

International Institute
for Bioenergetic Analysis (Ed.)

Bioenergetic Analysis

2026 (36)



Psychosozial-Verlag

Maria Rosaria Filoni (Ed.)
Bioenergetic Analysis 2026 (36)

Bioenergetic Analysis
The Clinical Journal of the
International Institute for Bioenergetic Analysis

Maria Rosaria Filoni (Ed.)

Bioenergetic Analysis

**The Clinical Journal of the
International Institute for Bioenergetic Analysis
(2026) Volume 36**

With contributions by Scott Baum, Léia M. Cardenuto,
Garry Cockburn, John Conger, Maria Rosaria Filoni,
Yael Harel, Sergey Kamratov and Camila Macedo

Psychozial-Verlag

Reviewers for this issue:

Vincentia Schroeter, Peter Geissler, Josette Van Luytelaar, Homayoun Shari,
Thomas Fellmann, Louise Frechette, Susan Kanor, Garry Cockburn

Translators of abstracts for this issue:

Angelina Sarmatova (Russian), Silvia Chiminello (French), Christoph Helferich (German),
Léia Cardenuto (Portuguese), Rosaria Filoni (Italian), Rebecca Liu Gianpu (Chinese),
IIBA Staff (Spanish), Adriana Cylwik (Polish)

Submissions for consideration for the next volume of Bioenergetic Analysis must be sent to
Thomas Fellmann (fellmann@gmail.com) between June 1st and September 1st, 2026.

Bibliographic information of The Deutsche Nationalbibliothek (The German Library)
The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie;
detailed bibliographic data are available at <http://dnb.d-nb.de>.

2026 Psychosozial-Verlag GmbH & Co. KG
Gesetzlich vertreten durch die persönlich haftende Wirth GmbH,
Geschäftsführer: Johann Wirth
Walltorstr. 10, 35390 Gießen, Germany
0641 9699780
info@psychosozial-verlag.de
www.psychosozial-verlag.de



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License (CC BY-NC-ND 4.0). This license allows private use and unmodified distribution, but prohibits editing and commercial use (further information can be found at: <https://creativecommons.org/licenses/by-nc-nd/4.0/>). The terms of the Creative Commons licence only apply to the original material. The reuse of material from other sources (marked with a reference) such as charts, illustrations, photos and text extracts may require further permission for use from the respective copyrights holder. We also reserve the right to use the work for text and data mining within the meaning of Section 44b of the German Copyright Act (UrhG).

Cover image: © Vincentia Schroeter

Cover design & layout based on drafts by Hanspeter Ludwig, Wetzlar

Printing and Binding: Druckhaus Bechstein GmbH

Willy-Bechstein-Straße 4, 35576 Wetzlar, Germany

Printed in Germany

<https://doi.org/10.30820/0743-4804-2026-36>

ISBN (Print) 978-3-8379-8550-4

ISSN (Online) 2747-8882

ISSN (Print) 0743-4804

Content

Editorial Note	7
The Uniqueness of Bioenergetic Analysis Atlanta, USA, October 8–12, 2025 <i>Maria Rosaria Filoni, Garry Cockburn, Scott Baum & Yael Harel</i>	11
Winnicott’s translation of Reich Orgastic potency and the depressive position <i>John Conger</i>	67
The Structure of Structure A Functional-Structural Analysis of Character Patterns <i>Sergey Kamratov</i>	87
Adolescence and the clinical work of bioenergetics today <i>Camila Macedo</i>	109
Impulsive/Compulsive Personalities How We Hear and Understand Them in Our Narcissistic Society <i>Léia M. Cardenuto</i>	127
Book reviews	151
Editorial Board	155
Information and Instructions to Authors	157

Editorial Note

Bioenergetic Analysis • The Clinical Journal of the IIBA, 2026 (36), 7–9

<https://doi.org/10.30820/0743-4804-2026-36-7>

CC BY-NC-ND 4.0

www.bioenergetic-analysis.com

Dear Readers,

With this issue, I conclude my tenure as Chief Editor of our Journal and extend my best wishes to Thomas Fellmann, who will replace me.

This issue of our Journal seeks to convey, as much as possible, the content of the Atlanta Conference held in October 2025, where our colleagues Garry Cockburn, Yael Harel, and Scott Baum conversed with Nancy McWilliams, Paul Watchel, and Sue Grand, respectively. You will find summaries of their presentations, which will ensure that even those unable to attend Atlanta can participate in this event.

The title and objective of the Conference was to highlight the originality and uniqueness of our method, and the sessions were organized to maximize the presence of colleagues from around the world, encouraging participation in the discussions in every way possible.

We are also publishing the list of workshops' abstracts, which, with their interesting and varied content, allow us to share the intellectual and experiential vitality of our colleagues.

We are also very pleased with the other articles we offer you. The first is by John Conger and was sent to us by Garry Cockburn, who received it from the author in 2010 and recently discovered it among his papers. Conger had presented this work to the San Francisco Psychoanalytic Society as part of his admission to that Society, to which he was admitted and which is unpublished. Garry consulted Helen Resneck-Sannes and Sylvia Conant to ask Conger if he would be interested in having the article published in the IIBA Journal, and he happily granted his permission.

The topic of the article is very interesting because it discusses how Winnicott used some of Reich's important concepts in his work, without citing

the source. We are very pleased to present it to you both for its content and to honour a dear colleague of ours who has contributed so much to the life of the IIBA.

The other articles are by a Russian colleague and two Brazilian colleagues. Here too, in addition to the interest in the topics covered, we are pleased to be able to present the work of colleagues from countries less commonly represented in our Journal.

The first article: *The Structure of Structure: A Functional-Structural Analysis of Character Patterns*, by Sergey Kamratov, presents a “functional-structural analysis of character patterns, integrating insights from psychoanalysis, body-oriented psychotherapy, and the Russian psychophysiological school. The author conceptualizes character as a multi-level dynamic system that combines cognitive, emotional, behavioural, and somatic components. Special emphasis is placed on the theories of Wilhelm Reich and Alexander Lowen, who link character to bodily manifestations and energy blocks, as well as the ideas of Russian scholars, who offer a systemic perspective on behavioural regulation”.

Camila Macedo addresses the topic of *adolescence and bioenergetic clinical work* with these patients. “This paper presents exercises adapted from Lowen and contemporary body therapies to demonstrate the importance of somatic work with adolescents. Clinical experience demonstrates that bioenergetics provides an essential therapeutic framework for developing integrative pathways that combine sensations, images, and emotions. This approach intensifies interpersonal affective registration, validates individuation, respects expressive boundaries, accommodates emotional fluctuation, and enhances the self-acceptance necessary for identity formation.”

Léia Cardenuto addresses the topic of *Impulsive/Compulsive Personalities: How We Hear and Understand Them in Our Narcissistic Society*. On this topic, a few months ago the author presented a webinar, which can be followed on the IIBA website. “Given the difficulty of the topic of addictions and dependencies, based on a history of extensive research, this article will address the treatment of individuals with compulsive behaviours and addictions. Its objective is to show how Bioenergetics can be a valuable tool in cases where sensoriality is impaired. Grounded in the psychodynamic understanding of the processes involved in these behaviours, and through the understanding of the role of the ‘characterological muscular armour’, the understandings of Reich and Lowen can help these patients reconstruct their ego structures of containment and restore the

‘tonic envelope of emotions’ to make their defence mechanisms better and more flexible.”

Motherhood is sometimes difficult or impossible, and sometimes presents challenging scenarios for both new mothers and fathers. As therapists, we are called to accompany the most diverse journeys and help mothers and fathers best address situations ranging from the difficulty or impossibility of having a child, to the difficulties and discomforts that new mothers may experience. We therefore review two books: Vincentia Schroeter’s latest work, *Babymaking*, a memoir, and *Helping mothers, helping babies* by Leslie Ann Costello, a manual that can be of assistance to therapists who encounter postpartum difficulties in their patients.

Dear readers, we remind you that we are very interested in reading the books you publish and, when possible, we will review it in our Journal.

Maria Rosaria Filoni

The Uniqueness of Bioenergetic Analysis

Atlanta, USA, October 8–12, 2025

Maria Rosaria Filoni, Garry Cockburn, Scott Baum & Yael Harel

Bioenergetic Analysis • The Clinical Journal of the IIBA, 2026 (36), 11–65

<https://doi.org/10.30820/0743-4804-2026-36-11>

CC BY-NC-ND 4.0

www.bioenergetic-analysis.com

Abstracts

In this section of the journal, our goal is to share with readers as much of the content of the Atlanta Conference, which took place in October 2025. To try to achieve this goal we publish summaries of the presentations of the plenary sessions and the abstracts of all the workshops.

Keywords: Bioenergetic Analysis, energy, psychoanalysis, trauma, dialogue

A Singularidade da Análise Bioenergética

Atlanta, EUA, 8 a 12 de outubro de 2025 (Portuguese)

Nesta seção da revista, nosso objetivo é compartilhar com os leitores o máximo possível do conteúdo da Conferência de Atlanta, que ocorreu em outubro de 2025. Para tentar atingir esse objetivo, publicamos resumos das apresentações das sessões plenárias e os resumos de todos os workshops.

L'unicité de l'analyse bioénergétique

Atlanta, États-Unis, 8–12 octobre 2025 (French)

Dans cette section de la revue, nous souhaitons partager avec nos lecteurs le plus grand nombre possible d'informations issues de la conférence d'Atlanta, qui s'est tenue en octobre 2025. À cette fin, nous publions des résumés des présentations des séances plénières ainsi que les résumés de tous les ateliers.

L'unicità dell'analisi bioenergetica

Atlanta, USA, 8–12 ottobre 2025 (Italian)

In questa sezione della rivista, il nostro obiettivo è condividere con i lettori il maggior numero possibile di contenuti della Conferenza di Atlanta, tenutasi nell'otto-

bre 2025. Per raggiungere questo obiettivo, pubblichiamo i riassunti delle presentazioni delle sessioni plenarie e gli abstract di tutti i workshop.

Die Einzigartigkeit der bioenergetischen Analyse Atlanta, USA, 8.–12. Oktober 2025 (German)

In diesem Abschnitt der Zeitschrift möchten wir den Lesern möglichst viele Inhalte der Konferenz in Atlanta zugänglich machen, die im Oktober 2025 stattfand. Zu diesem Zweck veröffentlichen wir Zusammenfassungen der Plenarvorträge und Abstracts aller Workshops.

Уникальность биоэнергетического анализа Атланта, США, 8–12 ок Como discussão preliminar тьября 2025 года (Russian)

В этом разделе журнала наша цель – поделиться с читателями как можно большим количеством материалов конференции в Атланте, которая состоялась в октябре 2025 г. Чтобы попытаться достичь этой цели, мы публикуем резюме выступлений на пленарных заседаниях и тезисы докладов всех семинаров.

Las características distintivas del análisis bioenergético Atlanta, EE. UU., 8–12 de octubre de 2025 (Spanish)

En esta sección, nuestro propósito es ofrecer una selección representativa de las ponencias y demás contribuciones presentadas durante la Conferencia de Atlanta, realizada en octubre de 2025. Con este fin, incluimos los resúmenes de las presentaciones de las sesiones plenarias, así como los resúmenes de los talleres.

躯体动力分析的独特性 2025年10月8日至12日, 美国亚特兰大 (Chinese)

本期刊特辑旨在向读者全面呈现2025年10月举办的亚特兰大会议核心内容。为实现这一目标, 我们出版了全体研讨会议报告及所有工作坊的摘要。

Wyjątkowość Analizy Bioenergetycznej Atlanta, USA, 8–12 października 2025 (Polish)

W tej części czasopisma naszym celem jest przekazanie czytelnikom jak największej ilości treści z Konferencji w Atlancie, która odbyła się w październiku 2025 roku. Starając się osiągnąć ten cel, publikujemy streszczenia prezentacji sesji plenarnych oraz abstrakty wszystkich warsztatów.

Contemporary Theory and Practice of Psychoanalytic and Bioenergetic Psychotherapy

Summary of Presentation by Dr Nancy McWilliams

The Current Context

Dr McWilliams gave an overview of the challenging context facing psychoanalytic and bioenergetic psychotherapists. Many psychotherapists feel the relentless pressure to redefine themselves as technicians rather than as healers, and the pressure to be experts with the “skills and pills” necessary for symptom reduction by using short-term manualized interventions. Psychotherapists know that people come for more than symptom reduction. They come to find meaning and to make their life better.

These pressures are coming from the pharmaceutical corporations, who can then prescribe drugs to reduce the symptoms associated with the various DSM disorders. Pressures also come from governmental funding agencies and insurance companies, as short-term therapies cost them less. And lastly, pressure comes from the academic and research worlds where tenure and promotion often depend on getting grants for the publication of evidence-based research. These studies are often reports of short-term, manualized treatments, with narrow definitions of evidence, where patients with complex presentations have been excluded from the sample being studied, and where efficacy is judged by measurable symptom reduction.

Dr McWilliams also highlighted the sociocultural attacks on normal embodiment, such as the pressure for cosmetic surgeries, hormonal treatments, the premature sexualization of children, and the pursuit of excessive musculature in men. From a therapeutic perspective, we are seeing an increase in disorders where patients hurt themselves, burn themselves, starve themselves, and otherwise dissociate themselves from their physicality.

Importance of Personality and Relationship Factors

Referencing the current emphasis on “evidence-based” interventions, Dr McWilliams highlighted that there is significant evidence showing

there are two factors that correlate with psychological change – and neither of them involves manualized control trials of specific techniques. The first is the personality of both the patient and the therapist, and the second is relationship factors, or the fit between the two personalities. These two factors account for 85 % of the variance of psychotherapy outcomes irrespective of the name of the treatment delivered. John Norcross and others within the humanistic tradition within the American Psychological Association (Division 29) have put together a list of impressive empirical studies showing the importance of personality and relationship for therapeutic change.

While symptom reduction is important, Dr McWilliams's book *Psychoanalytic Supervision* gives a comprehensive list of 10 vital signs of mental health, including several aspects involving the body: greater attachment security; improved self- and object constancy; increased sense of agency; movement toward more realistic and reliable self-esteem; greater resilience and affect regulation; more ability to reflect on the self and mentalize others; increased comfort in both communality and individuality; a more robust sense of vitality; the development of improved capacities for acceptance, forgiveness, and gratitude; and the overarching capacities to love, work and play. Dr McWilliams noted there has been an enthusiastic reception of this chapter in the book throughout the world, as it provides a way of talking about what all psychotherapists are trying to do with patients that goes well beyond symptom reduction.

Contemporary Psychoanalysis and the Body

Contemporary psychoanalysis is now much more open to the knowledge of the body such as exists in the bioenergetic analysis tradition. Freud's Enlightenment-era approach gave rise to theories about the irrational body and ideas of controlling, suppressing and repressing the body and its drives. Starting in the 1980's there was the rediscovery of dissociative identity disorder and the beginnings of talking about trauma. Judith Herman's work on sexual abuse, in a way, rediscovered Freud's original work on sexual trauma and seduction theory before he revised his developmental theory. Contemporary relational psychoanalysis has paid a great deal of attention to understanding dissociation, not only in terms of dissociated mental states, but also dissociation from the

body. There has been much literature on somatization, alexithymia, and the expression of psychopathology through the body. Stanley Greenspan, the child psychiatrist, used to say, that if children are not given words for their feelings, they will either act out or get sick. The body does “keep the score”, as Bessel van der Kolk says. There is also a recognition that traumatized people need more than just talk therapy, and so there is an increased interest in approaches like EMDR, polyvagal theory, neurofeedback, and somatic experiencing, and recognition of the need for cathartic affective expression rather than just an intellectual understanding of trauma.

Panksepp’s research on mammalian emotions has reformulated drive theory, and Mark Solm’s new book presents a beautiful reinterpretation of Panksepp’s work. Panksepp discovered two different anxiety centres in the brain that are mediated by different neurotransmitters. The PANIC system deals with separation-distress and social-attachment processes. This system manages what clinicians have called “separation anxiety” and tends to be responsive to SSRIs. The FEAR system is the evolutionary legacy of our terror of predation, and is the anxiety that people feel when their concerns are about destruction or self-fragmentation. It is what clinicians have called “annihilation anxiety” and is responsive to the benzodiazepines and alcohol, but not the SSRIs, as it is not mediated by serotonin. Panksepp also discovered the PLAY system, and has documented how much all mammals, of both genders, need to play.

Panksepp’s research on the CARE system has been reinforced by empirical work on early caregiver communication by scholars such as Beatrice Beebe, Berry Brazelton, Colwyn Trevarthen, Karlen Lyons-Ruth, Daniel Stern, and Ed Tronick. There are also a lot of people researching what Allan Schore has called “right-brain to right-brain communication”.

In psychoanalysis there has been a revolution in attitudes toward countertransference. The classical Freudian attitude was that if a therapist cannot maintain a detached clinical attitude towards the client’s transferences, then there is something unfinished in the therapist’s own analysis. Today there is an acceptance that all therapists feel strong countertransferences, sometimes of high intensity. These feelings are not only expectable, they are useful for understanding what the patient is communicating. Dr McWilliams recommended Richard Cheftetz’s book *Intensive Psychotherapy for Persistent Dissociated Processes*, pointing out that the subtitle of the book is *The Fear of Feeling Real*.

The Psychodynamic Diagnostic Manual

The Psychodynamic Diagnostic, 3rd edition, will be published in December 2025. The original PDM was developed as a complement to the DSM and ICD-10. It attempted to characterize the full range of functioning – the depth as well as the surface of emotional, cognitive, interpersonal, and social patterns. The PDM is a taxonomy of people rather than a taxonomy of disorders. This was the brainchild of the child psychiatrist, Stanley Greenspan, who was troubled by how parents had been coming to him since the 1980 revision of the DSM. Instead of looking to try to understand their child and work out with him a way that they could contribute to the child's improved adaptation, they would come in and say, "I think he has ADHD, would you put him on some medication?" So, he was beginning to feel the need for a diagnostic classification system that talked about more than externally observable symptom patterns.

He was a remarkable man who died much too soon, right after the publication of the first edition of PDM. Greenspan had approached the five major psychoanalytic organizations: the American Psychoanalytic Association, the International Psychoanalytical Association, the Division of Psychoanalysis (Division 39) of the American Psychological Association, the American Academy of Psychoanalysis and Dynamic Psychiatry, and the National Membership Committee on Psychoanalysis in Clinical Social Work. He asked their presidents to appoint people to task forces. The President of the Division 39 group nominated Dr McWilliams to the task force on Personality. There was a fruitful collaboration in this group between Robert Wallerstein, Otto Kernberg, Eve Caligor, Jonathan Shedler, Drew Westen, and Dr McWilliams, eventuating in putting together psychoanalytic thinking about personality for the PDM.

The PDM built and expanded on the types of personality organization discussed in Dr McWilliams's 1st edition of *Psychoanalytic Diagnosis*, as there were some types of personality that were not included in this book, such as dependent personalities, sadistic personalities, counter-dependent personalities, anxious personalities, and somatizing personalities, organized around physical expression of their suffering. The 1st edition of the PDM was self-published by the Alliance of Psychoanalytic Organizations, Greenspan's organization, as an effort to keep the price low for students. One consequence of this involved the lack of marketing that would have been provided by a major publisher. As a result, there are places where the PDM

is still unknown, even though the 2nd edition, published by the Guilford Press, has been marketed very well.

The PDM-3, which will be available in December 2025, has some significant changes. The chapters are aligned chronologically by age, starting with infancy and moving through to old age. This book is still the only diagnostic model that has a section on seniors, on how they react to medications and to their particular life challenges. There is also a section about the COVID-19 crisis and its consequences. There is more attention given to the possibility that the therapist is in a minority of some kind. The editors realized after PDM-2 was published that all their examples of dealing with minority issues consisted of white, middle-class therapists dealing with people of minority sexual orientation, race, gender, or religious affiliation. PDM-3 includes attention to clinical issues when the clinician has less privilege than the patient. On the basis of feedback from clinicians, “masochistic personality” has been added as a separate personality. In PDM-2 masochistic personality was a subtype of depressive personality, and while they are very closely related, the clinical community found a clear differentiation between treatment approaches that help people with depressive psychology and masochistic psychology, respectively.

Dr McWilliams noted that there is a recent integrative article in the *Bioenergetic Journal*, by Anne Coleman, who has written about character structure and the idea of personality organization as described in the PDM.

In PDM-2, there is a Profile of Mental Functioning with twelve different areas of mental functioning. In PDM-3 these areas have been reorganized, and there is an additional area: “bodily experiences and representations”, which was not in PDM-2. So, in the PDM-3, there is a similar but slightly different list from the vital signs that are mentioned in *Psychoanalytic Supervision*.

The Profile of Mental Functioning is as follows:

1. Capacity for Attention and Learning
2. Capacity for Affect Regulation and Expression
3. Capacity for Mentalization
4. Bodily Experiences and Representations
5. Capacity for Differentiation and Integration
6. Capacity to Regulate Self-Esteem
7. Capacity for Trust, Empathy and Intimacy
8. Capacity for Impulse Regulation
9. Defensive Functioning

10. Capacity for Adaptation and Resilience
11. Capacity to Construct and Use Internal Standards and Ideals
12. Capacity to Explore One's Inner Life
13. Capacity for Agency and Purpose

Dr McWilliams concluded her presentation by expressing her appreciation for the way the IIBA Conference had been organized to involve discussion by conference attendees.

Her presentation was followed by a presentation by Garry Cockburn. Both presentations were followed by conference attendees discussing in small groups the input from both presenters, and then asking a series of questions related to the topics discussed.

Address to Plenary Session of 27th IIBA Conference, October 9, 2025

by Garry Cockburn

I would like to begin at the beginning of Bioenergetic Analysis, at the moment when Alexander Lowen, after three year's therapy with Wilhelm Reich, touched into his deepest wounding and felt 'doomed' because Reich would not hold him like a father. It was that primitive relational crisis that prompted him to get off the couch, stand on his feet, pound the couch with his fists and begin the development of Bioenergetic Analysis.

That moment of darkness was the beginning of something profoundly good and true. Lowen's 'aha' moment might have come from his love of physical fitness, but I think that it was something altogether different from that. Sometimes, when one is facing into profound states, like 'feeling doomed', life gives us an unexpected gift. Something happens that is beyond our personal achievement. Something happens on its own, and there is a sense of "here it is, just in front of me unexpectedly, and I accept it." It is the opposite of 'fate', it is a gift from life, and when accepted, it sets one on a path of destiny and fulfilment. Alexander Lowen accepted what was placed before him. And that was an insight into the importance of the bio-energy of the body as the basis of psychic life and vitality, and the key to human well-being.

We are the heirs and beneficiaries of that unique gift from Lowen called Bioenergetic Analysis. And on the shadow side, we are also heirs to Reich's

relational failure and to Lowen not recognizing explicitly the importance of relationality in Bioenergetic Analysis.

We are at a key place in the history of Bioenergetic Analysis, as a great number of the first generation of people who were formed, trained and had therapy with Alexander Lowen have retired or have departed this world. Later, near the end of the Conference we will be fortunate to hear from Paul Amberg, from Germany, who has made recordings of many of these people and their impressions of Dr Lowen.

I think that every new generation of Bioenergetic Analytic therapists has to grapple with two issues that are at the heart of our approach: firstly, what is the relationship between mind and body; and secondly, what is our relationship with the Psychoanalytic tradition today?

Another way of formulating these questions is to ask: are we somatic therapists, who may or may not be influenced by psychoanalytic ideas, or are we analytic therapists who use sensorimotor techniques, or are we both? How do we really integrate the two words in our name, Bioenergetic and Analysis that are in dialectical tension with each other?

This is a problem as old as Psychoanalysis itself. Freud attempted to find a way to integrate the biological and psychological in his theory of instincts and drives and his observation that the ego arises from the surface of the body. Freud didn't have the resources to finalise this integration and so he sadly confessed to his friend Fliess that he had to go on as if the psychological was the only path to understand the mind, even though he said in a letter to W. Fliess in 1899, "From time to time I visualize a second part of the method of treatment – provoking patients' feelings as well as their ideas, as if that were quite indispensable." This quotation is referenced by Lowen in *Language of the Body*. However, once on the psychological path, Freud rejected the attempts by Ferenczi and Rank, as well as by Wilhelm Reich, to include emotional expression and the body in the therapeutic process.

We do need to clearly acknowledge that Alexander Lowen retained a very ambivalent approach to Psychoanalysis from the beginning to the very end of his writings. This should not surprise us, for without his forceful belief in the bodily self, there would not be a school of Bioenergetic Analysis.

We also need to remember that Lowen was developing his approach in the 1950's and 60's when the American Psychoanalytic Association had succumbed to a very rigid and orthodox conservative approach regarding

psychoanalytic ideas and organizational structures. When you read the first 120 pages of *The Language of the Body* you can't but be impressed with Lowen's intensive study and understanding of the writings of Freud, Abraham, Reich, Ferenczi, Fenichel, and Clara Thompson, and of Ego Psychology in general, the prevailing psychoanalytic approach in the USA. Bennett Shapiro¹ told me that Lowen surprised himself by what he had written when he reread *The Language of the Body*. And with all this psychoanalytic knowledge, and against this background, he was able to forge a whole new paradigm of the place of the body in understanding character structures and to develop new psychotherapeutic techniques for working with the mind/body.

Lowen's ambivalent relationship with Psychoanalysis can be seen in the Preface of *The Language of the Body* which is a strong polemic showing how Bioenergetic Analysis is an advance on the Psychoanalysis of the 1950's. Lowen wrote in *Honoring the Body*,

“The biggest problem that I have faced in the Institute was a conflict over whether Bioenergetic therapy was basically a psychoanalytic process or a physical process. I have always taken the position that the psychological problem was subordinated to the physical problem, that energetic processes determined the psychological one and not the other way.”

Alexander Lowen was aggressively protective of his creation, forcing out Dr John Bellis who wanted to introduce research into practice. The “Back to Basics” crisis in Bioenergetics in the 1980's, was an attempt by Lowen to ensure that trainers were not giving priority to psychoanalytic ideas over somatic process in the practice of bioenergetics.

On the other hand, Lowen says clearly in *The Language of the Body* that we need both a bioenergetic and an analytic approach when working with patients, and he once called himself a psychoanalyst. But this was not his basic position. At the end of his life, he declared he does not favor verbal analysis now, but favors working the energy of the body. He stated that the body has always saved him, and that the self is the bodily self, the only self we will ever know.

We simply need to accept that this was the way he resolved his original sense of being ‘doomed’, and accept his candid admission that “he did

1 Verbal communication, November 2005.

not need to be loved [...] and that he was not dependent on another”. Without Lowen’s full acceptance of what life placed before him at that moment of his therapy with Wilhelm Reich, we would not all be here today. For him, the body was the key to a full philosophy of life and to human well-being.

I would like to return to relationship between mind and body, or psyche/soma, or Bioenergetics and Analysis that I mentioned earlier. If we accept that there is dialectical relationship between these two orientations, then a too easy integration of the physical and the psychological does neither of them justice. I would like to reference Thomas Ogden’s definition of ‘dialectic’ – “a process in which each of two opposing concepts creates, informs, preserves, and negates the other, each standing in a dynamic (ever changing) relationship with the other”. In other words, there is both a fierce battle and a peaceful reconciliation going on synchronistically – everlasting change, like night and day, conscious and unconscious, mind and body.

If we understand that there is passion involved in a dialectic, we can both understand Lowen’s fierce protectiveness of the body polarity, and also understand the challenges that have come from within Bioenergetic Analysis itself to make room for psychoanalytic ideas and for a relational somatic psychotherapy.

I would like to reference two outstanding clinicians and theoreticians who were close to Alexander Lowen from the beginning, the two Bob’s. Both of these men had very early pre-Oedipal personal issues for which a strong relational approach was vital. Bob Lewis has shown how Lowen, in focussing only on Bob’s body, did not notice that he had left his body when Lowen had him over the bioenergetic stool and was encouraging him to breathe. Bob Lewis, as we know, went on to develop his wonderful approach of Cephalic Shock. I’d like to acknowledge the work of Gerald Perlman and Ron Panvini in supporting Bob to publish his collected writings just before he died. The book is called *Restoring a Somato-Psychic Unity or Getting the Head to Really Sit on One’s Shoulders* – exactly!

And Bob Hilton, in his therapy with Lowen, had to pound on Lowen’s chest to demand that he open up his heart to relationship. Bob Hilton went on, using the resources of Reich, Guntrip, Winnicott and Lowen to publish his book, *Relational Somatic Psychotherapy*. Both of these men have shown that the psyche and the soma, the mind and the body, are necessary for a vital relationship with oneself and with the other, and for a relational Bioenergetic Analysis.

I have mentioned the two Bob's, and sadly there is not time to detail the work that many of other Bioenergetic theorists, many of them here now, have done to develop a multifaceted complex somatopsychic model that helps deepen the emotional life of the body and expand contact with reality in a grounded way.

This more sober and corrective balance between psyche and soma is actually present in Lowen's writings, despite his repeated elevation of the physical over the psychological. Lowen was clear that, quote, "to understand character formation, we should know there is a dialectical process at work between the ego and the body". Lowen used the words 'antithetical' or 'dialectical' to explain the functional unity and the duality of all living processes, including psyche and soma, a concept that he states he inherited from Reich. Lowen also regarded 'dialectics' as Reich's greatest contribution to the understanding of the human personality and life, and Lowen worked hard to show the functional unity between these polarities in his writings and teaching.

Perhaps if we go outside of Bioenergetic Analysis for a moment, we might get a clearer glimpse of the dialectical relationship between psyche and soma. The Zen Buddhist monk, Suzuki Roshi, has said, "If you think our body and mind is two, that is wrong. If you think our mind and body is one that is also wrong. Because our mind and body are two and one".

Donald Winnicott, the English psychoanalyst, was a secret reader of Wilhelm Reich's work as our John Conger has shown. Winnicott used many of Reich's ideas to illuminate his concepts of the true self and the continuity of being of the self, including the concept of psyche/soma. For Winnicott, there is no such thing that can be called 'mind'. The aliveness of psyche is inseparable from aliveness of soma; psyche imaginatively creates the experience of physical aliveness. Winnicott stated that the healthy psyche-soma is the self and the only place to live from. He sounds a little like Lowen. Winnicott also recognized that an inadequate holding environment leads to a dissociation between psyche and soma – and perhaps this is what happens in reality to all of us, no matter how adequate the parenting. If this is the case, we can be thankful for Lowen's strong corrective influence by focusing on the body, rather than the split-off mind which seeks "to omnipotently control everything that happens in the experience of the body, as well as in relationships to external and internal objects".

Also there have been some key psychoanalytic theorists who have never lost sight of the body. To quote a few:

- The French psychoanalyst, André Green has said, “I can see no advantage to be gained from constructing a psychoanalytic theory totally freed from knowledge of the soma”.
- The English psychoanalyst, Wilfred Bion: “I have talked about the body and mind as if they are two entirely different things. I don’t believe it [...] the patient is one, a whole, a complete person.” And, “There could be a physical-psychoanalysis just as there could be a psychological-psychoanalysis.”
- And Thomas Ogden, the American psychoanalyst: “the experience of being bodied and the experience of being minded are inseparable qualities of the unitary experience of being alive.”

This holistic approach to the study of psyche/soma is important, as it also fits with the hard work that Nancy McWilliams has been doing in her own publications and in the collaborative work she has been doing with colleagues around the world in respect of *The Psychodynamic Diagnostic Manual* (PDM-2) – i. e., to preserve the focus on the dynamic understanding of the whole person rather than symptomology.

This focus on the whole person and relationality is also highly relevant to Bioenergetic Analysis today. Over the past 20 years or so, we have had a quiet smile to ourselves as the body has come more into focus in affective neuroscience, in Polyvagal theory, in infant studies, in the study of transference and counter-transference sensory phenomena and in trauma recovery, such as EMDR, Brain spotting, sensorimotor processing. And we have incorporated many of these important advances into our clinical work. However, I think many of us are aware that some of these techniques are designed to deal specifically with traumatic symptoms and memories, and do not always see the whole person nor understand the way relational trauma may tie into the dynamic patterns of the whole person and their character. This very much ties in with the concerns that Nancy has outlined, about the restriction of psychotherapy to symptom relief and to short-term approaches.

The relationship between Bioenergetic Analysis and Psychoanalysis is not only centred on the relationship between mind and body but also in the study of character or the organization of the personality. Lowen clearly links the two – quote, “to understand character formation, we should know there is a dialectical process at work between the ego and the body”, and “a thorough understanding of ego psychology is indispensable to the comprehension of character and the dynamics of bioenergetic therapy.”

Lowen's elucidation of the character structures in *The Language of the Body* was a real contribution, as no substantial work had been done on 'character structures' since Reich's *Character Analysis* in 1933. Lowen described the formation and structure of each character in great detail in terms of the how it arose developmentally and relationally in childhood, what it looked like in the body, how it defines the person's self-definition and their basic attitude with which they confront life, and how it gives an understanding of a person's resistances. Lowen provided lots of specific examples of how he worked with the various character structures.

I would like to highlight Nancy McWilliams wonderful book, *Psychoanalytic Diagnosis* first published in 1994, and a second edition in 2011, which is an amazing successor to Reich and Lowen's study of character and personality organization. This book describes the multiple forms of personality organization, outlining how each has been understood historically by the various schools of psychoanalysis, as well the relational, defensive, self-concept, transference and countertransference patterns involved and the therapeutic implications for treatment. Her elucidation of each personality organization and her suggestions for further reading, make this encyclopaedic book a must-have for all psychotherapists.

Another important point is that Nancy McWilliams in her publications has always acknowledged Wilhelm Reich's contribution to the study of character and personality organization. She is one of the very few psychoanalysts to do so. For many psychoanalysts, Reich remains someone who shall not be named.

One of the major challenges for modern Bioenergetic Analysis is to keep adapting Lowen's characterology to modern psychoanalytic understandings of personality organization while preserving the focus on the body. Lowen's characterology was firmly based on Freud's drive theory and ego psychology. George Downing, in his 2010 address at the Lowen Memorial, showed how Lowen took Freud's fuzzy notion of oral, anal and genital body zones, and elaborated these into the character types and the holding patterns of the body.

Lowen, in *The Language of the Body*, fully elaborated on these characterological holding patterns, and he related them both to the basic existential and relational needs of the person and to splitting of the mind from the body, e.g., schizoid 'holding together' relates to being not welcomed into the world; oral 'holding on' relates to not having one's basic needs met; narcissistic and psychopathic 'holding up' relates to not being supported

to grow; masochistic 'holding in' relates to not being free to have a self in relation to another; rigid 'holding back' relates to not being free to love another sexually; and borderline 'lack of holding' relates to the lack basic boundary integrity vis-à-vis the other.

The human body, whether vibrant on the surface, or mentally buried alive and dissociated from, is essential to these existential and developmental needs of the different personality organizations. And whether impacted by constitutional factors, nurturing deficits, or relational traumas, whether it be at the psychotic, borderline, neurotic or healthy levels of functioning, each personality organization can be more fully understood by examining the lack of the functional unity of mind and body. In other words, by being understood from an Analytic and from a Bioenergetic point of view.

The current world of Bioenergetic Analysis has a lot to contribute to the wider psychoanalytic world, about the place of the body in personality organization, about the mind/body relationship, and about somatic interventions. We have, in the words of Wilfred Bion, developed a 'physical-psychoanalysis' that sits in a dialectical relationship with a 'psychological-psychoanalysis'. One just has to look at the variety and range of workshops being offered at this Conference that are relevant to this point.

