Identität und die Bedeutung des körperlichen Kontakts als Brücke zwischen Individuen. Eine kurze klinische Anmerkung hebt einige kritische Punkte hervor, die für den Leser sowohl persönlich als auch beruflich wichtig sein könnten

Трансформирующий опыт в литературе и психотерапии (Russian)

размышления о повести Л. Толстого *Смерть Ивана Ильича*

В статье предложен анализ повести Льва Толстого *Смерть Ивана Ильича* с точки зрения трансформации опыта в литературе и психотерапии. В центре внимания три момента: вопрос об аутентичности личности, автобиографический нарратив о себе как источник идентичности и значение физического

контакта между людьми как связующего звена. В краткой клинической заметке освещаются некоторые ключевые вопросы, которые могут быть важны для читателя и в личном, и в профессиональном отношении.

文学与心理治疗中的转化体验 (Chinese)

对托尔斯泰长篇小说*The Death of Ivan Ilych*的思考

本文从文学和心理治疗中转化体验的视角对列夫·托尔斯泰的长篇小说《伊凡·伊里奇之死》进行了分析。文章聚焦于三个中心点：个人真实性问题、作为身份来源的自体自传叙述以及身体接触作为个人之间桥梁的重要性。简短的临床注释强调了一些对读者个人和专业都很重要的关键问题。

Introduction

By chance, I re-read, after a long time, Tolstoy's novella *The Death of Ivan Ilyich* (1886) and was again struck by the intensity and depth of this tale, rightly acknowledged as one of the most famous texts in modern literature. The story is about Ivan Ilyich, a high-ranking judge of the Petersburg Court, who in the prime of life, at the age of 45, is struck down by a mysterious illness that leads quickly to his death. The description of this event inevitably touches the reader on an existential level. Moreover, like perhaps every truly outstanding piece of literature, it evokes a clinical dimension and also raises many questions about our role and intervention as psychotherapists. It would therefore be useful to go into an extensive and in-depth analysis, but let us dwell here on three focal points with which the story confronts us: the question of authenticity, the narration of self as the source of our identity, and finally, the importance of physical contact as a salvific bridge between people.

Authenticity

“In law school he was already what he would be during his entire life: a capable, cheerful, good-natured, and sociable man, but one who strictly did what he considered to be his duty, and he considered his duty to be everything that it was considered to be his duty by his superiors” (p. 17).

From this description of the young university student, there emerges immediately as a distinctive trait the naive conformism of this character and his lifestyle. Indeed,

the narrator does not tire of emphasising the conformity of his behaviour with social norms and the expectations of his surroundings. Ivan behaves perfectly *comme il faut*, i. e. entirely “well-behaved”, leading an “easy, pleasant, decent life” (p. 19). This applies to his professional activity as a judge, a role he manages skilfully and with due separation between work and personal relationships. The same holds for his private life, primarily his marriage, which despite numerous difficulties with his wife he manages to carry on, creating ample space for distance and freedom.

Ultimately, Ivan Ilyich's life unfolds in that mode that Martin Heidegger in *Sein und Zeit* (1927) would describe with the concept of *Uneigentlichkeit*, of inauthenticity. “Inauthenticity” indicates a general behaviour resting on social conventions and thus relieved of the responsibility that every real personal choice entails: “the others” have already thought about it. Gaining awareness of death, on the other hand, is for Heidegger the key event that forces each individual to take responsibility for his or her own life and the choices made and not made. Becoming aware of death is the privileged event for opening up the space of authenticity (*Eigentlichkeit*).

And this is exactly what happens in the novella. The approach of one's own death increasingly reveals the unbearable collective lie about illness, “that lie, for some recognized as true by everyone, that he was only ill but not dying, and that he only needed rest and there would be some very good outcome” (p. 36). But at the same time, the protagonist realizes that he, too, has behaved in this way in his professional life. “In them he saw himself”: just like the distinguished doctors who treated him without taking an interest in him as a person, he too as a judge played his role in a satisfied manner, with indifference and without participation.