While we do have much to offer, we need to realize that there are very different paradigms and traditions within the psychoanalytic world itself that have different approaches to drive theory and to the body. For instance, Greenberg and Mitchell, who introduced the Relational approach in the USA, believed that you could not use both a drive/structural model and a relational model as the two models were irreconcilable. Even so, Stephen Mitchell and Lewis Aron have focused on the place of the body and somatic experience in Relational Psychoanalysis and Philip Bromberg's study of the relational mind showed how 'dissociation' (the Relational replacement word for Freudian 'repression') ruptures the integration of psychic and somatic experience. Otto Kernberg has been able to integrate Freud's drive theory with object relations theory in a way that throws light on the personality disorders. In other parts of the psychoanalytic world, e.g., the UK, France, Italy, Latin America, and California, where the influence of Wilfred Bion has been substantial, the focus is on the somatic/sensory/affective basis of symbolic thought, and shows that if there is a traumatic disruption of the mind/body relationship, then there is first the need to establish the vertical relationship a patient has with their own body, before there can be an authentic horizontal relationship with another. And of course

there are many other schools of Psychoanalysis apart from these. That does not matter. The important thing is to be fully aware of our own inheritance from Alexander Lowen with our focus on working directly with the body as the way to heal the split between psyche and soma, and to be open to other perspectives.

I would like to finish by referring back to the Greek philosopher Plato, perhaps the strongest philosophical influence on Western thought. Plato's works are in the form of 'Dialogues', and the essence of dialogue is to remain radically open to the other, whether that other is a person, an issue, or even a whole tradition. To be radically 'open to the face of other' is the major challenge of our times whether it be to examine the Western biases in our psychologies, our inherent Queer, sexist, cultural and racist negativities, or whatever.

The whole Conference has been set up to foster dialogue between Bioenergetic Analysis and Psychoanalysis, and to explore the various ways of understanding the human situation and of undertaking psychotherapy. I would like to thank Scott and the Scientific Committee for their foresight in choosing such a theme in these messy times when we all have to dance with tears in our eyes.

I can think of no way better of supporting this than by repeating Lowen's last words in the *Language of the Body*, where he encourages us to be free in our bodies and minds and to express our love for each other.

"To be free of the physical restraints imposed by chronic spasticities, to be liberated from the fetters of unconscious fears – this and this alone would make man capable of that love in which his deepest heart feelings are expressed with his strongest aggression."

Second Panel: Technical Modalities in Psychodynamic and Bioenergetic Approaches to Psychotherapy

*Summary and Notes of the Panel discussion between Paul Wachtel & Yael Harel.
Moderated by Scott Baum*

[Note: This summary is taken from a recording of the keynote. Summary and notes prepared by Rosaria Filoni, Scott Baum, and Yael Harel.]

The first part of the discussion focuses on areas of convergence and divergence in psychoanalytic and bioenergetic theory. Paul starts us off by talk-

ing about the concept of energy and its use as an organizing principle in bioenergetic theory. He links it to Freud and the wish to link the elements of mind he was 'discovering' to the physical reality as represented by Darwinian theories of evolution and by ideas of physics that everything was both tangible and powered by forces. Forces which could be understood.

But in psychoanalytic thinking the word energy is used to make things sound 'scientific' that are in fact ephemeral. The effort to ground these elements in quantitative mechanical constructions never succeeds. At the same time, He has always been interested in what gets left out of theoretical conceptualizations of the underlying nature of the psychotherapeutic process. And when learning about bioenergetic analysis it is clear to him that the body as a significant element of being and experience is less attended to and focused on than other aspects, psychic and represented in language. So, he asks Yael and Scott, what is meant by energy in bioenergetic analysis. Is it a tangible entity as Freud thought it to be?

Taking up the question of what is meant by energy in the theory and practice of bioenergetic analysis Yael responds by saying it can be understood metaphorically. But it can also be understood in very concrete ways. For example, when you look at someone and ask: how much life does this person have in their body? And, further, Reich in studying the processes of resistance in psychotherapy observed that these blocks to feeling and knowing also had physical correlates in musculo-skeletal organization. He took that further still to see the ways that life-force can be manifested in flow of energy that corresponds to awareness and sensation. Added to that is the ways that people build up charge of energy and how they express or discharge that energy. These are processes that can be directly observed and worked with in therapy.

Scott adds to this by saying that energy can be seen as both a concrete element in the construction of structure in people, and as a heuristic for understanding people. Using Stanley Keleman as an example, he builds an understanding of structure – body and personality – using the concept of forces (as Freud might have) to show how the person forms structure in response to these quantum energetic forces that act on all of us.

In this sense emotion is a quantum energetic force with each emotion a unique energetic entity, love being no more the same as respect as vitamin D is the same as vitamin C. Each material has an effect on body and being. In bioenergetic psychotherapy those effects are studied and used to understand the person and to do the work of therapy. And a significant part of

the work – in both approaches – is to build capacity to experience more, and more directly.

When we ask the question is the concept of energy metaphor or description, we are also raising the question of use of language as central to the psychotherapy process. If we work most in language, are we restricting ourselves in certain ways?

Paul says that for him the intrinsic attraction of this idea of energy and its use as a construct in psychotherapy is appealing. At the same time, it engenders a characteristic scepticism. The ideas he finds most fertile and that he wants to immerse himself in he also wants to stand outside of and reflect on. Much as one would do in a psychotherapy process. So, this use of the concept of energy raises a worry about false concreteness and false literalness. As with Freud's concept of ego, it was not discovered, it was invented by him to explain certain observations. It is not a thing in nature. He is curious about the continuum of belief even among bioenergetic therapists in how literally this idea of a thing – energy is considered. Clearly, it is something important to examine as part of understanding the psychotherapy process.

Yael picks up this theme and describes what happens when someone is invited to stay conscious of their body – or, as is often said, to stay in their body. This can be related to staying connected to nature, or a force of nature, the divine as a perception, that meditation can be a state of duress. So, perhaps a way to contact ancient parts of science, connected to us and perhaps the universe. How are we using the concept of energy? It is connected to our spiritual being as therapist.

In the next section of the conversation, we moved to a discussion of technical methods.

Scott opens the discussion by citing the convergent idea in psychodynamic psychotherapies that all depend on regression, on a willingness by the patient to soften conventional ways of being and enter a state of openness to experience. In that state defences can soften and the person can see themselves as another sees them. Our idea in bioenergetic psychotherapy is that those defences are psychic, emotional, cognitive, and also physical. They can be worked with also physically. We do not adhere to the injunction, as in other approaches, that we express ourselves only through words in a psychotherapy process.

You, Paul, Scott goes on to say, noted in our preparatory conversations for this discussion, that we emphasize spoken language and words because

we are immersed in that world of words and are always talking occupied with talking about ourselves and others. So naming things is very important.

In bioenergetic work so is physicalizing things. Is this a basic philosophical difference in the approaches? Working with touch, sound, movement, are these only differences in training and background? Are we talking about differences that are irreconcilable? When we invite a patient to move around, to touch, or in a group perhaps, to touch another member are we doing something using a different approach or are we actually violating a principle in psychotherapy?

Here Yael brings in a case vignette which she first talked about in the preparatory meeting with Paul before the conference. In it Yael describes a progressive sequence of active interventions that enable a patient to physicalize her experience of unsafety, of vigilance, and of the burden of care for others. It included changes of posture, and movements that were emotionally evocative, and also related to aspects of her relationship to Yael.

Paul responds to the vignette by saying he found the whole description very, very interesting. The way that Yael invited the patient to move her neck stimulated an awareness of connection to some of what she and Scott were saying earlier, and the ways in which some actions that were forbidden in psychotherapy and which are available in the range of interventions possible in a bioenergetic psychotherapy.

This causes him to think over his development as a psychotherapist, starting in a more familiar psychoanalytic track and progressively finding interest in a variety of theoretical and technical approaches. As he developed, he found that these explorations brought differences even though he embraced most of what his psychoanalytically oriented colleagues were doing. He takes Freud's willingness to revisit his formulations about the relationship between anxiety and depression as a model for openness to learning from experience. Taking in, making room are essential parts of the process. That cannot be done using only words. Giving voice and giving action, along with insight and understanding.

Yael joins this by saying that in her work with the patient she described she is making room for different ways of experiencing. This widens the range of opportunity for expressions that were not previously allowed. Even if she expressed it nonverbally.

Paul agrees, and notes that in this clinical example Yael's use of movement allows for expression of meanings in the way she holds and feels her neck that would not be possible if Yael only interpreted the meaning of

those sensations and movements. He says Yael was doing more, she was disinhibiting expression. This became clearer to him as the discussion went along, that bioenergetic work allows for this disinhibition in a way that has a profound impact. It is giving a possibility of being activated and present and lived in the world.

From here the conversation moves to some of the differences in the methods used in bioenergetic analysis from those in other psychodynamic approaches. Scott builds off the use of the terms activation and presence to talk about embodiment. In what ways is the patient permitted and even encouraged to be embodied. The facilitation of expression of feeling through breath, sound, and movement is different than that in other methods, although some practitioners of psychoanalytic methods do support some such expressions when they arise spontaneously in the treatment.

Working with active expression is a process of building capacity, tolerance, and ego structure to support expression of self and fighting for oneself. It provides the possibility for continuing emotional and psychic development that has been interrupted and truncated by chronic relational trauma.

Paul questions the description Scott offers of tissue that is frozen and lifeless. He thinks of it rather as inhibited. The inhibition resulting from ill-treatment and the subsequent terror can be responded to by psychotherapeutic treatment and a person can experiment and learn to be in different ways than before.

The conversation moves to the larger question of why the technical differences continue between bioenergetically informed psychotherapy and the other psychoanalytically informed psychotherapeutic methods. Yael talks about a clinical situation in which physical contact is the only available conduit for being with someone severely traumatized. The underlying healing elements of psychotherapy that exist in all approaches are mentioned. Is psychotherapy reparative, restitutive, about growth of ego, about self-representation, all those and more? The basic elements of bioenergetic method, that include touch and the expression of strongly felt affect work in all these domains of healing. Why are they not included in all methods of psychotherapy?

Paul considers two possible explanations for this reluctance. One, purely practical, is the risk of legal consequences to behaviors that might give rise to actions against the therapist and liability. The other, more complicated set dynamics, arises from what was previously noted in the discussion about the psychoanalytic understanding of human nature. This includes

the possibility of malign motives for behavior that is then acted out. The possibility for acting out exists in the therapist also, so psychoanalytic approaches have been very concrete about limiting the possibility for that. Even though the methods bioenergetic therapists use can be expressions of the deepest humanity in us, and nurturant, the sorting out of therapist motivations is not easy.

The last part of the conversation was about the formative experiences that led both Paul and Yael to begin their journey as psychotherapists. Scott introduced this by talking about the power of the psychotherapist experience, the way that therapists take the privilege to impinge on our patients, to act without the constraints of social convention, and to present a vision of being that does not necessarily prioritize adaptation and accommodation to the demands of familial and social groups.

Paul talked about formative experiences with one of his therapists. And noteworthy to many of his listeners they included moments of intense physical activity. One with Paul himself, and another that Paul witnessed. He talked about how this affected him, and affected his relationship with his therapist, Emmanuel Ghent, who had mostly maintained an analytic remove during their therapy time.

Yael spoke about her experience as a dancer. Working with another in movement it felt to her that her teacher knew everything about her. Not in an intrusive way, but in a delicate and profound way, without anything being said. Then becoming the psychotherapist who touches the other in physical and other ways opened new dimensions that are still being explored.

Third Panel: Evil and Malevolence: Contemporary Understanding of Human Destructiveness in Psychoanalysis and Bioenergetic Psychotherapy

Summary of Presentation by Sue Grand

Sue Grand, after thanking the audience for the invitation to speak and expressing her interest in Bioenergetic Analysis, announced that her talk would focus on countertransference and that she would use a clinical case study to illustrate her points. The speaker's intention was to focus on how bodily countertransference, in the clinical context, alerts her to the presence of evil, whether in something dissociated and hidden in something the patient is doing or has done, in something that has actually happened to her patient or

in their transgenerational history, or in something that is relived at the intersection between the patient's transgenerational history and her own.

She also wanted to mention a kind of paradox concerning psychoanalysis. Freud created this method of treatment based on attention to adult and infantile sexuality, urges, and desire, and at the same time created a clinical practice in which the body basically does not exist in the analysis room. Although we know that Freud had much more human contact with his patients, and although we can imagine that many psychoanalysts do so, this remains secret and forbidden and has not become the subject of explicit reflection on its possible positive or negative aspects.

In Sue Grand's experience, the body really enters psychoanalysis through a growing awareness of the nature of trauma, its ubiquity, the extent to which the political, social, and cultural environment constructs the body, the way it is understood, experienced, dealt with, and in a sense imagined. The awareness of the centrality of trauma as an issue to be addressed in treatment processes, regardless of how they are considered, dates back to the 1970s and 1980s. In recognizing the nature of trauma, there is a recognition that it is dissociated, that the memory of trauma is ephemeral, incipient, and, whether it is defined as repression, dissociation, or denial, it is forgotten and is expressed and experienced through action.

And so, the speaker argues, we can agree that trauma presents itself through the body and actions in both personal and therapeutic processes. And it often happens that the body speaks by repressing emotions and stories and interactively creating what Sue Grand calls a force field of knowing and not knowing. This is when the body and emotions become more important in psychoanalysis than traditional insights and interpretations. To manage this type of process, the analysts must be able to be in tune with their own experiences and bodily sensations, to open their unconscious to imagination, fragments, and psychotic phantasies, not to take for granted that the experiences they are having are an accurate representation of what is happening to the patient, but rather an alarm system warning that something is happening and that the analyst must slow down to follow that story, which often involves somatic experiences and affects, and discover it, while at the same time trying to monitor what is happening interpersonally between themselves and the patient.

At this point, Sue Grand introduced the clinical case of one of her patients, whom she called Alice, an obese and very lonely woman who always wore the same polyester clothes, which were increasingly dirty and

smelly. She lay on the sofa and the fabric absorbed her sweat. Although it was winter, when Alice was present, Grant felt suffocated by her sweat. It was as if the patient ate, slept, urinated, and defecated in the same clothes, day after day, week after week. Sue Grand hated her body and tried not to smell it. How could she continue to work with her without telling her? She realized that Alice's body was that of a neglected newborn. She saw her left in dirty diapers. She imagined that she had been so neglected that she did not know the clean smell of washed bodies and clothes. On the one hand, Grand had thought that, with the work of processing the trauma, the patient would develop a process of self-care and would no longer have to struggle with such hatred and disgust, so she hoped to avoid and wait, but the smell overwhelmed her and she felt the need to protect herself and the patients who came to the office after Alice from her intrusions.

She gently began by asking her about her bathroom habits, her deodorant, and the washing of her clothes, and was prepared for a cataclysm of shame, but what she discovered was that Alice was not humiliated but joyful. She knew she was annoying and loved to see people on the subway move away from her. She loved the power to offend and paralyze, and she knew that no one who was civilized would dare mention her smell. Their silence was her power, and their disgust was her revenge on the human world that had rejected and isolated her. Alice envied all the attachments from which she had been excluded, and if people did not love her, she would still make herself noticed by them. In fact, she deliberately avoided showering, sniffed her armpits before going out, and anticipated with pleasure the aggression she brought to the outside world.

The surprise of this discovery led Sue to inquire about other transgressions, and it turned out that Alice worked as a home care assistant for elderly, lonely women, whom she visited regularly and helped with daily tasks, including collecting their pensions, from which she regularly stole a portion that she then spent on candy for herself.

Alice behaved affectionately towards these old ladies, who were very attached to her and to whom she felt close, but it turned out that she had been stealing from them for a long time. She pretended to look for the money with them in their homes, saying that the check they had received was less than they thought, that perhaps they had spent the money, and the ladies became increasingly confused and dependent on her.

Outraged, Sue Grand told Alice that she had to stop stealing from them and that she should gradually return what she had taken. At this point,

Alice talked about her childhood, about being beaten by her mother, who locked her in a closet and left her with nothing. Alice's only company was the stench of her urine, faeces, clothes, and dirty body. This was proof that she was alive, while she did not know if her mother would return, and when she did, outside the closet there was a cold silence, worse than the beatings.

Alice then recounted that every week she stole change from the pockets of Sue's coat, which hung in the waiting room. With the change, she bought candy, which she hid at home. She waited for Sue to discover the thefts, but this never happened because Sue had a habit of putting the change in her pockets and removing it when they were full and too heavy. Sue does not count the money that goes in and out of her pockets, one of which is usually full and the other empty, and her mind is in a permanent state of vagueness about the amount and destination of her funds. The fact that one of her pockets is always full while the other is empty gives her a satisfying sense of fullness and resources. Looking for something to steal, Alice had stumbled upon the theatre of her pockets. She emptied them, and they mysteriously refilled. The pockets offered Alice a sense of magical gratification. But there was also the problem of Sue's silence. Why didn't she show any suspicion and accuse her of theft? She convinced herself that Sue knew and, fearing punishment, eventually confessed. This was after she had already talked about what she was doing with the elderly women she cared for. If she hadn't been so immersed in the fear of being abandoned, she would have realized that Sue didn't know. She could have stolen from her forever. To discover the theft, Sue would have had to enter a dark inner space of exhaustion and recognize that she was not in a state of infinite fullness, that she herself had limited resources, but this awareness was too much for her. Sue refused to let Alice's theft lure her into that space and preferred not to get angry. After all, she had so much, and Alice had taken so little.

Increasingly disturbed by her therapist's disconnection, Alice instead imagined that she knew, that she was setting traps for her and that the most Byzantine of punishments awaited her. Her fear of punishment and her need to be punished in order to be known and recognized and for her trauma to emerge clashed with Sue's refusal to punish her because the impulse to punish, to hold her accountable, and to confront her would only have been possible if Sue had been able to enter into her own dynamic of resources and exhaustion.

Sue Grand wondered how Alice had found her as an analyst, she who did not want to know about her thefts, and the old ladies who could not know about her thefts.

There was something in all this knowing and not knowing that was fundamental to her transgressions.

When Sue was silent, Alice feared that she could not smell her. And if she could not smell her, it was as if she had died in the closet. When Sue was silent and Alice could smell herself, she feared that Sue was dead and would not return (like when her mother locked her in the closet and left for days). For weeks, she had increased the level of her filth, waiting to see if Sue would react. And then there were the thefts in the waiting room, thefts to which Sue was insensitive. She had robbed her, but Sue did not react, and Alice knew she was alive, so Sue must be dead. When her pockets filled up again, she knew that Sue was not dead, but alive, with cruelty and revenge in the making.

Which body was alive and which was dead and which would be slaughtered. It was true that she wanted a relationship based on responsibility and that she feared that responsibility would lead to annihilation. All of this was symbolized by the stench of the money she had stolen and the dissociative and vague relationships of ignorance in which she had stolen it, but there was also something about the relationship between the living and the dead. Not only did she steal food, but she also stole evidence: what she took were clues to the confusing interactions that permeate all forms of human cruelty. She took these clues and left them until Sue began to think about evil and the problem of human loneliness.

This is a clear – said Sue Grand – and unpleasant illustration of her dissociative attempt to avoid being direct with Alice about the smell she was bringing into her office and how she hoped it would vanish if she could repress her sensory experience and do some magical work that would make it go away, whereas talking about it would make her feel terribly ashamed. By talking about it, Sue had allowed the patient to bring out her tremendous malevolent force, which was then available to be processed and to evoke some of her early traumas.

Sue Grand shared with conference participants that one of the most common ways she experiences bodily countertransference in the presence of what she calls evil is that sometimes, when a patient speaks, she feels an unsettling sensation of shivers running down her back and neck, and it feels like the hairs on the back of her neck are standing on end. Sue has learned to trust this as a kind of warning signal from the primary process, and some-

times, when she feels it is possible, she tells the patient that she is experiencing this sensation, that she does not know what it means, and asks if they have anything to say. Sometimes she simply holds back and waits. Often this experience occurs before patients can experience it in their own bodies.

Sue added that she realized that when the peak of the trauma is reached, there is a sense of profound isolation that makes the traumatized person unreachable, no matter how empathetic the people around them may be. What remains is what she calls catastrophic loneliness. And some victims become perpetrators, reenacting what they have experienced, and this process repeats itself because repetition is accompanied by dissociation and never becomes awareness. The victim who becomes the perpetrator is never satisfied and continues to repeat it. When these traumas are experienced, various types of defences are mobilized, most of which are involved in dissociation.

Address to Plenary Session of 27th IIBA Conference, October 11, 2025

by Scott Baum

My presentation follows directly from my point of view on what Sue has been saying. So, I've entitled it, *The Encounter with Evil and Experiential Somatopsychic Reality*.

A genius of the psychoanalytic method is the free-association technique. I have practiced, as patient and therapist, a form of somatic free-association since I began in both disciplines. Somatic sensation and organization are on a par with psychic, emotional, cognitive, and imaginative elements of self-experience and self-knowledge.

And, as with those dimensions of contact and knowing of self, practice is needed and a discipline developed to experience fully those somatic events and to apprehend their meaning.

In that spirit I invite people into an active entrance into a state of receptivity.

This is necessary because the encounter with evil is enshrouded. The victim's experience so very often takes place in the horrific privacy of the perpetration. In a way, thereafter, it is impossible for anyone to be there with the victim, particularly the child subjected to malignant and malevolent trauma. Then there is personal and social dissociation that conceals and protects.

To bear witness to these phenomena requires an initial receptivity followed by vigilant efforts to stay awake and conscious. Hence this preparatory movement. In that spirit, I want to invite you to do whatever you know about doing to enter into a state of receptivity. Maybe put your feet flat on the floor, maybe take a breath, maybe shrug your shoulders, maybe feel your weight in the chair, maybe feel that you will never and intend never to enter that state of receptivity. Matter is as threatening as this subject matter might be. That's all fine with me as long as you're paying attention to yourself.

Bioenergetic Analysis in its basic philosophy is utopian. In the last 60 years there has been a dialectic between the encounter with the essential nature of human destructiveness and the ideology that it can be overcome and dispelled by pleasure, that is to say, by goodness. Each of us therapists has to know where we stand on this issue.

This was an area of divergence in the early development of bioenergetic analysis, and it was supported by developments in humanistic psychotherapies and views. I will argue that facing negativity and its most pathological forms in destructiveness is a way to be grounded, to be in contact with reality. It is not pessimism to see how destructiveness can be elicited, augmented, and authorized by ourselves, others, and social organizations.

I remind you that survival requires aggression, taking of breath, taking of food, digestion and metabolization are aggressive acts.

A significant question that perhaps we'll take up that I know Sue has contemplated in some of her work is, is it ever possible to use hate, rage, sadism, contempt, disdain in constructive ways to advance goodness?

I propose to consider these issues in this presentation. The best way I know how to do that is to work from my own experience. So, I will present what I know about the encounter with evil from that source.

Evil arises when everyday human destructiveness is coupled with the annihilation of the other person's sentience, consciousness, and intrinsic value as a being. It is an erasure of the significance of the other, it intends for the other to have never existed, to destroy all knowledge of them, to go on destroying even after everything has been destroyed. It is a madness and an ecstasy of destruction. It is an ecstasy without pleasure – pleasure being a visceral connection to benevolence. But an ecstasy, nevertheless, a state of loss of self-consciousness, of relation to other, it may be flagrantly hot or as cold as ice. How does such a condition of being arise?

Sue offers us the best possible theoretical and clinical infrastructure for entry into the forbidding and threatening terrain of the internal experience of evil.

True to my roots and life as somatopsychically-informed person and my many influences of experiential living, which have undergirded my life as person and psychotherapist, I will use my own experience and particularly somatopsychic experience to guide us into this terrain, at least briefly.

Information about human function often comes from the worst damage, for example Luria, the Russian neuropsychologist, imitates a field of study using data from the brain injuries sustained in warfare and in terrible industrial accidents.

In people organized as borderline and schizophrenic personalities we can see the effects of anhedonia. In anhedonia the connection to benevolence as an energetic force is severed. Goodness may be perceived but it is not apprehended, it is not felt as somatopsychic, tangible, visceral reality.

Here this exploration begins – at the point of the destruction of the connection to goodness. Goodness can be seen, observed, but not felt.

This results in the destruction of a moral center. For me this began with the experience, Mike Eigen, my therapist described it thus: “your mother tore out your psychic heart and guts, and your father decimated you”. An emptiness is left where soul and self should be. There is much to be said about the essential aloneness and catastrophic loneliness this engenders. But our purpose here is to look at and encounter a different aspect of this reality.

It is not only that a moral center is not developed, facilitated. It is, rather, that something else is in the center of the body where moral sensibility and consciousness should be. For me at the center of my body is a column of indescribable material waxy, white, impenetrable, unresponsive, inert, impossibly dense. This is where felt morality should be.

Instead of the connection to benevolence, malevolence takes hold. The imperative to annihilate – to be distinguished from murder – the urge not only to kill but to erase the existence of the other. Not only present erasure, but to erase even the memory of the other’s existence. Not only the memory but the actual fact of their ever having existed.

Inside malevolence are energies of immense destructive power: hate, disdain, denigration, sadism, humiliation, shaming, contempt. They are deployed through the mechanisms of domination, manipulation, possession, powered by unrestrained forces of pathological narcissism, ravenous consuming orality and greed, supported by the ‘immoral conscience’ so well described by Mike Eigen that validates the malevolence as a just response to victimization.

The deployment of malevolence in the life of dependents engenders hate, desperation, terminal despair, and activates unendurable needs for re-

venge, some way to 'get even', not only to retaliate, but to be of equal moral and spiritual value.

The poison, injected and ingested, cannot be metabolized. It is a transformative force. As I experience it, it creates a split in personality. The viscous, black – as in the absence of light, not its dimming – is bottomless and endless. The adaptive self that attempts to recruit and embody the shards of perceived goodness is an ersatz construction, an aspirational self, following mostly an idea of what is good without the somatopsychic substrate necessary for an organic integral goodness. As a patient of mine once said to me: “you appear to attempt to embody an empathic concern for your patients greater than that which you are organically capable of.”

Poison that cannot be metabolized, has to be excreted. I have often thought of my own therapy, in an image arrived at spontaneously by at least one of my patients as well, as a form of psychic and emotional dialysis. Without it the poisons would back up and kill me.

Consider the psychotherapeutic environment in which this can take place. Somatopsychic structures, barriers, have to be erected to prevent the poison from penetration in that environment, and to the extent the patient wishes, into the patient's environment.

This takes us into the domain of the encounter with evil, malevolence and the imperative to destroy even when all has been destroyed, in a bioenergetic psychotherapy.

To start with, therapists of all theoretical and methodological approaches have to know and believe that core aspects of being including the connection to benevolence can be destroyed. The degree that some shards of soul or connection to goodness or to other human beings can be recovered or even grown anew will differ from person to person, but a bedrock understanding of the possibility of transformation to malevolence must be within the grasp – emotionally, psychically and cognitively of the therapist. The failure to know and believe that in the treatment of someone transformed this way, and the effort, then, to assure or convince that person of the possibility of transformation to goodness will drive the person crazy.

What can be done? Early in the psychotherapy of someone who has undergone malignant trauma the reality of that victimization takes the center. Living death results from the necessity to suspend animation in order to survive. It also results from the terror that literally scares a person to death. And also, from the predations of authorities who colonize and possess the

victim so as to use them for their gratification and as suppliers of narcissistic needs. Often the induction into vampirism is joined to the transformation to malevolence.

The fight to come to life from these states can be augmented and supported by the methods known to bioenergetic therapists. In the context of a commitment to felt experience breathing, straining, screaming, hitting, holding, are ways to build capacity to embody to enliven and to fight the incessant perpetration of malevolent harm.

This fighting, in bioenergetic terms, is not a recovering and expression of fully formed emotional/cognitive elements or memories. It is not a discharge of pent up and repressed formed reactions to events. Chronic relational trauma interdicts the processing of experience and thereby of development. Fighting requires infinite activations and expressions of self-affirming and self-protective negativity. Building bone, muscle, sinew, guts, to fight. Building tolerance for negativity and for the experience of defeat, of having no effect, of the dispersal of experience as soon as it has formed.

What can do those of us who undertake a psychotherapy with someone like the person Sue was describing? Well early the reality of the victimization of the subjection to malignant trauma takes priority and has to be validated. But, at some point facing oneself as perpetrator is required. Not one's 'darkness', the yin-yang of a good and bad intermixed, but the reality of transformation to evil. It will help if the therapist has faced whatever of this is in themselves, and also knows that such transformations happen. From that position the therapist can represent accountability and responsibility, as Sue says, a non-judgmental consciousness of evil acts and their effects. It is not the therapist's role to be the condemning authority, but it is to be the unflinching mirror. As Mike once said to me, "no one is letting you off the hook", it is a relief.

Is redemption possible? The patient in this reality and the therapist have to be able to live with the reality that it may not be. The damage done may be too great, no matter how subtle it may be. Facing and reflecting the perpetrator requires consciousness by the therapist. The willingness to be subjected to the destruction while not succumbing. The capacity to encourage and support the fight for self and honor without losing sight of the perpetrator.

For the perpetrator the only option may be restraint of enacting the malevolent feelings, while the state of aloneness and feelings may be indelible.

It may be impossible, then, to harness negativity to justice for that person. Perhaps, ultimately, for any of us.

The workshops

Pre-Conference workshops

Bioenergetic Interventions for Racial, Sexual and Gender Diversity

With Maria Cristina Francisco & Perisson Dantas

This workshop explores how Bioenergetic Analysis responds to bodies affected by social violence and trauma beyond traditional character theory. We will address the psychosomatic impact of racism, misogyny, and phobic attitudes toward LGBTQIAPN+ communities, and how these destructive forces shape both subjective and energetic experience.

The Therapist's Body: A Handrail in the Eye of the Cyclone

With Violaine de Clerck

This workshop explores the core of Bioenergetic Analysis: the therapist's body-mindorganic presence and availability. We will present an integrative approach linking bioenergetic and psychodynamic methods, emphasizing relational reparative practice and the therapist as a therapeutic person. You will learn to cultivate a deep, organic "limbic-to-limbic" connection that extends beyond conscious effort.

Transference and Relational Dynamics in Bioenergetic Analysis: Integrating Psychoanalytic Theories with the Energetic Self

With Danita Hall

This experiential workshop explores how bioenergetic therapy integrates psychodynamic principles, emphasizing live, felt experience to uncover unconscious emotions and relational motivations. The Self is approached as a whole-body phenomenon, where internal objects and self-states are emotional-energetic forces carrying personal meaning. This perspective deepens our understanding of transference, countertransference, and the use of therapeutic containment in decoding the patient's unconscious communications.

Afternoon Workshops

Somatic resonance: the resonances in our therapist's body – Open up new pathways for therapeutic work

José Luis Moreno Campos

Description: Bioenergetic therapists can enhance their ability to read patients' non-verbal communication by tuning into their own bodily responses. This workshop explores somatic resonance and body reading as complementary tools for understanding non-verbal dynamics in therapy sessions. This workshop focuses on therapeutic understanding, not political discussion.

Learning Objectives:

1. Participants will identify the concept of somatic resonance.
2. Participants will explore methods for engaging somatic resonance during therapy sessions.
3. Participants will apply somatic resonance techniques effectively and appropriately in practice.

About José Luis Moreno Campos: Psychologist, CBT (since 1991), Supervisor, Local Faculty Member from AABM – Asociación de Análisis Bioenergético de Madrid.

Between the real and the virtual: the revolution of Subjectivity in the 21st century

Dante Moretti

Description: This workshop explores the integration of real (corporeal, quantifiable experiences like touch, physiological responses) and virtual (subjective, symbolic experiences like thoughts, fantasies, beliefs) dimensions. Participants will learn to recognize and harmonize these aspects for improved personal and professional functioning.

Through the selected exercises, we will update Wilhelm Reich's insight by affirming that one of Sigmund Freud's greatest contributions was the perception that every idea has a quantity of affect/energy connected to it. Uniting the object-relational and drive paradigms of Psychoanalysis (or the dynamic and economic dimensions) is, in my view, one of the greatest contributions of Bioenergetic Analysis.

We will also be able to observe the difference between theory and practice – between relying on the analyst’s interpretation and feeling for oneself what is being processed. If modern psychology is more valued when evidence-based, then by embodying psychological insights and analyses, we offer patients the opportunity to know themselves with greater closeness to the real. Bringing the ideal ego closer to the real ego is a much-needed movement in a modernity where the artificial denies the real.

For example, in one of the exercises, after a brief exchange of ideas and perceptions about their partner, I ask participants to rate how much they trust each other. After expressing this assessment as a percentage from 0 % to 100 %, I propose a bodily exercise in which we test this hypothetical trust in reality. The test is quite simple: the participant must walk quickly with their eyes closed toward their companion, who has been instructed to receive them in a welcoming and anatomically safe manner. I have been applying this technique for years, and the results, in 90 % of the cases, show a vast difference between how much participants thought they trusted and how much they actually trusted. The vast majority freeze and halt their march well before approaching their partner – some even open their eyes. To me, this example reveals the uniqueness of bioenergetic analysis psychotherapy.

Learning Objectives:

1. Participants will identify and distinguish harmony among thought, feeling, and action, as well as between reality and fantasy.
2. Participants will recognize and assess contradictions between beliefs and actions, desires and their expression, and the denial of bodily impulses.
3. Participants will integrate bodily and mental dimensions into personal and professional practice.

About Dante Moretti: CBT (since 2014) and Local Faculty Member from Instituto de Análise Bioenergética de São Paulo.

**The energy behind psychodynamic therapy
and how to harness it for effective interventions**

Martin Cosgro

Description: This workshop examines primary process, historical factors, and empathy variables that contribute to effective psychodynamic inter-

ventions. Case material will illustrate these principles, and experiential exercises will help participants apply concepts to their own practice.

Learning Objectives:

1. Participants will articulate the 2 components of primary process.
2. Participants will identify 2 historical factors essential to understanding symptom meaning.
3. Participants will identify 2 elements of empathy crucial for effective intervention.

About Martin Cosgro: Ph.D. seasoned clinical psychologist specializing in psychodynamic therapy for psychosis.

**The hellish journey to safety and bliss:
from fear and chaos to realignment and peace**

Adela Gorodzinsky

Description: This workshop offers participants an immersive exploration of the asylum seeker experience—fleeing one’s country and arriving in what appears to be a safer place. Through direct simulation (which may elicit strong emotional responses), guided experiences, and theoretical framework, participants will deepen their understanding of refugee trauma and healing approaches. The workshop integrates Bioenergetic theory, Polyvagal theory, attachment principles, and neuroplasticity concepts, including practical techniques for nervous system regulation.

Learning Objectives:

1. Participants will demonstrate the body and psyche responding to danger or perceived danger.
2. Participants will distinguish between terminology for displaced populations, and also understand historical context.
3. Participants will implement 2 therapeutic approaches to facilitate healing.

About Adela Gorodzinsky: Local Faculty Member from (former) CCSBA – Central Canada Society for Bioenergetic Analysis, registered Psychotherapist, M. Ed, CBT (since 2008), CCC.

Fostering the effectiveness of Bioenergetic Analysis to increase the aliveness of people through an understanding of the analytic and learning elements present in its practice

Francisco Garcia Esteban

Description: This workshop focuses on Bioenergetic Analysis's primary goal of enhancing human vitality and aliveness. Through basic BA exercises, participants will explore how increasing vital drives (sexuality, aggression) can evoke psychological conflicts. The workshop examines how understanding analytic and learning processes can help therapists navigate these conflicts effectively and achieve therapeutic goals.

Learning Objectives:

1. Participants will identify and differentiate analytic vs. learning aspects in therapy.
2. Participants will explain psychological conflicts, naming at least 3 drives that often evoke them.
3. Participants will identify the role of learning in therapy and describe at least 2 learning processes.

About Francisco Garcia Esteban: Clinical Psychologist, Master in Human Sexuality, Master in Psychoanalytic Psychotherapy, CBT (since 1999), Supervisor and Local Trainer from AABM – Asociación de Análisis Bioenergético de Madrid, current President of the European Federation for Bioenergetic Analysis.

Pelvic alignment – Hidden connections to grounding, breathing, and aliveness & a pre-grounding exercise series

Linda S. Hines

Description: This workshop delves into the significance of pelvic alignment and its profound influence on physical and emotional well-being, breathing, and nervous system balance. Participants will identify three primary misaligned pelvic patterns through observation and objective testing; understand misalignment's impact on pain and grounding; and participate in a "pre-grounding" exercise series to promote pelvic alignment, grounding, and support functional health.

Learning Objectives:

1. Participants will identify 3 main patterns of pelvic misalignment.
2. Participants will describe one advantage of objective testing over subjective observation.
3. Participants will apply a pre-grounding exercise series to correct a rotated pelvis.

About Linda S. Hines: M.Ed., LPC, LADC, CBT (since 2004), Local Faculty Member from DSBA – Dallas Society for Bioenergetic Analysis.

Bioenergetic psychotherapy as a unique tool to treat Contemporary mental sufferings, anchored in Psychoanalytic psychodynamics

Léia Cardenuto

Description: This workshop explores innovative approaches to bioenergetic exercises for individuals with impulsive or compulsive traits and borderline tendencies. It integrates the object relations paradigm from psychoanalysis with insights from neuroscience, including Daniel Stern's Theory of Self Development and Tonella's concept of the "tonic envelope." Participants will engage in practical adaptations of breathing and grounding exercises, applying these techniques in ways that are sensitive to the specific needs of this population.

Learning Objectives:

1. Participants differentiate personality traits from personality disorders.
2. Participants distinguish borderline and impulsive/compulsive patterns from bipolar disorder.
3. Participants practice modified bioenergetic exercises tailored to these populations.

About Léia Cardenuto: Psychologist and psychotherapist with postgraduate training in Reichian Psychotherapy and currently serves as IIBA president. CBT (since 1991), supervisor, and local faculty member of IABSP – Instituto de Análise Bioenergética de São Paulo.

Building shame resilience

Helen Resneck-Sannes

Description: A brief description of the developmental and somatic roots of shame are outlined and how shame manifests somatically. A small amount of discussion will be allotted to how gender differences affect susceptibility to shame, as well as our defensive responses. Outliers are especially susceptible to shame, including our character defences. More time will be given to exercises promoting healing shame and shame resilience.

Learning Objectives:

1. Participants will identify the developmental origins of shame, its somatic manifestations, and gender related susceptibilities.
2. Participants will develop shame resilience by working with negative introjects.
3. Participants will use, practice and apply these tools during the workshop.

About Helen Resneck-Sannes: Ph.D. – Psychologist in private practice, international faculty member, lecturer at universities and colleges, and published author.

The embodied psychotherapist for a revitalizing therapeutic Relationship: between silences and sounds, quiet and Vibrations

Alessandro Cataldi & Ada Lentini

Description: This experiential workshop explores how the therapist's embodied presence (posture, gestures, and energy) can deepen the therapeutic relationship and access the patient's unconscious, integrating somatic, emotional, and spiritual elements. Participants will engage in exercises to enhance bodily awareness, perception, and emotional expression, and reflect on their experiences for greater self- and other-awareness.

Learning Objectives:

1. Participants identify three key embodied characteristics.
2. Participants distinguish silence, quiet, vibrational field, and chaos.
3. Participants enhance therapeutic effectiveness through embodiment.

About Alessandro Cataldi: Degree in Psychology and Specialization in Bioenergetic Analysis, CBT (since 2018), Supervisor and member of SIAB – Società Italiana di Analisi Bioenergetica.

About Ada Lentini: Medical doctor and psychotherapist specializing in bioenergetic therapy, integrating physical and emotional health in her practice. CBT (since 2018) and member of SIAB – Società Italiana di Analisi Bioenergetica.

Aggression as a significant factor in formation and Expression of the self – bioenergetic and winnicottian Perception

Anat Gihon

Description: Aggression, originally meaning “to move forward,” is an innate, libidinal energy linked to the muscular system. Viewed by Reich, Lowen, and Winnicott as vital for movement, contact, and boundary-setting, it allows the expression of anger and supports individuation, creativity, and authenticity. In healthy development, aggression helps build a balanced, well-regulated sense of self.

Learning Objectives:

1. Participants will explore the spectrum of aggression, from the act of conception, first sucking in air and reaching out for contact, all the way to assertion, protecting one’s integrity through anger, to mature sexuality.
2. Participants will study the milestones in Winnicott’s theory in the development of healthy aggression.
3. Participants will explore the environmental introjections affecting the permission to express aggression in each of their characters.

About Anat Gihon: M.A., Movement Expressive Therapist, and CBT (since 1993). She is an international faculty member of the IIBA and a member of ISBA – Israeli Society for Bioenergetic Analysis.

The physical dynamics of primitive states

Garry Cockburn

Description: Lowen identified the “physical dynamics” of the various character structures. We need to expand our theoretical frameworks, models of

practice and therapeutic principles in order to work with people suffering from psychosis, psychogenic autism, borderline personality and primitive relational traumatic states. To do this we need to draw on Lowen's basic framework and the contributions of modern psychoanalysts.

Learning Objectives:

1. Participants distinguish the contributions of Lowen, Hilton, Lewis, Tonella, and Baum to understanding primitive states in Bioenergetic Analysis.
2. Participants recognize autistic/contiguous, paranoid/schizoid, and depressive positions and appreciate how the body's sensory and affective processes underpin mental development.
3. Participants apply key therapeutic principles – such as boundaries, protecting internal space, and bearing another's distress – when working with primitive states.

About Garry Cockburn: BSW(Hons). CBT. NZAP (Advanced Certificate of Practice). Registered Psychotherapist with PBANZ, CBT (since 2007), member of NZSBA – The New Zealand Society for Bioenergetic Analysis. He was President of the IIBA from 2014–2016.

Titration in movement: exploring the anxiety of becoming

Paola Alessio

Description: Movement is never just physical – it's a shift from one state to another, a cycle of contraction and expansion. When we slow down and pay attention, we may encounter anxiety and uncertainty in transition. This workshop invites participants to explore movement with presence, notice the emotions it reveals, and cultivate the resources to stay grounded, connected, and curious through change.

Learning Objectives:

1. Participants will analyze and interpret movement as an open-ended exploration.
2. Participants will assess and differentiate 2 types of anxiety in transition.
3. Participants will apply and utilize 1 Titrated Approach to movement and change.

About Paola Alessio: Psychologist, LCSW, CBT (since 2013), Local Faculty Member and Member from NYSBA – New York Society for Bioenergetic Analysis.

The melody of your body reveals the feelings of your heart

Claudia Lelis

Description: The embodied voice reveals our own truth. The melody of the singing voice is the most genuine form of expression of deep feelings and affections, more than speech which is controlled by the left side of the brain. Singing or sounding freely helps to relax chronic tensions in the body, deepens breathing, softens tensions in the diaphragm, energizing the body and facilitating the harmonious connection between body-mind-sexuality spirituality. Our voice resonates in the body, connects with the heart and opens the paths for us to feel whole again with Nature and the Cosmos.

Learning Objectives:

1. Participants identify how singing increases awareness of diaphragmatic tensions and apply techniques to release and soften them.
2. Participants explore emotions, sensations, and energy through their own voice.
3. Participants implement strategies for self-expression and cultivate inner grounding through vocal practices.

About Claudia Lelis: Music therapist, Master in Psychology, CBT and Local Faculty Member from LUMEN – Instituto Neo-reichiano Lumen Ribeirão Preto.

Hidden tensions: exploring the body's language of normotic illness and human destructiveness

Guilherme Pacheco

Description: This workshop explores “normotic illness,” a concept describing extreme conformity and avoidance of inwardness, as defined by Christopher Bollas and echoed in the works of Joyce McDougall and Erich Fromm. We will examine how these psychological concepts, focusing on suppressed individuality, manifest physically as chronic muscular tension through a Bioenergetic lens. Participants will engage in experiential exercises to identify and release these tensions, fostering greater self-awareness.

This exploration will also consider the connection between these concepts and human destructiveness.

Learning Objectives:

1. Participants gain a deeper understanding of the psychological and physical manifestations of suppressed individuality.
2. Participants increase awareness of their own bodily patterns of tension and emotional expression.
3. Participants explore how these patterns and concepts contribute to human destructiveness.

About Guilherme Pacheco: BA & MA in Education, CBT (since 2021), PhD candidate and member from SOBAB – Sociedade Brasileira de Análise Bioenergética.

**Living the empathic way –
towards total embodied empathic Immersion**

Avigail Shahar

Description: Empathy is central to human existence, yet each of us experiences and cultivates it uniquely. This workshop explores the ethical and embodied roots of empathy through Reich's and Lowen's bioenergetic framework and contemporary Self Psychology, offering a meditative practice to deepen empathic presence and foster a transcendental, embodied state of being.

Learning Objectives:

1. Participants will identify the embodied, ethical roots of empathy in Reich and Lowen's work.
2. Participants will explain self-psychology's contributions to prolonged empathic immersion
3. Participants will use a bioenergetic meditation to enhance self-object presence and transcendental embodiment.

About Avigail Shahar: M.A., CBT (since 2008), trained in pre & perinatal psychology, international faculty member of the IIBA and member from ISBA – Israeli Society for Bioenergetic Analysis.

Self-regulation, co-regulation and psychotherapy

Réjean Simard

Description: This workshop explores self-regulation-balancing body, stress, emotions, and thoughts through grounding, awareness, and breathing – and co-regulation, which deepens client contact and resonance. Together, these practices support presence and integration of past and present at emotional, physical, and mental levels.

Learning Objectives:

1. Participants will use body-oriented techniques that support self-regulation.
2. Participants will develop 2 awarenesses of the crucial role co-regulation plays in the therapeutic process.
3. Participants will demonstrate the connections between the therapeutic alliance, the quality of the relationship, the self, and co-regulation.

About Réjean Simard: Canadian psychotherapist and CBT (since 1983). He holds a Master's degree in Psychology (M. Ps) and is a member of the Ordre des psychologues du Québec (OPQ). Local Faculty Member from MSBA – Massachusetts Society for Bioenergetic Analysis.

The body in psychopathology: clinical reflections and Experiential interventions in bioenergetic analysis

Marisa Orsini

Description: In this workshop, we'll explore how Bioenergetic Analysis supports the connection between body, mind, and energy to enhance vitality and self-awareness. Eating disorders often involve a distorted self-image or weak body perception. Through guided bodywork, participants will experience how increased energy flow can strengthen self-perception and foster a healthier relationship with the body.

Learning Objectives:

1. Participants explore the role of Bioenergetic Analysis in addressing eating disorders, including food deprivation, sensory control, and altered body image.

2. Participants examine the differences between general treatment approaches and the specific pathologies of anorexia and bulimia.
3. Participants apply the bioenergetic approach by transforming insights into practical tools for daily life.

About Marisa Orsini: Psychologist, Psychotherapist, CBT (since 1994), Local Faculty Member from SIAB – Società Italiana di Anàlisi Bioenergetica.

Bioenergetic waves, grounding and self-possession: aid and Self-aid from inside-out and bottom-up

Arild Hafstad

Description: This workshop, based on a newly submitted paper for IIBA faculty application, explores how bioenergetic waves and grounding practices can foster self-possession and resilience. The session combines theory, live demonstration, and experiential exercises. After a brief introduction, we will work with one participant, followed by small-group practice (pairs or trios) under guidance. The workshop closes with shared reflections, Q & A, and integration.

Learning Objectives

1. Participants identify and enhance their own pulsatory wave pattern.
2. Participants apply a pulsatory grounding wave and a laying-down procedure for themselves and other.
3. Participants recognize the different potentials of developing wave resources in both standing and lying positions.

About Arild Hafstad: Clinical psychologist; CBT (since 2005); Certified Imago Therapist and Local Faculty Member from NIBI – Norsk Institutt for Bioenergetikk.

Connection with self and other

Jenny Streit-Horn

Description: Jenny Streit-Horn will facilitate connection with self and others via discussion and experiential activities. She will talk about somatic grounding, grounding through another person, and social engagement

system. She will then guide somatic exercises to help participants feel more connected to themselves and then guide a visualization to enhance safety with and from others. There will be time for participants to write about their experiences and then for small group discussion.

Learning Objectives:

1. Participants will identify 3 characteristics of being connected to self.
2. Participants will name 3 benefits of the social engagement system.
3. Participants will write about 2 of their experiences and discuss with others in the workshop.

About Jenny Streit-Horn: Master's (1998) and PhD (2011) in Counseling, CBT (since 2019) and Local Faculty Member from DSBA – Dallas Society for Bioenergetic Analysis.

The autistic body: exploring the uniqueness of Bioenergetic Analysis

Caio Zenero Pinheiro

Description: This workshop integrates Bioenergetic Analysis and Polyvagal Theory to show how body-based interventions support self-regulation and communication in neurodiverse populations. Through theory, case examples, and experiential practice, participants will gain practical strategies to enhance therapeutic engagement and outcomes with autistic individuals.

Learning Objectives

1. Participants list at least three body-based indicators of emotional dysregulation in autistic clients.
2. Participants assess how integrating Bioenergetic Analysis and Polyvagal Theory promotes deeper therapeutic engagement with autistic clients.
3. Participants implement at least two gentle, body-centered interventions from Bioenergetic Analysis that foster emotional safety, respect, and well-being in autistic clients, ensuring a caring and empathetic approach.

About Caio Zenero Pinheiro: Psychologist graduated and Lawyer graduated, completed the courses: "Psychological Care for Autistic Individuals" and "Autism and the DIR-Floor Time Model"/Trainee from IABSP – Instituto de Análise Bioenergética de São Paulo.

Erotic and eroticized transference: how to find the right place for sexuality in bioenergetic psychotherapy process

Maria Magdalena Malkiewicz & Leeiner Munoz

Description: This workshop explores transference and countertransference as natural therapeutic processes that may be sexualized – arising from genuine erotic feelings or, at times, masked aggressive impulses. We will examine how Bioenergetic Analysis, with its emphasis on somatic contact and embodied arousal, poses unique challenges and opportunities for therapists. The workshop offers both theoretical input and practical reflection on these dynamics.

Learning Objectives:

1. Participants will identify the difference between erotic and eroticized transference.
2. Participants will explain the therapeutic stance in the therapist-patient relationship.
3. Participants will develop 3 interventions for themselves, which will be useful in working with patients' sexuality.

About Magda Malkiewicz: Master in Psychology, Psychologist, Certified Clinical Sexologist, Certified Psychosexologist, CBT (since 2019) and Local Faculty Member from PSAB – Polskie Stowarzyszenie Analizy Bioenergetycznej.

About Leeiner Munoz: Doctor of Philosophy in Mental Health Counseling and Supervision Ph.D., CBT (since 2020) and member from NYSBA – New York Society for Bioenergetic Analysis.

The power of self-compassion: a concrete practice to help clients to open up their hearts to themselves and to the world

Gabriele Putelli

Description: Based on Lowen's insights, this workshop explores the role of self-acceptance and self-compassion in emotional change and empathy. Through bioenergetic practice, participants will address obstacles to opening the heart, cultivate tenderness and intimacy with themselves and others, and gently release the armor that blocks connection.

Learning Objectives:

1. Participants identify feelings and thoughts typical of a person lacking self-compassion.
2. Participants differentiate between self-acceptance and self-compassion.
3. Participants implement practices that promote self-acceptance and self-compassion.

About Gabriele Putelli: Psychologist, Psychotherapist, CBT (since 2022) and member from SIAB – Società Italiana di Analisi Bioenergetica.

Embodying the therapist's role: how to use your Countertransference to benefit your patient

Leeiner Munoz & Maria Magdalena Malkiewicz

Description: Countertransference reveals the therapist's internal process and offers insights into the patient's inner world. When words fail, Bioenergetic Therapists connect through somatic embodiment. This workshop explores the therapist as an active participant-observer, highlighting professional responsibilities. Participants will use somatic awareness to reflect on creating the therapeutic space, maintaining neutrality, and using countertransference to understand the patient's experience.

Learning Objectives:

1. Participants will identify and articulate 3 specific countertransference reactions that may impact their patients.
2. Participants will describe 3 key professional responsibilities in their role as therapists.
3. Participants will apply 3 somatic therapy techniques to enhance their effectiveness with patients.

About Leeiner Munoz: Doctor of Philosophy in Mental Health Counseling and Supervision Ph.D., CBT (since 2020) and member from NYSBA – New York Society for Bioenergetic Analysis.

About Magda Malkiewicz: Master in Psychology, Psychologist, Certified Clinical Sexologist, Certified Psychosexologist, CBT (since 2019) and Local Faculty Member from PSAB – Polskie Stowarzyszenie Analizy Bioenergetycznej.

Recognizing and working with internalized queer negativity

Thomas Heinrich

Description: Verbal and structural discrimination as well as physical violence against queer people leave their mark on them early on in their development. The so-called Internalized Queer Negativity is often not directly recognizable, even less so if we therapists have absorbed the same internalizations. This workshop aims to help calibrate your own seismograph for this and thus strengthen queer clients in their self-acceptance and thus the development of their own positive identity.

Learning Objectives:

1. Participants identify Internalized Queer Negativity in their queer clients.
2. Participants understand the different forms of Internalized Queer Negativity, including issues related to nonheterosexuality and gender roles.
3. Participants apply interventions to reduce the blocking effects of Internalized Queer Negativity in therapy.

About Thomas Heinrich: Dipl.-Psych., CBT (since 2001), International Faculty Member of the IIBA, and member from SGFBA – Süddeutsche Gesellschaft für Bioenergetische Analyse.

The body of the voice

Yael Sar-Shalom Mochiach

Description: In this workshop, we will explore how human energetic movement, pulsation, and character are Expressed through music. Rhythm, timbre, and the melody of words reflect developmental experiences and Influence therapeutic work, containing both grounding and challenging elements. Attuning to these musical Aspects can deepen understanding of pulsatory relational dynamics.

Learning Objectives:

1. Participants will identify the connection between the ear orifice and grounding and the impact of environmental sounds.

2. Participants will identify the function of musical elements – rhythm, tone, and timbre – inherent to therapeutic relationships.
3. Participants will apply 2 listening techniques to assess the patient's relational and transference bioenergetic material.

About Yael Sar-Shalom Mochiach: PhD, CBT (since 2022) and member from ISBA – Israeli Society for Bioenergetic Analysis.

From the word to the body

Martha De Carvalho Rocha

Description: A workshop that aims to move from the word to the body, integrating emotional and psychological experiences expressed verbally with bodily manifestations. The idea is to use the body as a tool for expressing and releasing tension, leading participants to experience their emotions and feelings more fully.

Learning Objectives:

1. Participants explore the shift from verbal to non-verbal expression.
2. Participants observe how words and psychological experiences manifest physically in the body.
3. Participants foster mind-body integration, recognizing the body as an essential component of the human psyche.

About Martha De Carvalho Rocha: Psychologist, CBT (since 2005), Local Faculty Member from VIBRARE – Instituto de Análise Bioenergética do Centro Oeste do Brasil.

Mechanisms of action: bioenergetic analysis as seen through the lens of predictive processing

Leah Benson

Description: The picture of the human mind as an embodied prediction engine is now the dominant systems level model in cognitive neuroscience. Grounded in these new (formally specifiable and empirically testable) cognitive scientific understandings (Mark Miller website), this presentation will address how and why bioenergetic analysis is effective as a modality.

How are the mind and body one? What is an emotion? When bioenergetic analysis doesn't work, why not? How do we understand character from this perspective? How does this perspective help us do what we do better? What does this perspective offer us beyond the intuitions we have about why it works? What is the 21st century science of brain function and emotion? Simply put, it is a paradigm shift in the way both brain function and emotion are understood.

By way of background, the 20th century "classical" theories of emotion suggest that humans have an emotional brain (limbic system) that can be "triggered" and is "controlled" by a rational brain (prefrontal cortex). A lizard brain (brain stem) houses control of bodily functions and of most primal impulses, while fear gets its own special locus in the amygdala. If the rational brain cannot control the emotional and/or lizard brain, one is likely to be labelled as mentally ill. On the other hand, if one refuses to control behaviour, one is deemed to be a social deviant or a loser. These theories propose that certain basic innate emotions are universal, and that our brain sits passively in a stimulus-response mode. All of these claims have been falsified by "large and convincing studies" (Clark, 2023 p. 97).

Fast forward to the 21st century, where we find ourselves faced with the brain science of predictive processing/active inference, and with the theory of constructed emotion that arises from this research.

Predictive processing/active inference suggests that brains are predictive, not reactive. Through a process known as allostasis, "The core task of all brains is to regulate the organism's internal milieu by anticipating needs and preparing to satisfy them before they arise" (Sterling, 2012). A predictive system that is predictive is more efficient than a reactive one, and efficiency is the name of the game when it comes to survival. In utero, the brain begins to build a model of our body in the world, from which it predicts. When it encounters sensory data, it did not account for, it "encodes prediction error." Prediction errors either facilitate updates to the model (i. e. we learn something new), or the brain ignores the prediction error and proceeds with the current model, whether it serves the organism best or not.

The theory of constructed emotion suggests that emotions are not innate. Rather, they are socially, psychologically, and neurologically constructed. The brain unconsciously and automatically categorizes varied experiences of affect as functionally equivalent instances of emotion within situated contexts. Colloquially known as "mood," affect is the subjective

experience of the brain's never-ceasing process of interoception. "The brain models the world from the perspective of its body's physiological needs. As a consequence, a brain's internal model includes not only the relevant statistical regularities in the extrapersonal world, but also the statistical regularities of the internal milieu. Collectively, the representation and utilization of these internal sensations is called interoception" (Barrett, 2017a). Interoception is the origin of feeling, otherwise known as affect. Computationally, the process of interoception and the simultaneous subjective experience of affect, however they might be categorized, are evidence of mind-body unity (Clark, 2023, p. 35).

Learning Objectives:

1. Participants will identify 2 differences between 20th and 21st century cognitive science paradigms as they relate to understanding the mechanisms of action at play in Bioenergetic analysis.
2. Participants will identify 4 basic components of a predictive mind.
3. Participants will identify a cognitive mechanism underlying the concept of Self Possession.

About Leah Benson: Ed. M., LMHC, CBT (since 2017) and Member at Large from Florida, USA

From Lowen's ego psychology to the object relations theory in bioenergetic analysis

Thomas Fellmann

Description: How can Otto F. Kernberg's object relations theory, in particular his idea of the psychic structure and his motivation theory, enrich Bioenergetic Therapy? Explore how motivation shapes therapy in this hybrid lecture and experiential workshop. We'll compare Lowen's classic approach with modern theories (Lichtenberg, Panksepp) and Kernberg's psychic structure and affect concepts. Through grounding and interactive exercises, participants will embody self- and object representations, deepening their understanding and practice of Bioenergetic Therapy.

Learning Objectives:

1. Participants will identify and describe basic motivational drives behind human behavior.

2. Participants will explain Kernberg's 3 concepts of psychic structure.
3. Participants will apply motivational and affective concepts to experiential therapeutic practice.

About Thomas Fellmann: CBT (since 1999), Local Faculty Member, supervisor, member from SGBAT – Schweizerische Gesellschaft für Bioenergetische Analyse und Therapie, and applicant for International Faculty. Member of the IIBA.

The exquisite amalgam of bioenergetic analysis: theory and Practice

Laurie Ure

Description: This workshop is based on an article I co-wrote with Dr. Len Carlino, CBT, IIBA International Trainer, which was published in the 2025 IIBA clinical journal². In The workshop, I will review the seven aspects that make up the “exquisite amalgam of bioenergetic analysis” that Bioenergetic therapists incorporate into their work. The workshop will include significant experiential and Discussion sections demonstrating some of these aspects in action.

Learning Objectives:

1. Participants will name and describe the 7 facets of Bioenergetic Analysis.
2. Participants will explain the theory of the pendulum of regression and progression and its implications for client work.
3. Participants will identify 3 significant elements of resonating with the patient to support effective interventions.

About Laurie Ure: LICSW, CBT (since 2008), International Faculty Member of the IIBA and member from MSBA – Massachusetts Society for Bioenergetic Analysis.

Catharsis and relationship, the body of the therapist

Violaine De Clerck

Description: Catharsis, intense emotional expression, is the organic reparation process our bodies can spread out. More than a key, the body has the healing

² <https://doi.org/10.30820/0743-4804-2025-35-37>

power. As bioenergetics therapist today, I assist him by providing the conditions he needs to heal. I will share what are the somatic and relational condition for a catharsis to be healing. In particular, the relational condition of a “limbic to limbic”/“reptilian to reptilian” connection. I will share ways to get there.

Learning Objectives:

1. Participants will deepen understanding of the role of the body in healing emotional wounds.
2. Participants will explain how the autonomic nervous system interacts with emotions.
3. Participants will recognize and reflect on their role as therapists in facilitating therapeutic catharsis.

About Violaine De Clerck: CBT (since 1981), International Faculty Member and member from SOBAB – Société Belge d’Analyse Bioénergétique.

The rhythm of existence: from the beat of the mother’s heart to the sound of the voice

Manuela Tremante

Description: Rhythm is born from the heartbeat – the primal pulse of life. In the womb, the child is enveloped by the mother’s heartbeat, voice, and movements, laying the foundation for communication. Infant research and neuroscience show how rhythm and musicality shape early bonds and continue to form identity through breath, voice, and empathy. Our whole organism resonates: sensations, emotions, and actions find expression in sound, attunement, and narrative. Existence is thus accompanied by a rhythm that originates from listening to the heartbeat, from sound and pause. In the womb, the baby, along with the mother’s heartbeat, is enveloped by the sound of her voice and the rhythm of her movements. The baby’s psychological development is rooted in the rhythmic pulsation of the mother’s heart, accompanied by the voice, vibrations, and sounds coming from within the mother’s body, but also by the sounds and melodies that reach the outside world (Panksepp, Trevarthen, 2009). The very first relational experiences are thus based on the sonority of the mother’s and father’s voices, capable of producing and transmitting significant emotions that give rise to the first mental processes.

Infant research and neuroscience have emphasized the importance of musicality and rhythm in the first communicative exchanges between mother and newborn. In particular, Jaak Panksepp and Colwyn Trevarthen (2009) identify human musicality as an “autonomous motivational system,” supporting the great importance attributed to music in the very early stages of the mother-infant and father-infant relationship: it seems that newborns are able to understand sound sequences, especially when they have the same rhythm as sounds heard in the womb, such as breathing and heartbeat, but also those sounds that come from the external environment.

Learning Objectives:

1. Participants will explore and connect with their own sound and voice.
2. Participants will experience how empathy arises through listening to breath, vocal tone, and the intensity of sounds that shape words and narrative.
3. Participants will practice, recognize, and develop the capacity to resonate with others.

About Manuela Tremante: Psychologist and person-centered psychotherapist, CBT (since 2017), IIBA BOT Member, and member from SIAB – Società Italiana di Analisi Bioenergetica.

Free energy, drives, quest for homeostasis, and the true self

Homayoun Shabri

Description: This presentation explores the intersection of thermodynamics, information theory, and somatic psychotherapy from the perspective of the Free Energy Principle (FEP) and active inference. Drawing on Schrödinger’s insight that life persists by “feeding on negative entropy,” the author frames living systems as open, self-organizing structures that resist the universal drift toward disorder. Concepts of nonequilibrium steady states (NESS) and Markov blanket (Friston, 2009) are introduced as the foundational mechanisms by which organisms maintain coherence: sensory states register environmental input, active states shape the world in response, and internal states update models to reduce surprise. Surprise (or entropy) is defined both from the perspectives of thermodynamics as disorder and information theory as unpredictability. Minimizing surprise is thus

framed as the unifying imperative across both soma and psyche – necessary for biological survival and psychological coherence.

The presenter explains that variational free energy offers a tractable bound on surprise. Organisms minimize free energy by updating beliefs when sensory inputs deviate from expectations, or by acting on the environment to confirm prior models – what Friston (2009) calls self-evidencing. This recursive cycle of perception, action, and belief updating is described as active inference. Through this process, the “self” emerges as an agent continually proving its own existence by seeking confirmation of its generative model. Social life is also recast through this framework: cooperation reduces collective free energy by stabilizing shared expectations, while war and genocide are interpreted as maladaptive or destructive attempts to resolve prediction errors by enforcing rigid, oversimplified models.

The presentation then integrates these concepts with Bioenergetic analysis, a somatic psychotherapy approach grounded in Reich and Lowen’s emphasis on the unity of body and psyche. The three pillars of Bioenergetic therapy – self-awareness, self-possession, and self-expression – are mapped onto the perception–integration–action cycle of active inference. Emotional dysregulation, somatic disconnection, and trauma are reframed as disruptions in free energy minimization. Trauma, in particular, is argued to impose a lower bound on free energy: unresolved somatopsychic residue prevents accurate updating of internal models, leading to persistent prediction error and chronic dysregulation. Healing, therefore, involves re-establishing sensory awareness, enabling safe expression, and integrating traumatic experience – restoring the organism’s ability to perceive and act in ways that lower internal entropy.

A novel contribution of this presentation is its reinterpretation of drives. Classical psychoanalysis saw drives as pleasure-seeking discharge of tension (Freud, 1920), while object relations theorists emphasized drives as object-seeking (Fairbairn, 1954), rooted in relational needs. The author proposes a unifying hypothesis: with the evolution of the mammalian limbic system, unitary biological drives bifurcated into two dialectical poles – pleasure-seeking (somatic entropy reduction) and object-seeking (psychic entropy reduction). Both poles ultimately serve the same purpose of restoring homeostasis and are experienced as pleasure, upon satisfaction. This framework integrates Freud’s tension-discharge model, Fairbairn’s relational perspective, and Lowen’s somatic emphasis, while situating them within the FEP’s imperative to minimize free energy.

In conclusion, the presentation offers a cohesive ontology of life, mind, and society grounded in the Free Energy Principle. Living beings persist by resisting entropy through the continual reduction of surprise, achieved via embodied engagement with the environment. Psychotherapy, especially somatic and Bioenergetic approaches, can be seen as guided active inference: therapists help clients re-establish perception–action cycles, integrate trauma, and realign their generative models with lived reality. Drives are reconceptualized as dialectical strategies – somatic and relational – for reducing entropy. Extending from cells to societies, the same principle applies that is cooperation and adaptation sustain coherence, while rigidity and violence reflect failed attempts to manage prediction error. Ultimately, the paper argues that survival, healing, and meaning-making all emerge from the same imperative: the minimization of free energy to sustain the fragile boundaries that make life possible. The presentation is also experiential in that the participants are asked to track their free energy in their bodies as the talk progresses, and concepts are made simple and understandable.

Learning Objectives:

1. Participants will identify blocked energy and identify 2 impediments to homeostatic functioning.
2. Participants will identify 2 differences between homeostatic functioning and living under conditions in which free energy is not minimized.
3. Participants will implement strategies in aiding clients to move toward a homeostatic existence and free flowing experience.

About Homayoun Shahri: Ph. D., M. A., LMFT, CBT (since 2017) and member from SCIBA – Southern California Institute for Bioenergetic Analysis.

About the Authors

Maria Rosaria Filoni is a psychologist and psychotherapist, supervisor and local trainer. She was a member of the IIBA Board from 2013 to 2019 and IIBA's Vice President from 2016 to 2019.

Garry Cockburn, BSW (Hons), NZAP (ACP), CBT, is a Life Member of the Aotearoa New Zealand Society for Bioenergetic Analysis. He was President of the IIBA from 2014–2016. He has been a keynote speaker at three IIBA Conferences and has published several articles in the Bioenergetic Journal. He is semi-retired and lives in Palmerston North, Aotearoa New Zealand.

garrycockburn001@gmail.com

Scott Baum, Ph.D., ABPP, is a Bioenergetic Therapist and clinical Psychology practicing in NYC. He is a member of the International Faculty of the IIBA and is on the faculties of the NY Society, the Israel Society and the Swiss Association. He is Adjunct Full Professor of Psychology in the Psy. D. Program at Pace University.

Docsbpsych@aol.com

Yael Harel (Israel) is a movement therapist, an international trainer and a Faculty Member at the Bioenergetic Analysis Institute. She actively serves on the BOT and the Ethics Committee. In Israel, she currently leads the training program and is a supervisor as well as a member of the management team for the Arts Psychotherapy program at the Winnicott Institute. Additionally, she operates a private clinic in Beit Halevi.

Winnicott's translation of Reich

Orgastic potency and the depressive position

John Conger

Bioenergetic Analysis • The Clinical Journal of the IIBA, 2026 (36), 67–86

<https://doi.org/10.30820/0743-4804-2026-36-67>

CC BY-NC-ND 4.0

www.bioenergetic-analysis.com

Abstracts

This paper argues that Winnicott, without crediting his source, used Wilhelm Reich's concepts: of orgastic potency, his concept of neurotic and genital character and the correlation of sexual anxiety to heart disease to formulate his sexual orgasm theory regarding the mother-child relationship, his concept of the false and true self and his correlation of sexual anxiety and heart disease. This paper raises and answers three questions: Why does Winnicott fail to acknowledge his debt to Reich; what motivated Winnicott to understand "orgastic potency" in such depth; and in what ways did Winnicott uniquely transform Reich's concepts to a shape more at home in British object relations?

As a preliminary discussion this paper suggests that present-day Psychoanalysis treats the body as a subset of the psyche, as a "symbolic" body. Winnicott, on the other hand, like Freud and Reich, tended to hold psyche and soma as independent of each other, not unlike the concept of the parallax view, a concept borrowed from Slavoj Zizek, a Lacanian philosopher. Winnicott states that psyche and soma share no inherent identity. The parallax view states that there is an illusion of a common language; however, they (in this case psyche and soma) can only be grasped by shifting back and forth, from one to the other.

Keywords: psyche-soma, parallax view, orgastic potency, depressive position

A tradução de Winnicott sobre Reich

Potência orgástica e a posição depressiva (Portuguese)

Este artigo argumenta que Winnicott, sem citar sua fonte, utilizou os conceitos de Wilhelm Reich: de potência orgástica, seu conceito de caráter neurótico e genital e a correlação entre ansiedade sexual e doenças cardíacas para formular sua teoria do

orgasmo sexual no contexto da relação mãe-filho, seu conceito de falso e verdadeiro eu e sua correlação entre ansiedade sexual e doenças cardíacas. Este artigo levanta e responde a três questões: Por que Winnicott não reconhece sua dívida para com Reich? O que motivou Winnicott a compreender a “potência orgástica” com tanta profundidade? E de que maneiras Winnicott transformou os conceitos de Reich de forma singular, adaptando-os ao contexto das relações objetais britânicas?

Como discussão preliminar, este artigo sugere que a psicanálise contemporânea trata o corpo como um subconjunto da psique, como um corpo “simbólico”. Winnicott, por outro lado, assim como Freud e Reich, tendia a considerar psique e soma como independentes um do outro, de forma semelhante ao conceito de visão paralaxe, um conceito emprestado de Slavoj Žižek, filósofo lacaniano. Winnicott afirma que psique e soma não compartilham uma identidade inerente. A visão paralaxe afirma que existe a ilusão de uma linguagem comum; no entanto, elas (neste caso, psique e soma) só podem ser apreendidas alternando entre uma e outra.