Faced with this collective lie, in his condition of extreme loneliness, the last two weeks of his life bring the protagonist not only physical suffering, but also increasing “mental suffering” (p. 46). A disquieting question begins to arise in him: “‘Maybe I have not lived as I should have,’ it suddenly occurred to him” (p. 43). This question, brought to him by the ‘voice of the soul’ and at first “inadmissible”, becomes more and more pressing, leading him to the conviction that “‘Yes, everything was wrong,’ he told himself, ‘but it doesn't matter. I can, I can do what is right. But what is right?’ he asked himself, and at once fell silent” (p. 48).

Interestingly, the narrative does not provide an explicit answer as to how Ivan Ilyich's life should have been, i. e. what the features might be of what the philosophical tradition calls a *good life* (Helferich, 2004). But it is precisely in this way that the search for the answer is left to the reader. The reader, empathizing with the protagonist and seeing himself in him, is suddenly confronted with the unsettling question of whether his life is authentic or not. There, in the skill with

which Tolstoy manages to bring the reader to exactly this point, lies the reason for the story's great existential impact that was referred to above.

Narrating Ourselves

Well intertwined in the search for the meaning of life we find the second topic we want to address, the narrative structure of our identity. All theories of narration, from Paul Ricoeur onwards, agree that man is “an animal that tells stories” (A. MacIntire). Indeed, our identity is largely made up of all the collective and personal stories that we are constantly told and that we constantly tell ourselves. Narrating is an active, creative act (*poiesis*), a process of continuous re-figuration of events and their meaning. This is particularly true if we create a narrative synthesis of episodes of longer duration, “larger-scale actions” (D. Carr), such as certain periods or events in life considered significant, or if we look at life in its entirety. And this is exactly what happens to Ivan Ilyich:

“‘To live? To live how?’ asked the voice of his soul.

‘Yes, to live, as I lived before: well and pleasantly?’

‘As you lived before, well, pleasantly’ asked the voice. And he began to go over in his imagination the best moments of his pleasant life. But – strange to relate – all these best moments of a pleasant life now seemed quite different from what they had seemed then. All of them – except for his first memories of childhood. There in childhood was something so truly pleasant with which he could live, if it returned. But the person who had experienced those pleasant things no longer existed: it was like a memory of something else.

As soon as the process began which had resulted in Ivan Ilyich, the man of today, all the things which had seemed joys melted away before his eyes and were changed into something worthless and often vile” (pp. 42–43).

We are usually accustomed in pondering and revisiting the events of our lives to tinting them with a teleological aura, to see them as an essentially meaningful and directed process culminating in the person we are today. To narrate is usually to “transform contingencies into events endowed with meaning” (Meuter, 1995, p. 255). In this sense, “a significant part of a person's self-experience and self-understanding is based on self-narratives – an ongoing process of establishing coherent formulations about who I am, who I was, and where I am going” (Rosfort & Stanghellini, 2009, p. 261).

We see in the passage quoted above that Ivan Ilyich is also engaged in this self-narrative process, in an investigation into his own past. But the results of this investigation, surprisingly for the protagonist himself, are entirely negative. Ivan's entire belief system, his firm convictions about his pleasant and decent life, crumble. In the process of gaining his existential awareness, even the usual narrative of himself is overturned, turning "into something worthless and often vile".

We see that also in the case of autobiographical narration, Tolstoy's mastery brings the reader before a rather disturbing question. As we have seen, "we tend to constitute our experience and our identity through self-narratives" (Rosfort & Stanghellini, 2009, p. 262). But, as the philosopher Charles Taylor (1985) rightly observes, these formulations can be right or wrong: there is no guarantee that the image I have of myself or that I am accustomed to showing to the world actually corresponds to the truth! This "complex dialectic between *to be* and *appear to be*", as it has been called, the possibility of a truth hidden from the subject himself, represents the greatest difficulty in our search for truth and authenticity. Indeed, it exposes "the fragile nature of personhood", the fragility inherent in being a person (Rosfort & Stanghellini, 2009, p. 262).