La traduction de Reich par Winnicott

La puissance orgastique et la position dépressive (French)

Cet article soutient que Winnicott, sans citer ses sources, a utilisé les concepts de Wilhelm Reich: la puissance orgastique, son concept de caractère névrotique et génital, et la corrélation entre l’anxiété sexuelle et les maladies cardiaques, pour formuler sa théorie de l’orgasme sexuel dans le contexte de la relation mère-enfant, son concept du faux et du vrai soi, et sa corrélation entre l’anxiété sexuelle et les maladies cardiaques. Cet article soulève et répond à trois questions: pourquoi Winnicott omet-il de reconnaître sa dette envers Reich? Qu’est-ce qu’a motivé Winnicott à approfondir sa compréhension de la “puissance orgastique”? Et de quelle manière Winnicott a-t-il transformé de façon singulière les concepts de Reich pour les adapter au contexte britannique des relations d’objet?

En guise de réflexion préliminaire, cet article suggère que la psychanalyse contemporaine considère le corps comme un sous-ensemble de la psyché, comme un corps “symbolique”. Winnicott, à l’instar de Freud et Reich, tendait à considérer le psychisme et le soma comme indépendants l’un de l’autre, une conception proche de celle de la théorie de la parallaxe, empruntée à Slavoj Žižek, philosophe lacanien. Winnicott affirme que le psychisme et le soma ne partagent aucune identité intrinsèque. La théorie de la parallaxe postule l’illusion d’un langage commun; or, le psychisme et le soma ne peuvent être appréhendés qu’en passant de l’un à l’autre.

Come Winnicott traduce Reich

Potenza orgasmica e posizione depressiva (Italian)

Questo articolo sostiene che Winnicott, senza citare la fonte, abbia utilizzato il concetto di Wilhelm Reich di potenza orgasmica, il suo concetto di carattere nevrotico e genitale e la correlazione tra ansia sessuale e cardiopatia per formulare la sua teoria dell'orgasmo sessuale riguardante la relazione madre-bambino, il suo concetto di falso e vero sé e la sua correlazione tra ansia sessuale e cardiopatia. Questo articolo solleva e risponde a tre domande: perché Winnicott non riconosce il suo debito nei confronti di Reich; cosa lo ha spinto a comprendere la "potenza orgasmica" in modo così approfondito; e in che modo Winnicott ha trasformato in modo unico i concetti di Reich in una forma più congeniale alle relazioni oggettuali britanniche?

Come discussione preliminare, questo articolo suggerisce che la psicoanalisi odierna tratta il corpo come un sottoinsieme della psiche, come un corpo "simbolico". Winnicott, d'altra parte, come Freud e Reich, tendeva a considerare psiche e soma indipendenti l'uno dall'altro, non diversamente dal concetto di parallasse, un concetto preso in prestito da Slavoj Žižek, un filosofo lacaniano. Winnicott afferma che psiche e soma non condividono alcuna identità intrinseca. La parallasse afferma che esiste l'illusione di un linguaggio comune; tuttavia, essi (in questo caso psiche e soma) possono essere compresi solo passando avanti e indietro, dall'uno all'altro.

Winnicotts Übersetzung von Reich

Orgasmuspotenz und die depressive Position (German)

Diese Arbeit argumentiert, dass Winnicott, ohne seine Quelle anzugeben, Wilhelm Reichs Konzepte der Orgasmuspotenz, des neurotischen und genitalen Charakters sowie des Zusammenhangs zwischen sexueller Angst und Herzerkrankungen nutzte, um seine Theorie des sexuellen Orgasmus in Bezug auf die Mutter-Kind-Beziehung, sein Konzept des falschen und wahren Selbst und seinen Zusammenhang zwischen sexueller Angst und Herzerkrankungen zu formulieren. Die Arbeit wirft drei Fragen auf und beantwortet sie: Warum verschweigt Winnicott seine Verbindung zu Reich? Was motivierte Winnicott, die "Orgasmuspotenz" so tiefgründig zu verstehen? Und inwiefern transformierte Winnicott Reichs Konzepte auf einzigartige Weise, um sie an die britische Objektbeziehungstheorie anzupassen? Vorab wird diskutiert, dass die heutige Psychoanalyse den Körper als Teil der Psyche, als "symbolischen" Körper, betrachtet. Winnicott hingegen, ähnlich wie Freud und Reich, betrachtete Psyche und Soma als voneinander unabhängig, nicht unähnlich dem Parallaxenmodell, einem Konzept des Lacan'schen

Philosophen Slavoj Žižek. Winnicott argumentiert, dass Psyche und Soma keine inhärente Identität besitzen. Das Parallaxenmodell besagt, dass eine Illusion einer gemeinsamen Sprache existiert; Psyche und Soma lassen sich jedoch nur erfassen, indem man zwischen ihnen hin- und herwechselt.

Перевод Райха Винникоттом

Оргастическая потенция и депрессивная позиция (Russian)

В данной статье утверждается, что Винникотт, не ссылаясь на источник, использовал концепции Вильгельма Райха: оргастической потенции, невротического и генитального характера и корреляции сексуальной тревоги с заболеваниями сердца, чтобы сформулировать свою теорию сексуального оргазма, касающуюся отношений матери и ребёнка, свою концепцию ложного и истинного “я” и взаимосвязь сексуальной тревожности и сердечных заболеваний. В данной статье поднимаются и даются ответы на три вопроса: почему Винникотт не признаёт своего долга перед Райхом; что побудило Винникотта так глубоко понять “оргастическую потенцию”; и каким образом Винникотт уникальным образом преобразовал концепции Райха, придав им форму, более подходящую для британских объектных отношений?

В качестве предварительного обсуждения в данной статье предполагается, что современный психоанализ рассматривает тело как часть психики, как “символическое” тело. Винникотт, с другой стороны, подобно Фрейд и Райху, был склонен считать психику и сому независимыми друг от друга, что мало чем отличается от концепции паралакса, заимствованной у Славоя Жижека, философа-лаканиста. Винникотт утверждает, что психика и сома не имеют неотъемлемой идентичности. С точки зрения паралакса утверждается, что существует иллюзия общего языка; однако их (в данном случае психику и сому) можно постичь, только переходя от одного к другому.

La reinterpretación de Reich en Winnicott

Potencia orgástica y posición depresiva (Spanish)

Este artículo examina cómo Winnicott, sin reconocer explícitamente su fuente, incorporó conceptos fundamentales de Wilhelm Reich, como la potencia orgástica, las nociones de carácter neurótico y carácter genital, y la correlación entre ansiedad sexual y enfermedad cardíaca, para elaborar su propia teoría sobre el orgasmo sexual en la relación madre-hijo, su formulación del falso y verdadero self, y su asociación entre ansiedad sexual y patología cardíaca. El texto plantea y aborda tres interrogantes centrales: ¿por qué Winnicott no reconoce su deuda intelectual con

Reich?, ¿qué lo llevó a explorar con tanta profundidad el concepto de “potencia orgástica”, y ¿de qué manera transformó estos conceptos reichianos para integrarlos en el marco de las relaciones objetales británicas?

Como punto de partida, se propone que el psicoanálisis contemporáneo tiende a concebir el cuerpo como un subconjunto simbólico de la psique, es decir, como un “cuerpo representado”. Winnicott, en cambio, al igual que Freud y Reich, sostenía que psique y soma constituyen dominios relativamente autónomos. Esta relación puede compararse con el concepto de “visión en paralaje”, tomado del filósofo lacaniano Slavoj Žižek, según el cual no existe una identidad intrínseca entre ambas dimensiones. La visión en paralaje plantea que la aparente existencia de un lenguaje común entre psique y soma es ilusoria: sólo pueden ser comprendidos mediante un movimiento constante de desplazamiento de uno hacia el otro.

温尼科特对赖希的“性高潮潜能与抑郁位”概念的转译 (Chinese)

本文认为，温尼科特在未注明来源的情况下，使用了威廉·赖希的理论框架：包括性高潮潜能、他的神经症与生殖器特征的概念，以及性焦虑与心脏病的相关性，进而构建了关于母子关系的性高潮理论体系，提出了虚假自我与真实自我的概念，并揭示了性焦虑与心脏病的相关性。本文提出并回答了三个问题：为何温尼科特未公开承认其学术渊源；是什么使得温尼科特对“性高潮潜能”这个概念理解如此至深；以及温尼科特以哪些方式独特地将赖希的概念转化为英国客体关系理论体系中更合适的形式？作为初步探讨，本文指出当代精神分析将身体视为精神的子集，即一种“象征性”的身体。另一方面，温尼科特与弗洛伊德、赖希类似，倾向于将精神和躯体视为是彼此独立的，这与拉康学派哲学家斯拉沃伊·齐泽克提出的“视差观”概念颇为相似。温尼科特强调精神躯体并无内在同一性。视差观认为存在一种共同语言的错觉，但正如文中所述，精神躯体只能通过两者间来回切换才能被真正理解。

Tłumaczenie Reicha przez Winnicotta

Potencja orgastyczna i pozycja depresyjna (Polish)

Artykuł dowodzi, że Winnicott, nie przypisując zasług swojemu źródłu, wykorzystał koncepcje Wilhelma Reicha: potencję orgastyczną, jego pojęcie charakteru neurotycznego i genitalnego oraz korelację lęku seksualnego z chorobami serca – aby sformułować swoją teorię orgazmu seksualnego dotyczącą relacji matka-dziecko, swoją koncepcję fałszywego i prawdziwego self oraz korelację lęku seksualnego i chorób serca. Artykuł stawia i odpowiada na trzy pytania: dlaczego Winnicott nie przyznaje się do swojej inspiracji Reichem; co motywowało Winni-

cotta do tak pogłębionego rozumienia “potencji orgastycznej”; oraz w jaki sposób Winnicott w unikalny sposób przekształcił koncepcje Reicha w formę bardziej osadzoną w brytyjskiej teorii relacji z obiektem?

W ramach wstępnej dyskusji artykuł sugeruje, że współczesna psychoanaliza traktuje ciało jako podzbiór psychiki, jako “symboliczne” ciało. Winnicott natomiast, podobnie jak Freud i Reich, skłaniał się ku postrzeganiu psychiki i soma jako niezależnych od siebie, w sposób przypominający koncepcję widoku paralaktycznego – termin zapożyczony od Slavoj Žižka, filozofa lacanowskiego. Winnicott stwierdza, że psychika i soma nie dzielą żadnej wewnętrznej tożsamości. Widok paralaktyczny głosi, że istnieje iluzja wspólnego języka; jednak mogą one (w tym przypadku psychika i soma) być uchwycone jedynie poprzez przesuwanie perspektywy tam i z powrotem – z jednej na drugą.

Introduction

“We always have to consider what is the result of the relationship in terms of contact, bodily contact, and on the other hand, what we phantasize about a person who is there.”

(André Green; quoted from Kohon, 2001, p. 56)

In this paper, I am going to use some terms that have not been adequately addressed in Winnicott’s writing. I am going to talk about how Winnicott took Reich’s idea of orgasmic potency, which developed from Reich’s work with adults, and applied it to his work with children. I will suggest that Winnicott’s own sexual dysfunction pushed him to understand the importance of sexual desire in the child/mother relationship. But let me tell you how I began my journey.

Some time ago in reading *Psychoanalytic Explorations*, I stumbled across a previously unpublished, undated entry utilizing language uncharacteristic of Winnicott. More than that, the language sounded uniquely the property of Wilhelm Reich. No one but Reich has ever talked of ‘orgasmic potency’ or ‘orgasmic functioning’ except as an echo or in response to Reich. Like Reich, Winnicott states that the analytic treatment must relate the body to the psyche, the libidinal body to the patient’s psychic fantasy. With the psyche split from the body (soma), the patient remains untethered from the world, not quite real, depersonalized. It seems to be fundamental to our

human nature and experience to ask, what is the relation of our mind and spirit to our body? In addressing the mind/body relationship, Winnicott echoes Reich. Winnicott writes:

“A Point in Technique

When the fantasy that is represented in the transference material is revealed, I ask myself: what and where is the accompanying orgasmic bodily functioning. And, per contra, when in the analytic situation there is orgasmic bodily functioning I ask myself: what fantasy material is the patient telling me about by this functioning [...] I had found the hidden orgasmic bodily functioning hidden from me in the analysis, but without which the fantasy material, though intensely felt, could never become quite real or personal.”
(Winnicott, 1989, pp. 26–27)

Winnicott's comparison to Reich is not based on a few misplaced words. Rather, it seems important to point out that for those acquainted with Reich's work, his concepts are abundant and immediately recognizable in Winnicott's writing (Hilton, 1999, pp. 44–60): the centrality of the body-psyche relationship; the true and false self replacing Reich's genital and neurotic character; the adoption of orgasmic potency and the sequence leading to orgasm, the impact of sexual anxiety on heart disease; the use of touch in body interventions; and the dismissal of the death instinct.

Before addressing the main thesis of this paper, Winnicott's use of Reich and his placement of orgasmic potency in the Depressive Position, I introduce a necessary if brief background concerning the relation of body and psyche.

As a paediatrician and a psychoanalyst, Winnicott, more than any other British theorist, attempted to sustain an active dialogue between psyche and soma, which he describes as unrelated to each other. He writes, “There is no inherent identity of body and psyche [...] From the point of view of the developing individual [...] the self and the body are not inherently superimposed.” (Winnicott, 1988, p. 123) “The whole person is physical if viewed from one angle, psychological if viewed from another.” (Winnicott, 1988, p. 11) Present-day Psychoanalysis, on the other hand, tends to consider the body solely as a subset of psyche, that is, the body symbolically represented rather than as a physical construct. Even Joyce McDougall, who has paid particular attention to the body's relation to the psyche, states:

“Apart from the experience of corporeal suffering (and even this can be totally excluded from conscious recognition), it is clear that the body we live in, the body of which we are consciously aware, is essentially a psychological construct. Those aspects of the body and its somatic functioning that do not achieve psychic representation do not exist for us. This applies also to emotions.” (McDougall, 1995, p. 166)

In contrast, therapists who specialize in somatic psychology and medically trained practitioners, (and more recently the neuroscientists), are likely to assume that the psyche is a subset of soma. While psyche/soma appears to influence each other, what is not so immediately clear is how incomplete our knowledge of that correspondence remains, after over 100 years of study. The predisposition of our mind is radically different from our body, with little in common. While dependent on the body for survival, the mind imagines itself exempt from the constrictions of materiality. At least two extensive, separate vocabularies, developed over centuries, have elaborated our thinking about body and psyche. With one a subset of the other, we collapse one into the other, I think, because faced off, body against psyche, they don't slide comfortably together the way we think they should. It is more a stand-off, very awkward because it's about ourselves. The body/psyche suffers from the blindness of familiarity.

Not all psychoanalysts are comfortable with this reduction. In a recent article, Ricardo Lombardi, in a call to arms, supports a more earthy body-link, with reference to Winnicott. Lombardi concludes:

“Thus the question seems to be whether the absence of a clear theoretical status for the body in contemporary psychoanalysis should now claim our attention, so that we can correct the misunderstanding by which the body is mistaken for its potential symbolic meanings, while its basic quality as a concrete object is quite neglected – whereas it is not a symbol but something real.” (Lombardi, 2008, p. 105)

Perhaps then, instead of taking for granted a certain easy consonance between psyche and soma, we should consider the reverse for a moment, a resistant incompatibility, a dysfunctional marriage we would do better to face realistically. For instance, there is something compelling about subjecting the psyche/soma relationship to the concept of The Parallax View, the brain-child of the Lacanian philosopher Slavoj Žižek. In this model,

psyche and soma fool us into believing in a compatibility that isn't possible. There is "the illusion of being able to use the same language for phenomena which are mutually untranslatable and can be grasped only in a kind of parallax view, constantly shifting perspective between two points between which no synthesis or mediation is possible." (Zizek, 2006, p. 4)

Challenged by this unresolved perspective, we can understand why psychoanalysis might reduce the body to a symbolic fantasy. At the same time we may appreciate the work of Freud, Reich and Winnicott that held psyche and soma distinct and separate without the dominance of one over the other. From the beginning, Freud saw the sexual instinct as on the frontier between psyche and soma. The exact manner of the shift of instinct from body to psyche evaded him. (Green, 1999, p. 169)

"Now [...] an 'instinct' appears to us as a concept on the frontier between the mental and the somatic as the psychological representative of the stimuli originating from within the organism and reaching the mind" (Freud, 1915, pp. 121–122)

"Although instincts are wholly determined by their origin in a somatic source, in mental life we know them only by their aims." (Freud, 1915, p. 123)

Remarkably Freud never collapsed the body into a subset of psyche. He held the disjunction of body and psyche unresolved. When Freud shifted from the topographical to the structural theory in 1923, a shift from a more body oriented to a psyche oriented theory, he never dismissed his earlier convictions. He was able to sustain two contradictory theories without the renunciation of his past views. In both his *An Autobiographical Study*, 1925, and in *Inhibitions, Symptoms and Anxiety*, 1926, Freud doubles back in his arguments to embrace his old views. "If I look back today at my early findings" Freud says in 1925 "[...] on the whole they seem to me still to hold good." (p. 26) and in 1926 concerning anxiety, he says:

"We see, then, that it is not so much a question of taking back our earlier findings as of bringing them in line with more recent discoveries. It is still an undeniable fact that in sexual abstinence, [...], anxiety arises directly out of libido; [...] it is very possible that what finds discharge in the generating of anxiety is precisely the surplus of unutilized libido" (p. 141).

Libido for Freud is understood not merely as a signal function of ego but as a real energy that can be dammed up like a river in the body causing neurotic symptoms.

Freud who loved jokes and irony, had a tolerance for contradiction. He was able to hold opposing truths. Freud remembered that before his marriage, he suffered from sexual frustration that he felt created neurotic traits of tiredness, physical discomfort, illness and futility. (Ferris, 1999, pp. 113–114) He was a young man with intense sexual desire and sex had to be at the core of everything. As an old man having suffered many losses, the mind was his refuge. Nevertheless, at the centre of his later redefinition of psychic structure, he leaves us a remnant of his earlier conviction. He tells us the ego is a “body ego.” (Freud, 1923, p. 27) Much has been made of this token. The most powerful statement concerning the body remains, however, the brilliant image of the horse and rider in which the horse, in some rough sense, represents the embodied unconscious. (Freud, 1923, p. 25) If we take the vitality of the horse and rider seriously, we may find it difficult to talk to a disembodied mind on the couch.

This transition from topographical to structural theory is the context in which to understand Wilhelm Reich’s psychoanalytic work in the 1920’s. Reich as a young man with sex on his mind picked up Freud’s earlier “medical” work where he left off, hoping to please Freud by clinically validating libido theory by establishing orgasmic potency as the key to curing neurosis.

Winnicott’s reference to “orgastic bodily functioning” that introduced this paper expresses a matter of the deepest personal concern for Winnicott. In addressing Winnicott’s orgasm theory, I raise three questions: Why does Winnicott fail to acknowledge his debt to Reich; what motivated Winnicott to understand “orgastic potency” in such depth; and in what ways did Winnicott mold Reich’s concepts to a shape more at home in British Object Relations?

I wish now to address the first question. If Winnicott borrowed so heavily from Reich, why is there no acknowledgement for so great a debt? In an interview with Paul Roazen (the gad fly of Psychoanalysis), Winnicott commented that once he had mentioned the name of Carl Jung in a British Psychoanalytic Society meeting “but the hush was so striking that he dared not repeat the exercise.” (Roazen, 2001, p. 176) Perhaps Winnicott was reluctant to risk a cold reception twice by speaking of another “He-who-must-not-be-named” “traitor” to psycho-analysis.

After all, in 1934 Reich had been hastily thrown out of the International. Brilliant and clear-headed as Reich was in Vienna in the 1920’s as

a member of Freud's inner circle; by 1934, Anna Freud arranged secretly through Ernest Jones for Reich to be thrown out, in the vain hope of escaping Hitler's wrath. Speaking for her father, she said that Psycho-Analysis was not political (Makari, 2008, p. 404). Reich, in integrating Marxist and Psycho-analytic thought, had become uncompromising and strident. Reich the outspoken militant communist, author of *The Mass Psychology of Fascism*, was on Hitler's hit list

As a further reason for not mentioning Reich, Winnicott was not in the habit of identifying his sources, a position he openly proclaims in *Primitive Emotional Development* (1945). Winnicott tells us:

“My mind does not work that way. What happens is that I gather this and that, here and there, settle down to clinical experience, form my own theories and then last of all interest myself in looking to see where I stole what. Perhaps this is as good a method as any.” (Winnicott, 1992, p. 145)

Not everyone was charmed by Winnicott's approach. Claire Winnicott, in discussing their life together (Winnicott, 1989, p. 2) states that Winnicott “could, and did, alienate some people by his lack of acknowledgement.” It may have been that Winnicott, who did not consider himself an intellectual, felt alienated from the bookish practices of academia. Roazen found that Winnicott “had a rather weak grasp of theory and the history of analytic concepts,” (Roazen, 2001, p. 174) With reconsideration 20 years later, in *Playing and Reality*, a book thoughtful in its attributions to others, Winnicott says that “no one in the line of cultural contributors repeats except as a deliberate quotation, and the unforgivable sin in the cultural field is plagiarism.” (Winnicott, 1967, p. 99) To his credit, Winnicott has successfully restructured Reich for his own purposes. Unlike Reich's focus on adults, Winnicott investigates the obstacles to arousal leading to orgasm between mother and child.

Winnicott's study of orgasmic potency

As a second question, what then motivates Winnicott to study orgasmic potency with such persistence? In 1923, as a troubled, young doctor, newly married, Winnicott sought a consultation with Ernest Jones. Winnicott explains, “I went to him as a young man because I was ill” (Kahr, 1996, p. 44) We have a glimpse of the basis for his illness briefly appearing in letters

written between James Strachey, Freud's translator in England and Alix, his wife, who was in analysis with Abraham in Berlin in 1924–1925. Winnicott was in analysis with James Strachey at the time. Apparently, James Strachey shared some confidentiality from the couch with his wife. Alix in a letter to her husband mentions Winnicott in a phrase equivalent to “when hell freezes over”. She says when “Mr. Winnicott will die or f-ck his wife all of a sudden” (Strachey, 1924, p. 166) Linda Hopkins, Masud Khan's biographer, tells us that Masud Khan in the Spring of 1978, years after Winnicott's death, stood up at a meeting and declared that “Winnicott had been impotent throughout his life.” (Hopkins, 2006, p. 306) Rodman in his biography of Winnicott, considers “impotence [...] a major factor in his (Winnicott's) life, as were repeated instances of coronary thrombosis.” (Rodman, 2003, p. 144) Rodman imagines from indirect statements by Winnicott “That he may have been taught by his mother not to feel excitement,” (Rodman, 2003, p. 144) a disruption which led to life-long problems with impotence. Rodman wonders if Winnicott's brief paper, *Excitement in the Aetiology of Coronary Thrombosis 1957*, might very well be autobiographical.

In that paper, Winnicott describes heart attacks as a psychosomatic disorder and in keeping with Reich, attributes the illness to a breakdown in the orgasm process. Winnicott asks: “What happens in the body when excitement ‘goes cold’, that is to say, does not reach a climax?” Winnicott's paper speaks of how a young person, unable to climax, suffers terribly both mentally and bodily. There should be no reason why excitement “should not build up into a climax, followed by relaxation.” In fact, “many excitements must remain unrequited, and must find a way of dying down.” (Rodman, 2003, pp. 143–144; Winnicott, 1989, p. 36) Winnicott says that sexual frustration is a key factor in coronary thrombosis, exactly the viewpoint of Wilhelm Reich. In *The Function of the Orgasm*, Reich describes working with two women in 1924, suffering from ‘cardiac neurosis’. “With them, whenever genital excitation appeared, cardiac anxiety subsided.” For Reich, the “seat of the sensation of anxiety [...] was the cardiac and diaphragmatic region.” (Reich, 1971, pp. 109–110) If we accept the evidence of Winnicott's painful dysfunction, then we can understand why he might turn to the earlier writings of Reich, who attempted to resolve the humiliating illness created by repressed and blocked sexual desire.

How then did Winnicott adapt Reichian theory to British Object Relations? Reich worked with the sexual dysfunction of adults; Winnicott, on the other hand, traced orgasmic impotence to the infant/mother engage-

ment. Winnicott's ten year classical analysis with James Strachey and his Kleinian analysis with Joan Riviere may not have successfully addressed his sexual dysfunction; whereas for Reich, sexual dysfunction was at the heart of neurosis. Reich's claim was absolute.

“Psychic health depends upon orgasmic potency, that is, on the capacity for surrender in the acme of sexual excitation in the natural sexual act. Its basis is the un-neurotic character attitude of capacity for love.” (Reich, 1971, xviii)

Winnicott was not a linear thinker, and so his orgasm theory must be gathered from the mixed placements of brief deliveries, a few sentences here, a paragraph there, from a range of papers throughout his career. He speaks passionately, seriously, his sentences anchored and authoritative, suggesting a repeated observation that distils to a single statement. One can point to a developing understanding extending from 1941 in the paper “the Observation of infants in a Set Situation” until the more complete disclosures in “The Depressive Position in Normal Emotional Development.” (1954–1955)

As early as 1941, Winnicott, in interviewing numbers of mothers and babies, develops a set procedure for evaluation. What goes unnamed in Winnicott's description and unmentioned by other commentators, is a baby's mouth orgasm.

We observe the infant's desire leading to the orgasm. The infant sitting on its mother's lap is within reach of a tongue depressor which instigates an action. A gestural dance begins, both charming and predictable.

“All the time, in ‘the period of hesitation’ (as I call it), the baby holds his body still (but not rigid). Gradually he becomes brave enough to let his feelings develop, and then the picture changes quite quickly. The moment at which this first phase changes into the second is evident, for the child's acceptance of the reality of desire for the spatula is heralded by a change in the inside of the mouth, which becomes flabby, while the tongue looks thick and soft, and saliva flows copiously. Before long he puts the spatula into his mouth and is chewing it with his gums, or seems to be copying father smoking a pipe. The change in the baby's behaviour is a striking feature. Instead of expectancy and stillness there now develops self-confidence, and there is free bodily movement, the latter related to manipulation of the spatula.” (Winnicott, 1941, pp. 53–54)

At this early stage Winnicott describes the orgasm response in which the mouth becomes flabby and the saliva flows, even though his central purpose is to establish a reliable tool for evaluation. He created a measure for infant development in which orgasm held a place. Winnicott explains, “[...] many infants of five months grasp an object and put it to the mouth, it is not till six months that the average infant starts to follow this up by deliberately dropping the object as part of his play with it.” (Winnicott, 1945, p. 147) Concerning emotional development Winnicott says,

“We can say that at this stage a baby becomes able to in his play to show that he can understand he has an inside, and that things come from outside. [...] now the infant assumes that his mother also has an inside, one which may be rich or poor, good or bad, ordered or muddled. He is therefore starting to be concerned with the mother and her sanity and her moods.” (Winnicott, 1945, p. 147)

Once “well lodged in the body” the child begins to manage his inner world upon which the “management of the external world depends.” (Winnicott, 1950–1955, p. 207)

In the early infant development, Winnicott describes three developmental processes that establish the infant in the body with an inside and outside reality: integration, personalization and realization. (Winnicott, 1945, p. 149) Important as they are developmentally, they are mostly subsumed under the structures that implement desire. For the child to achieve orgasmic potency in the Depressive Position, Winnicott mentions three separate fusions that are necessary. First, the psyche, the elaboration of soma, needs to find a home in the body, What Winnicott calls “personalization”. (Winnicott, 1945, p. 149) Secondly, the aggressive and erotic instincts must fuse (Winnicott, 1950–1955, p. 214; Winnicott, 1971, p. 70; Winnicott, 1963b, p. 74); and third, the quiet and excited mother, representing need and desire, must come together as the same mother. To explain further, the infant does not at first realize that the mother that comforts her is the same mother that excites her. One measure for achieving the Depressive Position is the realization that the two mothers are really one mother.

Initially, through the support and attunement of the mother, the infant psyche is able to take on the body as its home. Secondly, Winnicott, like Reich, did not accept aggression as a function of a death instinct, which has been characterized by Klein as sadistic and destructive. Winnicott tells us that aggression functions to separate the “me” from the “not-me”. The

“not-me” lets the infant know where his body ends and his mother begins. Aggression helps to distinguish fantasy from “outside reality” (Winnicott, 1950–1955, p. 215). Winnicott tells us that the integration of aggression with instinctual desire is fundamental to a mature sexual intercourse.

“In adult and mature intercourse, it is perhaps true that it is not the purely erotic satisfactions that held a specific object. It is the aggressive or destructive element in the fused impulse that fixes the object and determines the need that is felt for the partner’s actual presence, satisfaction and survival.” (Winnicott, 1950–1955, p. 218)

An infant’s erotic desire at the mother’s breast calls for a response from the mother. But what if the mother is depressed and withdrawn from the excitement, unable to share? Andre Green describes the extensive injury of this neglect in his article “The Dead Mother” (Green, 1986). The mother is present to the child as if dead, provoking bewilderment, mourning, withdrawal, and anguished object loss. Rodman tells us (Rodman, 2003, p. 14) that “Marion Milner told me that Donald had said he was weaned early because his mother could not stand her own excitement during breast feeding” This breakdown of excitement, by Winnicott’s depressed mother (Rodman, 2003, p. 14) may have been sufficient cause for Winnicott’s reported life-long impotence.

Winnicott describes a further breakdown in the bringing together of aggressive and erotic drives. The infant’s ruthless desire is sometimes responded to as hunger and aggression only. In the efforts to feed, the excitement of arousal is ignored. In two separate articles, Winnicott, with terse anger, refers to this failure to respond to the infant’s excitement and arousal. He says, “The baby is fobbed off by the feed itself; instinct tension disappears and the baby is both satisfied and cheated [...]” (Winnicott, 1957, p. 268; see also Winnicott, 1963, p. 181).

Just as the psyche must find a home in the body as the first condition, and aggression must fuse with instinctual desire as the second condition; so, as the third condition for orgasmic potency, the quiet and excited mother must come together as one mother. (Winnicott, 1945, p. 151; Winnicott, 1954–1955, pp. 266–267).

The infant does not understand that the mother he destroys in his excitement is the same mother that comforts him. In response to need, the infant is “kept warm, handled and bathed and rocked and named” (Winn-

icott, 1945, p. 150) by the comforting, quiet mother. When the excited mother is able to root herself and the infant in instinctual desire (Winnicott, 1950–1955, p. 214) then these “acute instinctual experiences tend to gather the personality together from within.” (Winnicott, 1945, p. 150)

Winnicott expresses in an amused, exultant poetry the successful sharing of instinctual experience between mother and child that ultimately leads to the child’s joining of the two emotional states.

“The infant has instinctual urges and predatory ideas. The mother has a breast and the power to produce milk, and the idea that she would like to be attacked by a hungry baby.” (Winnicott, 1945, p. 152)

For Winnicott, the baby’s fantasy precedes the actual sucking at the breast. Winnicott states, “Fantasy is more primary than reality.” The excited infant at the breast hallucinates “something fit to be attacked. At that moment the actual nipple appears.” (Winnicott, 1945, 152–153) Winnicott has focused in on the delicacy of this encounter between mother and child, and its fragile nature. Hence the failure of the mother’s response to the infant’s desire splits the tenuous connection between inner fantasy and external reality, the psyche from soma. When the spontaneous gesture of need and desire is interrupted, a false self develops as a shell to hide the true self (Winnicott, 1950–1955, p. 212). Winnicott says, “[...] there comes into existence an individual that we call false because the personal impulsiveness is missing.” (Winnicott, 1950–1955, p. 217).

However, in *The Depressive Position*, the infant discovers the comforting, quiet and excited mother are the same woman. A good mother, Winnicott says, supports a child who stumbles into a deep orgasmic experience. The good-enough mother responds to the deeper arousal, willing to share in that intimate experience.

“[...] the quiet mother holds the situation [...] so that the baby may experience ‘excited’ relationships and meet the consequences [...] The time comes for the infant to see that here are two completely different uses of the same mother. A new kind of need has arisen based on impulse and on instinct tension that seeks relief, and this involves a climax or orgasm. Where there is an orgasmic experience, there is necessarily an increase in pain and frustration. Once the excitement has started and tension has arisen, risk has entered in.” (Winnicott, 1954–1955, p. 267)

The infant is anxious about injury to the mother and himself. Has his unleashed desire created a hole in the mother where once before he had found fullness and richness? And inside, is there a badness that lingers, some loss, emptiness or fear? (Winnicott, 1954–1955, p. 268) The infant offers a gift gesture of repair which with luck, the mother intuitively understands. (Winnicott, 1954–1955, p. 270)

Winnicott did not build his sexual theory in isolation. Melanie Klein had deeply influenced his work, despite significant differences. Melanie Klein developed the concept of the Depressive Position as a time of new found guilt, intense anxiety and attempts at repair; a time of disturbing awareness concerning the sadistic fantasy attacks on the mother's body. Klein's concern was with the internal conflict in fantasy of Eros and Thanatos, not the external physical reality. How odd it feels then for Winnicott to drag in biology, the body aroused to orgasm. I am struck by the awkwardness of Winnicott's placement. It feels like he dumped the body, the orgasm experience, unexpectedly in the middle of Melanie Klein's private, internalized world, as if in retaliation against the childhood mother who withheld sensual response. I wonder about Winnicott's feelings, having been excluded as unorthodox by the Kleinian elite.

Klein has provided no lead-ins for the body. Winnicott has provided his own developmental support structures, the three fusions, to justify his placement. In part we may once more be visited by the incompatibility of body and psyche, that leads us to take refuge in the parallax view. As Winnicott has stated, "there is no inherent identity of body and psyche". (Winnicott, 1988, p. 123) Whatever our response, Winnicott has brought the body back to analysis without it becoming a subset of psyche, a symbolic body only. If, as analysts, we accept Winnicott's findings, what accommodations to the erotic must we consider during the clinical hour?

Conclusion

Many analysts have not acquainted themselves with Reich's work because Reich was prematurely cut out of the fold. His absolute attitudes and later commitment to "orgone" as the universal energy, obscures his early powerful and valid contribution to the psychoanalytic community. Reich was able to anchor Freud's work on desire and the body by overstatement which was

Freud's tendency also. British Object Relations has shown brilliant technical achievements in working with the most obscure psychological states and as well has pried open the inaccessible psychosis to analytic intervention.

But the structural theory directed psychoanalysts away from desire, away from the visceral nature of our lives and away from the awkward constructions of psyche and soma. Winnicott's translation of Reich reintroduced the body and psyche as uneasy partners in the clinical hour. Whatever his motivation, Winnicott was driven to track desire from its earliest to its developed expression. He identified how the blocks to spontaneous expression creates a false self.

Winnicott differs from Reich in a few ways. Reich was promoting a orgasmic potency that was the accomplishment of a resolved Oedipal complex. Winnicott identified the orgasm experience as taking place earlier around the constellating of a separate primitive self. The infant is no longer entirely joined with the mother but has achieved a tiny gap of separation, across which flirtation, arousal and infant orgasm take place accompanied by new confidence and play.

Secondly, for Reich orgasmic potency is about the release of dammed up energy. Through attention to the body and sexual phantasy, the energy trapped in earlier developmental states is released. The full orgasm in adults depends on one's capacity to surrender to the experience. For Winnicott addressing early child states, orgasmic potency depends on the unhindered engagement of the mother and child and in particular, the mother's capacity to participate and support the infant's excitement. A successful mother/child engagement promotes three fusions: the indwelling of psyche in soma, the fusion of aggressive and sexual impulses, and the fusion of the quiet and excited states as one mother.

In "The Capacity to be Alone" (1958) Winnicott unexpectedly, in the simplest manner, closes the gap between Reich's orgasmic potency as an Oedipal achievement and potency in the depressive position. Winnicott agrees with Melanie Klein that the primal scene at a young age can be perceived and imagined. Winnicott writes:

"It could be said that an individual's capacity to be alone depends on his ability to deal with the feelings aroused by the primal scene. In the primal scene an excited relationship between the parents is perceived or imagined [...] To be able to be alone in these circumstances implies a maturity or erotic development, a genital potency."

Included in the article, in contradiction to Reich, Winnicott speculates about the possibility of an ego orgasm, a subject beyond the scope of this paper. Winnicott believes that “playing needs to be studied as a subject on its own, supplementary to the concept of the sublimation of instinct.” (Winnicott, 1971, p. 39) It should also be noted that he considers potency to describe emotional, fantasy and instinctual qualities. He says that “hope in regard to recovering from guilt over destructive ideas is a vitally important element in potency.” (Winnicott, 1988, pp. 73–74)

As a third issue, Winnicott actually does touch his clients in special circumstances he calls “regression to dependence.” To those of us acquainted with Reich, we observe him working with the energetic response of the body. But around this subject Winnicott maintains a silence. While Winnicott initially describes the psyche as developing out of soma, like Melanie Klein, he favors the psyche, asserting that fantasy precedes soma.

The mouth orgasm Winnicott described in establishing a set situation to evaluate infant development in 1941 blossomed into an original sexual theory. In these ways, following a unique path, creating new structures of understanding, Winnicott has brilliantly transformed Reich to British Object Relations.

References

- Ferris, P. (1999). *Dr. Freud: a life*. Counterpoint.
- Freud, S. (1915). Instincts and their vicissitudes. *SE 14*, 117–140.
- Freud, S. (1923). The ego and the id. *SE 19*, 12–63.
- Freud, S. (1925). An autobiographical study. *SE 20*, 7–70.
- Freud, S. (1926). Inhibitions, symptoms and anxiety. *SE 20*, 87–174.
- Green, A. (1986). The dead mother. In A. Green, *On private madness* (pp. 222–253). Hogarth.
- Green, A. (1999). *The fabric of affect in the psycho-analytic discourse*. Trans. Alan Sheridan. Routledge.
- Hilton, B. (1999). Contact and contactlessness: when Reich meets Winnicott. In M. Sieck (Ed.), *Relational somatic psychotherapy* (pp. 44–60). SBI Press, 2007.
- Hopkins, L. (2006). *False self: the life of Masud Khan*. Other Press.
- Kahr, B. (1996). *D. W. Winnicott: a biographical portrait*. International University Press.
- Kohon, G. (2001). The greening of psychoanalysis: Andre Green in dialogues with Gregorio Kohon. In G. Kohon (Ed.), *The dead mother: the work of Andre Green* (pp. 10–58). Routledge.
- Lombardi, R. (2008). The body in the analytic session: focus upon the body – mind link. *Inter J Psychoanal*, 1, 89–110.
- Makari, G. (2008). *Revolution in mind: the creation of psychoanalysis*. Harper Collins.
- McDougall, J. (1995). *The many faces of eros*. W.W.Norton.

- Reich, W. (1971). *The function of the orgasm*. Trans. Theodore Wolfe. World Publishing Co.
- Roazen, P. (2001). *The historiography of psychoanalysis*. Transaction Publishers.
- Rodman, F.R. (2003). *Winnicott: life and work*. Persius Books.
- Strachey, A. (1924). Letter of December 29th. In P. Meisel & W. Kendrick (Eds.), *Bloomsbury/Freud: the letters of James and Alex Strachey 1924–1925* (pp. 165–166). W.W. Norton, 1990.
- Winnicott, D.W. (1941). The observation of infants in a set situation. In D.W. Winnicott, *Through paediatrics to psychoanalysis* (pp. 52–69). Bruner/Mazel, 1992.
- Winnicott, D.W. (1945). Primitive emotional development. In D.W. Winnicott, *Through paediatrics to psychoanalysis* (pp. 145–156). Bruner/Mazel, 1992.
- Winnicott, D.W. (1950–1955). Aggression in relation to emotional development. In D.W. Winnicott, *Through paediatrics to psychoanalysis* (pp. 204–218). Bruner/Mazel, 1992.
- Winnicott, D.W. (1954–1955). The depressive position in normal emotional development. In D.W. Winnicott, *Through paediatrics to psychoanalysis* (pp. 262–277). Bruner/Mazel, 1992.
- Winnicott, D.W. (1957). Excitement in the aetiology of coronary thrombosis. In D.W. Winnicott, *Psychoanalytic explorations* (pp. 34–38). Harvard University Press, 1989.
- Winnicott, D.W. (1963a). Communicating and not communicating leading to a study of certain opposites. In D.W. Winnicott, *The maturational processes and the facilitating environment* (pp. 179–192). International University Press, 1991.
- Winnicott, D.W. (1963b). The development of the capacity for concern. In D.W. Winnicott, *The maturational processes and the facilitating environment* (pp. 73–82). International University Press, 1991.
- Winnicott, D.W. (1967). The location of cultural experiences. In D.W. Winnicott, *Playing and reality*. Routledge, 1992.
- Winnicott, D.W. (1971). Creativity and its origins. In D.W. Winnicott, *Playing and reality*. Routledge, 1992.
- Winnicott, D.W. (1988). *Human nature*. Schocken Books.
- Winnicott, D.W. (1989) A point of technique (undated). In D.W. Winnicott, *Psychoanalytic explorations* (pp. 26–27). Harvard University Press, 1989.
- Winnicott, D.W. (1989) D.W.W.: A reflection. In D.W. Winnicott, *Psychoanalytic explorations* (pp. 1–18). Harvard University Press, 1989.
- Zizek, S. (2006). *The parallax view*. MIT Press.

About the Author

John Conger, Dr., is retired and living in a aged-care home. He was in private practice as a psychologist and psychoanalyst. He was an IIBA faculty member and an Episcopal Priest. He was a core faculty member at Meridian University, California. He is the author of *Jung and Reich: the Body as Shadow*, and *The Body In Recovery: Somatic Psychotherapy and the Self*.

Dr Conger sent this paper to Garry Cockburn, IIBA member, New Zealand, in 2010. Garry has now presented this paper to the Journal on behalf of Dr Conger. Through the agency of Sylvia Conant, IIBA member, San Francisco, Dr Conger has given his permission for the paper to be published. Any correspondence about this paper should be addressed to: garrycockburn001@gmail.com and sylviaconant@comcast.net.

The Structure of Structure

A Functional-Structural Analysis of Character Patterns

Sergey Kamratov

Bioenergetic Analysis • The Clinical Journal of the IIBA, 2026 (36), 87–107

<https://doi.org/10.30820/0743-4804-2026-36-87>

CC BY-NC-ND 4.0

www.bioenergetic-analysis.com

Abstracts

The article presents a functional-structural analysis of character patterns, integrating insights from psychoanalysis, body-oriented psychotherapy, and the Russian psychophysiological school. The author conceptualizes character as a multi-level dynamic system that combines cognitive, emotional, behavioral, and somatic components. Special emphasis is placed on the theories of Wilhelm Reich and Alexander Lowen, who link character to bodily manifestations and energy blocks, as well as the ideas of Russian scholars (Pavlov, Vygotsky, Anokhin, Bernstein), who offer a systemic perspective on behavioral regulation. The functional-structural approach (FSA) examines character through the “activity – action – movement” continuum, providing a holistic understanding of its organization. The article highlights the importance of interdisciplinary synthesis for developing diagnostic and corrective methods for characterological disorders. The practical relevance of the approach lies in its application in clinical and psychotherapeutic practice, including body-oriented techniques.

Keywords: character structure, systems psychophysiology, classical conditioning, mediation, functional-structural approach

A Estrutura da Estrutura

Uma Análise Funcional-Estrutural de Padrões de Caráter (Portuguese)

O artigo apresenta uma análise funcional-estrutural de padrões de caráter, integrando insights da psicanálise, da psicoterapia corporal e da escola psicofisiológica russa. O autor conceitua o caráter como um sistema dinâmico multinível que combina componentes cognitivos, emocionais, comportamentais e somáticos. Dá-se especial ênfase às teorias de Wilhelm Reich e Alexander Lowen, que relacionam

o caráter a manifestações corporais e bloqueios energéticos, bem como às ideias de estudiosos russos (Pavlov, Vygotsky, Anokhin, Bernstein), que oferecem uma perspectiva sistêmica sobre a regulação comportamental. A abordagem funcional-estrutural (AFE) examina o caráter através do continuum “atividade – ação – movimento”, proporcionando uma compreensão holística de sua organização. O artigo destaca a importância da síntese interdisciplinar para o desenvolvimento de métodos diagnósticos e corretivos para transtornos de caráter. A relevância prática da abordagem reside em sua aplicação na prática clínica e psicoterapêutica, incluindo técnicas corporais. O autor conceitua o caráter como um sistema dinâmico multinível que combina componentes cognitivos, emocionais, comportamentais e somáticos.

La structure de la structure

Une analyse fonctionnelle et structurale des schémas de personnalité (French)

Cet article présente une analyse fonctionnelle et structurale des schémas de personnalité, intégrant les apports de la psychanalyse, des psychothérapies corporelles et de l'école psychophysiologique russe. L'auteur conçoit la personnalité comme un système dynamique à plusieurs niveaux, combinant des composantes cognitives, émotionnelles, comportementales et somatiques. Une attention particulière est portée aux théories de Wilhelm Reich et Alexander Lowen, qui relient la personnalité aux manifestations corporelles et aux blocages énergétiques, ainsi qu'aux idées de chercheurs russes (Pavlov, Vygotsky, Anokhin, Bernstein), qui offrent une perspective systémique sur la régulation comportementale. L'approche fonctionnelle et structurale (AFS) examine la personnalité à travers le continuum “activité – action – mouvement”, offrant une compréhension holistique de son organisation. L'article souligne l'importance de la synthèse interdisciplinaire pour le développement de méthodes diagnostiques et correctives des troubles de la personnalité. La pertinence pratique de cette approche réside dans son application en pratique clinique et psychothérapeutique, notamment dans le cadre de techniques corporelles.

La struttura della struttura

Un'analisi funzionale-strutturale dei modelli caratteriali (Italian)

L'articolo presenta un'analisi funzionale-strutturale dei modelli caratteriali, integrando intuizioni provenienti dalla psicoanalisi, dalla psicoterapia ad orientamento corporeo e dalla scuola psicofisiologica russa. L'autore concettualizza il carattere come un sistema dinamico multilivello che combina componenti cognitive, emotive, comportamentali e somatiche. Particolare enfasi è posta sulle teorie

di Wilhelm Reich e Alexander Lowen, che collegano il carattere alle manifestazioni corporee e ai blocchi energetici, nonché sulle idee degli studiosi russi (Pavlov, Vygotskij, Anokhin, Bernstein), che offrono una prospettiva sistemica sulla regolazione comportamentale. L'approccio funzionale-strutturale (FSA) esamina il carattere attraverso il continuum "attività-azione-movimento", fornendo una comprensione olistica della sua organizzazione. L'articolo sottolinea l'importanza della sintesi interdisciplinare per lo sviluppo di metodi diagnostici e correttivi per i disturbi caratteriali. La rilevanza pratica dell'approccio risiede nella sua applicazione nella pratica clinica e psicoterapeutica, incluse le tecniche ad orientamento corporeo.

Die Struktur der Struktur

Eine funktional-strukturelle Analyse von Charaktermustern (German)

Der Artikel präsentiert eine funktional-strukturelle Analyse von Charaktermustern und integriert Erkenntnisse aus der Psychoanalyse, der körperorientierten Psychotherapie und der russischen psychophysiologischen Schule. Der Autor konzeptualisiert den Charakter als ein mehrstufiges dynamisches System, das kognitive, emotionale, verhaltensbezogene und somatische Komponenten vereint. Besonderes Augenmerk liegt auf den Theorien von Wilhelm Reich und Alexander Lowen, die den Charakter mit körperlichen Manifestationen und Energieblockaden verknüpfen, sowie auf den Ideen russischer Gelehrter (Pawlow, Wygotski, Anochin, Bernstein), die eine systemische Perspektive auf die Verhaltensregulation bieten. Der funktional-strukturelle Ansatz (FSA) untersucht den Charakter entlang des Kontinuums „Aktivität – Handlung – Bewegung“ und ermöglicht so ein ganzheitliches Verständnis seiner Organisation. Der Artikel unterstreicht die Bedeutung der interdisziplinären Synthese für die Entwicklung diagnostischer und therapeutischer Methoden bei charakterologischen Störungen. Die praktische Relevanz des Ansatzes liegt in seiner Anwendung in der klinischen und psychotherapeutischen Praxis, einschließlich körperorientierter Techniken.

Структура структуры

функционально-структурный анализ характерологических паттернов (Russian)

В статье представлен функционально-структурный анализ паттернов характера, объединяющий идеи психоанализа, телесно-ориентированной психотерапии и российской психофизиологической школы. Автор рассматривает характер как многоуровневую динамическую систему, объединяющую когнитивные, эмоциональные, поведенческие и соматические компоненты. Особое

внимание уделяется теориям Вильгельма Райха и Александра Лоуэна, которые связывают характер с телесными проявлениями и энергетическими блоками, а также идеям отечественных ученых из России (Павлова, Выготского, Анохина, Бернштейна), которые предлагают системный взгляд на регуляцию поведения. Функционально-структурный подход (FSA) рассматривает характер через призму континуума “деятельность – действие – движение”, обеспечивая целостное понимание его организации. В статье подчеркивается важность междисциплинарного синтеза для разработки методов диагностики и коррекции характерологических расстройств. Практическая значимость подхода заключается в его применении в клинической и психотерапевтической практике, включая телесно-ориентированные техники.

La estructura de las estructuras

Un análisis funcional-estructural de los patrones de carácter (Spanish)

Este artículo presenta un análisis funcional-estructural de los patrones de carácter, integrando aportes del psicoanálisis, la psicoterapia corporal y la pedagogía psicofisiológica rusa. El autor concibe el carácter como un sistema dinámico y multinivel que articula componentes cognitivos, emocionales, conductuales y somáticos. Se destacan las teorías de Wilhelm Reich y Alexander Lowen, quienes vinculan la estructura de carácter con las manifestaciones corporales y los bloqueos energéticos, así como las contribuciones de los pensadores rusos Pavlov, Vygotsky, Anokhin y Bernstein, que aportan una visión sistémica de la autorregulación del comportamiento. El enfoque funcional-estructural (FSA, por sus siglas en inglés) examina el carácter a lo largo del continuo “actividad – acción – movimiento”, ofreciendo una comprensión holística de su organización interna. Asimismo, el artículo subraya la relevancia de la síntesis interdisciplinaria para el desarrollo de métodos diagnósticos y de intervención en los trastornos de la personalidad. La pertinencia práctica de este enfoque se manifiesta en su aplicación clínica y psicoterapéutica, especialmente en las técnicas de orientación corporal.

结构的结构

人格模式的功能结构性分析 (Chinese)

本文对人格模式展开功能结构分析，整合精神分析、身体取向心理治疗及俄罗斯心理生理学派的理论的见解。作者将人格概念化为一个多层次动力系统，整合了认知、情感、行为与躯体等要素。特别聚焦于威廉·赖希和亚历山大·勒温的理论，他们将人格与身体表现及能量阻滞相联系；同时借鉴了俄罗斯学者（巴甫洛夫、维果茨基、阿诺欣、伯恩斯坦）的思想，他们提供了行为调节的系统性视角。功能-结

构方法 (FSA) 通过「活动-行动-运动」连续体来研究人格特征, 从而全面理解其组织结构。本文强调跨学科综合研究对于开发人格障碍诊断和矫正方法的重要性。该方法的实践价值体现在临床与心理治疗实践中, 包括身体取向技术的应用。

Struktura struktury

Funkcjonalno-strukturalna analiza wzorców charakteru (Polish)

Artykuł przedstawia funkcjonalno-strukturalną analizę wzorców charakteru, integrując wglądy z psychoanalizy, psychoterapii zorientowanej na ciało oraz rosyjskiej szkoły psychofizjologicznej. Autor konceptualizuje charakter jako wielopoziomowy, dynamiczny system łączący komponenty poznawcze, emocjonalne, behawioralne i somatyczne. Szczególny nacisk położono na teorie Wilhelma Reicha i Alexandra Lowena, którzy wiążą charakter z przejawami cielesnymi i blokadami energetycznymi, a także na idee rosyjskich badaczy (Pawłow, Wygotski, Anochin, Bernstein), oferujących systemowe spojrzenie na regulację zachowania. Podejście funkcjonalno-strukturalne (FSA) analizuje charakter wzdłuż kontinuum “aktywność – działanie – ruch”, dostarczając całościowego rozumienia jego organizacji. Artykuł podkreśla znaczenie interdyscyplinarnej syntezy dla opracowywania metod diagnostycznych i korekcyjnych dotyczących zaburzeń charakterologicznych. Praktyczna wartość tego podejścia polega na jego zastosowaniu w praktyce klinicznej i psychoterapeutycznej, w tym w technikach zorientowanych na ciało.

Introduction

The International Institute for Bioenergetic Analysis of Alexander Lowen, founded in 1956, plays a pivotal role in advancing and disseminating contemporary knowledge and practices in the field of bioenergetic analysis. One of the institute's primary objectives is the integration of theoretical and practical contributions from related disciplines, such as psychoanalysis, psychophysiology, body-oriented psychotherapy, and neuroscience, into a unified framework accessible to professionals. This approach not only deepens the understanding of the human psyche and body but also facilitates the development of more effective psychotherapeutic methods.

Moscow Association of Bioenergetic Analysis, established in 2024, continues this mission within Russia. Its activities are focused on promoting Alexander Lowen's method, supporting scientific research, and strengthening interdisciplinary collaboration. The association actively engages with

physicians, psychologists, rehabilitation specialists, and other professionals, thereby fostering the integration of bioenergetic analysis into clinical and psychotherapeutic practice.

In the context of this work, the comprehensive study of character assumes particular significance. The current trend toward specialization and the fragmentation of knowledge about human personality pose significant challenges for interdisciplinary collaboration across various domains of psychology, psychotherapy, and neuroscience. In this context, the search for integrative conceptual frameworks capable of overcoming the traditional mind-body dualism and providing a methodological foundation for productive dialogue among diverse scientific schools becomes especially important.

This study proposes to examine character through the lens of systemic psychophysiology, presenting it as a multilevel functional system that integrates cognitive, emotional, behavioral, and somatic components. Such an approach opens new possibilities for synthesizing insights from a wide range of scientific traditions, from classical psychoanalysis to contemporary neurophysiological research.

The theoretical foundation of the proposed functional-structural approach lies in the seminal works of Russian scholars who have made significant contributions to the systemic understanding of human psychology and behavior. These include Ivan Pavlov's research on types of higher nervous activity and dynamic stereotypes, Lev Vygotsky's concept of mediated action, Pyotr Anokhin's theory of functional systems, Alexei Leontiev's activity theory, and Nikolai Bernstein's model of hierarchical movement organization. These theoretical developments provide a robust methodological basis for analyzing character as a complex self-regulating system that manifests across various levels of organization – from basic neurophysiological mechanisms to higher forms of meaning-driven behavioral regulation.

The practical significance of this approach lies in its potential to develop effective methods for psychological assessment and intervention that account for the interconnectedness of various aspects of personality functioning. Furthermore, it establishes a conceptual foundation for productive collaboration among professionals from diverse fields – psychologists, psychotherapists, physiologists, neurologists, and rehabilitation specialists – which is particularly critical in light of contemporary demands for a holistic approach to studying and addressing personality traits.

Thus, the proposed functional-structural approach to the study of character not only helps bridge artificial divides between different scientific disciplines but also opens new avenues for advancing both theoretical research and practical work with personality across various domains of psychology and related fields.

The Formation of the Concept of Character in Classical and Contemporary Psychoanalysis

In psychoanalytic theory, the concept of character has undergone a complex evolution, reflecting the development of various schools and approaches. The original concepts formulated by Freud were significantly transformed in the works of subsequent authors, each contributing to the understanding of this phenomenon while employing different terminology and methodological approaches.

Within classical psychoanalysis, Sigmund Freud's concept of character developed gradually. In his early work "Character and Anal Erotism", Freud described characterological traits through the lens of psychosexual development, identifying specific features associated with fixation at various stages. The anal character, for example, was viewed as the result of a particular resolution of conflicts arising during toilet training and was manifested in traits such as stubbornness, orderliness, and parsimony. In later works, after developing the structural model of the psyche, Freud began to consider character as the outcome of a dynamic interplay between the Id, Ego, and Superego, with particular emphasis on defense mechanisms. Although Freud himself did not develop a systematic theory of character, his ideas laid the foundation for subsequent research in this field.

Ego psychology, represented in the works of Otto Fenichel and Anna Freud, significantly deepened the understanding of character. Fenichel, in "The Psychoanalytic Theory of Neurosis", proposed viewing character as a stable organization of the Ego's defense mechanisms, emphasizing its adaptive function. In his view, character was formed as a means of balancing the demands of external reality, internal drives, and moral constraints. Anna Freud, in "The Ego and the Mechanisms of Defense", expanded on these ideas, detailing various defensive strategies and their role in shaping characterological traits. In ego psychology, character was understood primarily as a

structure ensuring psychic stability and adaptation, with particular attention paid to the processes of integration and synthesis carried out by the Ego.

Alfred Adler, the founder of individual psychology, employed the concept of “lifestyle”, which largely corresponded to the traditional understanding of character. In his theory, lifestyle was formed as a unique way of compensating for feelings of inferiority and striving for superiority. Adler emphasized the unity of personality and the goal-directedness of behavior, considering characterological traits as manifestations of an individual’s adaptive strategy in facing life’s challenges. Unlike Freud, he placed greater emphasis on social factors and the conscious aspects of personality functioning.

Carl Gustav Jung, within the framework of analytical psychology, developed the concept of psychological types, which included both innate predispositions (extraversion/introversion) and developed psychic functions (thinking, feeling, sensation, intuition). Although Jung did not use the term “character” in a strict sense, his typology significantly influenced modern conceptions of individual differences. The concept of individuation, central to the Jungian approach, also touched upon the formation of stable personality traits in the course of psychological development.

The school of object relations made a substantial contribution to the understanding of character through the lens of early interpersonal interactions. Melanie Klein, though she did not explicitly develop a theory of character, described important mechanisms of psychic structuring through the concepts of the paranoid-schizoid and depressive positions. Ronald Fairbairn proposed the concept of “endopsychic structure”, which largely corresponded to the traditional understanding of character, emphasizing the role of internalized object relations. Donald Winnicott introduced the distinction between the “true self” and the “false self”, which became an important contribution to understanding the authenticity of characterological manifestations and their connection to early environment.

Contemporary psychoanalytic approaches continue to refine the concept of character, integrating various theoretical perspectives. Otto Kernberg developed a theory of personality organization that includes characterological aspects, particularly in the context of borderline and narcissistic structures. Jacques Lacan, in his theory, did not use the concept of character in the traditional sense, focusing instead on the structure of the subject and its relation to the symbolic order. Wilfred Bion primarily engaged with the theory of thinking and containment without specifically elaborating a

concept of character. Proponents of relational psychoanalysis, such as Stephen Mitchell, Robert Stolorow, and Jessica Benjamin, regard character as relational patterns formed within the intersubjective field, though they do not always use the term “character” explicitly.

Thus, the psychoanalytic theory of character constitutes a complex and multifaceted construct that has evolved and transformed alongside the development of psychoanalytic thought. From Freud’s initial ideas rooted in psychosexual development to contemporary intersubjective and relational models, the concept of character remains a crucial category in psychoanalytic theory and practice, integrating the contributions of various schools and approaches.

The Ideas of Reich and Lowen on the Bodily Nature of Character

Wilhelm Reich’s Concept of Character

Wilhelm Reich made a fundamental contribution to the development of the concept of character by integrating a bodily-somatic dimension into its theoretical framework. In his early works, particularly in the monograph “Character Analysis,” he proposed that character should not be understood merely as a set of stable personality traits but as a specific form of chronic defensive organization that manifests both psychologically and somatically.

Unlike orthodox psychoanalysis, which primarily focused on analyzing unconscious content, Reich emphasized that persistent patterns of behavior and affective reactions inherent in an individual constitute “characterological defenses” – automatized, rigid, and stable patterns serving to avoid conflicts between the Id and the demands of external reality. He viewed character as a defensive armor performing the same function as individual defense mechanisms but at a deeper and more organizing level. Thus, Reich’s concept of character acquires a functional interpretation – as a system of defensive formations that stabilize internal conflict.

A key element of his theory is the concept of “character armor,” which refers to a stable structure of psychic and muscular defense formed as a result of chronic repression of affects and libidinal impulses. According to Reich, armor manifests both as “psychic rigidity” (persistent interpersonal patterns, emotional suppression, repetitive behaviors) and as “muscular

tension” – the somatic substrate of repression. In this way, Reich was the first in psychoanalysis to assert that character has a bodily foundation.

Character analysis in Reich’s framework involves not only interpreting unconscious content but also diagnosing personality structure as expressed in configurations of muscle tone, bodily mobility, and breathing patterns. In this regard, Reich expanded Freud’s understanding of transference: for him, the entire characterological organization of the subject is directly observable in the analytic interaction and accessible through bodily observation. Thus, in Reich’s theory, character is not merely the result of psychosexual development but a concrete psychosomatic structure that can be empirically verified through somatic examination.

Alexander Lowen and the Bioenergetic Theory of Character

Alexander Lowen, a student and follower of Reich, significantly deepened and systematized the understanding of character as a psychosomatic organization within his framework of bioenergetic analysis. In his seminal works – “The Language of the Body”, “Physical Dynamics of Character Structure”, and “The Spirit in the Body” – he presented a comprehensive typology of character structures based on clinical-empirical observation of patients’ bodily organization and psychodynamic analysis of their development.

The central thesis of bioenergetic theory is that character constitutes an energetic and bodily form of adaptation to early emotional trauma. Lowen developed Reich’s idea of character as “armor” and expanded it with the concept of “energetic blocking”, according to which emotional traumas lead to chronic muscular tension that restricts the free flow of vital energy and the authentic expression of feelings. Thus, in Lowen’s view, character emerges as a stable bodily-energetic configuration shaped through the subject’s interaction with the environment, particularly in early childhood.

Based on decades of therapeutic practice, Lowen identified five primary characterological types, each reflecting a distinct mode of adaptation to traumatic experiences arising at specific developmental stages:

1. Schizoid Structure – Arises from early rejection or insufficient contact. Characterized by dissociation between body and emotions, detachment, and autistic tendencies. Bodily expression includes weak overall muscle tone, lack of grounding, and tension in the head and neck.

2. Oral Structure – Forms due to a lack of emotional support and frustration of reciprocal needs. Manifests in dependent behavior, feelings of deficiency, and self-deprecation. Bodily signs include a constricted chest, weak lower-body muscles, and restricted breathing.
3. Psychopathic Structure – Develops as a defense against manipulation, emotional deceit, or unreliable caregivers. Characterized by control-seeking tendencies, denial of vulnerability, and suppressed empathy. Bodily expression includes an overdeveloped chest, tension in the neck and upper back, and restricted pelvic mobility.
4. Masochistic Structure – Forms under oppressive, controlling parenting that enforces submission. Exhibits impulse suppression, self-sacrifice, and latent aggression. Bodily signs include excessive muscular density, limited mobility, and tension in the pelvis and abdomen.
5. Rigid Structure – Results from trauma related to sexual or social rejection. Characterized by perfectionism, control needs, and suppressed sensitivity. Bodily expression includes a symmetrical, tense posture with highly controlled movement and breathing.

These types are not strict diagnostic categories but rather integrative models that describe character as a system of emotional, cognitive, and somatic traits. Lowen emphasizes that character cannot be understood solely in terms of psychological defenses: it represents a structure in which the psychic and the somatic are inextricably linked in the processes of adaptation and protection from pain.

Functional-structural analysis of character through the prism of the Russian psychophysiological school

The question of character structure has remained one of the central topics in psychoanalytic and clinical psychology since the late 19th century. Throughout the 20th century, however, a discernible trend emerged toward abandoning the concept of “character” in favor of more neutral and formally structural categories such as “personality organization”, “ego structure”, “self-style”, “level of integration”, or “attachment patterns”. Nevertheless, the essential characteristics of these concepts retain the descriptive and explanatory functions of the classical understanding of character as a stable organization of personality.

Within the context of interdisciplinary synthesis, particularly at the intersection of psychoanalysis and the Russian psychophysiological school, there arises a need to conceptualize character as a psychosomatic structure integrating behavioral, regulatory, and motivational components. Further development of psychotherapeutic theory necessitates moving beyond descriptive psychopathology and incorporating concepts and models from general psychology, neurophysiology, activity theory, and systems analysis. This synthesis is embodied in the functional-structural approach (FSA), which is grounded in the analysis of personality as a dynamic psychosomatic organization of subjective activity.

This approach enables the examination of character structure as a stable mode of organizing human activity, manifested across somatic, behavioral, and motivational dimensions. Character, in this framework, is not a mere collection of traits but rather a functional structure that determines a specific style of engagement with the world. It manifests through stable regulatory patterns encompassing neurodynamics, somatic manifestations, behavioral elements, and forms of meaning-oriented directionality. Of particular significance in the functional-structural analysis are the “activity-action-movement” continuum and the four-level model of psychophysiological activity structure. These conceptual tools facilitate not only the description of character manifestations but also the diagnosis of its underlying structure through the examination of disruptions or rigidity in transitions between levels of activity organization.

To elucidate the methodological foundations of the FSA, it is essential to consider the fundamental concepts of the Russian psychophysiological school, including the works of I. P. Pavlov, L. S. Vygotsky, P. K. Anokhin, A. N. Leontiev, and N. A. Bernstein. Their theoretical contributions form the basis for a multilayered description of human activity as a system that integrates brain, body, behavior, and consciousness into a functionally organized structure.

Pavlovian Conditioning as the Physiological Basis of Stable Behavioral Patterns

I. P. Pavlov, the founder of the physiology of higher nervous activity, developed one of the first systemic models of behavior that established the foundation for understanding stable individual differences determined by nervous system types. Although Pavlov did not employ the term “character” in

its clinical sense, his conceptualization of types of higher nervous activity – strong/weak, mobile/inert, balanced/unbalanced – essentially constitutes a prototype of the typological approach to personality organization.

Pavlov's theory of three levels of reflex activity, encompassing unconditioned reflexes along with conditioned reflexes of the first and second signal systems formed upon them, provided an explanation for the development of stable reactive patterns, particularly under conditions of chronic frustration or trauma. Furthermore, the Pavlovian model established fundamental understanding of how behavioral stereotypes become consolidated at the level of neurodynamic and biochemical reactions, especially when stimuli and responses are repeatedly reinforced (classical Pavlovian conditioning). This framework enables interpretation of certain characterological features as outcomes of pathologically reinforced functional conditioned connections, particularly when accompanied by neurophysiological fixation of emotional excitation.

Of particular significance is the concept of the “dynamic stereotype” – a stable pattern of responses to recurring situations. Within the functional-structural approach, this phenomenon may be interpreted as the neurophysiological foundation of character, while disturbances or rigidity in its reorganization may be viewed as manifestations of character structure rigidity. The Pavlovian approach thus permits understanding character as encompassing not merely psychological but also somatic – neurophysiological – foundations of stable response patterns.

L. S. Vygotsky's Concept of Mediation and the Semiotic Level of Activity

L. S. Vygotsky made a fundamental contribution to the understanding of the relationship between the physical and mental in personality development. His concept of higher mental functions, which emerge through the internalization of cultural forms of behavior, allowed character to be viewed not as an innate formation but as a product of social and activity-based organization of experience.

Of particular importance to the Functional-Structural Approach is the concept of “mediated action” – the idea that mental functions develop not directly, but through the incorporation of external means (language, tools, cultural symbols) into the structure of behavior. In the context of

character analysis, this implies that individual styles of response and action result from sociocultural assimilation but are subsequently internalized and become functional components of personality as a structured entity.

Vygotsky emphasized that mental development occurs through the mediation of lower, biologically rooted functions. In other words, higher forms of behavior (including characteristic regulatory patterns, volition, and morality) are grounded in psychophysiological mechanisms but are modified through socialization. Within the FSA framework, this enables the construction of a hierarchical model of character: from motor patterns (movements) to behavioral templates (actions) and further to meaning-driven structures (activity), all based on the cultural-historical development of the subject. This approach also facilitates the application of a model of psychophysiological activity structure encompassing: unconditioned reflex activity, conditioned reflex activity of the first and second signal systems, and semiotic activity.

P. K. Anokhin and the Theory of Functional Systems

P. K. Anokhin proposed a fundamentally new model for understanding behavior, abandoning the localization of mental functions in specific brain areas in favor of the concept of a functional system. In this theory, any behavioral activity is considered as the result of coordinated work among multiple components – receptors, effectors, motivational, cognitive, and integrative elements – functioning as a unified system.

Within the context of character analysis, the concept of the “action acceptor” becomes particularly significant. This anticipatory mechanism enables the organism to correlate expected outcomes with current activity. Deficits or distortions in this function may lead to the reinforcement of ineffective behavioral patterns, which from a psychotherapeutic perspective can be viewed as manifestations of rigid character structure.

Anokhin conceptualized behavior as a continuously adaptive system responding to environmental changes. However, under conditions of persistent pathological reinforcement of maladaptive patterns (such as through recurring traumatic experiences or excessive defensive strategies), a rigid functional system may emerge that consistently reproduces the same behavioral pattern regardless of outcome. Such rigidity may be interpreted as characterological fixation.

Thus, a functional system represents not merely an isolated act, but rather an organizational framework for the interaction of all levels of the subject with reality. Consequently, according to the Functional-Structural Approach, character constitutes a stably reproducible system of behavioral regulation encompassing neurophysiological, motivational, affective, and behavioral components.

A. N. Leontiev and the Theory of Activity

A. N. Leontiev expanded upon Vygotsky's ideas and proposed an understanding of the structure of the psyche as a hierarchy of activity, action, and operations. His concept of activity was understood as the foundation of personality formation – an individual becomes a subject by engaging in a system of socially significant activity. This has a direct bearing on the Functional Systems Approach, in which the continuum of “activity – action – movement” is based on Leontiev's logical framework.

According to Leontiev, activity is a system aimed at satisfying a need, while an action is an act subordinated to a goal. Operations, in turn, are the specific methods of executing an action, dependent on conditions. Applying this to the analysis of character, it can be argued that character is expressed in a stable style of coordinating activity and action, as well as in a preference for certain forms of regulation. For example, avoidance may be understood as the repression of certain forms of action from the context of meaningful activity.

The FSA interprets elements of character as deformations in the relationship between levels: when actions lose their connection with activity (life goals) or when movements become inappropriately dominant (impulsivity, motor disinhibition). Thus, Leontiev's model serves as a theoretical framework through which character is analyzed as a structure of activity.