Contact

How is it possible that Tolstoy manages to weave a "happy ending" to his tale, to make up for the dramatic imminence of the end, in such a way that the protagonist can reconcile with his existence and exclaim at the end that "Instead of death there was light" (p. 49)? Synthesizing considerably, it can perhaps be said that it is through empathic contact that the protagonist eventually achieves this reconciliation with himself and the world. The figure of Gerassim, a young servant of the family who is "always cheerful and sunny" (p. 35), combines the two moments of empathy and contact. He is the only person who feels compassion for Ivan Ilyich, who does not hide the truth of his illness and speaks openly with him; he is an authentic person. And Gerassim is the only one to establish physical contact with the dying man, often lifting his master's legs for hours on end, even at night, to relieve him of his pain:

"Gerassim brought the chair, placed it without making any noise, lowering it in one movement to the floor, and lifted Ivan Ilyich's legs onto the chair; Ivan Ilyich thought he felt better the moment Gerassim raised his up legs.

'I feel better when my legs are higher,' Ivan Ilyich said. [...]

Ivan Ilyich told Gerassim to sit down and hold up his legs, and he talked to him. And – strange to say – he thought he felt better while Gerassim held up his legs.

From that day Ivan Ilyich started sometimes to call Gerassim in to him and made him hold up his legs on his shoulders, and he liked to talk to him. Gerassim did this easily, willingly, simply, and with a goodness of heart that touched Ivan Ilyich” (pp. 35–36).

This meets Ivan’s hidden desire – “however much he felt ashamed to admit it” (p. 37) – to be pitied, caressed, “for someone to have pity on him like a sick child” (p. 37). Indeed, as we have seen in the quotation concerning the autobiographical narration, for the protagonist, “the first memories of childhood” (p. 42) remain intact, witnesses of authentic affections, experiences and relationships: And “the further back he went, the more life there was” (p. 44).

Besides Gerassim, it is Vasja, the young son, who feels pity and compassion for his father. In the relationship with Vasja, in the very last scene of the story, we see the meaning of contact still exalted:

“It was at the end of the third day, an hour before his death. At that very moment the gymnasium schoolboy quietly slipped into his father’s room and approached his bed. The dying man was still crying out despairingly and waving his arms about. One of his hands hit the schoolboy’s head. The schoolboy took it to his lips, and wept.

At that very moment Ivan Ilyich fell through and saw a light, and it was revealed to him that his life had been wrong but that it was still possible to mend things” (p. 48).

Clinical Note

Authenticity, narration, contact – it is evident how much each of these aspects or how much Tolstoy’s entire narrative must involve, on a personal level no less than on a professional level, those of us who work as psychotherapists. One element that comes across very well in the story is the patient’s eternal suspicion that the therapist remains overly protected by his professional function, and therefore, like the illustrious doctors during their visits, merely plays a role instead of truly and personally participating in his experience.

We are especially reminded of certain patients who often complain about their loneliness. However sterile and repetitive such patients may appear, they

should be received with the utmost openness and willingness, since behind the complaints about loneliness easily lurks these people's anguish of death, the anguish of having to die and having to die alone. The therapist should in such cases proceed with confidence and courage; he must not, like the others, re-propose the collective lie of removal, of the taboo of death.

Something similar applies to the patient's narratives. Roy Schafer has described the psychoanalyst as a person "who listens to patients' narratives, helping them to transform them into different narratives that are more complete, coherent, convincing, and adaptively useful than those they are accustomed to constructing" (quoted in Meuter, 1995, p. 249). Also with regard to the patient's narratives, we are first and foremost required to be open and willing to participate in their experiences.