N. A. Bernstein and the Biomechanics of Movement

N. A. Bernstein developed a multilevel system of movement organization, in which each level – from elementary to symbolic and semantic – is integrated into a motor act. His key idea was that movement is not merely biomechanics but also mental regulation, reflecting goals, perception, motivation, and experience.

For the FSA, Bernstein's concept of sensorimotor coordination as a form of individual engagement in action is particularly important. According to Bernstein, it is in motor activity that the integral nature of the psychophysiological system first manifests. From this perspective, character can be described as a motor-emotional style, consistently expressed in bodily expression: gait, breathing, muscle tone, and movement fluidity.

Bernstein's system of movement construction levels – from Level A (reflexes) to Level E (value-semantic regulation) – serves as the foundation for studying motor activity within the FSA. Disruptions in the integration of these levels can be interpreted as bodily expressions of characterological deformations. For instance, “fixation” at Level B or C may manifest as rigid motor patterns, tension, or a lack of adaptive plasticity in behavior.

Character as a Functional System

Integrating the theoretical foundations of the Functional Systems Approach, it can be argued that character is a form of systemic integration of all levels of human psychophysiological activity. Its structure is manifested in how the subject regulates movements, organizes actions, and shapes the meaningful orientation of their activity. At the same time, character is not a morphological entity but rather a functionally organized structure.

The functional-structural approach provides a theoretical and methodological framework in which the concept of character can be redefined as a dynamic organization of the subject's activity, embodied in bodily and mental forms of self-regulation. In this context, character does not appear as a set of traits or fixed reactions but as a complex functional structure expressed through the unity of psychophysiological activity levels and forms of active realization – from movement to action, from action to activity.

In the FSA, the basic unit of analysis is not a structure as a morphological or substantive formation but rather a functionally organized act realized at different levels – neurophysiological, sensorimotor, behavioral, and motivational-axiological. This organization manifests through specific forms of behavior, mental functioning, and bodily expression. From this perspective, character represents an integral form of the subject's stable mode of being in a situation, reflecting their methods of regulating tension, affect, motivation, and contact with reality.

One of the central concepts of the FSA is the “level of psychophysiological activity”, which allows describing character as a stable configuration of interactions between the nervous system, body, and psyche in the process of adaptation. Importantly, this does not refer to a “temperament type” in a biological sense but rather to a dynamic mode of the subject’s engagement in activity, expressed in stable sensorimotor response patterns, bodily mobility, emotional expression, and behavioral regulation styles. At this level, character emerges as a bodily-encoded structure of interaction with the world, preserved in the subject’s everyday behavior regardless of the specific situation.

A key methodological foundation of the FSA is the functional continuum of “activity – action – movement”. This triad describes the levels of organization of the subject’s psychophysiological activity, in which meaning, purpose, and motor realization of behavior are sequentially embodied. In this context, character can be described as a system of stable transitions between the levels of the continuum, reflecting typical modes of meaning-making, behavioral realization, and bodily expression. From this perspective, character disturbances may be viewed as deformations or blockages at the boundaries between levels – for example, when movement does not convert into goal-directed action, or action does not integrate into personally meaningful activity.

This understanding allows reinterpreting classical psychoanalytic concepts of character (such as Freud’s “anal character”, Reich’s “armor”, or Winnicott’s “false self”) as various forms of disrupted or rigid functional organization at the boundaries of activity levels. For instance, the rigidity of the anal character type can be understood as a fixation on action that does not transition into flexible activity, while Reich’s somatic blocks can be seen as bodily barriers preventing free movement and thus obstructing the entire functional continuum. Here, it becomes particularly important to consider character not only in terms of motivation or defense but also as a phenomenon of disrupted transitions between levels of bodily and mental regulation.

In this aspect, the FSA’s concept of character acquires a systemic-functional dimension: it is a form of stable and holistic interaction between different levels of the subject, a mode of engagement with the world, a typical style of being represented in the bodily-psychic profile of activity. Such an interpretation allows explaining and diagnosing character not by the content of attitudes but by the principle of action organization, enabling the integration of psychodynamic and neurophysiological descriptions.

Let us examine in more detail how character can be described through the prism of each level of the functional continuum. At the level of movement, character manifests in motor style: gestures, gait, posture, and breathing. This is the level of basic bodily expression, reflecting fundamental features of the bodily self. For example, anxious patients often exhibit high muscle tone, irregular breathing, and constrained movements – these parameters may be interpreted as bodily fixation at the movement level, hindering the transition to flexible action. At the level of action, character is expressed in stable behavioral patterns: response styles, interaction strategies, ways of expressing needs, and defenses against affect. It is here that typical psychoanalytic descriptions emerge – perfectionism, rigidity, avoidance, controlling behavior. At the level of activity, the axiological and semantic layer of character is revealed: the systemic organization of life goals, directionality, ideological or moral attitudes that shape behavioral vectors.

It is important to note that within the FSA, these levels do not exist in isolation: they form a continuous vector – the functional continuum. Disruptions or distortions of this continuum become the basis for characterological deviations. For instance, a situation where action becomes an end in itself and does not transition into activity leads to a loss of behavioral meaning (manifesting as compensatory control, perfectionism, or obsessiveness). Conversely, when movement is not supported by directed action, the subject becomes stuck in impulsive, fragmented behavior that does not yield stable results (typical of some borderline or hysterical structures).

The bodily aspect of character analysis in the FSA enables not only behavioral observation but also the diagnosis of deep regulation – through typical motor strategies, breathing patterns, and sensorimotor coordination. This aligns the functional-structural approach with the methods of Reich and Lowen while distinguishing it through greater methodological rigor and integration with the broader framework of Russian neuropsychology and the theory of functional systems. Specifically, the FSA builds upon Bernstein's ideas on movement biomechanics, Vygotsky's theories on the relationship between external action and internal regulation, and Anokhin's concept of the functional system as a holistic structure of adaptive acts.

Thus, character can be described as an integrative functional system that encapsulates the subject's mode of adaptation to the environment through the unity of movement, action, and activity. Unlike classical psychoanalytic typology, the FSA does not seek to identify fixed character types but instead offers a coordinate system in which any individual organization can be de-

scribed in terms of the coherence and plasticity of activity levels. This allows diagnosing not only “what a person does” but also how they structure their activity, at which levels blockages, fixations, or deformations occur.

The FSA also enables the description of character dynamics as a restructuring of interactions between levels. For example, therapeutic work may focus on releasing bodily fixations (movement level), teaching new forms of action (behavioral correction), or redefining life goals (activity level). Such an approach facilitates both in-depth character analysis and its gradual transformation.

In conclusion, it should be emphasized that integrating psychoanalytic character theory with functional-structural analysis opens new perspectives for understanding character as a dynamic, bodily-embodied regulatory system. This moves beyond descriptive psychopathology toward structural and processual descriptions of the subject. In the FSA paradigm, character is a mode of organizing activity within a three-dimensional framework: bodily expression, behavioral realization, and meaningful directionality. This model allows not only precise diagnostics but also targeted interventions at different levels of subjective reality, making it particularly valuable for body-oriented and integrative psychotherapy.

Conclusion

This article presents the functional-structural approach as a methodological tool for overcoming the fragmentation of knowledge about human personality and developing an integrative concept of character capable of unifying advancements from various scientific disciplines. The functional-structural analysis of character provides a holistic model that conceptualizes character as a dynamic system manifesting across all levels of human existence – from neurophysiological processes to higher forms of behavioral meaning regulation.

By examining the interrelations between activity, action, and movement levels, practitioners can identify the underlying causes of characterological disturbances and develop targeted correction methods. This is particularly crucial in the context of modern demands for a comprehensive approach to psychotherapy, where all aspects of human existence must be considered.

Regarding future directions for the development of the functional-structural approach, research efforts should focus on the following areas:

1. Development of standardized diagnostic tools to operationalize the model's key constructs for research and clinical purposes. This entails creating valid assessment methods for characterological structures that account for their multilevel organization.
2. Implementation of longitudinal studies examining the ontogenetic dynamics of characterological formation. Special attention should be given to critical developmental periods and factors determining their transformation.
3. Systematic investigation of the neurophysiological foundations of characterological manifestations using modern neuroimaging techniques (fMRI, EEG) and psychophysiological measurements.
4. Design of experimental paradigms for empirical verification of the model's key postulates under controlled conditions, including research in psychosomatics and neuropsychology.
5. Adaptation of the proposed approach for applied clinical tasks, including the development of novel psychotherapeutic techniques and correction programs.

The implementation of these directions will contribute to both a deeper theoretical understanding of the nature of character and the expanded practical application of the functional-structural approach across various domains of psychological science and practice.

References

- Adler, A. (1927). *The practice and theory of individual psychology*. New York: Harcourt, Brace & World.
- Aleksandrov, Yu.I. (2009). Systemic-evolutionary approach: Science and education. *Cultural-Historical Psychology*, 4, 33–43.
- Aleksandrov, Yu.I., Brushlinsky, A.V., Sudakov, K.V. & Umryukhin, E. A. (1999). *Systemic aspects of mental activity* (K.V. Sudakov, Ed.). Moscow: Editorial URSS.
- Anokhin, P.K. (1975). *Essays on the physiology of functional systems*. Moscow: Medicine.
- Anokhin, P.K. (1979). *Systemic mechanisms of higher nervous activity*. Moscow: Nauka.
- Beck, A.T. (1979). *Cognitive therapy of depression*. New York: Guilford Press.
- Bernstein, N. A. (1990). *Physiology of movements and activity* (O. G. Gazenko & I. M. Feigenberg, Eds.). Moscow: Nauka.
- Bion, W.R. (1962). *Learning from experience*. London: Heinemann.
- Fairbairn, W. R. D. (1952). *Psychoanalytic studies of the personality*. London: Tavistock.
- Falikman, M.V. & Pechenkova, E.V. (2016). Bernstein's principles of physiology of activity in psychology of perception and attention: Problems and perspectives. *Cultural-Historical Psychology*, 12(4), 48–66. <https://doi.org/10.17759/chp.2016120405>

- Fenichel, O. (1945). *The psychoanalytic theory of neurosis*. New York: Norton.
- Freud, A. (1936). *The ego and the mechanisms of defense*. London: Hogarth Press.
- Freud, S. (1908). Character and anal erotism. *Standard Edition, 9*, 167–175.
- Jung, C.G. (1921). *Psychological types*. Princeton: Princeton University Press.
- Kamratov, S.V. (2025). Functional-structural approach as a theoretical and methodological basis for the psychology of corporeality and body-oriented psychotherapy. *Psychophysiology News, 2*, 46–62. <https://doi.org/10.34985/p1615-5258-7209-d>
- Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism*. New York: Jason Aronson.
- Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psycho-Analysis, 27*, 99–110.
- Lacan, J. (1977). *Écrits: A selection* (A. Sheridan, Trans.). New York: Norton.
- Leontiev, A. N. (1983). *Selected psychological works Vol. 2* (V.V. Davydov, V.P. Zinchenko, A. A. Leontiev & A.V. Petrovsky, Eds.). Moscow: Pedagogika.
- Lowen, A. (1958). *The language of the body*. New York: Macmillan.
- Lowen, A. (1975). *Bioenergetics*. New York: Coward, McCann & Geoghegan.
- Mitchell, S.A. (1988). *Relational concepts in psychoanalysis*. Cambridge: Harvard University Press.
- Pavlov, I.P. (1951). *Complete works Vol. 3, Book 2* (E. Sh. Airapetyants, Ed.). Moscow; Leningrad: USSR Academy of Sciences.
- Reich, W. (1933). *Character analysis*. New York: Orgone Institute Press.
- Rubinstein, S.L. (1989). *Fundamentals of general psychology: Vol. 2*. Moscow: Pedagogika.
- Saltykov, A. B. & Grachev, S.V. (2021). *Functional systems in norm and pathology*. Moscow: Medical Information Agency.
- Vygotsky, L.S. (1983). *Collected works: Vol. 3. Problems of development of the psyche*. Moscow: Pedagogika.
- Vygotsky, L.S. (1984). *Collected works: Vol. 6. Scientific heritage*. Moscow: Pedagogika.
- Winnicott, D.W. (1960). Ego distortion in terms of true and false self. *The Maturational Processes and the Facilitating Environment*, 140–152.

About the Author

Sergey Kamratov, MSc in Psychophysiology, psychologist, psychotherapist, CBT, member of MABA, and Head of the Institute of Continuing Psychological Education (Nizhny Novgorod, Russia). His research focuses on psychophysiological markers of affective and functional states and their applications in clinical psychology for mental health assessment, as well as the identification of psychological and psychophysiological disorders.

kamratovsv@yandex.ru

Adolescence and the clinical work of bioenergetics today

Camila Macedo

Bioenergetic Analysis • The Clinical Journal of the IIBA, 2026 (36), 109–126

<https://doi.org/10.30820/0743-4804-2026-36-109>

CC BY-NC-ND 4.0

www.bioenergetic-analysis.com

Abstracts

Embodied communication represents the primary form of expression when adolescents enter therapeutic settings. They arrive depleted, anxious, or constricted, presenting themselves for initial contact that initiates a journey of bodily self-discovery. By incorporating contemporary understanding of adolescent embodiment in the digital age, this clinical approach emphasizes body recognition and self-perception, valuing movement and understanding how this occurs within shared networks of virtual relationships, addressing associated pathologies such as fragmentation and derealization.

This paper presents exercises adapted from Lowen and contemporary body therapies to demonstrate the importance of somatic work with adolescents. Clinical experience demonstrates that bioenergetics provides an essential therapeutic framework for developing integrative pathways that combine sensations, images, and emotions. This approach intensifies interpersonal affective registration, validates individuation, respects expressive boundaries, accommodates emotional fluctuation, and enhances the self-acceptance necessary for identity formation.

Keywords: adolescence, embodiment, bioenergetic exercises, body psychotherapy, digital age, therapeutic intervention

Adolescência e o trabalho clínico da bioenergética na atualidade (Portuguese)

A comunicação corporal representa a principal forma de expressão quando adolescentes entram em contextos terapêuticos. Eles chegam esgotados, ansiosos ou retraídos, apresentando-se para um contato inicial que dá início a uma jornada de autodescoberta corporal. Ao incorporar a compreensão contemporânea da cor-

poreidade adolescente na era digital, esta abordagem clínica enfatiza o reconhecimento corporal e a autopercepção, valorizando o movimento e compreendendo como isso ocorre dentro de redes compartilhadas de relacionamentos virtuais, abordando patologias associadas, como fragmentação e desrealização.

Este artigo apresenta exercícios adaptados da abordagem Lowen e de terapias corporais contemporâneas para demonstrar a importância do trabalho somático com adolescentes. A experiência clínica demonstra que a bioenergética fornece uma estrutura terapêutica essencial para o desenvolvimento de caminhos integrativos que combinam sensações, imagens e emoções. Essa abordagem intensifica o registro afetivo interpessoal, valida a identificação, respeita os limites expressivos, acomoda a flutuação emocional e aprimora a autoaceitação necessária para a formação da identidade.

L'adolescence et la pratique clinique de la bioénergétique aujourd'hui (French)

La communication corporelle représente la principale forme d'expression chez les adolescents qui entreprennent une thérapie. Ils arrivent souvent épuisés, anxieux ou repliés sur eux-mêmes, se présentant au premier contact qui initie un voyage de découverte corporelle de soi. En intégrant une compréhension contemporaine de l'incarnation adolescente à l'ère du numérique, cette approche clinique met l'accent sur la reconnaissance corporelle et la perception de soi, valorisant le mouvement et la compréhension de son intégration dans les réseaux de relations virtuelles, et abordant les pathologies associées telles que la fragmentation et la déréalisation.

Cet article présente des exercices adaptés de Lowen et de thérapies corporelles contemporaines afin de démontrer l'importance du travail somatique auprès des adolescents. L'expérience clinique démontre que la bioénergétique offre un cadre thérapeutique essentiel au développement de voies intégratives combinant sensations, images et émotions. Cette approche intensifie la relation affective interpersonnelle, valide l'identification, respecte les limites expressives, s'adapte aux fluctuations émotionnelles et renforce l'acceptation de soi nécessaire à la construction de l'identité.

Adolescenza e attività clinica della bioenergetica oggi (Italian)

La comunicazione incarnata rappresenta la principale forma di espressione quando gli adolescenti entrano in contesti terapeutici. Arrivano esausti, ansiosi o limitati, presentandosi per un primo contatto che avvia un percorso di auto-scoperta corporea. Incorporando la comprensione contemporanea dell'incarnazione adolescenziale nell'era digitale, questo approccio clinico enfatizza il riconoscimento

del corpo e la percezione di sé, valorizzando il movimento e comprendendo come questo avvenga all'interno di reti condivise di relazioni virtuali, affrontando patologie associate come la frammentazione e la derealizzazione.

Questo articolo presenta esercizi adattati da Lowen e dalle terapie corporee contemporanee per dimostrare l'importanza del lavoro somatico con gli adolescenti. L'esperienza clinica dimostra che la bioenergetica fornisce un quadro terapeutico essenziale per lo sviluppo di percorsi integrativi che combinano sensazioni, immagini ed emozioni. Questo approccio intensifica la registrazione affettiva interpersonale, convalida l'individuazione, rispetta i confini espressivi, accoglie le fluttuazioni emotive e migliora l'accettazione di sé necessaria per la formazione dell'identità.

Jugendliche und die klinische Arbeit der Bioenergetik heute (German)

Verkörperte Kommunikation ist die primäre Ausdrucksform, wenn Jugendliche therapeutische Einrichtungen aufsuchen. Sie kommen erschöpft, ängstlich oder verkrampt an und präsentieren sich dem Therapeuten für den ersten Kontakt, der den Beginn einer Reise der körperlichen Selbstentdeckung markiert. Dieser klinische Ansatz, der das zeitgenössische Verständnis der Verkörperung von Jugendlichen im digitalen Zeitalter einbezieht, betont die Körperwahrnehmung und Selbstwahrnehmung, legt Wert auf Bewegung und untersucht, wie diese in geteilten Netzwerken virtueller Beziehungen stattfindet. Dabei werden damit zusammenhängende Pathologien wie Fragmentierung und Derealisation thematisiert.

Dieser Artikel präsentiert Übungen, die von Lowen und zeitgenössischen Körpertherapien adaptiert wurden, um die Bedeutung der somatischen Arbeit mit Jugendlichen zu verdeutlichen. Die klinische Erfahrung zeigt, dass die Bioenergetik einen essenziellen therapeutischen Rahmen für die Entwicklung integrativer Wege bietet, die Empfindungen, Bilder und Emotionen verbinden. Dieser Ansatz intensiviert die interpersonelle affektive Wahrnehmung, bestätigt die Individuation, respektiert expressive Grenzen, berücksichtigt emotionale Schwankungen und fördert die für die Identitätsbildung notwendige Selbstakzeptanz.

ПОДРОСТКОВЫЙ ВОЗРАСТ И КЛИНИЧЕСКАЯ РАБОТА БИОЭНЕРГЕТИКИ СЕГОДНЯ (Russian)

Телесная коммуникация представляет собой основную форму самовыражения, когда подростки попадают в терапевтическую среду. Они приходят истощенными, тревожными или скованными, открывая себя для первого контакта, который инициирует путь телесного самопознания. Включая современное понимание подростковой телесности в цифровую эпоху, этот клинический подход делает акцент на узнавании тела и самовосприятии, ценя

движение и понимая, как это происходит в общих сетях виртуальных отношений, работая с сопутствующими патологиями, такими как фрагментация и дереализация.

В данной статье представлены упражнения, адаптированные из теории Лоуэна и современных методов телесной терапии, чтобы продемонстрировать важность соматической работы с подростками. Клинический опыт показывает, что биоэнергетика обеспечивает необходимую терапевтическую основу для разработки интегративных методов, объединяющих ощущения, образы и эмоции. Этот подход усиливает межличностное аффективное проявление, подтверждает индивидуальность, уважает границы самовыражения, учитывает эмоциональные перепады настроения и способствует самопринятию, необходимому для формирования идентичности.

El cuerpo adolescente en la terapia bioenergética hoy en día (Spanish)

La comunicación corporal constituye la forma primaria de expresión cuando un adolescente inicia un proceso terapéutico. El paciente adolescente suele llegar agotado, ansioso o contraído, y el primer contacto marca el comienzo de un proceso de autodescubrimiento corporal. Al integrar la comprensión contemporánea de la corporeidad adolescente en la era digital, este enfoque clínico enfatiza el reconocimiento del propio cuerpo y la autopercepción, valorando el movimiento y la conciencia de cómo estos procesos se despliegan dentro de redes sociales y vínculos virtuales. De este modo, se abordan problemáticas emergentes como la fragmentación, la desconexión emocional y la desrealización.

El artículo presenta ejercicios adaptados de Alexander Lowen y de terapias corporales contemporáneas para ilustrar la importancia del trabajo somático con adolescentes. La experiencia clínica demuestra que el análisis bioenergético ofrece un marco terapéutico esencial para construir caminos integradores que articulen sensaciones, imágenes y emociones. Este enfoque profundiza la resonancia afectiva interpersonal, valida el proceso de individuación, respeta los límites expresivos, acoge la fluctuación emocional y favorece la autoaceptación necesaria para la formación de la identidad.

青春期与当代躯体动力学的临床工作 (Chinese)

青少年在融入新环境时，身体表达是其主要的自我呈现方式。他们带着疲惫、焦虑或拘谨的状态初来乍到，通过身体语言开启自我探索之旅。这种临床方法结合数字时代对青少年身体认知的现代理解，着重强调身体识别与自我感知，重视肢体语言的运用，并理解其在虚拟社交网络中的互动模式，解决相关的病理学问题，例如碎片化和现实感丧失。

本文介绍了改编自Lowen及当代身体疗法的练习方法。证明对青少年进行躯体治疗的重要性。临床经验表明，躯体动力学为发展将感知、图像与情绪相结合的整合路径提供了关键的治疗框架。这种方法强化了人际情感认同，确认个体性，尊重表达边界，包容情绪流动，有助于增强自我接纳，这对身份认同的形成至关重要。

Adolescencja a współczesna bioenergetyczna praktyka kliniczna (Polish)

Abstrakt Ucieleśniona komunikacja stanowi podstawową formę ekspresji, z jaką nastolatki wchodzą w przestrzeń terapeutyczną. Młodzi pacjenci często zgłaszają się w stanie wyczerpania, z lękiem lub sztywnością, inicjując relację terapeutyczną, która rozpoczyna ich podróż ku cielesnemu samopoznaniu. Dzięki włączeniu współczesnej wiedzy o ucieleśnieniu adolescencji w erze cyfrowej, to podejście kliniczne podkreśla znaczenie rozpoznawania ciała i autopercepcji, docenia ruch oraz zrozumienie tego, jak przebiega on w ramach współdzielonych sieci relacji wirtualnych, a także podejmuje związane z tym patologie, takie jak fragmentacja i derealizacja.

Artykuł przedstawia zestaw ćwiczeń zaczerpniętych z bioenergetyki Lowena oraz współczesnych modalności terapii somatycznych, ilustrując zasadność i skuteczność interwencji cielesnych w pracy z młodzieżą. Doświadczenie kliniczne pokazuje, że bioenergetyka dostarcza kluczowych ram terapeutycznych do rozwijania zintegrowanych ścieżek, które łączą doznania, obrazy i emocje. Podejście to wzmacnia interpersonalną rejestrację afektywną, wspiera proces indywidualizacji, respektuje granice ekspresji, uwzględnia zmienność emocjonalną oraz pogłębia samoakceptację niezbędną do kształtowania tożsamości.

Introduction

The World Health Organization (WHO, 2011) considers adolescence to be the period between 10 and 19 years of age, followed by youth between 19 and 25 years of age. The differences in the understanding of the interval that delimits adolescence reflect the multiple interactions of biological, emotional and social processes that permeate this phase of human development, with its own internal characteristics and coping with the norms, values and socio-economic expectations of the historical-cultural period to which it belongs. According to Saito (2001), “Western and Westernized adolescence appears to be extremely fickle, marked by susceptibility to both political and technological novelties conveyed by the media”.

The ambiguity of this phase, expressed in its indefinitions and possibilities, can be perceived with negativity or potentialized as a coexistence between the child and adult universes. Cultural strategies present tension between rites of passage and traditionalism, coexisting with new discourses and current practices that redefine this moment of transition, and consequently the anxieties and processes that adolescents experience. Adolescence is a psychological process marked by the vicissitudes associated with the changing body, its body image under construction and the challenges of independence. This does not exclude the variability of aspects related to the intensity and sociocultural context in which they are immersed (Corrêa & Ventura, 2006; Locatelli, 2022).

Bertazzo (2021) highlights how Stanley Hall valued this stage of the life cycle as fundamental for presenting the multiplicity of potency and characteristics of our singular human condition. At the same time, he emphasized that this vision should distance itself from universality by understanding the culture and context that produce adolescences, without losing sight that the body/corporality is fundamental to this phase.

Adolescence as a differentiated stage of human development was emphasized and studied more deeply in the 19th century, from the biomedical and educational spheres. Economic and social changes caused by capitalism reverberated in transformations in family relationships and representations of adolescence. They were considered as a period of social latency, destined for the formation of a person adequate for new forms of work and new technologies, extending the distance between childhood and adult life, according to the privileges and social groups one occupies (Ozella, 2002, p. 22).

Reich (1986) already reflected on the contradictions that arise and the suffering that social conditions impose on adolescents through the gaps in the sexual education they receive, in view of the needs of youth. Coexistence with adolescent corporality is often avoided by family members and health professionals who distance themselves from an education based on body pleasure and spontaneity, neglecting or repressing potentialities and discoveries so important for self-perception and self-expression.

Hormonal changes caused by growth and sexual maturation, triggered by the nervous system, lead to a greater intensity in the perception of states of tension – distension and self-satisfaction, related to corporality and sexuality manifested in adolescence. The trajectories that permeate the exercise of sexuality, in the face of bodily and hormonal changes, social rules

and the management of drives and unknown feelings, increase the acts of contestation and occupation of spaces in society, desintegrating both the body and the bond with the Other (Locatelli, 2022).

The social bond is woven in adolescence through friendship and belonging relationships, experienced online or in person. Recognition and respect for their singularity, crossed by encounters where they perceive their similarities and differences in belonging groups are fundamental characteristics of autonomization and affirmation of their place in society. In this phase, they conquer intellectual space (new cultural interests), affective space (new ways of experiencing emotions) and social space (the diversity of the human universe) (Locatelli, 2022; Nasio, 2011).

Being in the experience, in the present, in the reality of affects is important for the subjective constitution in adolescence – and they often find this pleasure while navigating and existing on the web. The social context of contemporaneity, with its speed and plasticity of information, can cause intense anxiety, affecting self and body perception, but also offers an alternative life space in which they feel, play, fight, love and hate (Locatelli, 2022).

What is the body in adolescence?

The body culture we witness values adolescence like never before: the body, permissiveness, impulses, energy, experimentation, creativity. However, it does not offer space to listen how these pressures have reverberated in their individual trajectories, which involve the integration or fragmentation of these adolescent bodies facing the impregnation of images and aesthetic demands about the “perfect body”, without considering their rhythms and diversities.

Individuality, instantaneity, superficiality produces teenagers who live in the distancing of relationships mediated by telecommunications, between identity coercions and freedoms, affecting self and body perceptions – always in movement. Often making the body optional, foreign, stripped of itself in its cybernetic encounters, neglected of self-care, living suspended and without personal intimacy (Le Breton, 2018).

The rhythm of society based on high-speed technology also affects bodies, accelerating their internal and external reality. It creates a context in which one coexists with more stimuli than it is possible to absorb, accentuated by inconstancy and dispersion of the adolescence, involving the dif-

faculty in incorporate and integrate information, ideas and, even more so, body awareness. This escape from time, which happens with hypervelocity, interferes in project's construction amplifying the future anxiety and compromises the sense of security. Faced with the accelerations of contemporaneity and virtuality, the intrinsic relationship between body/time/space is forgotten in order to internalize new habits and perceptions. Adolescents experience a sensory and thought disconnection, distancing the recognition of reality that affects the body and their self-recognition, the so-called "disappearance of self" (Bertazzo, 2021; Le Breton, 2018).

Disappearances of self affect the body, immersed in automatisms, stiffened and unavailable for integration between sensations, feelings and actions – hindering the repertoire of self-knowledge and emotional modulation. Stress restrains new gestures that would seek their psycho-emotional integration capacities in the body itself.

With social bonds based on life virtualization, teenagers immersed in social networks exchanges avoid confrontation in their own personal life. They dissociate, distancing themselves from their singular corporality, existing as avatar/character in a universe shaped by technical support that produces self-invention. These forms of immaterial presence, without a face, are places conducive to imaginative omnipotence. A mirror that constantly portrays self-erasure (Le Breton, 2018).

In the diverse experiences of adolescence, they don't always know how to describe or identify what they feel, not necessarily because they avoid communicating their feelings, but because they communicate through action. Bodily sensations are as intense as critical judgment from the social (the other) or what they have introjected about themselves (Nasio, 2011).

The sensations and drive demands are mediated by the hormonal discharges resulting from the transformations of the still-developing nervous system, reflecting a seesaw of extreme excitability at one end and inertia and passivity on the other. This emotional lability is a constant in adolescents' lives, generating stress, instability and insecurity. According to Lowen (1977), sensations and feelings only become conscious if they reach the perception system; if access to perception is blocked, they don't become actualized as sensations. Where there is no movement, perception does not occur. Movement precedes perception. All perception is therefore the perception of the body's movements, both internally and face to face with the outside world. When our individual movements cease, the perception of external reality disappears.

According to Reich, two functions dominate the vegetative life of the organism: expansion and contraction, correlated to the activities of the sympathetic and parasympathetic nervous systems.

Biological expansion is perceived as pleasure and contraction as displeasure. There is a functional antithesis between the vegetative center and periphery. It becomes possible to establish a deeper correlation between psychic sensation and energetic movement. The movement of energy from the center to the periphery is functionally identical to biological expansion and the perception of pleasure. Conversely, energy movement from the periphery to the center is functionally identical to biological contraction and the perception of displeasure or anxiety (Lowen, 1977).

If tension develops in situations in which the anticipation of the discharge that leads to pleasure is not possible, anxiety is experienced. Anxiety implies an energetic charge whose discharge movement is blocked or being repressed. Tension becomes pathological when it becomes a chronic state beyond the body's control. On the basis of these concepts, health can be defined as an organism's ability to maintain its pulse rate within the limits of the reality principle (Lowen, 1977).

One of the keys to the challenges that adolescents will face lies in acquiring the ability to move between their own internal reality and what comes from the outside, not fixating on either extreme.

Adolescents' insertion into time and space requires the presence of movements in which they experience different postures and muscle contractions; recognizing the body means perceiving sensations and thus being affected and symbolizing internally what they have felt. Movements that produce rhythm, vibration and muscular tension provide adolescents with an understanding of how to dose the load of intention that accompanies action, seeking full attention from the being to its deepest levels, both bodily and psychic (Bertazzo, 2021).

Body in the adolescent clinic

Corporality is the first form of communication when adolescents enter the therapeutic setting, drained, frightened or compressed, in many ways they present themselves for a first contact that will lead them on a path of reconceiving themselves through the body.

The sufferings reflect the difficulty to access the feeling of identity, the loss of its rootedness/grounding. They also reflect a hardship in feeling its limits and return to the security of the bodily ego and its vulnerability in the face of new experimentations with itself and the world around it, in these encounters between virtual and real, public and private, interiority and exteriority, known and unknown.

Immersed in a sociability mediated by the virtualization of the body, they experiment and seek knowledge in order to be in their relationships. They exacerbate their expectations of contact and face many frustrations and unknown sensations on this journey through their new reality, both cognitive and bodily.

Despite the physical distance that permeates this new trajectory, they make contact, they are in the encounters not only in their projections and idealizations. They are in relationships by appearing both as characters who manifest the fragmentation of the bodily ego, weakened by bodily changes, and by their ability to connect through what we will call points of resplendence. Immersed in the virtual context, they oscillate between encounter and disconnection, exploring forms of contact without taking much responsibility for themselves or their knowledge – so present in the conflict with “not knowing” (Locatelli, 2022).

A disruptive issue in understanding this new body of adolescence are the concepts of virtuality and actuality, two different ways of being closely related to the singularity and new subjectivity thought of in adolescence. The virtual does not follow a logic of here-and-now, of temporality, but of complexity – unlike the actual, which involves time and the event in its resolution (Locatelli, 2022).

The virtual is another dimension of the real. Producing reality through interactivity, permanent possibility and transitions between dreaming and waking. Between embodying or disappearing, staying in suspension or diving, participating or observing – it allows for an infinity of new combinations that are also reflected in perceptions and sensations.

According to Levy (2011), who studies the virtualization of bodies, “the contemporary body resembles a flame” and when we think of resplendence, we introduce an understanding of the materialization of the body through the conquest of new spaces, of multiplication in networks.

During adolescence, through communication networks, it launches itself into the public and returns transformed to its private world by shining in this universe of flame bodies, in a dynamic movement.

Regarding the bodywork that Lowen discusses, we need to incorporate this knowledge and understand the new materiality of the body in adolescence. We need to recover the recognition of the body and self-perception, to value movement and understand how this movement happens in a shared network of virtual affections and their illnesses (such as fragmentation/derealization). We need to intensify the interpersonal register of affection that validates individuation and respects the limits of the expression of singularity and welcomes emotional fluctuation. We need to enhance self-acceptance so necessary for the identity encounter.

Dialogue with teenagers' bodies

During adolescence, our psychic life is presented through our corporality, crossed by our musculature and records of emotions and behaviors. At the same time, it is opening up the possibility of giving new meaning and recapitulation based on new powers and discoveries, bringing the well-being of recognizing and discovering your own body.

The spontaneity and the overall affective bond between adolescent and therapist favor the therapeutic bond and transference in this setting where the adolescent recognizes their corporality in the therapist and can thus experience themselves and their singularity in a space of trust, love, admiration and power.

Bertazzo (2021) suggests interventions and body activities that soften imbalances and attenuate the fluctuation of emotional discharges. He also highlights the importance of practices that include rhythm (walking, dancing) and organizing experiences such as the recognition of routines that involve the perception of day/night cycles, contours that involve the recognition of the body, its functioning and health.

The corporality that is established in the clinical dialogue with adolescents recognizes their internal disarticulation and the threat that this can bring to the experience of self. It helps leaving the place of pain and distortion that surround the sensations in crisis, helps diving into the knowledge and uniqueness of that body. It promotes the unveiling of anger and fear of humiliation in a safe environment and helps and recognizes the importance of the skin and body contours.

Experiencing oneself, expanding one's repertoire of complex emotions in the face of bodily sensations, rescues bodily security as a sense of self,

reintegrating and expanding. The therapist makes their presence vibrate in tune with their place in the relationship with the adolescent, which allows the young person to also exercise respect for themselves, showing the possibility of integration in listening and interventions (Nasio, 2011).

Further therapeutic goals are rediscovering the body in adolescence in order to confront the self-erases, recovering the bodily ego in relation to the power of bodily sensations originating on the surface of the body, valuing and jointly seeking the value of insertion into social life, breaking out of the inertia and fixation of behaviors, identifying and including their diversities, differences and singularities through their own creations and narratives.

Each young person's singularity of expression requires attentive and affective listening that allows validating their personality aspects and traits. It also stimulates the development of skills that put them on scene with the complex universe surrounding them; whether in stimulating verbalization and emotional expression, or in the space of silence and internal listening. This therapeutic attitude facilitates the expansion of their repertoire and perception of themselves, their affections and desires and their aptitudes (Bertazzo, 2021).

Witnessing adolescence means living with the young person's attempt to always be present, living the moment with intensity and in their own way, without being bothered by this flow and its different rhythms. It means promoting a body contour in a setting that helps them appropriate their identity and regain their self in this process of maturing and acquiring a new way of loving others and themselves.

The body psychotherapy with adolescents and youth requires accompanying this new way of loving, perceiving and including others starting with a new way of being. It requires exploring and enhancing their characteristics, respecting their new contour and expanding their self-expression.

I follow a few steps with the adolescents as an outline that helps me to walk with them along the path to recovering self-perception, symbolization and self-regulation. As Lowen (1985) emphasizes: "All feeling begins with the sense of self, that is, of one's own body. Through this, one perceives what is happening in the environment, as the environment exerts an influence on our bodies and senses. The more vital a person is, the sharper their senses and the sharper their perceptions."

Initially, I see the patient themselves, seeking to strengthen and to connect to them, so that their narrative and corporality can dialogue with me

in the setting, so that the possibility of a therapeutic relationship that promotes autonomy can be established and minimizes persecutory thoughts about how confidentiality will be handled with parents and how respect will be shown for their own rhythm and flow in the therapeutic process. With adolescents, it is essential to be honest about access and conversations with family members in order to create a sense of security and to help them dealing with emotions and feelings that may be associated with the roles of mothers/fathers.

I currently receive adolescents aged between 14 and 17 years old, and in the screening of their body biography they present body agitation, hypervigilance, a state of terror and intense reactivity, they express shame and fear, some are in social isolation and many are living with cyberbullying/bullying.

They don't always tell these stories, but the body's expressions and clues are present, as are the nervous system's activations, requiring the therapist and the setting to be sensitive in welcoming them with words that help them feel safe, as well as suggesting subtle movements that can be integrated to recognize the body's states – its freezes and hyperactivations.

I try to create physiological, sensory and affective states that transform states of fear and hopelessness through awareness of bodily sensations with small suggestions of eye movements around the room, contraction/relaxation movements of the hands and feet, discovery of abdominal breathing, perception of the ischium and its connection with the knee/ankle – an invitation to present the body, still seated, and perceive the small changes in its state there in the setting in the face of a non-invasive presence.

By creating this cozy space that stimulates a sense of security and protection, I build dialogues that allow their narratives to contain the intensities experienced outside the setting and produce a therapeutic relationship that promotes the patient's spontaneity and, on the other hand, demands a commitment and genuine interest in walking together, a dialogue that affirms and recognizes corporality, its impulses and integrations.

I use a form of adapted somagram, bringing together techniques that I've learned from Liane Zink in training and others that I have added through my clinical experimentation and which work very well for adolescents to concretize their corporality. The exercise consists of asking the patient to stand up, handing them a wooden spoon or a small bamboo, and positioning myself in front of them with the same material – explaining how to proceed with stimulating the contour of their own body with light touches

rising from one foot and discovering the entire bony part of their contour, laterality, contributing to this awakening that produces an internal sensation of this inside and outside and mentally registering these sensations. After completing the contour, I ask them to close their eyes and record this sensation, then they return to a sitting position and I hand them a piece of modeling clay so that they can represent what they feel in the shape/contour of their body, keeping their eyes closed.

I notice that this adaptation helps the patient and the therapist to read other clues in the body, constrictions, asymmetries, proportions that concretize the stasis and also help us in the body screening of what the patient feels, projects or evaluates about their body. We discuss the perceptions about its own production, stasis and their internal and external expressions. This process helps us to check the patient's contact with its corporality and, as it is not a specular place, it helps us not to reinforce the burden of discomfort or intensity in the image that stereotypes can bring during adolescence.

I also use projective techniques, with artistic cards of the shapes of the body that is perceived versus the body that is desired, followed by looking at the whole body in the mirror and drawing its outline in the mirror, then comparing it with the choice made on the cards. This dynamic/exercise has the function of revealing the internalized judgments about their body, the unrealistic standards about the body that society presents, the sensations of discovering the living/vitalized body.

I choose these techniques to bring the reality of the body closer to the therapeutic process so that patients can open up space for Lowen's exercises on grounding, vibration and discharge, which are the subsequent steps in the interventions selected for greater contact with states of tension/relaxation and the spontaneous physical and emotional reactions that arise from the exercises.

Joint mobilization exercises, rotations and stretches are welcome, followed by perception of limb expansion and visualization of their own body limits. I finish with a turnaround themselves, with arms extended according to their sense of self-space in world. I also use the exercises of contact and perception of limits in the relationship with the therapist, noticing invasions, efforts or the support needed to be firm in relationships without illness (extremely important in contact with peers/partners).

Grounding (both on the wall and with the therapist) helps to perceive each other in relationships, amplify awareness of the other's body and re-

alize the presence or absence of synchronization. It is an excellent resource when addressing the development of interdependence and trust and surrender to affective bonds.

Facing traumas and aggression (bullying), I include another exercise I learned from Liane Zink. I have them visualize a personal safety triangle, in which I ask them to sit cross-legged and with their back against the wall or a cushion. Then they imagine themselves inside a triangle with its tip a hand's breadth above their head and its base between their knees, inhaling and breathing inside this triangle of personal safety, imagining where are the people who can produce positive or negative affections (inside or outside this triangle). In the case of trauma/abuse/aggression, I help them to remove the people who have invaded the space of personal safety without consent, restoring the boundaries and limits of the integrity of the body/personal safety. In situations of great insecurity or parental invasions, it is also an exercise to get out of dependency and putting parents as supporters on the outside, promoting autonomy and individuality/privacy.

In summary, the main stages described for a body psychotherapeutic approach with adolescents using Bioenergetic exercises are:

1. *Safety and Attunement*: Establishing nervous system regulation through gentle movement and breathing awareness
2. *Body Mapping*: Developing conscious awareness of bodily sensations, tensions, and energetic patterns
3. *Boundary Development*: Learning appropriate limits and interpersonal boundaries through grounding exercises
4. *Emotional Integration*: Connecting bodily sensations with emotional experience and expression
5. *Identity Consolidation*: Integrating new self-awareness into coherent identity narrative.

Adolescents who undergo a psychotherapeutic process in Bioenergetics can demonstrate significant improvement in self-regulation capacity with better management of emotional intensity and behavioral impulses, increasing their body awareness and recognition of internal states and needs.

They can deepen interpersonal skills such as improving boundary setting and experience relationship navigation. The result of greater self-acceptance and authentic self-expression is to develop identity coherence and

its social expression. In cases of trauma and violence, the somatic approach contributes to trauma recovery with reduced symptoms related to bullying, abuse, or family dysfunction.

Bioenergetic work acknowledges and incorporates adolescent digital experience rather than opposing it. Virtual embodiment becomes part of therapeutic exploration, examining how online presence relates to offline embodied experience. Adolescents learn to navigate between virtual and actual realities while maintaining bodily grounding and authentic self-connection.

Conclusion

Working with adolescents in groups at the Kaplan Institute¹ since 2003 (my private practice with youth and my Bioenergetic training in the last 10 years), I had organized a setting that could accommodate the tension of discovering oneself in one's own body, finding ways of expressing emotions and desires, realizing the existence of a self-orientation that requires fewer prescriptive interventions and reinforces internal security so that they can continue in their process of autonomy and independence. Exercising the complex task of jointly facing the paradox between challenge and dependence, characteristics that mark the interventions and the connection with the adolescent.

Bionergetics enabled me to give internal space to the rescue of vitality through exercises, so necessary today when adolescents and youth are lacking in embodied vitalizing experiences. They are displaced toward high demands on their self-image and fear of rejection/retaliation that reinforce their defenses against humiliation. This requires a therapeutic environment that produces an encounter with the ability to relax their posture and get out of stasis, rescuing life and vitality, making it possible to experience the intensity of their impulses and affects, developing their capacity for self-reflection.

I've highlighted these exercises to exemplify the importance of bodywork in adolescence and their profound need to experience affirmation and vitality. It was fundamental to have chosen Bioenergetics on this jour-

1 Kaplan's Institute was a Brazilian NGO specializing in sexuality education and psychodrama methodology, focusing on educational games aimed at adolescents and youth.

ney, which enables me to develop a path with them integrating sensations, images and emotions; facing great learning about the human potential that is present in the uniqueness and challenges that exist in this meeting of waters.

I learned that working with adolescents, means being a riverbank, which has its own forms, flows and rhythms – and with which we can witness and be part of this journey of discovering oneself in one’s own process and self-regulation.

It is not possible to be in the clinic with adolescents without being fascinated by the encounter, the uniqueness and intimacy that is constituted in the process of welcoming the vitality, potential and creativity that are the energies mobilized by the adolescent psyche during this very important phase of our life cycle, and in which these experiences are lived through their corporality – which needs to be included in the psychotherapeutic setting. In this context, it is sensitivity to our own process of adolescence and the vulnerability felt at that moment that allows us to dialog with the inner world that is so protected in adolescents.

As Frankel (2021) observes, the adolescent psyche requires “affirmation and vitality in response to moments of separation, disintegration and stasis that accompany the passage through adolescence.” Bioenergetic therapy provides essential framework for supporting this vital developmental process through embodied therapeutic intervention.

Bioenergetic therapy offers essential therapeutic tools for contemporary adolescent challenges. By integrating classical principles with current understanding of digital age development, this approach addresses embodied dimensions of adolescent experience often neglected in traditional therapeutic interventions.

The adapted techniques presented demonstrate practical applications of bioenergetic principles within adolescent developmental context. Clinical experience supports the effectiveness of this approach for promoting self-regulation, identity integration, and authentic self-expression during this critical developmental period.

Future research should examine specific outcome measures, develop standardized protocols, and explore integration with other evidence-based approaches to maximize therapeutic effectiveness for contemporary adolescent populations.

References

- Bertazzo, I. (2021). *Next step: Adolescence*. São Paulo: Edições SESC.
- Frankel, R. (2021). *The adolescent psyche – Jungian and Winnicottian perspectives*. RJ: Vozes.
- Jeammet, P. & Corcos, M. (2005). *New problems of adolescence: Evolution and management of addiction*. São Paulo: Casa do Psicólogo.
- Le Breton, D. (2018). *Disappearing from oneself: a contemporary temptation*. Rio de Janeiro: Vozes.
- Levy, P. (2011). *What is virtual?* São Paulo: Editora 34.
- Locatelli, R. S. (2022). *Adolescence and the social bond: possible articulations in the context of online games*. São Paulo: Zagodoni.
- Lowen, A. (1977). *Physical Dynamics of Character Structure* (11th ed.). São Paulo: Editora Summus.
- Lowen, A. & Lowen, L. (1985). *Bioenergetic exercises: the path to vibrant health*. São Paulo: Agora.
- Nasio, J.-D. (2011). *How to deal with a difficult teenager? A book for parents and professionals*. Rio de Janeiro: Zahar.
- Reich, W. (1986). *The sexual combat of youth*. São Paulo: Edições Epopeia.
- Trindade, A. (2016). *Maps of the body: Postural education for children and adolescents*. São Paulo: Summus.

About the Author

Camila Macedo Guastafarro was born in São Paulo, Brazil in 1983. She graduated in Psychology in São Paulo in 2006 and has worked with adolescents (2003–2023) at Kaplan's Institute – an NGO specialized in Sexuality Education and educational game strategies for sexual health and prevention. She is co-author of 2 educational games (“Vale Sonhar” and “Valores em Jogo”) and coordinated 2 health exhibitions about pregnancy and STI prevention for adolescents (“Prevenindo a Gravidez Juvenil” and “Por dentro da Camisinha”). She received her Master's Degree in Science from São Paulo's Federal University in 2013, in the Education and Health Programme, focusing on adolescent vulnerabilities. In 2015 she started a private practice and partnership with Sueli Lelis, a Senior Trainer in Biosynthesis, and organized and participated in workshops in BA with Liane Zink, which was inspiration for her training at IABSP in 2018. She earned her CBT in 2024 and presented her final paper about Adolescence and Bioenergetic Analysis, supervised by Elaine Gloeden, and continues focusing her private practice and studies on adolescents and body strategies.

Impulsive/Compulsive Personalities

How We Hear and Understand Them in Our Narcissistic Society

Léia M. Cardenuto

Bioenergetic Analysis • The Clinical Journal of the IIBA, 2026 (36), 127–150

<https://doi.org/10.30820/0743-4804-2026-36-127>

CC BY-NC-ND 4.0

www.bioenergetic-analysis.com

Abstracts

Given the difficulty of the topic of addictions and dependencies, based on a history of extensive research, this article will address the treatment of individuals with compulsive behaviors and addictions. Its objective is to show how Bioenergetics can be a valuable tool in cases where sensoriality is impaired. Grounded in the psychodynamic understanding of the processes involved in these behaviors, and through the understanding of the role of the “characterological muscular armor”, the understandings of Reich and Lowen can help these patients reconstruct their ego structures of containment and restore the “tonic envelope of emotions” to make their defense mechanisms better and more flexible.

Keywords: impulsive/compulsive behaviors, addictions, narcissisms and the “tonic Envelope” (Tonella, 2019)

Personalidades Impulsivas/Compulsivas

Como as Ouvimos e Compreendemos em Nossa Sociedade Narcisista
(Portuguese)

Dada a complexidade do tema das dependências e vícios, e com base em extensa pesquisa histórica, este artigo abordará o tratamento de indivíduos com comportamentos compulsivos e vícios. Seu objetivo é demonstrar como a Bioenergética pode ser uma ferramenta valiosa em casos de comprometimento da sensorialidade. Fundamentada na compreensão psicodinâmica dos processos envolvidos nesses comportamentos e na compreensão do papel da “armadura muscular caracterológica”, a abordagem de Reich e Lowen pode auxiliar esses pacientes a reconstruir suas estruturas de contenção do ego e restaurar o “envoltório tônico das emoções”, tornando seus mecanismos de defesa mais eficazes e flexíveis.

Personnalités impulsives/compulsives

Comment les percevoir et les comprendre dans notre société narcissique (French)

Compte tenu de la complexité du sujet des addictions et des dépendances, et s'appuyant sur de nombreuses recherches, cet article aborde la prise en charge des personnes présentant des comportements compulsifs et des addictions. Son objectif est de démontrer comment la bioénergétique peut constituer un outil précieux en cas d'altération de la sensorialité. Fondée sur une compréhension psychodynamique des processus impliqués dans ces comportements, et grâce à la compréhension du rôle de la "cuirasse musculaire caractéristique", la théorie de Reich et Lowen peut aider ces patients à reconstruire leurs structures de confinement du moi et à restaurer leur "enveloppe émotionnelle Tonique", rendant ainsi leurs mécanismes de défense plus efficaces et plus flexibles.

Personalità impulsiva/compulsiva

Come le sentiamo e le comprendiamo nella nostra società narcisistica (Italian)

Data la complessità del tema delle dipendenze e delle dipendenze, sulla base di una storia di ricerche approfondite, questo articolo affronterà il trattamento di individui con comportamenti compulsivi e dipendenze. Il suo obiettivo è mostrare come la bioenergetica possa essere uno strumento prezioso nei casi in cui la sensorialità è compromessa. Basandosi sulla comprensione psicodinamica dei processi coinvolti in questi comportamenti e attraverso la comprensione del ruolo della "corazza muscolare caratterologica", le teorie di Reich e Lowen possono aiutare questi pazienti a ricostruire le strutture di contenimento dell'Io e a ripristinare "l'involucro tonico delle emozioni" per migliorare e rendere più flessibili i loro meccanismi di difesa.

Impulsive/Zwanghafte Persönlichkeiten

Wie wir sie in unserer narzisstischen Gesellschaft wahrnehmen und verstehen (German)

Angeichts der Komplexität des Themas „Sucht und Abhängigkeit“ befasst sich dieser auf umfangreicher Forschung basierende Artikel mit der Behandlung von Menschen mit zwanghaftem Verhalten und Suchterkrankungen. Ziel ist es aufzuzeigen, inwiefern die Bioenergetik hier ein wertvolles Instrument sein kann, insbesondere bei Beeinträchtigungen der Sinneswahrnehmung. Ausgehend von einem psychodynamischen Verständnis der Prozesse, die diesen Verhaltensweisen zugrunde liegen und dem Verständnis der Rolle der „charakterologischen Muskelpanzerung“, können die Erkenntnisse von Reich und Lowen diesen Patienten

helfen, ihre Ich-Strukturen der Selbstkontrolle zu rekonstruieren und die „tonische Hülle der Emotionen“ wiederherzustellen, um ihre Abwehrmechanismen zu verbessern und flexibler zu gestalten.

Импульсивные/компульсивные личности

как мы слышим и понимаем их в нашем нарциссическом обществе
(Russian)

Учитывая сложность темы аддикций и зависимостей, основываясь на истории обширных исследований, эта статья будет посвящена лечению людей с компульсивным поведением и зависимостями. Ее цель – показать, как биоэнергетика может быть ценным инструментом в случаях нарушения сенсорной чувствительности. Основанные на психодинамическом понимании процессов, связанных с этим поведением, и на понимании роли “характерологического мышечного панциря”, идеи Райха и Лоуэна могут помочь этим пациентам реконструировать свои эго-структуры сдерживания и восстановить “тонирующую оболочку эмоций”, сделав их защитные механизмы более эффективными и гибкими.

Personalidades impulsivas/compulsivas

Cómo las percibimos y comprendemos en nuestra sociedad narcisista
(Spanish)

Dada la complejidad del tema de las adicciones y las dependencias, y apoyándose en una amplia trayectoria de investigación, este artículo aborda el tratamiento de personas con conductas compulsivas y patrones adictivos. Su objetivo es mostrar cómo la Bioenergética puede convertirse en una herramienta valiosa en aquellos casos en los que la sensorialidad se encuentra alterada. Desde una visión psicodinámica, estos comportamientos se entienden a partir de los procesos internos de la persona y del papel que juega la llamada “coraza caracterial y muscular”. Las ideas de Reich y Lowen ayudan a comprender cómo esta “coraza” actúa como una protección, pero también limita la expresión emocional. Trabajar sobre ella permite que los pacientes reconstruyan formas más sanas de sostenerse a sí mismos, recuperen su capacidad de sentir y regular sus emociones, manejen mejor el estrés y desarrollen mecanismos de defensa más flexi.

冲动型/强迫型人格

在自恋社会中我们如何倾听与理解它们 (Chinese)

鉴于成瘾与依赖这一主题的复杂性，本文基于大量研究历史，将探讨强迫行为及成瘾患者的治疗方案。其目的在于阐明躯体动力学如何成

为感官功能受损病例中的有效工具。基于对这些行为相关心理动力学过程的理解，并通过解析“人格肌肉盔甲”的作用机制，运用赖克与洛温的理论框架可帮助患者重构自我结构的容纳性，恢复“情绪张力包膜”，从而提升其防御机制的效能与灵活性。

Impulsywne/kompulsywne osobowości

Jak je słyszymy i rozumiemy w naszym narcystycznym społeczeństwie (Polish)

Biorąc pod uwagę złożoność tematu uzależnień i zachowań kompulsywnych, a także opierając się na obszernej historii badań w tym obszarze, niniejszy artykuł podejmuje zagadnienie terapii osób z zachowaniami kompulsywnymi i uzależnieniami. Jego celem jest pokazanie, w jaki sposób bioenergetyka może być cennym narzędziem w przypadkach, w których sensoryczność jest zaburzona. Opierając się na psychodynamicznym rozumieniu procesów leżących u podstaw tych zachowań oraz poprzez zrozumienie roli “charakterologicznej zbroi mięśniowej”, koncepcje Reicha i Lowena mogą pomóc tym pacjentom odbudować struktury ego odpowiedzialne za kontenerowanie oraz przywrócić “toniczny kokon emocji”, ak aby ich mechanizmy obronne stały się bardziej adaptacyjne i elastyczne.

Introduction

In this article, I will discuss the theme of compulsions, which encompass a variety of self-destructive behaviors, such as addictions to alcohol, drugs, food, gambling, and the internet. These behaviors, often referred to as addiction include eating disorders and excessive consumerism, as well as harmful habits like self-harm, toxic relationships, and self-blame. Especially in contemporary societies, we observe an almost epidemic manifestation of these behaviors, which include new issues such as orthorexia and vigorexia.

The term “addiction” was initially used in England, referring to a type of impulsive abuse of alcohol and substances. Joyce McDougall understood the role of sexuality in her work “L'économie Psychique de l'addiction” (McDougall apud Pirlot, 1998). She proposed a view of these disorders from the perspective of psychic economy, rather than focusing solely on topical and dynamic aspects, such as the conflicts between the Ego, Id, and Superego. Her approach emphasized the importance of a bodily perspective, rather than merely a symbolic one, regarding the intensities involved. (Pirlot, 2021, pp. 15–20)

I do not intend to detail all the related disorders, such as substance addictions, anorexia, and bulimia, nor all the obsessive disorders that cause intense suffering to patients and their families. Many of these conditions already have specific therapeutic strategies, both individual and group-based, as seen in the cases of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), especially in the field of behavioral therapies. With the growing interest in integrative solutions, psychotherapies are emerging that seek synergy between new psychopharmaceuticals, sometimes derived from research on recreational drugs, and psychedelic medications, alongside traditional practices of indigenous peoples (Leite, 2022). This is a complex field, where the effectiveness of approaches is not always guaranteed.

Anna Lembke, in her recent book “Dopamine Nation”, explores the social mechanisms that encourage consumerism, revealing how the food and technology industries add addictive factors or substances to their products, activating dopamine receptors in the brain. Children and adolescents, the most vulnerable, have fewer resources to resist such abuses, which can lead to an increase in mental health problems in society, justifying the terminology of “epidemic.”

French philosopher Alain Touraine addressed similar issues in his work “Critique of Modernity” (1992), where he argues that “newer and more impulsive generations are gradually forming in relation to the weakening of the social superego” Guy Debord, in turn, criticizes alienation and narcissistic consumerism in “The Society of the Spectacle” (1967). Both authors reflect on the complexity of current demands and their impacts on individual formation.

The growing demand for help in my professional practice, as well as that of my fellow therapists, is one of the impulses to explore this theme. Many have sought support to cope with the sufferings that emerge from the intersection of impulsive and compulsive behaviors.

My objective is to propose a bioenergetic view of the processes that are at the root of these afflictions and the impulsive behaviors that almost always accompany them. Although there are significant differences between Narcissistic and Borderline issues, in this article I will approximate those structures. In terms of ego structure, Narcissists are well constituted characters, as Lowen define in his book (Lowen, 1982). They are very different from the characters at end of the spectrum of narcissism, as he proposes. As we go further to the end of this spectrum, there we will find the presence of more impulsive, borderline aspects.

The impulsivity commonly observed in compulsive behaviors reflects the complexity that contemporary life has acquired. To seek a precarious psychic balance, the individual resorts to something, an “act” (for example, a tic) or substance, be it alcohol or drugs, legal or not. “These are resources at first, which may later become addictions. Let us call them ‘prostheses,’ used to cope with a situation in which we feel limited. Thus, compulsions function as ‘chemical prostheses’” (Freud apud Edler, 2016), attempting to maintain an energetic balance, regardless of how harmful they may be.

In clinical practice, the difficulties faced by patients with addictive behaviors, unlike some psychopathic individuals, include the constant presence of shame and guilt. Perhaps precisely for this reason, compulsive behavior is rarely cited as a reason for consultation, unless it is at such an advanced stage of addiction that it involves suffering in family relationships, work, and social interactions. Often, these patients come to the therapy with other complaints, due to family appeals, or because an affective relationship is under threat.

One of our goals is to help therapists listen to these patients, expanding their capacity to understand the sufferings they face so that the patients feel free to express them. Another aim is to contribute to the discussion surrounding the psychopathological diagnoses frequently attributed to these individuals. A common trait that we can find in them is this impulsive/compulsive unit (Barlach et al., 2015). In our 2015 article, we proposed renaming these manifestations as *impulsive/compulsive characters*, since they have traditionally been designated as borderline personalities or edge cases. We believe that the concept of borderline is too broad and difficult to encompass, providing little practical utility for the analyst. Furthermore, by revisiting W. Reich’s theory on impulsive character, we found ideas that can be valuable for understanding our compulsive characters.

My Encounter with Alexander Lowen

After graduating in Psychology, I began my training in Reichian Analysis, organizing classes and seeing clients in São Paulo, Brazil, since 1975. During a brief period living in the United States, I had the opportunity to familiarize myself with the work of Alexander Lowen. Attending one of his workshops and watching him work with clients in individual sessions sparked a deep interest in me. When I returned to Brazil, I joined a train-

ing group in Bioenergetic Analysis, which later became a society (SOBAB, Sociedade Brasileira de Análise Bioenergética). I had the privilege of learning from excellent trainers, such as Frank Ladky and Rainer Steckel, and earned the title of C. B. T. (Certified Bioenergetic Therapist). Afterwards I continued my training process to become a local trainer at IABSP (Instituto de Análise Bioenergética de São Paulo), with Len Carlino and Ron Robbins. I always made a point of participating in International Conferences and, whenever possible, I stayed for a few days with the group to have sessions with Lowen.

In one of those sessions, I had the opportunity to question him about a topic that intrigued me. As an eager student who devoured all his books and articles, after an incredible session, I gathered my courage and asked, “Dr. Lowen, I recognize you as one of the most influential followers of Reich in the field of mental health. Why haven’t you written about an Obsessive-Compulsive Character Structure in any of your books?” He replied, “Oh, but those traits are now spread across all the other character structures.”

At that time, I did not understand the importance of what he was telling me. Lowen was predicting the development of narcissistic society, referring to the lack of consistency and the “emptiness” that we often find both in ourselves and in our patients. As a follower of Wilhelm Reich, Lowen believed that the narcissistic society was generating the types of character necessary for its own perpetuation (Reich, 1933). I left the sessions in a grateful mood, but with the feeling that I hadn’t received a conclusive answer to my question about obsessive personalities.

My in-person experiences with Lowen were brief, as I did not stay long in the United States and returned only a few times. In Brazil, I became involved in the training for C. B. T. and had the privilege of learning from many notable trainers. Ron Robbins, who was conducting training at our institute at the time, talked to me about that character, and besides reading his articles (Robbins, 2000) I got to see him working with those structures, me as an example.

I was relieved to discover that this issue had not been forgotten by bioenergetics. However, I still had not fully understood the Obsessive Character, their anxieties and compulsive behaviors, their tics, and the immense anxiety of this character structure to which I also belonged. Only now, in attempting to understand and work with addicted and compulsive individuals, I realize how visionary Lowen was. What he told me, in all those words, contained

the answer I had been searching for. Today, I can observe that characteristics such as obsessive control, coldness, and perfectionism – common traits of anal characters – are present across many different character structures. It seems that the spirit of our time favors these characteristics.

It is interesting to note that, as an illustration of what Lowen said, the DSM¹, in each of its revised editions increasingly shows a wider range of disorders that are rooted in the spectrum of Impulsive/Compulsive structures.

But to understand this increase, we need to refer to a historical view of the concepts of Compulsions and Obsessive-Compulsive Disorders, as Freud first named them in the late 19th century.

Psychoanalytical understanding of how social changes affect mental health

Freud and Reich were pioneers in addressing emotional suffering, situating it as a result of the conflict between the internal world, with its impulses, and the external world, with its demands. The hysterical characters and obsessive-compulsive personalities described by Freud and Reich emerged in the society of the late 19th and early 20th centuries, during a period of intense repression of sexuality and scarce opportunities for sexual expression. These conflicts took on a moral tone, challenging established authorities, while bodies were prevented from expressing themselves freely.

The society, at that time, demanded a great deal of labor and moral restraint of sexuality. These conditions generated symptoms that were treated through psychoanalysis. The analytical understanding was that the unconscious mind was responsible for provoking certain distortions in the perception of reality, sometimes manifesting as physical or emotional symptoms. The collection of these symptoms formed a system of defenses against suffering, aiming to accommodate the individual to the repressive

1 DSM- (2023), Diagnostic and Statistical Manual of Mental Disorders, that is in its fifth edition, was created by the APA and, while it is much more valued by psychiatrists and behavioral psychotherapists, and is constantly modified and expanded, it has been published and revised since 1952 and serves as an interesting map of how we understand mental suffering. Around the issue of Compulsions, The DSM-5 includes a new chapter with four new disorders, namely: excoriation, hoarding, trichotillomania, body dysmorphic disorder, obsessive jealousy, and body-focused repetitive behavior.

environment. Freud articulated this idea brilliantly in his work “Civilization and Its Discontents,” where he stated that “civilization is repression” (Freud, 1930).

This situation changed profoundly after World War II. In the United States, Lowen’s homeland, where Reich moved to, greater freedom of expression of bodies and sexual liberation presented new contours to psychic processes.

In Freud’s time, narcissistic issues were not sufficiently clear, and a rigid superego prevailed among his patients. The predominance of hysterical neuroses is understood as a consequence of the repressive sexual education that accompanied the prevailing Victorian morality. In contemporary society, the repression of sexuality has diminished, but superego demands remain; they have simply transformed.

“Many of Freud’s patients suffered from what he called a ‘very rigid superego’ filled with internal judgmental observations [...]. On the other hand, contemporary patients have fewer critical internalizations but feel empty and are more concerned about ‘not fitting in.’” (McWilliams, 2014, pp. 198–199).

“It seems that nowadays societies favor two types of psychological character: the impulsive, narcissist, where the superego is more isolated from the other components of the psychic apparatus, and the compulsive, obsessive, where the superego, although often excessively austere, is incorporated into the ego, constraining it within the structure of personality” (Barlach, 2009).

Lowen, working as a therapist, noticed these transformations through the complaints of the individuals who sought him. In one of his later books, he observed:

“In these 40 years of work as a therapist, I have noticed a profound change in the type of personality problems individuals bring to me. Neuroses of ancient times, manifested mainly by guilt, anxiety, phobias, or incapacitating obsessions, are not as commonly seen today. On the contrary, I see more people complaining of depression; they describe a lack of feeling, an inner emptiness, and a deep sense of frustration with what they have accomplished [...] and some are very successful. Their lack of achievement does not manifest itself. Their social, professional, and sexual performance seem efficient, mechanical, devoid of humanity” (Lowen, 1983).

Zygmunt Bauman argues that Freud understood the instinctual renunciation of modern man as the foundation of civilization. The individual sacrificed a measure of immediate pleasure in favor of a more secure, albeit less fulfilling, pleasure.

Today, it can be stated that the field represented by the right to satisfy one's urges – including instinctual and sexual satisfaction – has expanded, no longer able to be seen merely as something dissipative of energy and destructive. The gains and losses have shifted: postmodern men and women have negotiated a part of their pulsional freedom in exchange for greater security.

“The evils of modernity derive from a type of security that tolerates little freedom in the search for individual happiness, while the evils of postmodernity result from a kind of freedom to the pursuit of pleasure that, in turn, tolerates little individual insecurity” (Bauman, 2011).

Now, if the values that constitute the superego, which defend the ego from the impulses and abuses of the id, are weakening, it can be argued that the ego is increasingly responding to the dictates of the id.

The Narcissistic, Analgesic Society and The Borderline Condition

The term narcissistic society emerged in the United States, through an author who criticized the role of advertising and the cult of the narcissistic idealization of American heroism. A society that privileged hard work on one hand and industrialized sports and entertainment on the other. This anthropologist, Christopher Lasch (Lasch, 1978), was concerned about the excessive individualism of society and saw the substitution of the family by the “factory.” He feared what appeared to be the personality of our time, the Narcissist. He also stated that leisure functioned as “escapism,” which leads us to ponder: Is this an era in which the pleasure principle may prevail? If so, how would Reich define the concept of armor in contemporary times?

Are we witnessing a weakening of the social superego?

Lowen already foresaw the existence of an “analgesic society” (Lowen, 1983). To avoid the pain and discomfort of confronting social truths at all levels, superficiality in analyses and a lack of critical reflection and contact

are favored. Defenses such as splitting, which isolate imagination from feeling and body – and therefore from actions – are activated more radically to prevent contact with the suffering that an unequal society provokes. (Lowen, 1983)

Byung-Chul Han, a South Korean philosopher, analyzes how contemporary societies deal with suffering, pain, and frustration. Han argues that modern society seeks to minimize pain and suffering at any cost, creating a culture that avoids failure and promotes “zero error”. This relentless pursuit of efficiency and happiness results in a society that refuses to deal with pain, leading to what he describes as an “anesthesia” of human experiences.

“Individual as Entrepreneur of Oneself”: Han suggests that in the analgesic society, the individual transforms into an entrepreneur of oneself, feeling the pressure to always be productive and optimized. This pressure generates a state of exhaustion and burnout, where people become their own sources of pressure, resulting in psychic and emotional suffering. These characters are also suffering from what is called the Uberization of society.

In a world without guarantees, also referred to as the “liquid” world (Bauman, 2000), human relationships weaken and emotional ties diminish or lose significance, as material qualities prevail. The characters described by Lowen in his book “Narcissism: Denial of the True Self” were, according to him, the result of a society that cared much more about money and appearances than about human qualities such as tenderness, love, and solidarity. He noticed that in these individuals, neurosis reached a degree of unreality that, in some cases, approached a psychotic state.

The real world, with its myriad challenges – ranging from individual and social competition to environmental violence – can seem less intimidating when viewed solely through the lens of a screen or media. Often, these overwhelming emotions manifest in compulsive behaviors as forms of escape.

In a technology-driven society, where the allure of reduced physical effort entices the workforce, we face a curious contradiction: an ever-increasing availability of inexpensive, convenience foods alongside narrowly defined beauty standards that celebrate extreme thinness. This is merely one of many paradoxes we encounter. In what Guy Debord, the French philosopher, refers to as the “Society of the Spectacle,” images and appearances take precedence over substance. What has shifted is not the fundamental exploitation inherent in capitalist labor, but rather the transformation of that exploitation into one focused on performance and outcomes.

The echoes of the transformations in social life and the expansion of technology have provoked profound modifications in the constitution of the superego in contemporary times. If, in Freud and Reich's era, the figure of the father was the "repressive pole of sexuality and the privileged object of the subject's identification" (Santos; Azeredo, 2005), the 20th and 21st centuries reveal a woman who is less submissive, integrated into the labor market, and often away from home, alongside paternal figures more susceptible to failure due to the global reorganization of this very marketplace. This, along with an existence that rely on social networks is favored by the expansion of the internet. The predominance of image over other human attributes, privileging appearance at the expense of feelings, is a reality. The burden of this shift appears in the psyche. This is only possible through splitting, which simultaneously isolates imagination from feeling and action. Lowen, while writing his book on Narcissism, was processing these transformations of the human psyche as he delved deeper into ego psychology theories.

The Evolution of the Psychoanalytic Field and Its Echoes in Bioenergetics

As the psychoanalytic field evolved from the Oedipal paradigm to the object relations paradigm, along with the development of self psychology, the three main diagnostic fields of psychoanalysis – neurosis, perversion, and psychosis – began to transform into neurosis, borderline, and psychosis. Perversion, which was often attributed to anal structures, was almost completely absorbed by the main category of "borderline personality". The latter is also referred to as "borderline condition," as it cannot be asserted that it constitutes a stable "form" of character (or personality), due to the structural deficiencies presented by these patients.

In his book on depression, written long before "Narcissism," Lowen observed that obsessions serve as defenses against depression. "To be obsessed is to be trapped in a paralyzing emotional conflict" (Lowen, 1983). At the bodily level, this manifests as a diminished contact of the feet with the ground.