In the process of working with these narratives, the therapist easily succumbs to the temptation of prematurely offering "positive" or too easy solutions, solutions that the patient cannot or is not ready to accept. We are thinking here especially of patients with a narcissistic disorder who construct self-satisfied, overly "consistent" self-narratives in Schafer's words. But just like the protagonist of the novella, these types of patients need to feel authentically taken seriously in their difficulties. And, as is well known, the very feeling of being genuinely listened to with one's defences and difficulties often paves the way to overcoming them.

Body contact as used in Bioenergetic analysis is certainly a powerful medium in these healing processes, not least because of the regressive qualities it possesses. Our first experiences in the world were experiences of contact, and in the story it is clear how contact can meet the buried needs of the inner child, needs that the adult patient would be ashamed to admit. In this broad sense, it is generally recognized that "touch is an inherent need for survival of the infant" (Guest & Parker, 2022, p. 129). Naturally, there exist various types of touch in social life (see Guest and Parker, 2022, pp. 127–129), and in psychotherapy, too, touch is used in many different ways and meanings.

In Tolstoy's novella, we see that the servant Gerassim often lifts up his master's legs for many hours. In some way he employs what in our clinical work is called "nurturing contact". As I have pointed out in a previous essay, nurturing contact, as applied in Organismic psychotherapy, is "usually a soft, non-directive, long-term contact that provides the possibility for the patient to feel deeply" (Helferich, 2015, p. 34). And this is exactly what happens in the final hours of Ivan Ilyich's existence. Having perceived this connection between physical human contact as the way out of the anguish of death is one of the great merits of this extraordinary story by Tolstoy.

References

- Guest, D., & Parker, J. (2022). Clinical considerations regarding the use of touch in psychotherapy. *Bioenergetic Analysis*, 32, 123–134.
- Heidegger, M. (1927). *Sein und Zeit*. Max Niemeyer Verlag. Eng. trans. *Being and time*, 1962, and re-trans. 1996 and 2010.
- Helferich, C. (2004). *La "vita buona". La ricerca esistenziale tra filosofia e psicoterapia corporea*. Armando Editore.
- Helferich, C. (2015). Body and body psychotherapy in the global village. *Bioenergetic Analysis*, 25, 19–40.
- Meuter, N. (1995). *Narrative Identität*. J.B. Metzlersche Verlagsbuchhandlung.
- Rosfort, R., & Stanghellini, G. (2009). The person in between moods and affects. *Philosophy, Psychiatry, & Psychology*, 16(3), 251–266.
- Taylor C. (1985). The concept of a person. In *Human Agency and Language. Philosophical Papers*, Vol. 1 (pp. 97–114). Cambridge University Press.
- Tolstoy L. (2013). *The death of Ivan Ilyich and confession*. Trans. by P. Carson. Liveright Publishing Corporation.

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¹ Original by M. Koemeda; modified 2012/10 by V. Schroeter; modified 2018/10 by G. Cockburn and L. Cardenuto; modified by G. Cockburn 2021/12.

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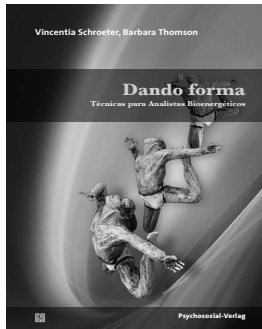
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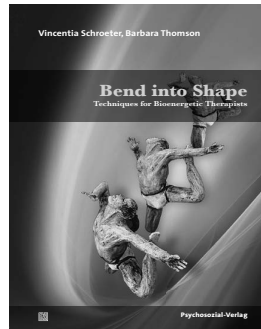
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Mãe Nascimento is a licensed psychologist working in private practice in São Paulo, Brazil. She was a member of the IIBA's Board of Trustees from 2007 to 2014 and has been a member of the Editorial Board since 2005. She is a local trainer for IABSP (Brazil) and an invited member of LESSEX, a group of researchers at PUCSP (a Brazilian university in São Paulo).