When studying the oral character structure described by Lowen, we know that feelings of emptiness, dependency, lack of grounding, and substance abuse or other dependencies constitute the main difficulties faced by

these structures. Many patients we encounter in our clinics deal with these issues. However, today we also find in these patients the lack of structure typical of the borderline condition, which presents numerous impulsive traits, alongside narcissistic characteristics.

Freud in his time described obsessive-compulsive clients – such as the famous “Rat Man” (Freud, 1923) – who faced conflicts between moral standards and desires. He termed this set of symptoms “Zwangsneurose,” (Zwang, in German, means compulsion). The publication of this case introduced the idea that obsessive-compulsive sufferings stem from an extremely rigid moral and religious upbringing that combats the impulses generated by the child’s sexual development and its fluctuations.

The Psychoanalytic field, at Freud’s era, has not distinguished between neurosis and personality disorders. Now we know that neurotics are more able to recognize that their symptoms are irrational and may seek help to cope. Daily functioning can be affected, but not to a severe extent. On the other hand, Personality Disorders can include many types of dependencies (such as alcohol abuse, drugs, both legal and illegal, gambling, eating and sexual disorders, hoarding, shopping compulsions, internet abuse), and as conditions worsened, even dissociative traits, such as paranoid thinking.

In the beginning, the compulsive act is a resource, but as it lasts, and our societies favor it, they became an addictive behavior. While OCD, consists in patterns of thought and behavior that can arise at different stages of life, but more often in childhood and adolescence individuals experience anxiety, insecurity, and emotional discomfort but maintain a connection to reality.

The patient with OCPD (Obsessive Compulsive Personality Disorder) may not recognize the severity of their behaviors and how they impact their lives and the lives of others. It is a lasting pattern of thoughts, feelings, and behaviors that deviate from cultural expectations and can cause significant distress or impairment in social, occupational, or other important areas.

The last DSM, 5, brings a discussion if these disorders can be considered, similarly to autism or ADHD, as neurodevelopmental disorders, but it is inconclusive up to now.

Bioenergetic therapy, that privilege the psychodynamic of the disorder, can be an important tool into this field.

An example of these is the compulsive acts, and its developments we can describe the hand-washing ritual. In a deeper analysis of the interaction between guilt, compulsion, and acts and behaviors, linking elements

of Shakespearean literature to Freudian psychoanalysis, we can understand that hand-washing as a compulsion act, as symbolized by Lady Macbeth (Freud, 1920).

In this text, Freud uses the character from Shakespeare as an example of obsessive disorder, illustrating the psychological torture accompanying moral transgression. Lady Macbeth, who tries to wash the “stains” of blood from her hands after instigating the murder of Duncan, symbolizes the struggle against guilt and obsession. The act of washing her hands becomes a compulsive ritual that reflects her inability to cope with the guilt of the crime. Freud acknowledged that these obsessions may represent a form of an attempt to control psychic suffering, highlighting the connection between obsessive thoughts and compulsive behaviors.

Thus, Lady Macbeth is a significant example in discussions about the psychology of human behavior, especially regarding the psychic suffering caused by guilt and the desire for redemption. Furthermore, the relationship between obsessions and compulsions is a central theme in psychopathology. Another example is patients undergoing bariatric surgery as an attempt to control dysfunctional eating behavior. This can lead to new forms of compulsion, where the focus of obsession shifts to new areas, such as shopping, drinking, or sex, instead of being addressed at the root. This highlights the complexity of these disorders, where the superficiality of solutions can actually exacerbate the situation.

Understanding the role of compulsive behaviors as coping mechanisms, albeit flawed, is fundamental for therapeutic approaches and for understanding human suffering. These displacements point to the need for a more comprehensive and careful perspective, which can address not only the symptoms but also their origins and connections. (Guest & Parker, 2010)

Compulsions and the Isolation of the Superego

Many of the earlier historical records regarding descriptions of Obsessive-Compulsive Disorders (OCD) can be found in religious literature rather than in medical texts. It is evident that during the 14th to 18th centuries, obsessive fears related to religion were common. During this period, a new word emerged to describe obsessions and compulsions: “scrupulosity”. Later, in the 17th century, obsessions and compulsions also began to be interpreted as symptoms of melancholia.

Reich, in his early writings, (1923/1974) proposed the concept of Impulsive Character, as named by Franz Alexander. These structures, lacking consistency in parental education, develop an *isolated superego*, which is a mechanism responsible for moral behavior but presents serious functional problems despite this. Its intense characteristics do not prevent the impulsive person from committing abominable acts against others. We say that this type of Superego functions more like a very harsh judge, isolated in an internal tribunal, or in an altar, than as a guide to orient the subject's actions in the external world.

Wilhelm Reich, in the first half of the 20th century, was one of Freud's most radical followers, sharing the conviction that human mental suffering was caused by the internal struggle between morality and desires. However, they diverged when Reich began to confront all authorities, positioning himself alongside desire, which he saw as repressed by patriarchal capitalist society.

Reich argued that sexual repression, upheld by puritanical and religious ideals, served to maintain the oppression of the lower classes and generated illness. For him, fighting for sexual freedoms and human rights, opposing capitalist oppression, was one of the main tasks that the youth of the 20th century should undertake.

In the field of mental health, Reich's ideas about increasing life and energy within the body through expanded breathing and the release of the orgasm reflex attracted many followers, including Lowen. Reich began his extensive work "Character Analysis," discussing the formation of the superego in children. His premise was that the ignorance of parents and educators about child psychosexual development often led them to mistakes in raising their children.

Based on the phase of the Oedipus Complex described by Freud, Reich argued that the child forms their moral instance, the superego, as they attempt to cope with feelings of love and hate provoked by desire towards their parents, as well as the desire to please them and not lose their love. However, in the pursuit of establishing limits without harming the child's fragile ego, parents often ignored these complex feelings.

The impulsive gratification occurred without appropriate parental guidance. When inappropriate behaviors manifested, they often went unnoticed or resulted in delayed and severe punishments that the child could not integrate. Reich referred to this as inconsistency in educational standards. Such situations involved all the defense mechanisms of the mind, whether conscious or unconscious.

Reich's theory regarding the ego of impulsive patients relates their ambivalence and lack of control to disorganized parenting.

The Internal Moral Judge (Superego), no matter how terrifying it may be to the individual, is unable to inhibit antisocial or psychopathic behaviors. This dissociation – which can sometimes reach psychotic levels – explains the compulsive behaviors of serial killers, as well as the violent acts perpetrated by some adolescents in school shootings (Ceroni & Abud, 2019). Furthermore, individuals who may be considered part of the narcissistic spectrum of personality disorders can present severe cases of compulsions. We can say that these individuals suffer from a sustaining ego structure; they lack a “well-formed” ego.

This view of a central superego, responsible for pulsional containment, has been transforming as psychoanalysis advances from the Pulsional Paradigm to the Object Relations Paradigm. Attachment theory (Bowlby et al. in Fonagy, 1989), the studies of Margaret Mahler, and Self Psychology, by Kohut and Kernberg, began to circulate from the 1970s onwards. In these developmental studies, we see a shift; “shifting the issue of sexuality from the center of organization in favor of a maturational perspective of the self, of which sexuality is part. The concept of Interrupted Development was propagated, meaning that in the face of a traumatic situation or the lack of certain experiences during the appropriate phase, a “hole” would be left in the personality. This hole would constitute the individual's narcissistic wound” (Weigand, 2006).

As the psychoanalytic field progressed from the Oedipal paradigm to the object relations paradigm and the development of self psychology, the three main diagnostic fields of neurosis-perversion-psychosis began to shift to neurosis-borderline-psychosis. Perversion as a diagnosis, often found in anal structures, was significantly absorbed by the main category of Borderline Personality or Borderline Condition, as we cannot assert that this is a “form” stable of character, characterized exactly by the lack of structure presented by these patients.

The Borderline States, the “Body-Object-Transitional”

Guy Tonella, in his article on Borderline States, describes the “narcissistic type” or “borderline state” as an intermediate organization that lacks the solidity or rigidity present at psychotic and neurotic structures. He char-

acterizes this narcissistic arrangement as unstable, maintained by multiple reaction formations, which can give the appearance of “hyper-normality” while, in reality, it conceals a hypersensitivity to abandonment, depression, loss of security, self-confidence, and self-esteem.

According to Tonella, Freud already recognized in 1931, in his work “The Libidinal Types,” the existence of a “narcissistic” type that does not fit into either psychotic or neurotic structures. He describes this organization as endowed with an incomplete superego (surmoi = superego), strongly influenced by an ideal ego, and marked by the use of splitting and denial mechanisms. This formation results from intense affective frustrations experienced in childhood. According to Tonella, Freud characterized this narcissistic type as intolerant of frustrations, predisposed to psychosis, and to disorders now considered ingenious or perverse. (Tonella, 2022)

What Reich described as the *muscular armor* has been more aptly renamed by Guy Tonella as the “*tonic envelope*.” Didier Anzieu, in 1985, in his book “The Skin-Ego” (Le Moi-peau), formulated a theory about “psychic envelopes” (including the ego envelope) and their pathologies. Anzieu starts from the hypothesis that “all psychic activity is based on a biological function” (the skin). The child, from their experience of the surface of the body, represents themselves as an Ego delineated by a “*skin-ego*,” capable of marking their psychic contents. The skin, with its dual face – one inner and one outer – implies that the pathology of the borderline state consists of a distortion of these faces, resulting in “an interior/exterior confusion.” (Anzieu, 1985).

The contributions of Anzieu, as well as those of other theorists, have significantly influenced our bioenergetic literature. At the same time, our understanding of the importance of traumatic experiences and the early experiences of the infant is expanding, especially with the tools and research brought forth by the field of Neuroscience.

Child development from a relational perspective is heavily evidenced in the research of Daniel Stern. He exemplifies this in his neuroscience laboratory experiments, demonstrating how an infant perceives the world around her/him through human relationships. It is the interest in the other that is present from birth, and continues as the motor of growth. The baby finds its first sense of belonging in the body and the gaze of the mother. This intimate experience plays an organizing role, allowing the gradual emergence of the infant self, which structures itself in increasingly profound levels of connection (Stern, 1996).

As the baby nestles in the body and gaze of the mother, this initial intimate experience builds an essential bond for the development of the self, which, in turn, will progress toward autonomy. They will differentiate as a completely autonomous individual when this process occurs successfully. Hence the importance of early bonds.

On the other hand, if the mother or caregivers fail to provide this consistency, the baby will perceive this incongruence as a discontinuity. In this context, the small ego may feel “empty,” and this sensation of emptiness becomes increasingly evident. It is not just the object of desire that eludes the baby but the “other” that constitutes her/him. Because of this advanced understanding of early childhood experiences, we can no longer accept the traditional view that attributed exclusive responsibility for the narcissistic wound to Oedipal issues, and a review on Freuds and Reichs propositions about the rigidity of the Superego function becoming less important, although in some cases we can see the Isolated superego (Reich, 1923/1974) playing an important role on disconnected addictive behaviors.

Heinz Kohut (2009) is recognized as the founder of Self Psychology and emphasized the importance of empathetic experiences in object relations for the formation of the self. Along with Otto Kernberg, he highlighted the failures in the constitution of the self structure from the earliest experiences of life and studied the disorders and disconnection failures of the self that may arise during development. It is in these cases, which include our impulsive/compulsive individuals, we find a poorly constructed narcissism (Green, 1988; Fiorini, 1999).

Hector Fiorini used to say that is very different to treat a narcissistic disorder of that kind than to treat a case where we can find a well constituted narcissism.

Winnicott stressed the immense influence of early relationships, particularly the emotional bond with the mother, on personality formation. The baby’s ability to feel secure and accepted in their emotional experiences is paramount for the development of a cohesive and well-adjusted self. The primary narcissism, or the Narcissism of Life, as posed by André Green (Green, 1988), will be responsible for the nuclei of self esteem, and is not well preserved on the impulsive/compulsive individuals, were we find a poorly constructed narcissism (Green, 1988; Fiorini, 1999).

We can find them more on the side of a non neurosis. And so it is important differ the from the well constituted narcissistic personality.

The Well-Established Maternal Function and Bioenergetic Resources as Attempts to Restore the Tonic Envelope

Addictions, particularly to alcohol and drugs, are among the most devastating disorders for an individual's life and often affect everyone who relates to them. It is impossible to think of effective treatments or even a "cure" without considering the entire context of these patients. Many forms of intervention are necessary beyond individual psychotherapy. Medication, family therapy, group therapy, and occupational therapy are indispensable adjuncts, and even then, the success of interventions is not guaranteed due to the strength of the brain mechanisms involved in dependencies.

The dependence on pharmaceuticals has significantly increased, indicating that depression in our society has reached seemingly epidemic proportions. Lowen observed that depression, oral fixation, and obsession are interdependent disorders. We already know how early childhood experiences play a crucial role in determining an individual's energy level in adulthood.

It is evident how narcissistic perfectionism and excessive self-awareness can deplete a person's energy. In neuroscience, we find various elements that help us understand the biochemistry of addictions, allowing comprehension of their physical and emotional triggers. However, it is in the realm of relational psychology that we can integrate our knowledge with bioenergetic practice, promoting a deeper understanding of this epidemic and the weakening that the social superego has been undergoing.

In this sense, Donald Winnicott's contributions to psychic development are fundamental and multidimensional. In the early stages of life, the baby and her/his mother, according to this author, form a fusional unit. This complete dependency is discussed by Daniel Stern (Stern, 1991). The baby's dependence on the mother or essential caregiver is total. Gradually, the baby develops and creates its own existence, breaking that symbiosis.

Winnicott believed that the mother (or caregiver) must be "good enough" to meet the child's emotional needs. This emotional availability is fundamental for the child to develop a sense of security and self-esteem. If the maternal figure fails to provide adequate support, the child may develop a fragmented self, which can be associated with conditions such as borderline personality disorders, and those we have been describing as impulsive/compulsive.

Winnicott introduced the concept of the "transitional object" (Winnicott, 1974), which refers to objects, such as blankets or toys, that help chil-

dren transition from a state of total dependence on their mother to greater autonomy. These objects provide comfort and security, allowing the child to explore their environment while maintaining an emotional connection with the mother.

Although the term “transitional objects” does not directly refer to objects of compulsion, it can be associated with the fact that, in contexts of compulsive behaviors, individuals often form emotional bonds with certain objects or practices as a way to cope with anxiety, loneliness, or insecurity. Compulsion could be seen as an attempt to restore a sense of control or security, similar to the role that transitional objects play in emotional development.

Thus, we tend to see the object of compulsion as this transition, which, in reality, does not occur. Alcohol, drugs, games, porn and even “innocent” cell phones, for example, often function as *Transitorial* Objects rather than transitional ones. Compulsions need to be constantly activated and do not allow for the development of the creativity necessary to fill the void of the lack of the object.

This incessant search for the object and the encounter with absence are significant; for the simulacrum (the object of compulsion) will never correspond to the true object of desire, which inevitably leads to frustration. Winnicott highlighted the immense influence of early relationships, especially the emotional bond with the mother, on personality formation. The baby’s ability to feel secure and accepted in their emotional experiences is paramount to developing a cohesive and well-adjusted self.

While a perfect mother cannot exist, as at some point the child will inevitably experience some discomfort, many mothers do not allow the child to experience the world without their mediation. When the mother-baby fusion period lasts longer than necessary, it affects the development of transitional phenomena and creates in the baby the fear of developing their own psychic resources to cope with tension and the fear of loneliness. This prevents the baby from developing the healthy ability to be alone.

Often, it is the mother who is unable to do so; with her anxieties and fears, she becomes dependent on the baby. Thus, she creates in the baby an addictive relationship with her presence and her caregiving function. The experience of difficulties and frustrations is equally important, as it helps the child create a “good internal Mother” – a part of themselves that nurtures and protects. The failure to develop this internal figure can be exacerbated by an excessively anxious mother, who prevents the child from

facing frustration, thereby hindering the emergence of this good internal Mother (MacDougall, 2001). It is common to hear that many addicts have difficulty growing up and practicing self-care.

We have always known the importance of establishing a primary bond of trust with caregivers. But if the anxious mother creates this dependency in the baby, the baby cannot establish an internal representation of a maternal figure (and later a paternal one) that will endure in their adult development, fulfilling the functions of containing and dealing with psychological pain and states of hyperarousal. In times of tension, the adult individual is unable to self-soothe, and in the absence of internal caregiving objects, will seek solutions in the external world that may include food, alcohol, drugs, etc.

In the incessant quest for new and better ways to work with these patients, the tool of Bioenergetics stands out, especially for its ability to anchor sensations and perceptions in the body. Corrective Emotional Experiences (CEE), along with the practice of grounding, can offer significant pathways for therapeutic intervention.

Several colleagues have achieved success in treating patients with borderline personality disorder, sharing valuable experiences related to touch (Guest & Parker, 2022). The same authors (2001) present interesting research about the relationships between drugs of choice, compensatory behaviors, routes of administration, and the severity of addiction and character structure.

Also in the field, there is the contribution about working with somatic countertransference (Cryns, 2017).

The application of grounding exercises, as the gentle expansions and contractions, suggested by Ben Shapiro (Shapiro, 2008), and the work with the shadow (Heinrich-Clauer, 2020) can be effective strategies to reconstruct the tonic envelope. However, it is important to recognize that this is not always feasible due to the difficulties imposed by the severity of the clinical presentations.

Regarding the treatment of compulsions, there are some valuable tips gathered from various approaches that can help. Regardless of what therapeutic space is available, even if it's just a computer screen, it is essential that the environment allows the patient to experience play and to fantasize. Opening space for the construction of positive experiences and trying to avoid as much as possible making the patient feel that the therapist depends on them is crucial. Striving for a balance between complete auton-

omy and symbiosis is vital – a finely tuned point to be found together. As a corrective emotional experience, Winnicott’s model of the “good enough mother” is very relevant. An anxious therapist who feels the need to be “perfect” and must cure their patient at all costs may evoke distrust. It is more beneficial if they can promote a climate of camaraderie, where the therapeutic activity flows lightly and unburdened, similar to the process of artistic creation.

There are various ways to support patients with these impulsive/compulsive characteristics, utilizing the understanding and techniques of Bioenergetics. It is advisable not to face this challenge in isolation, but rather to seek the support of a multidisciplinary team that attends to the socio-emotional context of the patient and can address it. Additionally, a proper supervision is important to help mitigate countertransference obstacles. Working in the therapeutic relationship openly and sincerely, free of judgments and in a welcoming environment, constitutes the central foundation for the care of these patients, promoting the development of an increasingly cohesive and functional self.

Conclusions

Bioenergetic therapy, when applied to cases of impulsive/compulsive characters serves as a valuable intervention. Rooted in psychoanalytic psychodynamic, bioenergetic emphasizes exercises designed to help those character structures that need to develop a stronger sense of self-structure, increased energy, and enhance the capacity for emotional containment. This approach focuses on building these skills rather than merely releasing emotions and tensions through cathartic expressions.

Recognizing the communication difficulties and lack of self-awareness that these clients face, we must prepare ourselves for the possibility that our efforts may not always be met with immediate appreciation. Such patients can be particularly challenging for inexperienced therapists. However, as we cultivate empathy and gain insight into the formation of their defenses, they may begin to reward our efforts with small increments of trust. Alongside the process of rebuilding what can be termed an “armored” structure – now more appropriately referred to as a “tonic envelope” or “skin-ego” – we also confront the challenge of helping them let go of outdated defenses. By understanding how these defenses were constructed and identifying

the right moments for them to begin relinquishing them, we can approach these challenges with greater empathy.

Understanding the demands of our narcissistic society, which often glorifies achievers and self-centered behaviors, can foster a necessary empathetic stance. Frequently, and perhaps even most of the time, these patients may relapse into old negative patterns before finding their way back to recovery. In terms of countertransference, it is essential for us to maintain an unjudgmental attitude, as the focus should not be on ourselves. We must remember how challenging it can be for individuals to regain a healthy tonic envelope in such an environment.

References

- Anzieu, D. (1989). *The Skin-Ego*. São Paulo: Ed Casa do Psicólogo.
- Barlach, L., Cardenuto, L., Ceroni, M. & Leitner, P. (2015). Impulsivity? Compulsivity? Abusive Behaviors in Contemporary Society. *Revista do Centro Reichiano*. www.centroreichiano.com.br/artigos
- Bauman, Z. (2000). *Liquid Modernity*. São Paulo: Zahar.
- Bauman, Z. (2011). *44 Cartas ao mundo Líquido Moderno*. São Paulo: Zahar.
- Birman, J. (2029). *Genealogia do Narcisismo*. São Paulo: Instituto Langage.
- Ceroni, M. & Abud, C. (2019). Compulsions and Personality Disorders. Homicides and Suicides: a Social Health Issue Based on Bioenergetic Analysis. *Bioenergetic Analysis*, 29, 79–97.
- Courtwright, D. (2019). *The Age of Addiction: How Bad Habits Became Big Business*. Cambridge, Massachusetts: Belknap Press.
- Cryns, I. (2017). The Borderline Client: Shame and Somatic Countertransference. *Bioenergetic Analysis*, 27, 111–156.
- Edler, S. (2017). *Tempos Compulsivos: A busca desenfreada por prazer*. São Paulo: Casa da Palavra.
- Fonagy, P. (2016). Theory from the Viewpoint of Attachment. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of Attachment* (pp. 595–624). New York: Guilford Press.
- Freud, S. (2019). *O Mal Estar na Sociedade*. Companhia das Letras, SP. Complete work. London: Hogarth Press.
- Freud, S. (1908/1923). *The Rat Man*. Complete Work. London: Hogarth Press.
- Freud, S. (1920). *Beyond the Pleasure Principle*. Complete Work. London: Hogarth Press.
- Green, A. (1988). *Narcisismo de Vida, Narcisismo de Morte*. São Paulo: Ed. Escuta.
- Guest, D. & Parker, J. (2001). A Bioenergetic Characterological Model of Adicction. *European Journal of Bioenergetic Analysis and Psychotherapy*, 4(1), 32–53.
- Guest, D. & Parker, J. (2022). Clinical Considerations Regarding the Use of Touch in Psychotherapy. *Bioenergetic Analysis*, 32, 123–134.
- Han, B.C. (2015). *The Burnout Society* (Müdigkeitsgesellschaft). São Paulo: Vozes.
- Heinrich-Clauer, V. (2016). Body Resonance and the voice. *Bioenergetic Analysis*, 26, 137–157.

Léia M. Cardenuto

- Heinrich-Clauer, V. (2020). Encountering the Shadow. Working with Negativity in the Therapeutic Process. *Bioenergetic Analysis*, 30, 39–59.
- Kernberg, O. (1975). *Borderline Conditions and Pathological Narcissism*. New York: J. A. Ed.
- Kohut, H. (2009). *The Analysis of the Self*. Chicago: University of Chicago Press.
- Lasch, C. (1979). *The Culture of Narcissism*. New York: Norton & Company.
- Leite, M. (2021). *Psiconautas: Viagens com a Ciência Psicodélica Brasileira*. São Paulo: Fósforo.
- Lembke, A. (2021). *Dopamine Nation*. Dutton: Penguin.
- Lowen, A. (1983). *Narcisismo*. São Paulo: Cultrix.
- Lowen, A. (1983). *O Corpo em Depressão*. São Paulo: Summus.
- MacWilliams, N. (2014). *Psychoanalytic Diagnoses*. São Paulo: Atrmed Ed.
- McDougall, J. (1995). *The many faces of Eros*. New York: Norton & Company.
- Piriot, G. (2021). *Psicanalysis of Adictions*. São Paulo: Ed. Idéias e Letras.
- Reich, W. (1923/1974). *The Impulsive Character and Other Writings*. New York: N. A. L. Ed.
- Robbins, R. (2000). The Anal and the Analytic (part II). *Clinical Journal of Bioenergetic Analysis*, 11(1).
- Shapiro, B. (2008). Your core energy is within your grasp. *Bioenergetic Analysis*, 18, 65–91.
- Stern, D. (1991). *Diário de um Bebê*. Porto Alegre: Artes Médicas.
- Stern, D. (1992). *O Mundo Interpessoal do Bebê*. Porto Alegre: Artes Médicas.
- Tonella, G. (2008). Paradigms for Bioenergetic Analysis at the Dawn of the 21st Century. *Bioenergetic Analysis*, 18, 27–59.
- Tonella, G. (2019). The Limit State. Unpublished.
- Weigand, O. (2006). *Grounding and Autonomy: Revisiting Body Therapy*. São Paulo: Person.

About the author

Léia M. Cardenuto, Psychologist and Psychotherapist specialized in Reichian and Bioenergetic Therapy. CBT and Local trainer and Coordinator of the Course of Compulsions and Toxic Passions at the IABSP, São Paulo, Brazil.

leiacardenuto52@gmail.com

Book reviews

Vincentia Schroeter (2025). *Babymaking*. Acorn Publishing, 184 pages, ISBN 9798885281317

Bioenergetic Analysis • The Clinical Journal of the IIBA, 2026 (36), 151–152

<https://doi.org/10.30820/0743-4804-2026-36-151>

CC BY-NC-ND 4.0

www.bioenergetic-analysis.com

In the modern world, parenthood has often ceased to be a “destiny” and has become a matter of choice that people can decide or not to make. Thanks to scientific contraception, it is possible to decide at what point in one’s life to have children. Sometimes this choice is postponed because it is difficult to establish oneself in the workforce and because governments do not offer sufficient financial support and services to support families. In any case, parenthood is a challenging choice, and the first possible difficulty is related to the possibility of having children. In the past, failure to conceive was usually blamed on women; today, scientific knowledge allows us to investigate and understand more precisely what problems, male or female, make it difficult or impossible to have children. In any case, confronting the difficulty or inability to conceive, once one desires it, opens up very different and specific internal scenarios for each person, and it is important for psychotherapists to be able to stay close to their patients to process this experience. Knowing through the direct voice of one woman who have experienced the difficulty of becoming a mother is a way to become more sensitive and empathetic and for this reason we have chosen to discuss the first book, that was published in December 2025 and is a memoir written by Vincentia Schroeter that recounts her experience and the difficulty that accompanied it. The book is titled *Babymaking*, and Vincentia recounts her desire to become a mother and imagined being able to follow in her mother’s footsteps and start a family with children. She thought everything would happen easily and without obstacles. Unfortunately, things didn’t work out that way, and she had to face the possibility that her dream might not come true. While her sister and other women around her managed to become mothers, her frustration grew, and with it, her envy of those more fortunate.

The author shares her heartbreaking experiences with medical diagnoses and her unwavering desire for motherhood. *Babymaking* is the story of a painful journey through vulnerability, brokenness, and repair. “Vin’s journey reminds us that hope and unconditional love have the power to lead us where we were meant to be.” (Laura L. Engel)

Maria Rosaria Filoni

Leslie Ann Costello (2025). *Helping Mothers, Helping Babies. Somatic Perinatal Psychotherapy*. Devon Station Books, 226 pages, ISBN 9781739017071

Bioenergetic Analysis • The Clinical Journal of the IIBA, 2026 (36), 152–153

<https://doi.org/10.30820/0743-4804-2026-36-152>

CC BY-NC-ND 4.0

www.bioenergetic-analysis.com

The second book we recommend is *Helping Mothers, Helping Babies* by Leslie Ann Costello also published during 2025. This book is a true manual that can be of assistance to colleagues who work with new mothers. The author, thanks to her extensive experience in this field, considers a wide range of situations requiring help. “The physical changes during pregnancy and childbirth, sleep deprivation, mental confusion, and pressing social, financial, and identity issues are challenges for everyone. If a person is already stressed or struggling, these issues can be highly destabilizing.” But where there are also forms of depression or previous traumas, a scenario opens up that can be much more difficult, and therapy time can also represent a break from having to deal with a thousand needs and the power to rely on someone, at least for a while. Body therapy, with the many experiences it can offer, certainly has great potential to transform what appears to be a hopeless destabilization into an opportunity to begin repairing the new mother’s early experiences, helping her find a better balance for herself and adequate care for her newborn. Therapy is also the only place where women can talk about their difficulties and unhappiness in a world that fails to accommodate these feelings because it is focused on the joy of new birth. “The new mother is bombarded with messages about how happy she should be, how wonderful her life is, and how precious it is to be a mother.

The profound disconnection between her experience and social expectations contributes to the feeling of being adrift in a hurricane.” And in the meantime, she has a helpless child to care for.

It is important for the therapist to be able to work with the here-and-now of the needs expressed by the clients, knowing that what happens in therapy not only bears fruit in the present but will also be useful in creating a better relationship between mother and child, both in the perinatal phase and in the future. Therefore, the child will also benefit from his mother’s therapy experience.

Maria Rosaria Filoni

Editorial Board



Maria Rosaria Filoni (Italy) graduated in Philosophy and is a psychologist and psychotherapist, supervisor and local trainer. For many years she was training director for Siab. She was a member of the IIBA Board from 2013 to 2019 and IIBA's Vice President from 2016 to 2019. She has her private practice in Rome, Italy.



Thomas Fellmann (Switzerland) is a medical doctor and specialist in psychiatry and psychotherapy in private practice since 1996; CBT since 1998. He is a supervisor, teaching therapist and faculty member of the Swiss Bioenergetic Society, local trainer elect of the Swiss Bioenergetic Society, certified therapist for the procedure according to Otto Kernberg Transference-Focused Psychotherapy.



Josette van Luytelaar (the Netherlands) is a Member at Large, member Libertas Brazil. She is a supervisor/local trainer (IIBA), teaching through Europe, licensed psychologist and sexologist, private practice, teacher University Department of Medicine, international trainer Bodydynamics Aps. Board of Trustees 2015–2021.



Homayoun Shabri (USA), Ph.D., M. A., CBT, LMFT, is a licensed marriage and family therapist and has a private practice in Lake Forest, CA, USA. He is a Certified Bioenergetic Therapist and a member of the International Institute of Bioenergetic Analysis (IIBA) and the Southern California Institute for Bioenergetic Analysis (SCIBA). He is on the editorial board of the *IIBA journal* and is a local trainer at SCIBA. He is a member of the United States Association of Body Psychotherapy (USABP) and is on the peer review board of the *International Body Psychotherapy Journal* (IBPJ).

Information and Instructions to Authors¹

The Journal, *Bioenergetic Analysis*, publishes clinical reports, theoretical analyses, empirical investigations, and book reviews pertaining to the theory and practice of Bioenergetic Analysis. Articles will be published in English. Two reviewers will evaluate the article on the basis of a blind review (all information pertaining to the author's identity will be omitted). The Editorial Board will also have a vote regarding the appropriateness of the article for inclusion in the journal. Manuscripts should not have been published previously or been submitted elsewhere concomitantly.

Manuscript Submission Guidelines

For submission please email text, figures and tables to the Chief Editor. For the next edition this is Thomas Fellmann. His email is: fellmann@gmail.com

Formal Set-Up of Manuscripts

Font: Times New Roman, Font size: 12. Lines: 1.5 or 2 spaces

Title, Abstract and Key words

Introduction, Text (and its divisions), Conclusion

References

About the author/s

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.

A 1st page

- 1) Name(s) of author(s), title of paper, address for correspondence.
- 2) Abstract (should not exceed half a typed page, double-spaced).
- 3) Key words (maximum 5)

B 2nd and following pages

- 1) Title of the paper (without name(s) of authors)
- 2) Text
- 3) References
- 4) Footnotes (at bottom of page)
- 5) Tables
- 6) Place each table and figure with captions on a separate page and indicate where in your text they should be inserted.
- 7) Include information about the author(s) on a separate page.
- 8) The entire article should not have more than 8.500 words.

C Citations and References in the Text

When citing references, include the name(s) of the author(s) and the year of the publication in brackets. You may also include page numbers. With more than 2 authors, the first author's name and "et al." will suffice.

Examples: "the view of Stern et al. (2012) is that ..."; "Lowen (1958, p. 79) made a distinction ..."; or "text of quotation from an author" (Lowen, 1958, pp. 80–81).

D References

All books and articles cited in the text, and only these, must be listed under "References" in alphabetical order. Please use the APA referencing style, e. g.:

For Books

Last name, first initial/s (Year). Title in Italics. Publisher.

Examples:

King, P. (2004). What has happened to psychoanalysis in the British Society? In A. Case-ment (Ed.), *Who Owns Psychoanalysis?* Karnac.

Lowen, A. (1988). *Love, Sex and Your Heart*. MacMillan Publishing Co. Inc.

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the Body*. W.W. Norton.

For Journal Articles

Last name, first initial, of all authors (Year). Title of the paper. *Name of Journal in italics*, Volume number (Issue number), pages. A Digital Object Identifier (DOI) number may be added, if available.

Examples:

Sandler, J. (1976). Countertransference and role-responsiveness. *International Review of Psychoanalysis*, 3, 43–47.

Resneck-Sannes, H. (2002). Psychobiology of Affects. *The Clinical J. of the IIBA*, 13(1), 111–122.

Rocque, M. (2017). Exploring school rampage shootings: Research, theory, and policy. *The Social Science Journal*, 54(3), 261–270. <https://doi.org/10.1016/j.soscij.2011.11.001>

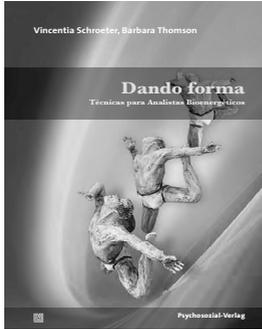
Bioenergetic Analysis will be published once a year. Articles should only be submitted during the summer (beginning the first of June through the first of September) of the preceding year. Authors will be sent a notification of receipt of their manuscript within two weeks and will be informed about the status of their manuscripts, as to qualified acceptance or rejection, within two months after submission.



Psychosozial-Verlag

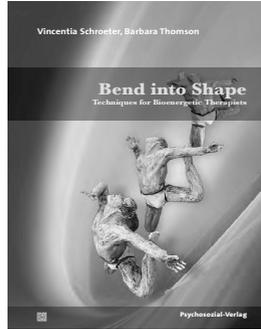
Vincentia Schroeter, Barbara Thomson

Dando forma
Técnicas para
Analistas Bioenergéticos



2018 · 401 p. · encuadernado en spiral
ISBN 978-3-8379-2815-0

Bend into Shape
Techniques for
Bioenergetic Therapists



2018 · 389 p. · spiral binding
ISBN 978-3-8379-2762-7

Bend into Shape is the only complete compilation of both classic and modern Bioenergetic techniques. The book covers interventions based on body segments, character type, emotions, and various populations such as couples, children and the elderly. It is designed for students of somatic psychotherapy as well as certified Bioenergetic therapists.

Special price
for IIBA members:

49,90 €

instead of

~~79,90 €~~

To order please write an e-mail to:
bestellung@psychosozial-verlag.de or scan the code:



Walltorstr. 10 · 35390 Gießen · Germany
bestellung@psychosozial-verlag.de · www.psychosozial-verlag.de

Bioenergetic Analysis, the clinical journal of the IIBA, is published annually and is distributed to all members of the international organization. Its purpose is to further elaborate theoretical and scientific concepts and to make links to enhance communication and broaden our connection with other schools of therapy, as well as with ac-

ademic psychology, medicine, and other psychosomatic schools of thought. The journal publishes reports on empirical research, theoretical papers, and case studies. Some local IIBA societies produce journals in their native languages. This journal has been published in English since 1985, making it the oldest journal for the IIBA.



Maria Rosaria Filoni is a psychologist and psychotherapist, supervisor and local trainer. She was a member of the IIBA Board from 2013 to 2019 and IIBA's Vice President from 2016 to 2019.

